

# SMARTER GP REIMBURSEMENT

## Evidence from Recent German and Swiss Reforms

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### Introduction

**Research question:** How smart have recent reforms of GP reimbursement in Switzerland and Baden-Wuerttemberg been?

**Contribution:** This project studies comparative evidence on the effects of GP reimbursement in Switzerland relative to Germany

**Expected results:** Less fee for services, and more flat reimbursement reduces cost without compromising quality of care

### Motivation

Fee for services (FFS), the dominant reimbursement scheme in outpatient care, has shortcomings:

- Payers bear the full cost risk
- provides incentive to increase volumes

#### Recent reforms have addressed these shortcomings

- Mixed payment systems where providers bear some of the cost risk
- Strengthen physicians' responsibilities through patient enrollment
- Fostering gatekeeping of general practitioners

→ This project focuses on recent reforms of GP reimbursement in Germany and Switzerland

### Data

Country	Data type	Data source	Time period	Time structure	Individual
CH	Routine data	SASIS AG Data pool (DP)	2013-2015	quarterly	Physician
CH		SASIS AG Tariff pool (TP)	2013-2015	quarterly	Physician
DE	Routine data / health	KV Baden-Wuerttemberg	2013-2015	quarterly	Physician/patient
DE	Insurance claims data	AOK Baden-WB, MEDI-VERBUND AG	2013-2015	quarterly	Physician/patient

### Swiss Reform: More money for GPs

- Reform:**
- New tariff position: 10 points per patient contact (approx. CHF9) since Oct. 1, 2014 for GPs and pediatricians
  - Only reimbursable once per patient and day
  - Fee reduction for technical services of specialists

**Empirical Strategy:** Difference in differences estimation to identify the causal effect

#### Theoretical considerations:

**Hypothesis I:** Number of patients' GP visits increased

**Hypothesis II:** Average duration of GP visits decreased

### Challenges

- Completeness of data
  - GP practice level
  - individual patient related
- Selection in the German system
  - Physicians and patients select their contracts
  - Analysis needs to control for selection

### Advisory Board

GP reimbursement reform is on the political agenda

The project will establish an advisory board that includes most stakeholders:

- Germany
  - Physicians' association (KV Baden-Wuerttemberg)
  - Medivertbund Stuttgart
  - Insurers
- Switzerland
  - Ministry of Health
  - Physicians' association (FMH)
  - Curafutura
  - Santé Suisse
  - Hospitals' association (H+)

### German Reform: Smarter pay

- Reform:**
- Selective contracting of pediatricians with flat reimbursement elements
  - general capitation plus flat fees dependent on specific infrastructure provision

**Empirical Strategy:** Treatment and control group comparison

#### Theoretical considerations:

**Hypothesis III:** A reduction in the cost per patient, while quality of care remains constant

### Expected results

1. A clearer understanding of the motives and incentives of GPs, pediatricians and other specialists in Germany and Switzerland
2. Evidence that physicians and patients are sensitive to reimbursement reforms
3. Useful information for stakeholders and regulators
4. Smarter pay of physicians

### References

- Tsiachristas, A. (2016). Financial Incentives to Stimulate Integration of Care. *Int. J. Integr. Care* 16.
- McGuire, Th. (2000), Physician agency. In Culyer, A.J. and J.P. Newhouse, J. (Eds.), *Handbook of Health Economics* (p. 461-536), (1st ed.). New York: Elsevier Science, North-Holland.

