# NO CURE NO PAY — CONTRACTS WITH LIMITED LIABILITY

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- · 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

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- · Well known from real estate and US lawyers
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# · Introduce the model

- show that a fixed wage is optimal when effort is observed, and in-optimal if not
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- · The physicians work is measured by observable output y
- $\cdot$  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

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

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

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

$$U(R,e) = \int u(R(y,e),y)g(y|e) dy - C(e)$$
 (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  $0 \le R(y, e) \le y$
- · Limited liability reduces the set of contracts
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# THE FORMAL PROBLEM

$$\max_{R,e} \int_0^\infty \left[ u(R(y,e)) + \delta y \right] g(y|e) \, \mathrm{d}y - C(e) \tag{2a}$$

s.t. 
$$\int_0^\infty v(y - R(y, e))g(y|e) \, \mathrm{d}y \ge y_L^0$$
 (2b)

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

$$0 \le R(y, e) \le y \tag{2d}$$

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

$$\max_{R,e} \int_0^\infty \left[ u(R(y,e)) + \delta y \right] g(y|e) \, dy - C(e)$$
  
s.t. 
$$\int_0^\infty v(y - R(y,e)) g(y|e) \, dy \ge y_L^0$$

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 denoted  $R_{\lambda}(y,e)$ 

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· When effort is not observed, and  $0 \le R(y, e) \le y$ , the solution is

$$\frac{v'(y-R(y,e))}{u'(R(y,e))} = \frac{1}{\lambda} + \frac{\mu}{\lambda} \frac{g_e(y|e)}{g(y|e)} > R_{\lambda}(y)$$

- The optimal contract is now increasing in y by the monotone likelihood ratio
- Due to limited liability, even if the physician is risk neutral, the first-best is not achievable

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# **Proposition**

If R(y, e) solves the maximization problem, then there is some threshold value  $y^*$ , such that

$$R^*(y) = \begin{cases} 0 & \text{for } y < y^* \\ y & \text{for } y \ge y^* \end{cases}$$

Further, (i) the hospital is payed according to their participation constraint. (ii) if the *incentive constraint* binds, then the solution is not the *first-best*. (iii) if the *incentive constraint* does not bind the first best is achieved.

- The rest of the presentation will be a proof of the proposition
- I assume that both parties are risk neutral and the utility is additive and separable
- $u(\cdot) = R(y, e) + \delta y$  and  $v(\cdot) = y R(y, e)$

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· The problem is then<sup>1</sup>

$$\max_{R,e} \int_0^\infty \left[ R(y,e) + \delta y \right] g(y|e) \, \mathrm{d}y - C(e) \tag{3a}$$

s.t. 
$$\int_0^\infty (y - R(y, e))g(y|e) dy \ge y_L^0$$
 (3b)

$$\frac{\partial}{\partial e} E[u(R(y,e),y)|e] \ge 0 \tag{3c}$$

$$0 \le R(y, e) \le y \tag{3d}$$

<sup>&</sup>lt;sup>1</sup>Note eq. (3c) is now replaced by it's *relaxed* first order condition (see Rogerson 1985, for more details)

I can write this in Lagrangian form

$$\mathcal{L} = [R(y,e) + \delta y]g(y|e) - C(e) + \mu[(R(y,e) + \delta y)g_{e}(y|e) - C_{e}(e)] + \lambda[(y - R(y,e))g(y|e) - y_{L}^{0}] + \theta(y)R(y,e) + \theta(y)(y - R(y,e))$$
(4)

The first order conditions are

$$\frac{\partial}{\partial R} \mathcal{L} = g(y|e) \left[ 1 - \lambda + \mu \frac{g_e(y|e)}{g(y|e)} \right] + \theta(y) - \eta(y) = 0$$
 (5a)  

$$\frac{\partial}{\partial e} \mathcal{L} = [R(y,e) + \delta y] g_e(y|e) - C_e(e) +$$
  

$$\mu \left[ (R(y,e) + \delta y) g_{ee}(y|e) - C_{ee(e)} \right]$$
  

$$+ \lambda \left[ (y - R(y,e)) g_e(y|e) - y_l^0 \right] = 0$$
 (5b)

Because of non-negativity and complementary slackness conditions for  $\theta(y)$  and  $\eta(y)$ , eq. (5a) yields

$$\phi(y,e) = g(y|e) \left[ 1 - \lambda + \mu \frac{g_e(y|e)}{g(y|e)} \right] > 0 \implies R(y,e) = y$$

$$\phi(y,e) = 0 \implies R(y,e) \in [0,y]$$

$$\phi(y,e) < 0 \implies R(y,e) = 0$$

Because  $\frac{g_e(y|e)}{g(y|e)}$  is increasing in y,  $\phi(y,e)$  crosses zero once and from below. I.e. R(y,e) is 0 for some  $y < y^*$  and y for  $y > y^*$ 

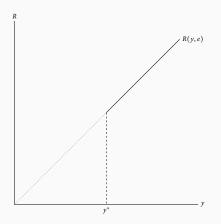
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intuition: By moving payment from low outcome states to high outcome states, forces the physician to commit to higher effort levels · To proof (i) that  $y = y_1^0$  note that

$$\frac{\partial}{\partial e} \mathcal{L} = \underbrace{[R(y,e) + \delta y]g_e(y|e) - C_e(e)}^{=0} + \underbrace{\mu \left[ (R(y,e) + \delta y)g_{ee}(y|e) - C_{ee}(e) \right]}^{<0} + \lambda \left[ (y - R(y,e))g_e(y|e) - y_l^0 \right] = 0 \quad (7)$$

· So  $\lambda \left[ (y - R(y, e))g_e(y|e) - y_l^0 \right] > 0$  which implies that  $\lambda > 0$  and the constraint binds

- to proof (ii), that the optimum is below the *first-best*, note from (i) it follows trivially that  $y \in [0, y]$
- · Thereby I can write the contract as

$$R(y,e) = \frac{1}{\lambda} + \frac{\mu}{\lambda} \frac{g_e(y_L^0|e)}{g(y_L^0|e)} > R_{\lambda}(y)$$

From this, it is easy to see that if the *incentive constraint* does not hold ( $\mu = 0$ ), then the first best is achieved.

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## **FUTURE WORK**

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- Look at change in effort when the physicians "caring" changes

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