

#HEJC transcript

Healthcare Social Media Transcript

From: Mon Nov 05 12:00:00 PST 2012

To: Mon Nov 05 13:10:00 PST 2012

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aheblog

Welcome to this month's [#HEJC](#). For links to the paper and some possible discussion points visit <http://t.co/WxG6VIE8>

Mon Nov 5 12:02:57 PST 2012

siwatson

[@aheblog](#) Who's going to kick things off? [#hejc](#)

Mon Nov 5 12:04:58 PST 2012

ChrisSampson87

Pretty sound paper - surprised by the lack of moral hazard. May be due to patient/physician-initiated split [#HEJC](#)

Mon Nov 5 12:09:39 PST 2012

hoiyanadama

[@siwatson](#) [@aheblog](#) [#HEJC](#) Still reading the paper... are there any limit on how much time GPs may spend in a consultation?

Mon Nov 5 12:11:02 PST 2012

siwatson

[@hoiyanadama](#) Doesn't say as far as I can tell? [#hejc](#)

Mon Nov 5 12:11:19 PST 2012

ChrisSampson87

Understandable assumption but I don't think GP contacts can be split into patient- and physician-initiated in this way [#HEJC](#)

Mon Nov 5 12:11:34 PST 2012

siwatson

[@ChrisSampson87](#) Do you think they could identify moral hazard? (as opposed to sid) [#hejc](#)

Mon Nov 5 12:11:55 PST 2012

ChrisSampson87

I think there is probably moral hazard mixed up in the SID results... difficult to separate though obviously #HEJC

Mon Nov 5 12:13:56 PST 2012

UnhealthyEcon

Sorry to be missing #hejc - clashes with my weekly German lessons.

Mon Nov 5 12:14:22 PST 2012

siwatson

@ChrisSampson87 #hejc I'm not sure I follow the logic. Old people higher costs -> old people less moral hazard.

Mon Nov 5 12:14:35 PST 2012

siwatson

@hoiyanadama @ChrisSampson87 #hejc They use age to identify moral hazard and chronic disease for SID but age correlated with chronic disease

Mon Nov 5 12:17:55 PST 2012

ChrisSampson87

interesting use of chronic conditions as proxy for less information asymmetry - any evidence to support this? #HEJC

Mon Nov 5 12:19:58 PST 2012

hoiyanadama

#hejc I think it might be better to compare the before after by each of the four chronic conditions rather than use them as comobid measure

Mon Nov 5 12:21:28 PST 2012

siwatson

@hoiyanadama #hejc that is the DID estimator no?

Mon Nov 5 12:23:02 PST 2012

hoiyanadama

@ChrisSampson87 #HEJC I guess they used them as control variables. But if they have all the ICPC codes may be they should use the full set.

Mon Nov 5 12:23:19 PST 2012

ChrisSampson87

@hoiyanadama I wasn't entirely sure about why they chose those either #HEJC

Mon Nov 5 12:24:37 PST 2012

siwatson

@ChrisSampson87 @hoiyanadama No chronic diseases group was maybe larger and maybe had higher variation -> smaller SEs -> significance? #hejc

Mon Nov 5 12:26:27 PST 2012

hoiyanadama

@siwatson #HEJC Thanks... that is Table VII. Got there now!

Mon Nov 5 12:26:27 PST 2012

siwatson

#hejc I would like to see some descriptive statistics of the data.

Mon Nov 5 12:27:06 PST 2012

siwatson

#hejc I am surprised that the effect sizes are the same at 1 and 2 years

Mon Nov 5 12:32:07 PST 2012

KBloor

#hejc sorry to be quiet I am at choir practice but watching. Interestingly small response to abolishing user charges. Were the insured rich?

Mon Nov 5 12:35:01 PST 2012

- hoiyanadama** [#HEJC](#) Privately insured patients might had held off seeing GPs in 2005 knowing that in 2006 it would be free.
Mon Nov 5 12:35:31 PST 2012
- KBloor** [#hejc](#) except the over 65 s, maybe more price sensitive.
Mon Nov 5 12:36:00 PST 2012
- ChrisSampson87** [@KBloor](#) well, richer than the uninsured! [#HEJC](#)
Mon Nov 5 12:37:21 PST 2012
- hoiyanadama** [@KBloor](#) [#HEJC](#) Not really. They had only to earn over 33k euros to disqualify for social insurance.
Mon Nov 5 12:37:32 PST 2012
- siwatson** [@KBloor](#) The socially insured had to have income < EUR 33,000 [#hejc](#)
Mon Nov 5 12:37:36 PST 2012
- ChrisSampson87** I think the apparent moral hazard of over-65s isn't investigated enough [#HEJC](#)
Mon Nov 5 12:41:53 PST 2012
- hoiyanadama** [#HEJC](#) Wonder if the number of diagnoses of diseases that require more follow up visits had increased.
Mon Nov 5 12:42:46 PST 2012
- siwatson** [@ChrisSampson87](#) [#hejc](#) I'm not sure they justify the link enough although that could be study in itself
Mon Nov 5 12:43:01 PST 2012
- siwatson** [@hoiyanadama](#) [#hejc](#) Agreed. Could be interesting to see whether GPs had more/less unique visitors as opposed to just consultations overall
Mon Nov 5 12:43:55 PST 2012
- hoiyanadama** [#HEJC](#) How does the new scheme affected the GPs' finances? Did they have transitional arrangements like they did for the GMS contract in UK?
Mon Nov 5 12:45:42 PST 2012
- hoiyanadama** [@siwatson](#) [#hejc](#) Very true. GPs can expand the number of patients needing followups as well as followups per head.
Mon Nov 5 12:49:25 PST 2012
- siwatson** [@hoiyanadama](#) [#hejc](#) also they had capitation after change so may be incentivised to have more unique patients and fewer follow ups
Mon Nov 5 12:50:16 PST 2012
- hoiyanadama** [#hejc](#) Wish the authors are here to answer my (v confused) Qs. -_-"
Mon Nov 5 12:51:14 PST 2012
- ChrisSampson87** For SID should they be analysing visits per practice/GP rather than per patient? [#HEJC](#)
Mon Nov 5 12:53:31 PST 2012

- siwatson** [@ChrisSampson87](#) [#hejc](#) I think the key to doing that would be to see if they were 'necessary' visits
Mon Nov 5 12:54:24 PST 2012
- hoiyanadama** [@siwatson](#) [#hejc](#) I wonder what mechanisms the practices can use to attract more patients. Hmm...
Mon Nov 5 12:54:46 PST 2012
- siwatson** [@ChrisSampson87](#) [#hejc](#) Authors make a good point that the real thing here that needs to be looked at is actual patient health changes
Mon Nov 5 12:55:04 PST 2012
- hoiyanadama** [#hejc](#) FWIW the GPs now have to see the previously socially insured patients at least 3 times a year to make the same amount of money as b4.
Mon Nov 5 12:55:41 PST 2012
- hoiyanadama** [#hejc](#) Whereas for GPs to have previously privately patients sign up with them is a pure gain till these patients turn up for the 4th visit.
Mon Nov 5 12:57:01 PST 2012
- siwatson** [@hoiyanadama](#) [#hejc](#) There appears to be slight increase in social use but nothing like 3x. Maybe suggests mosts consultations are necessary.
Mon Nov 5 12:57:28 PST 2012
- ChrisSampson87** [@siwatson](#) [@hoiyanadama](#) but any increase due to moral hazard or SID is limited by the fixed number of GPs and patients [#HEJC](#)
Mon Nov 5 12:59:28 PST 2012
- ChrisSampson87** Couldn't the privately insured substitute other health care visits for GP visits as a result of the changes? [#HEJC](#)
Mon Nov 5 12:59:39 PST 2012
- siwatson** [@ChrisSampson87](#) [#hejc](#) GPs are gatekeepers to secondary care
Mon Nov 5 13:00:26 PST 2012
- ChrisSampson87** [@siwatson](#) even for those with chronic conditions? And the over-65s? [#HEJC](#)
Mon Nov 5 13:01:16 PST 2012
- siwatson** [@ChrisSampson87](#) [#hejc](#) that's what the paper says. Or else their mechanism for identifying SID could be flawed.
Mon Nov 5 13:01:57 PST 2012
- hoiyanadama** [#hejc](#) Wonder if the length of consultation had fallen. At 9 euro each I think GPs wouldn't want to spend more than 10 mins per visit.
Mon Nov 5 13:02:14 PST 2012
- aheblog** That's all for [#HEJC](#) this month. Thanks for taking part. A transcript will be available shortly at <http://t.co/WxG6VIE8>
Mon Nov 5 13:02:43 PST 2012
- siwatson** [@hoiyanadama](#) [#hejc](#) someone should follow up and look at quality and health outcomes since that is the most important. SID can be positive.

Mon Nov 5 13:03:17 PST 2012

siwatson

Thanks [#hejc](#) - see you next time. Now, back to marking econometrics worksheets...

Mon Nov 5 13:04:39 PST 2012

hoiyanadama

[@siwatson](#) [#hejc](#) Totally agree.

Mon Nov 5 13:06:37 PST 2012

hoiyanadama

[#hejc](#) Interesting paper and great data set. Looking for more next month!

Mon Nov 5 13:07:00 PST 2012