

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
 - (...)

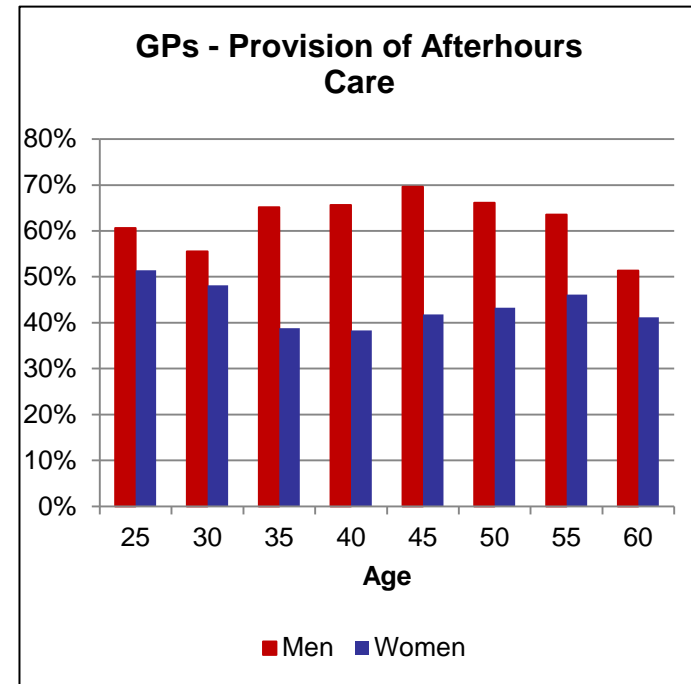
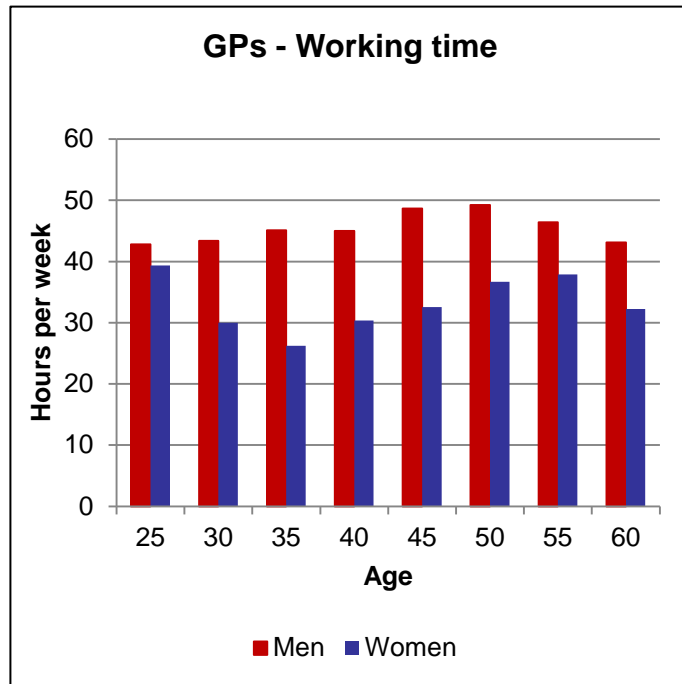
Related policies

- 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)

| | Women, no children | Women, youngest child 0-4 | Men, no children | Men, youngest child 0-4 |
|----------------------|-----------------------------------|--|---------------------------------|--|
| 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)

| | Women, no children | Women, youngest child 0-4 | Men, no children | Men, youngest child 0-4 |
|----------------------|-----------------------------------|--|---------------------------------|--|
| 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