#### Physician Responses to Financial Incentives: Evidence from Hospital Discharge Data

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## • • Summary

- Examines price sensitivity of insurer/physician/patient agent in choice of hospital.
  - Conditional Logit
  - Inequality Analysis
- Results: price sensitivity increases in the degree of capitation of the insurer.
  - Logit: holds for least sick patients only
  - Inequality: holds, on average, over all patients. (Small differences between less and more sick patients.)

# Logit Results

- Variation in price sensitivity by sickness group
  - Sicker patients less price sensitive
- Variation in preferences or evidence of endogeneity bias?
- Rationale for the latter:
  - Insurer pays the price.
  - Insurer's willingness-to-pay for a fixed-util benefit shouldn't vary across patients.
- Responses:
  - Physician/patient preferences still matter.
  - The util benefit of quality may be fixed in the model, but probably not in the DGP.

### Inequality Methodology

- Definition of Severity and Price groups
- Severity Groups
  - Refined enough to minimize endogeniety concerns
  - Maintain some price variation within groups
- Price Groups
  - Endogeniety, measurement concerns
  - Maintain some within-group variation.

### Inequality Methodology

- Determining the right balance
- Does variation in comorbidities across price groups within severity groups explain choices?
  - Opinions of experts
  - ANOVA on outcomes
- Price Variation
  - Price groups explain an additional 12% of overall price variation.
- More detail in last paragraph of page 19.

#### Inequality Methodology

#### • "Variance" on bounds

- CIGNA, smaller sample
- Bounds are determined by a stochastic process
  - Bootstrap?
- Price Elasticity comparison to Logit
  - Why plug inequality bound into Logit model?
    - Different normalization: distance coefficient v.  $\tau\pi/\sqrt{6}$ .
  - Count the number of switches in (14)?

## Price Variation

Hospital, not Hospital-Insurer

- Do higher capitation insurers negotiate smaller discounts, all else equal?
  - Theory predicts, yes.
  - Hospitals should be compensated for bearing additional risk.
- Contradicted by regression results (p 25).
  - Omitted variable: relative bargaining position?