

# Comparing the efficiency of primary care providers in France: measure and role of the organization of medical practice

Aurore Pélissier<sup>a\*</sup>, Julien Mousquès<sup>b</sup> et Sophie Béjean<sup>a</sup>

<sup>a</sup> Laboratoire d'Economie de Dijon (EA 7467, univ. Bourgogne Franche-Comté)

<sup>b</sup> Institut de Recherche et de Documentation en Economie de la Santé (Paris)

\* Auteur référent

## Abstract

French ambulatory health care delivery system is historically based on private practices run by self-employed professionals and practitioners, mainly paid on a fee-for-service basis and practicing in solo practices. Over the past 13 years, policy reforms aim to encourage the development of multi-professional group practices (MGPs) between general practitioners (GPs) and other professionals (e.g. paramedics, midwives, dentists, administrative staff ...). In this context, experiments with new mechanisms of remuneration (so-called “*Expérimentations de nouveaux modes de rémunération*”, ENMR) were implemented. These were initially implemented in 19 French regions in two waves (2009 and 2011) and concerned 151 volunteers and selected PCTs over the period 2009-2013. Based on claims data (from the National Health Insurance Fund) over the period 2009-2012 and using case-control design comparing a subsample of 63 MGPs participating in the ENMR to a control group of 455 to 537 GPs working in solo practices, this paper aims at measuring the technical efficiency TE of the production of primary health care by GPs practicing in MGPs compared to solo GPs and, second, at analyzing the differences between MGPs TE depending on the organizational, structural and functional forms of MGPs. We find that more integrated and coordinated MGPs are more efficient than solo practices and also that the majority of super-efficient practices are MGPs.