

Estimating general practitioners' performance in low medical density areas: evidence from French synthetic cohort data.

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Abstract

Disparities in physicians' geographical distribution lead to highly unequal access to healthcare, which may impact quality of care, especially in areas with low medical density. We use five independent cross-sectional surveys on private practice general practitioners (GPs) in France from 2007 to 2013 matched with Social Security data. We adopt Deaton (1985) approach to create 10 cohorts of GPs (165 GPs per cohort on average) that form a synthetic cohort. We estimate linear fixed effects model for variables describing GPs working conditions, such as workload and working hours, as well as several per patient prescription indicators, e.g. total volume of drug prescription, lab tests, nurses, physical therapists. Preliminary results suggest that GPs in lower density areas have greater workload, prescribe more drugs, lab tests and physical therapists' care. There is no significant difference in prescription of nurses. These higher prescribing rates could be explained by GP either substituting drug prescription to time-consuming procedures, or subcontracting these procedures to the other health professionals.

Keywords: General Practitioners, Medically Underserved Area, Synthetic Cohorts, France

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