

# Do financial incentives influence GPs' decisions to work after hours?

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# Why does it matter?

## GPs' provision of after-hours care

- Benefits

- Decreases use of expensive care in ED
- Avoids duplication of tests, screenings
- Improves continuity of care

- Delivery

- Deputising services
- Co-operatives/ Rotas
- Doctors being on-call for their own patients

# What is the problem?

- Challenges for sufficient provision of after-hours care:
  - GP workforce shortage
  - Rural: Limited access to locums, downsizing/closure of facilities...
  - Doctors' changing demographics/preferences
    - 'Gen -Y'-GPs
    - More Part-time work
    - Need for family-friendly working arrangements
  - (...)

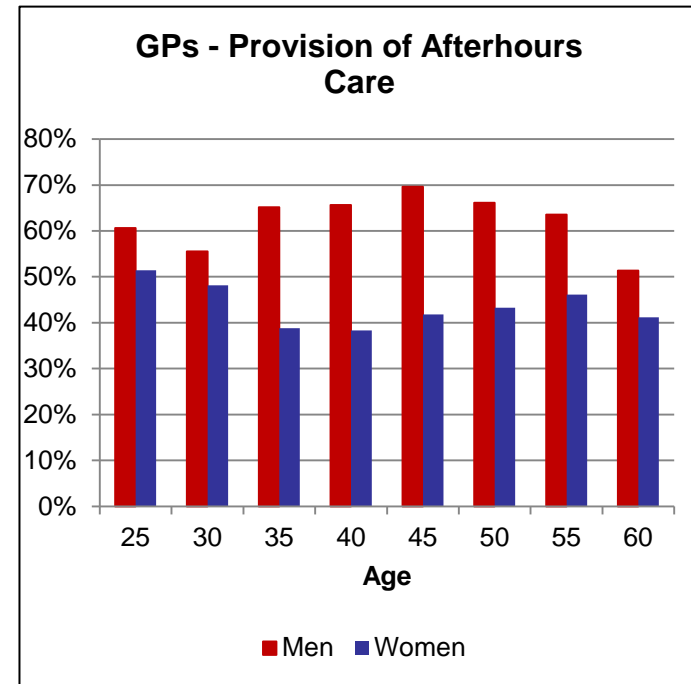
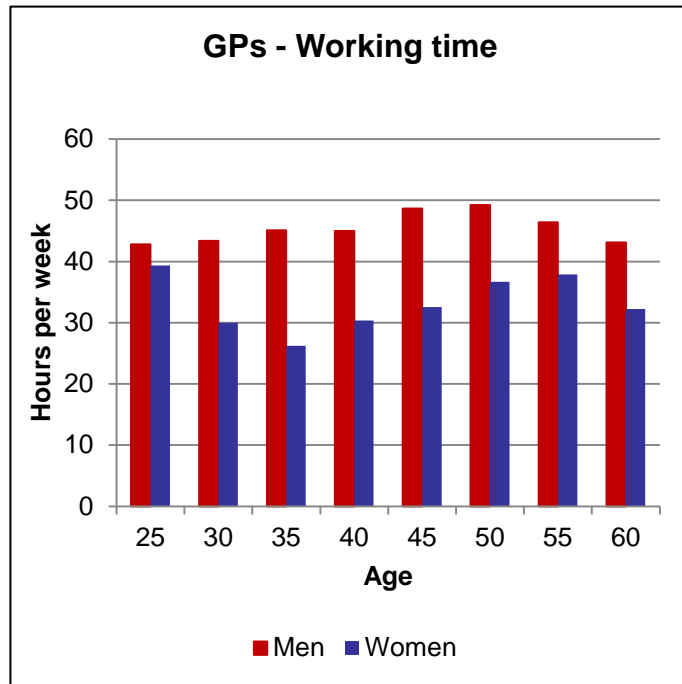
# Related policies

- Practice Incentives Program (PIP) (pre 2013)
  - Payments to doctors providing access to after-hours care
  - \$2 for deputising service, up to \$6 for own provision 24/7
- Medicare Locals (since 2013)
  - Organisation receives funding for organising after-hours care
  - Provision of AHC organised locally
- Primary Health Networks (new); after-hours policy currently under review

# Research question

- If some form of incentive payments were to be (re-) introduced, would provision of AHC increase?
- By how much?
- Who will provide after-hours care? Differences across age, gender, family situation

# Doctors' work choices



Source: MABEL, wave 1

# What determines doctors' choices?

- Among lots of other things: income and leisure
- Consider all options a doctor has: how much leisure/income does each option imply?
- Infer doctors' 'tastes' from observing choices
  - varies by age, children and gender
  - varies with how much income/work a doctor has
- Infer what a doctor would choose if offered *new* options

# Who works long hours?

- Impact of Family on Working Time (in Hours/Week)

	Women	Men
Age: 35->36	-0.20*	0.11
Age: 50->51	-0.26**	-0.37***
Kids: None->youngest: 0-4years	-10.21***	-0.97
Kids: None>youngest: 10-15years	-3.90**	-0.18
Partner: None -> partner who is FT-employed	-6.65***	4.70**
Partner: None-> partner who is not working	4.80**	4.17*

Source: MABEL, wave 1



# Who provides AHC?

- Impact of Family on Provision of AHC (in percentage points)

	Women	Men
Age: 35->36	0.039	0.005
Age: 50->51	-0.056	-0.068
Kids: None->youngest: 0-4years	-1.515*	-0.537
Kids: None>youngest: 10-15years	-1.074*	-0.360
Partner: None -> partner who is FT-employed	-0.437	-0.123
Partner: None-> partner who is not working	-0.019	-0.811

Source: MABEL, wave 1

# Introducing incentives: Who responds?

- Impact of increased wage on working time (in per cent)

	<b>Women, no children</b>	<b>Women, youngest child 0-4</b>	<b>Men, no children</b>	<b>Men, youngest child 0-4</b>
Regular Wage: +1%	0.208*	-0.008	0.169*	0.181*
Afterhours Wage: +1%	0.006	0.003	-0.009*	-0.005
Both Wages: +1%	0.214*	-0.003	0.159*	0.176

Source: MABEL, wave 1

# Introducing incentives: Who responds?

- Impact of increased wage on working time (in per cent)

	<b>Women, no children</b>	<b>Women, youngest child 0-4</b>	<b>Men, no children</b>	<b>Men, youngest child 0-4</b>
Regular Wage: +1%	-0.179	0.056	-0.111**	-0.337
Afterhours Wage: +1%	0.103*	0.159**	0.119***	0.279
Both Wages: +1%	-0.078	0.217	0.010	0.021

Source: MABEL, wave 1

# Conclusions

- Demographics smaller effect on AHC than overall working hours
- Better remuneration specifically for AHC moderately increases provision of AHC
  - > Incentive payments will have some effect, but not too strong
- Increase is similar across all groups