Bundled Payment and Sex/Gender Differences: The Case of Hip Replacement in France

Abstract

Using the bundled payment framework such as the computational model defined under Article 51 of the National Health Insurance (NHI) regulation, which was not empirically implemented during the 2012-2022 period, this study explores the connection between sex/gender differences in total hip replacement and the patient's pathway. We used Electronic Medical Record (EMR) data from the health information system (2013-2022) and performed econometric models supported by counterfactual analysis. Our results show that by not considering the specific needs of patients of each sex/gender and adapting the care services accordingly, bundled payments can lead to healthcare access inequality. We highlight the gender and sex differences in care pathways that cannot be captured by routinely available health information system data. Thus, bundled payment would result in the selection of patients for financial incentives. The challenge for policymakers would be to anticipate and consider these disparities to avoid creating adverse incentives in bundled payment that would affect the well-being of the healthcare system and populations. There is, therefore, a need to look for variables leading to risk stratification to influence costs and quality of healthcare services.

Keywords: Alternative Payment Models, Hospital Care, Controlling Healthcare Costs, Healthcare Economics, Insurance, Health Information System, Healthcare Reform, Health Policy, Orthopedics