A physician fee that applies to acute but not to preventive care

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A certain German sickness fund offers 240 \in per year to its clients if they pay the first 300 \in of their health care bills, except for consultations of physicians at which a flat rate of 20 \in applies. This paper studies the effects of this deductible scheme on health care demand by comparing about 5,000 participants with a control sample, using the insurer's claims data covering inpatient care, prescription drugs and ambulatory care. The data extend to three years including two years preceding and the year of the start of the program. We apply a parametric approach which models the choice of the deductible program, the probability of positive expenses, as well as the demand for health care services conditional on having positive demand. Instruments for the participation decision are used and the results compared with those of an exogenous specification of the program choice. The physician fee appears to significantly decrease the number of visits as well as the expenses for curative care. By contrast, prevention activities, not subject to the co-payment, remain constant.