

NO CURE NO PAY — CONTRACTS WITH LIMITED LIABILITY

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- Health care cost are rising — there is an interest in increasing productivity
- Payment schemes should be constructed to increase output
- But most focus seems to be on motivating the “health organization”
- Usually contracts are linear — per item — fees or fixed wages
- I show that the optimal contract is a non-linear, contingent claim contract

- Contingent contracts: payment is conditional on outcome
- Well known from real estate and US lawyers
- Schoonbeek and Kooreman 2005 shows that shows that in the optimal contingent state contract, the physician pays a penalty fees to the principal
- In many real life situations, such a contract may no be feasible
- Therefore i assume that the optimal contract is subject to limited liability

- Assume that both physician and principal are risk neutral
- Introduce the model
- show that a fixed wage is optimal when effort is observed, and in-optimal if not
- Show that the optimal contract is non-linear
- Future work

THE MODEL

- The physician is employed by a health organization (hospital/municipal)
- The physicians work is measured by observable output y
- y is random, with density $g(y|e)$ where e is the physicians effort
- It is assume that $g(\cdot)$ has a monotone likelihood ratio property

$$\frac{\partial}{\partial y} \left(\frac{g_e(y|e)}{g(y|e)} \right) > 0$$

I.e. y and e are “complements”

- Effort comes at a cost $C(e)$

- The physicians payment is given by $r = R(y, e)$
- The physician has a utility function $u(r, y)$, which depends on payment and output
- Dependence on output allows for a “caring” physician
- The hospital has a budgetary income $v(y)$ from which it pays the physician

The main problem is to find a contract $r = R(y, e)$, with the property that expected utility of the physician

$$U(R, e) = \int u(R(y, e), y) g(y|e) dy - C(e) \quad (1)$$

cannot be increased by a change in $R(y, e)$, without decreasing the expected net income of the hospital

$$V(R, e) = \int [y - R(y, e)] g(y|e) dy$$

subject to the *incentive constraint* that effort in eq. (1) insures maximal utility

- A key feature of the model is limited liability
- Implies that the physician cannot be forced to pay for bad outcome and the hospital cannot be forced to pay more than the value of output
- Formally $0 \leq R(y) \leq y$
- Limited liability reduces the set of contracts
- E.g. it rules out a Mirrlees forcing contract

$$\max_{R,e} \int_0^{\infty} [u(R(y,e)) + \delta y] g(y|e) dy - C(e) \quad (2a)$$

$$\text{s.t. } \int_0^{\infty} v(y - R(y,e))g(y|e) dy \geq y_L^0 \quad (2b)$$

$$E[u(R,e)|e] \leq E[u(R,e^*)|e] \quad (2c)$$

$$0 \leq R(y,e) \leq y \quad (2d)$$

where eqs. (2a) and (2b) are the physicians and hospitals utility. eq. (2c) is the physicians *incentive constraint* and eq. (2d) is the limited liability constraint

- When effort is observable the problem becomes

$$\begin{aligned} \max_{R,e} \quad & \int_0^\infty [u(R(y,e)) + \delta y] g(y|e) dy - C(e) \\ \text{s.t.} \quad & \int_0^\infty v(y - R(y,e)) g(y|e) dy \geq y_L^0 \end{aligned}$$



- Using point-wise optimization the optimal contract is implicitly given by

$$\frac{v'(y - R(y,e))}{u'(R(y,e))} = \frac{1}{\lambda}$$

i.e. a fixed wage

- This is the *first-best* solution

- In the following I assume that both parties are risk neutral and the utility is additive and separable
- I.e. $u(\cdot) = R(y, e) + \delta y$ and $v(\cdot) = y - R(y, e)$

-  Mirrlees, James A. 1974. “Notes on Welfare Economics, Information and Uncertainty”. In *Essays on Economic Behavior under Uncertainty*, 243–258.
-  Schoonbeek, Lambert, and Peter Kooreman. 2005. “No cure, be paid: super-contingent fee contracts”, *Applied Economics Letters* 12 (9): 549–551.