Do conditional financial incentives improve access to care?

Evidence from a French experiment on specialist physicians

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Abstract

In France, overbilling is an issue to equal access to care for patients and creates inequalities between physicians' income. To improve access to care, the National Health Insurance (NHI) encouraged physicians with financial incentives to do less extra-fees and to charge more at regulated prices through contracts called "*Contrat d'acc`es aux soins*" (CAS) in 2014 and "*Option Pratique Tarifaire Maˆıtris´ee*" (OPTAM) in 2017. To evaluate the impact of those programs on self-employed physicians' behavior, I use an exhaustive administrative dataset of specialist physicians observed between 2005 and 2017. I use a difference-in-differences design with a two-way fixed effect model on a sample matched with the "Coarsened Exact Matching" (CEM) method to assess the membership of the CAS and/or the OPTAM on several outcomes relative to physicians' activity and fees. My results show that the CAS and the OPTAM improved access to care. Indeed, physicians treated more patients, especially those with low income, who were most likely to not seek care because of extra fees. However, the increase in the number of patients led to an increase of workload for physicians. In addition, the increase in fees is smaller than the rise in activity. Suppose all physicians are fully rewarded for their objectives achievements, this improvement in access to care is costly for the NHI.

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