

Impact on list size and service provision of differentiating capitation payment in mixed remuneration schemes

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As patients with complex needs requires more visits than others a flat capitation rate may reduce the number of listed patients a GP clinic choose to serve if facing many patients with complex needs. Differentiation of the capitation rate (according to patient complexity) may accommodate more resources to these clinics which may induce them to increase list size. In this paper we use a regression discontinuity design to assess if a natural experiment with increased capitation for complex patients have had an effect on the choice of list size. GPs are granted additional capitation if the difference between the unadjusted total capitation payment (per capacity) and the adjusted capitation payment (per capacity) exceeds a threshold. The size of the threshold is determined based on fixed amount negotiated in the in the collective agreement between the GPs and the payers (the Regions). We apply a RD design assuming an almost random exposure to the additional capitation close to the threshold.

This is work in progress, but initial analysis suggests that group practices receiving additional capitation have increased list size slightly whereas no change occur among solo practices.