

# The “Know-Do” gap in primary medical care

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23 August, 2016

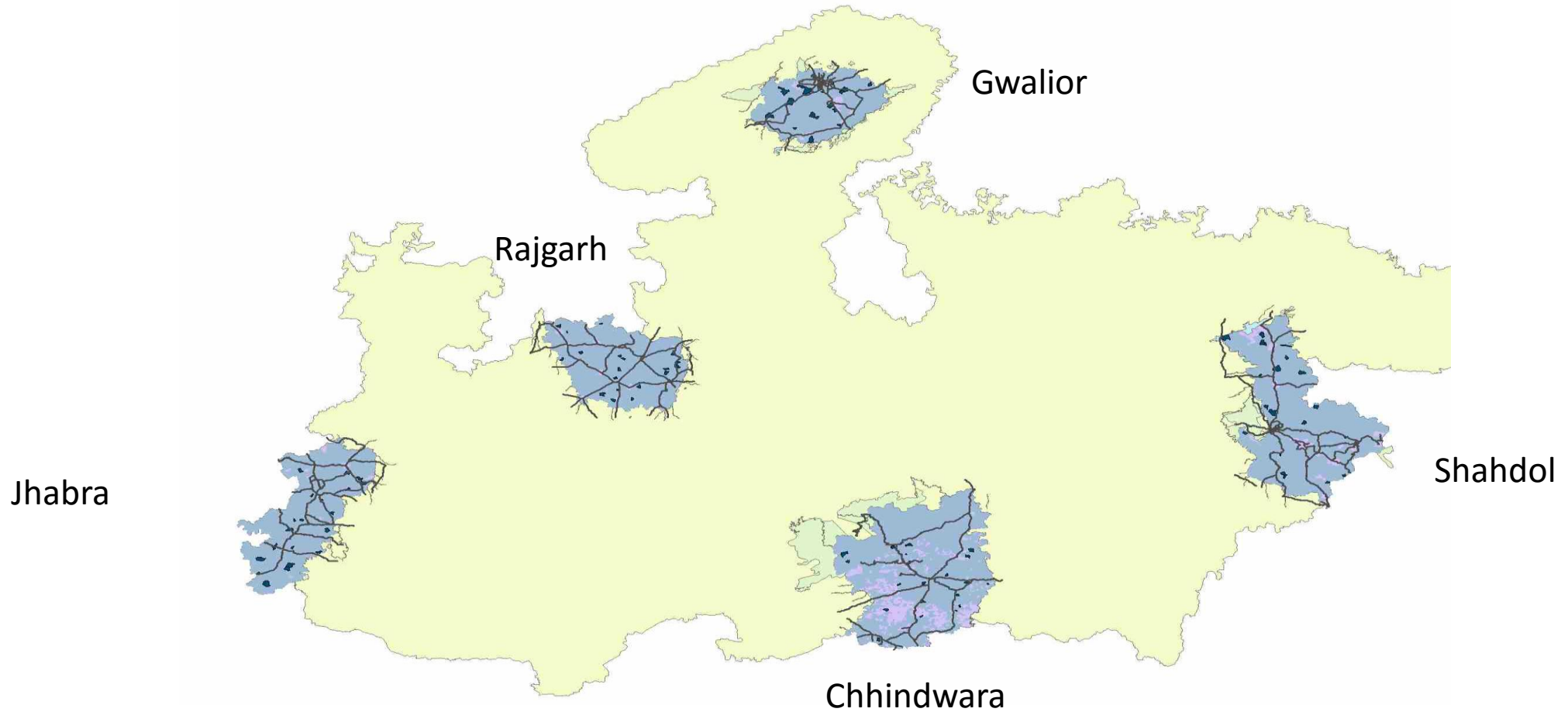
# What is the “know-do” gap?

- The difference between what providers know and what they do
- Duuhh
- Who cares?
  - Critics of private markets: Providers use what they know to take advantage of (or do to) patients
  - Critics of public provision: Providers know a lot but don't bother to do much
  - Everybody interested in the quality of medical care
    - It's the actual advice that matters, not the presence of a stethoscope or a credential
    - So... at least the “do” part and maybe we think that knowing (via training?) explains it

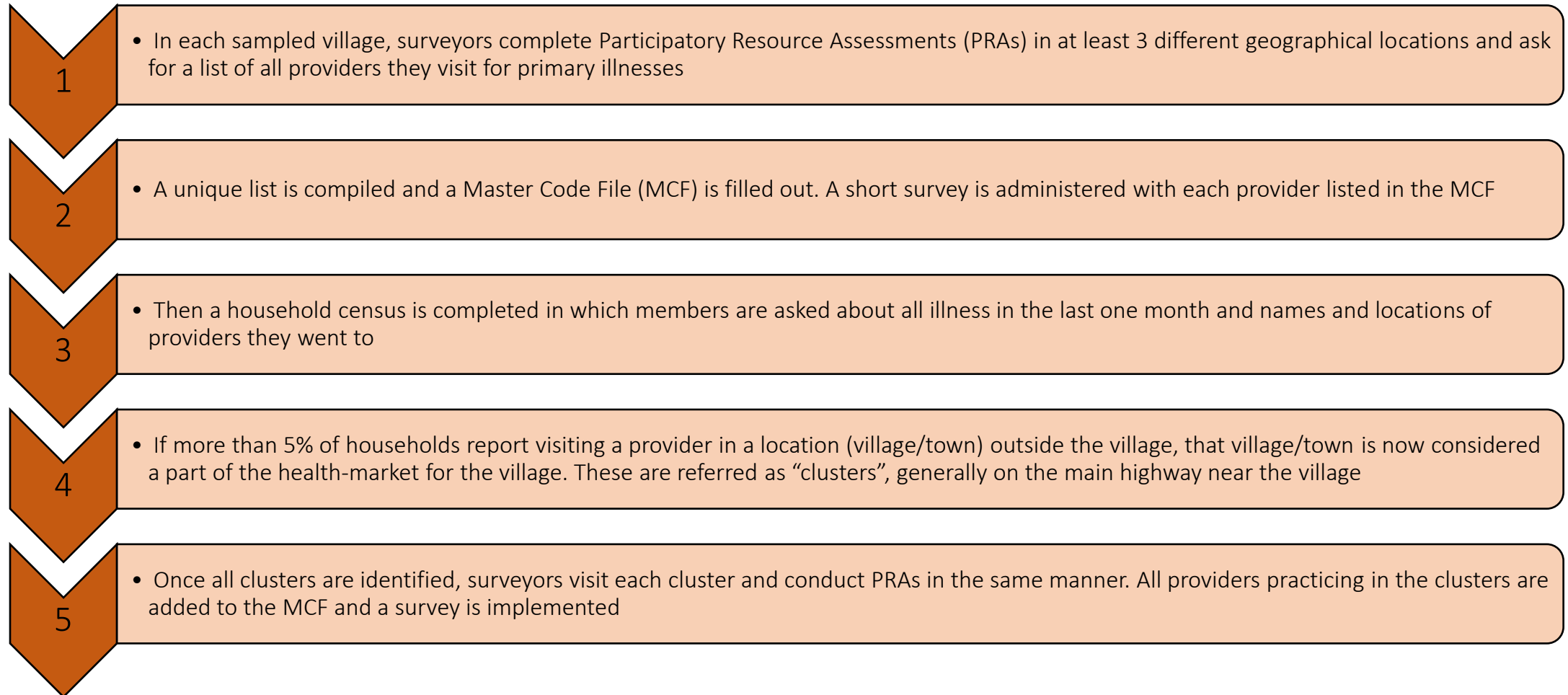
# How do you measure it?

- Know: Vignettes – interviews presenting hypothetical cases
- Do: Various ways but in this paper we use standardized patients (SP's)
  - actors trained to pretend they have the health problem in the vignettes
- These are done on the same provider (though the SP comes first)
- Health problems:
  - Asthma
  - Unstable Angina
  - Diarrhea in a child left at home
- Why these?

# Where? --- Madhya Pradesh

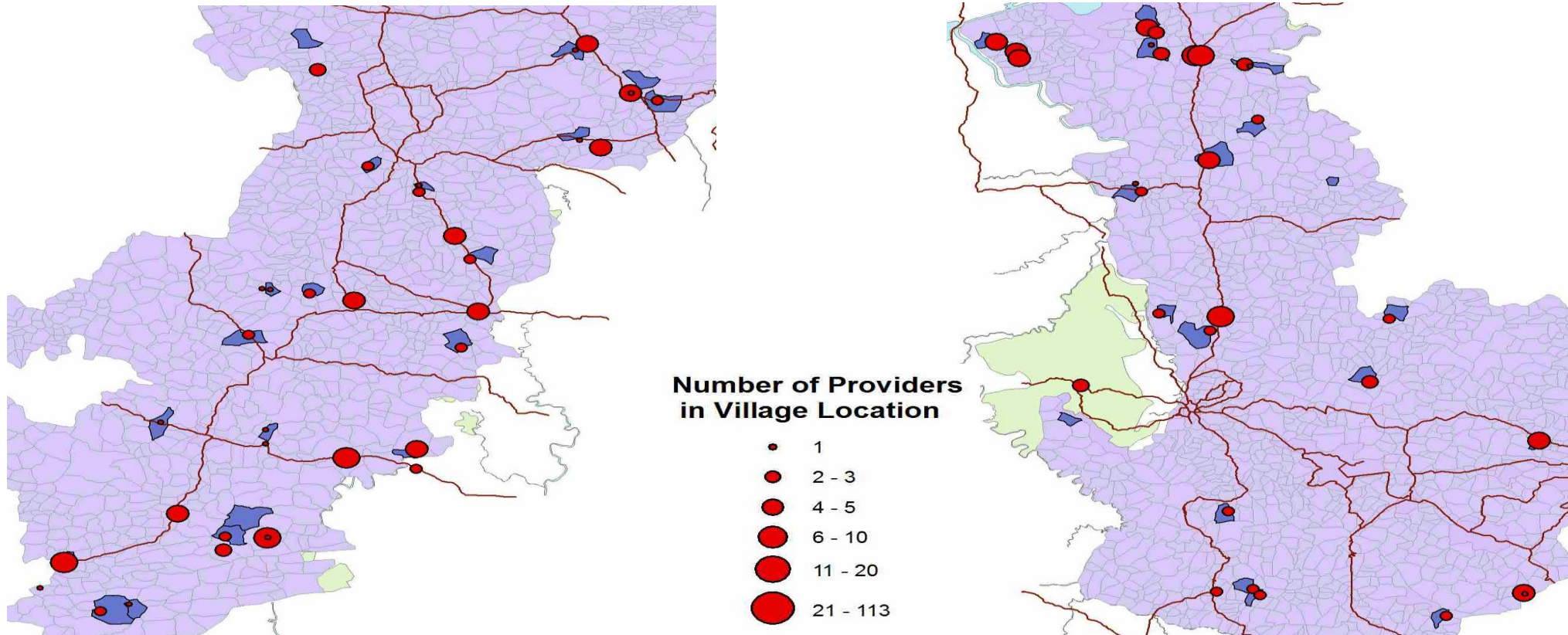


# The sample



# Rural MP

- 100 villages in MP, randomly selected in 5 districts, more than 1000 health care providers
- Snapshots of the two remotest districts



# The market for health care: average number of providers per village

Madhya Pradesh (5 districts, 100 villages)

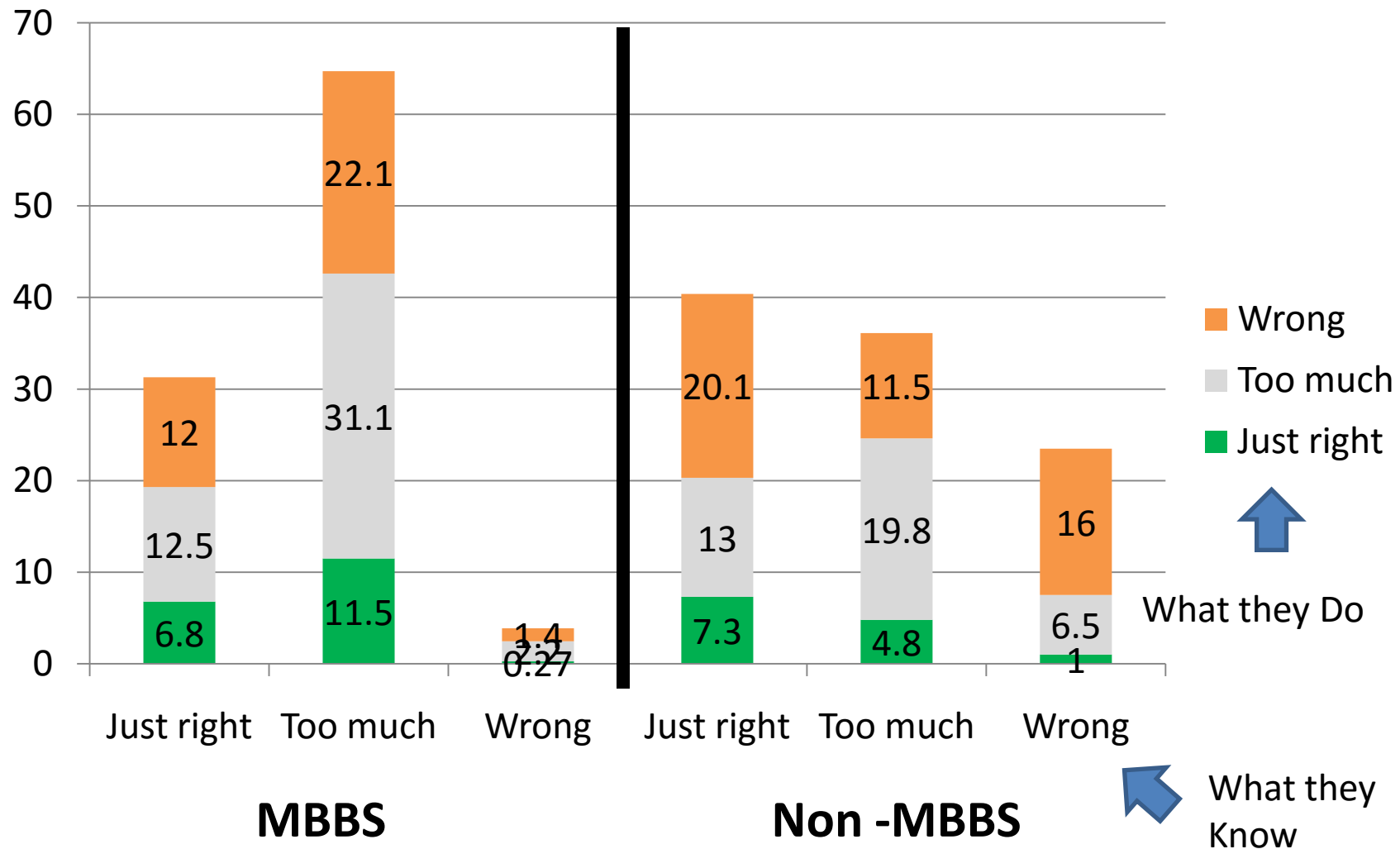
	Total	Inside village	Outside village
Total	11.68	3.97	7.71
Public MBBS	0.45	0.05	0.40
Public alternative qualification	0.22	0.07	0.15
Public paramedical	1.58	1.13	0.45
Public unqualified	1.71	0.68	1.03
Private MBBS	0.40	0.00	0.40
Private alternative qualification	1.92	0.23	1.69
Private unqualified	5.40	1.81	3.59

# Basic Table – MBBS providers

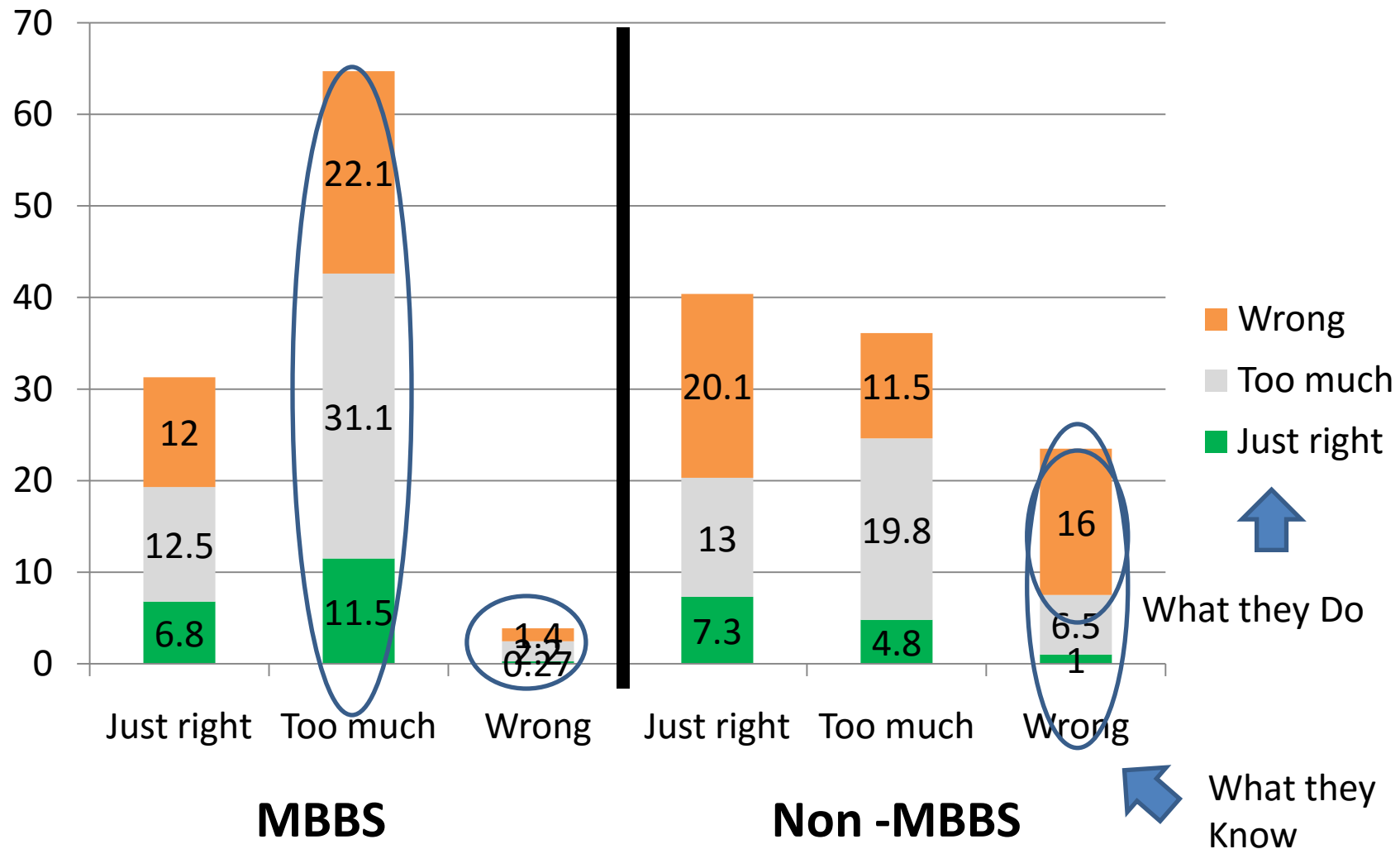
		Effort (Standardized patients)			Totals (Vignettes)
		Correct treatment	Over treatment	Incorrect treatment	
Knowledge (Vignettes)	Correct treatment	0.068	0.126	0.120	0.314
		(25)	(46)	(44)	(115)
	Over treatment	0.115	0.312	0.221	0.648
		(42)	(114)	(81)	(237)
	Incorrect treatment	0.003	0.022	0.014	0.038
		(1)	(8)	(5)	(14)
Totals (SPs)		0.186	0.459	0.355	
		(68)	(168)	(130)	

The whole story in eighteen numbers

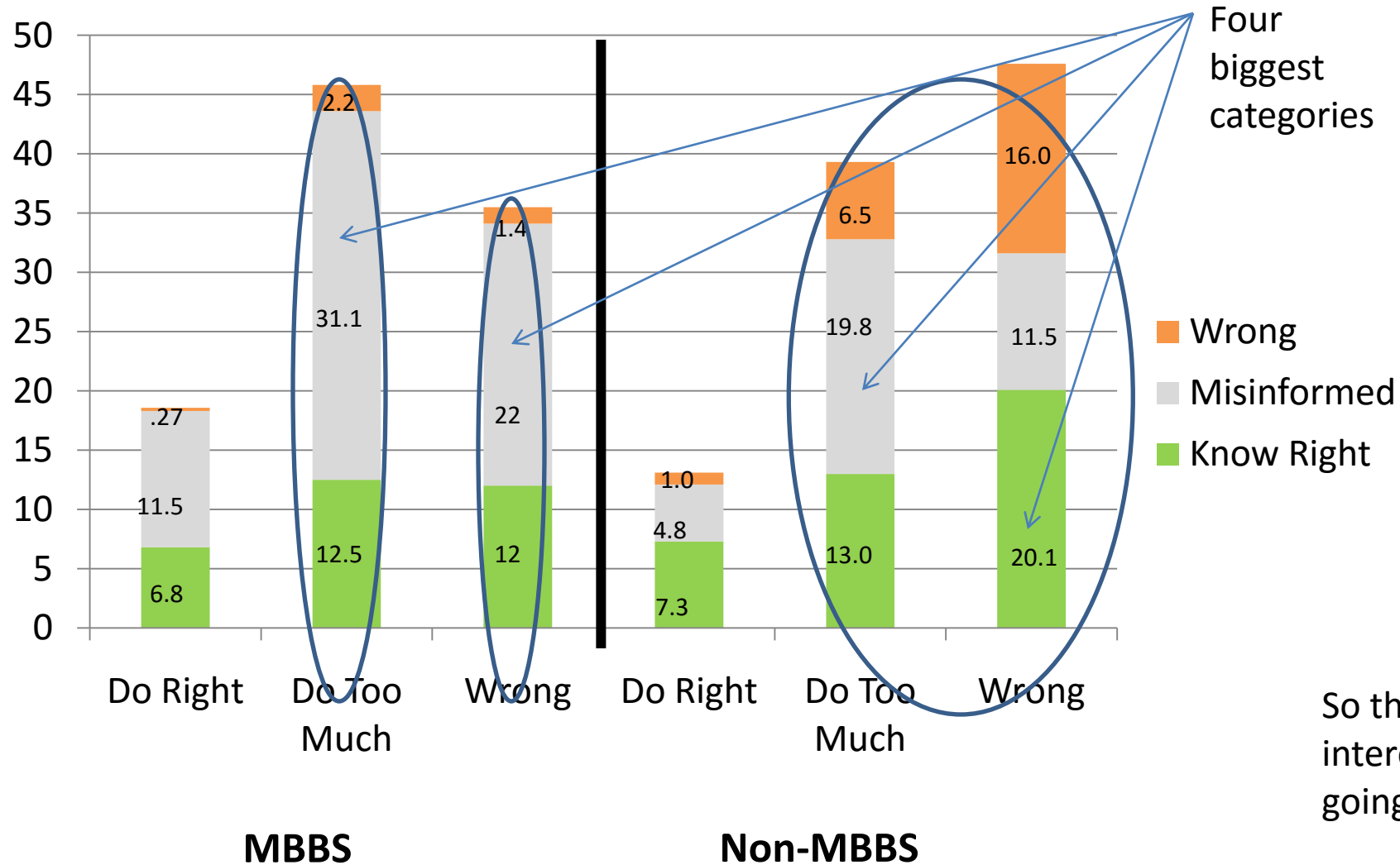
# What strikes you about this picture?



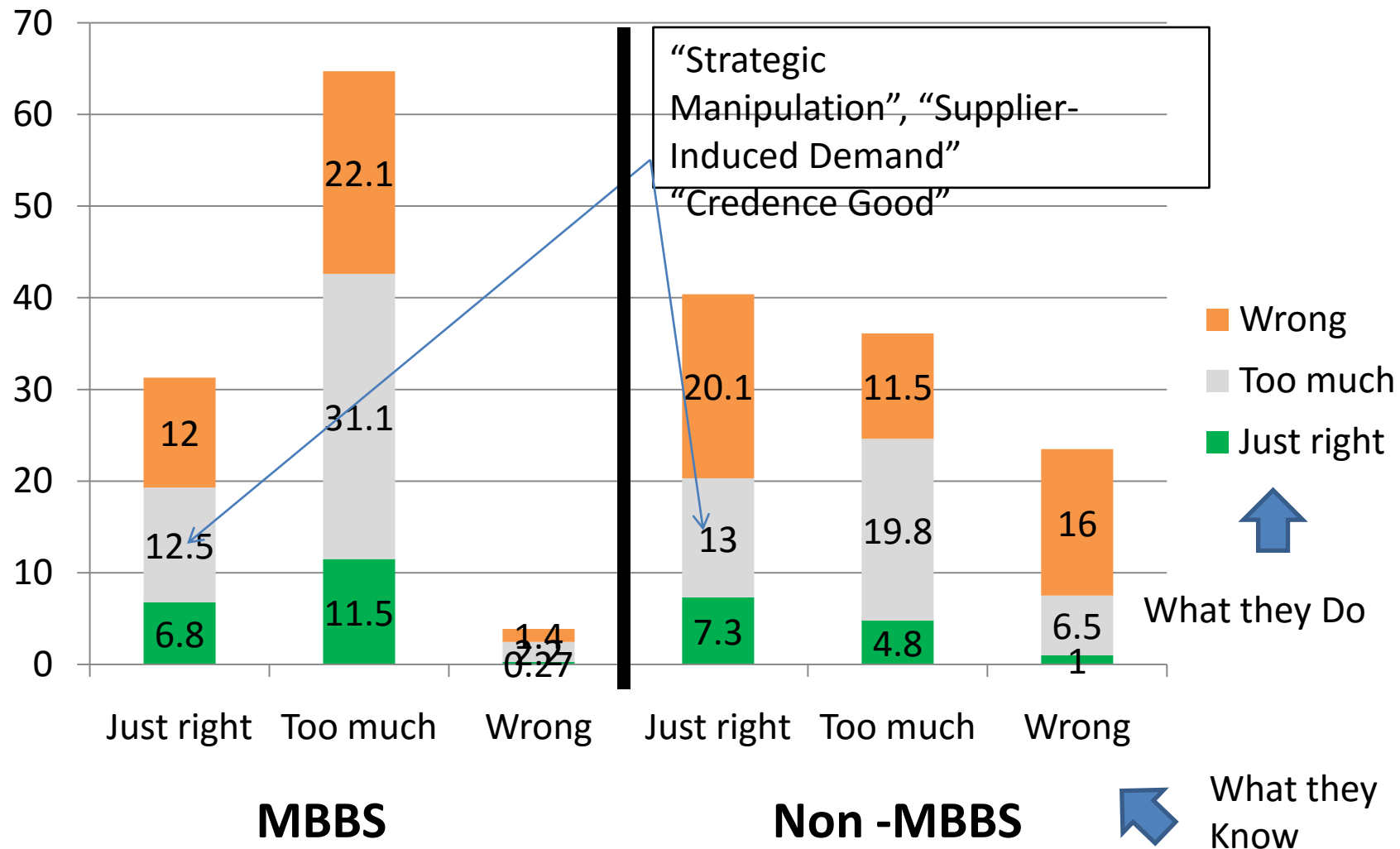
# What strikes you about this picture?



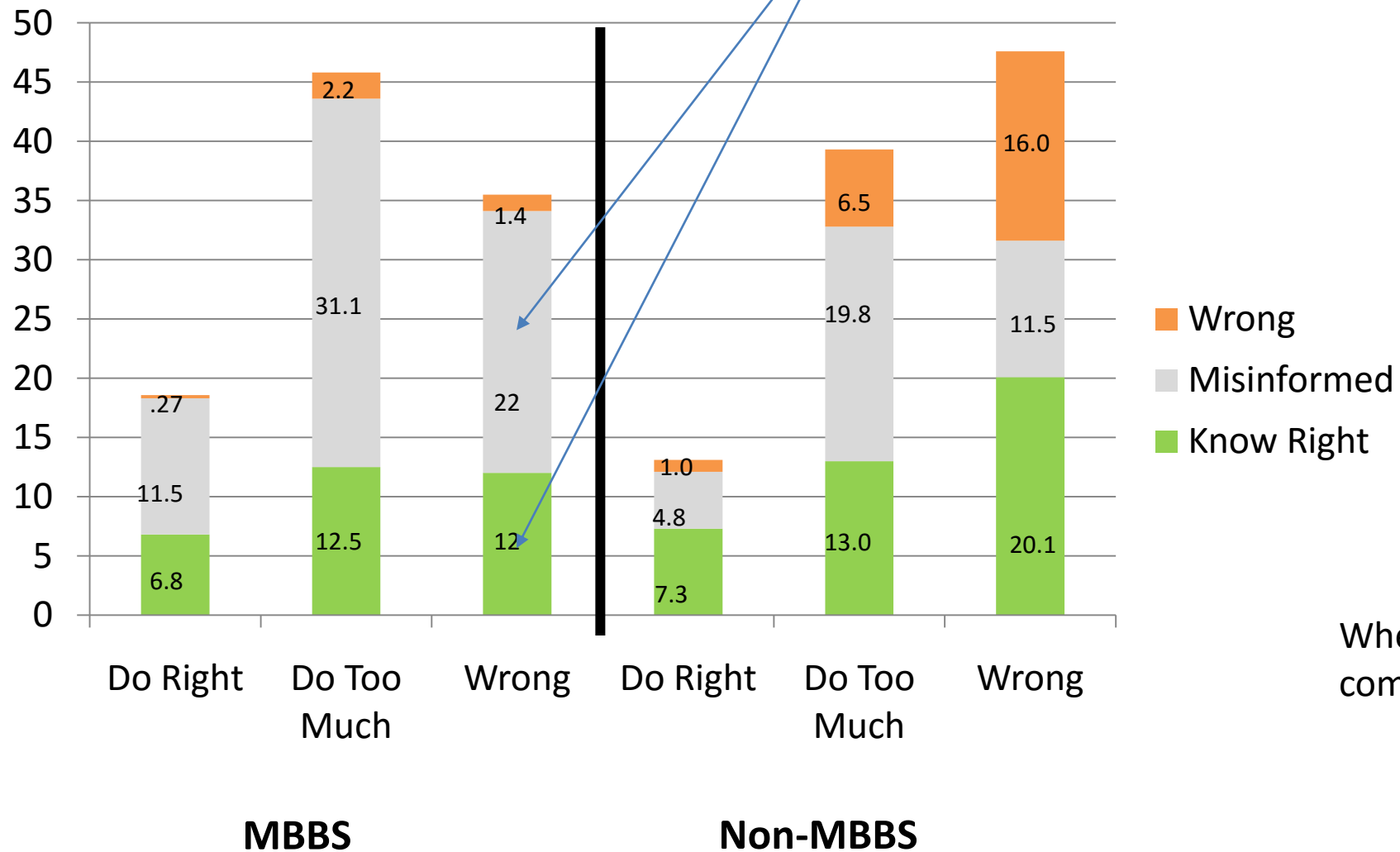
# Or about this picture?



# But what do we think is the big market failure in primary health care?

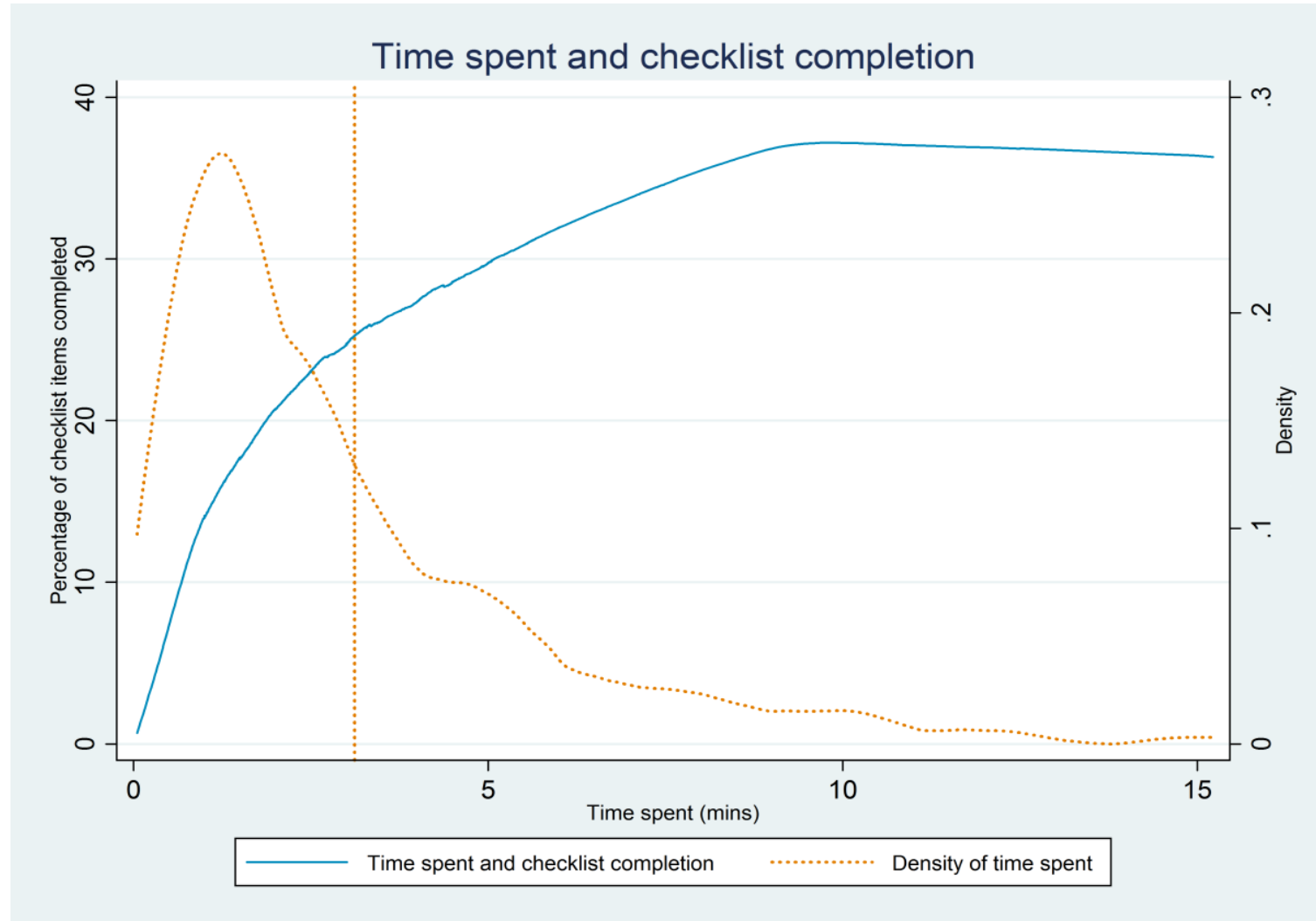


# Let's think about these numbers

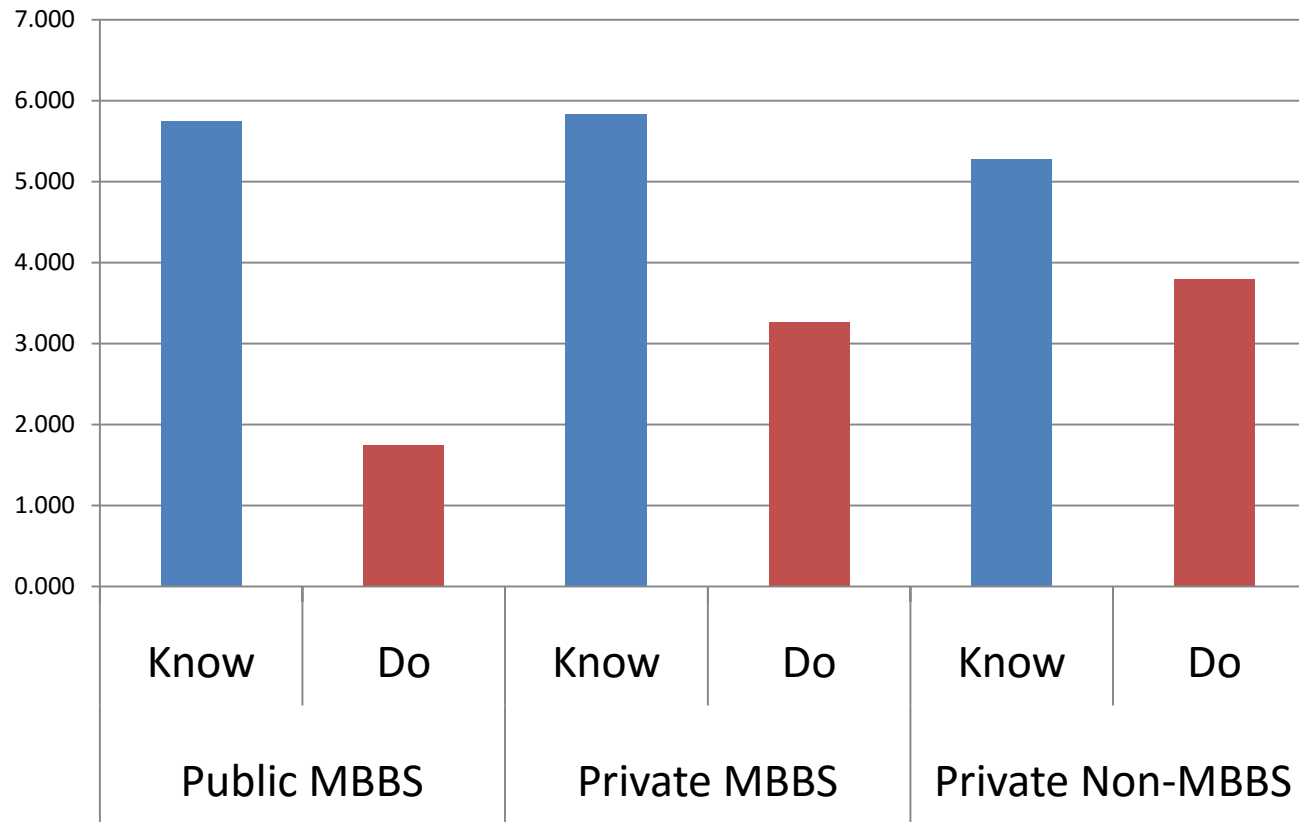


Where could this come from?

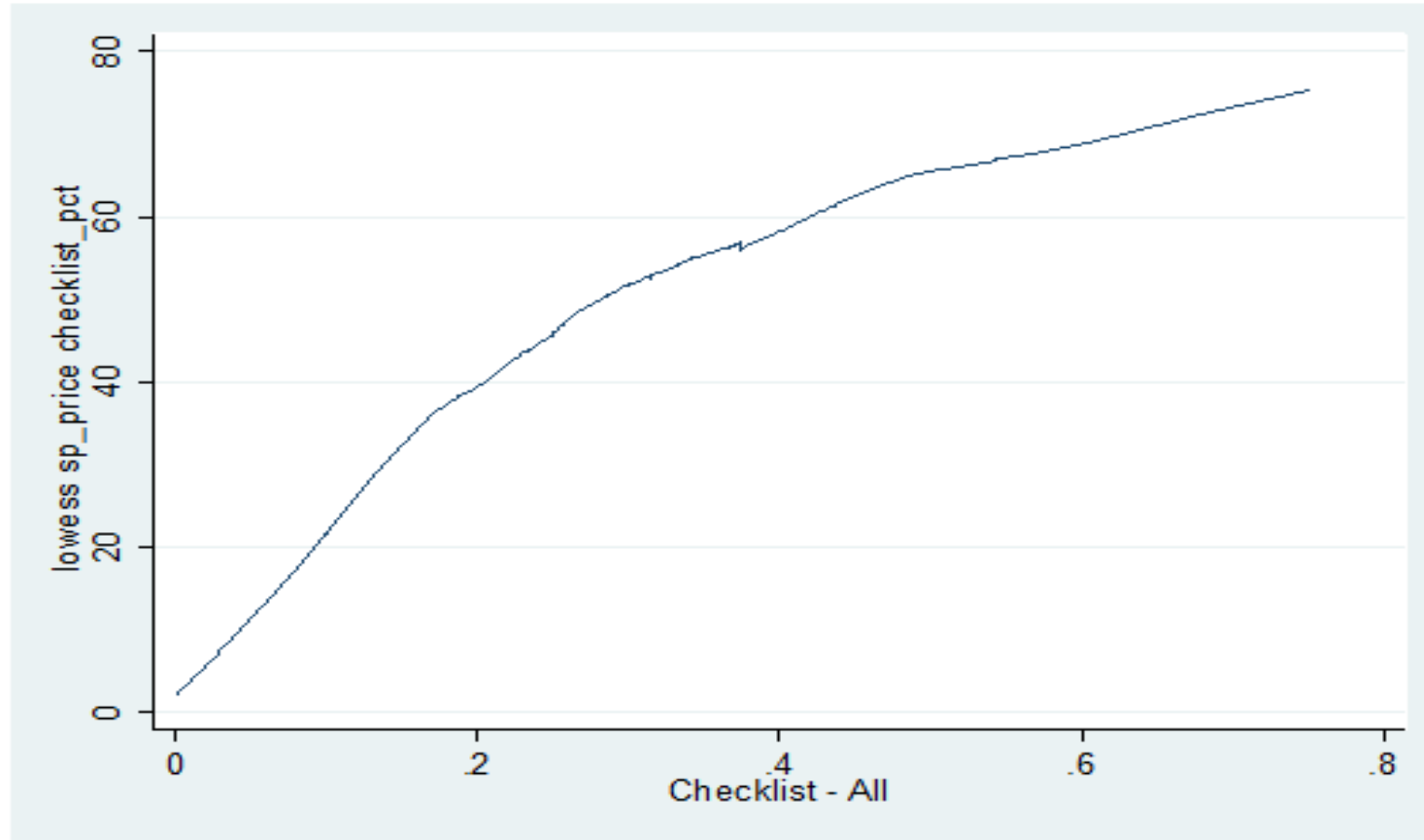
# Perhaps not enough effort?



# Time spent with patients



# The private sector is a real mystery

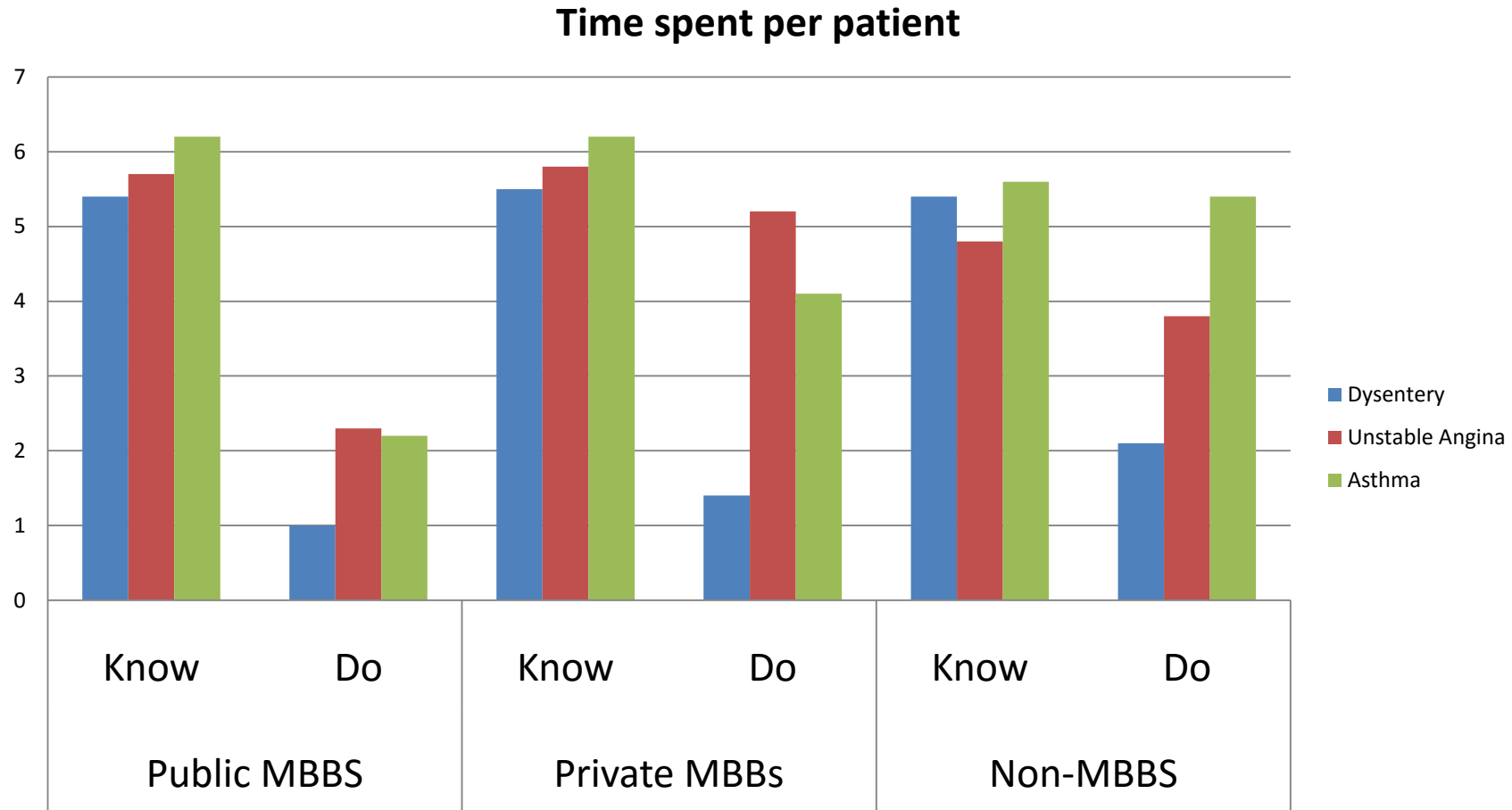


Fees charged vary substantially with “asking more questions”  
(and, therefore, getting the right answer)

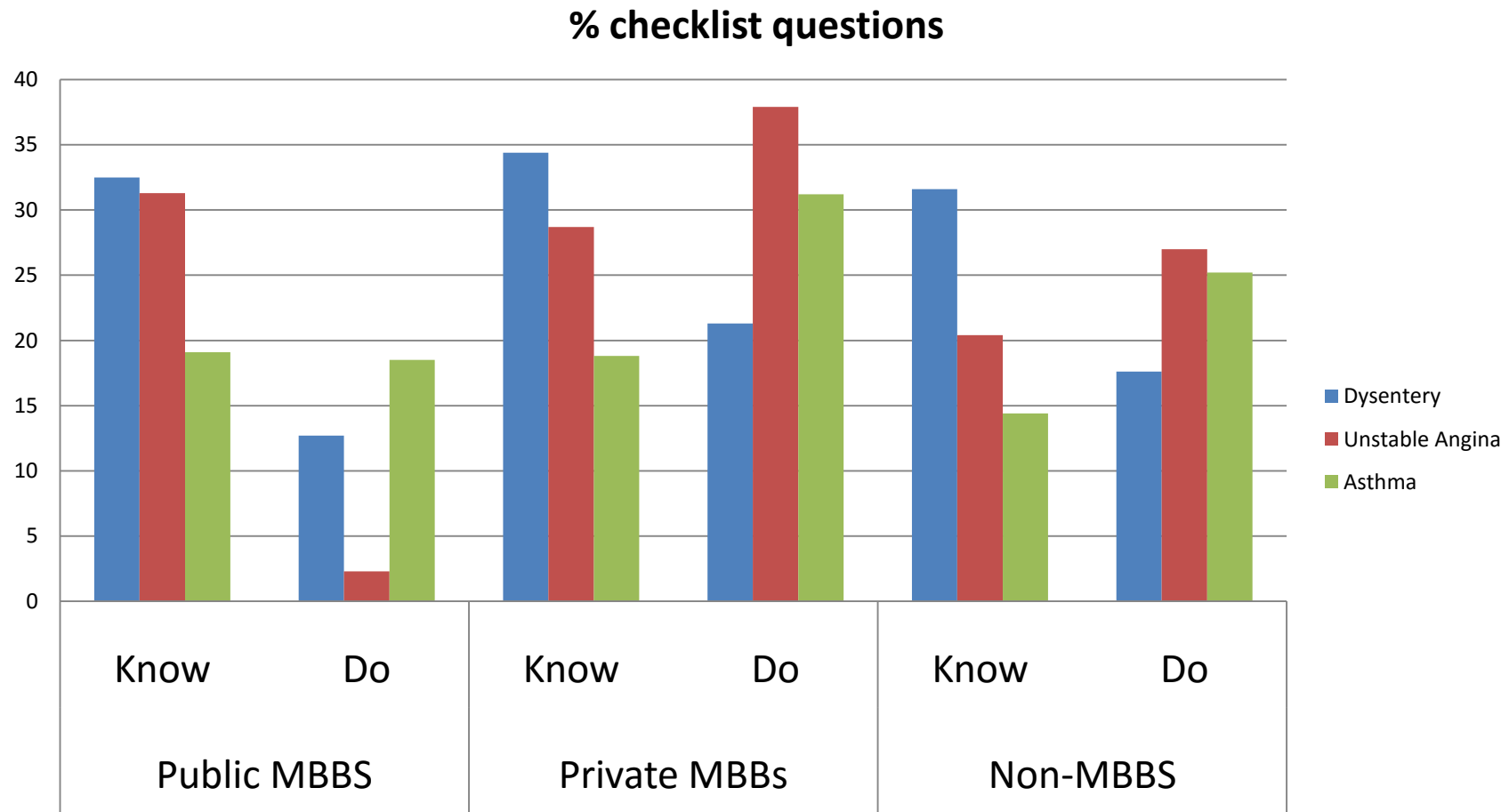
# Summary of the big problems

Type of problem	MBBS providers	Non-MBBS providers
“misinformed”	31.1	19.8
“should have done better”	46.5      (12.5+22+12)	44.6      (13+11.5+20.1)
“just plain wrong”	1.4	16
“strategic manipulation”?	12.5 (but little difference between public and private)	13

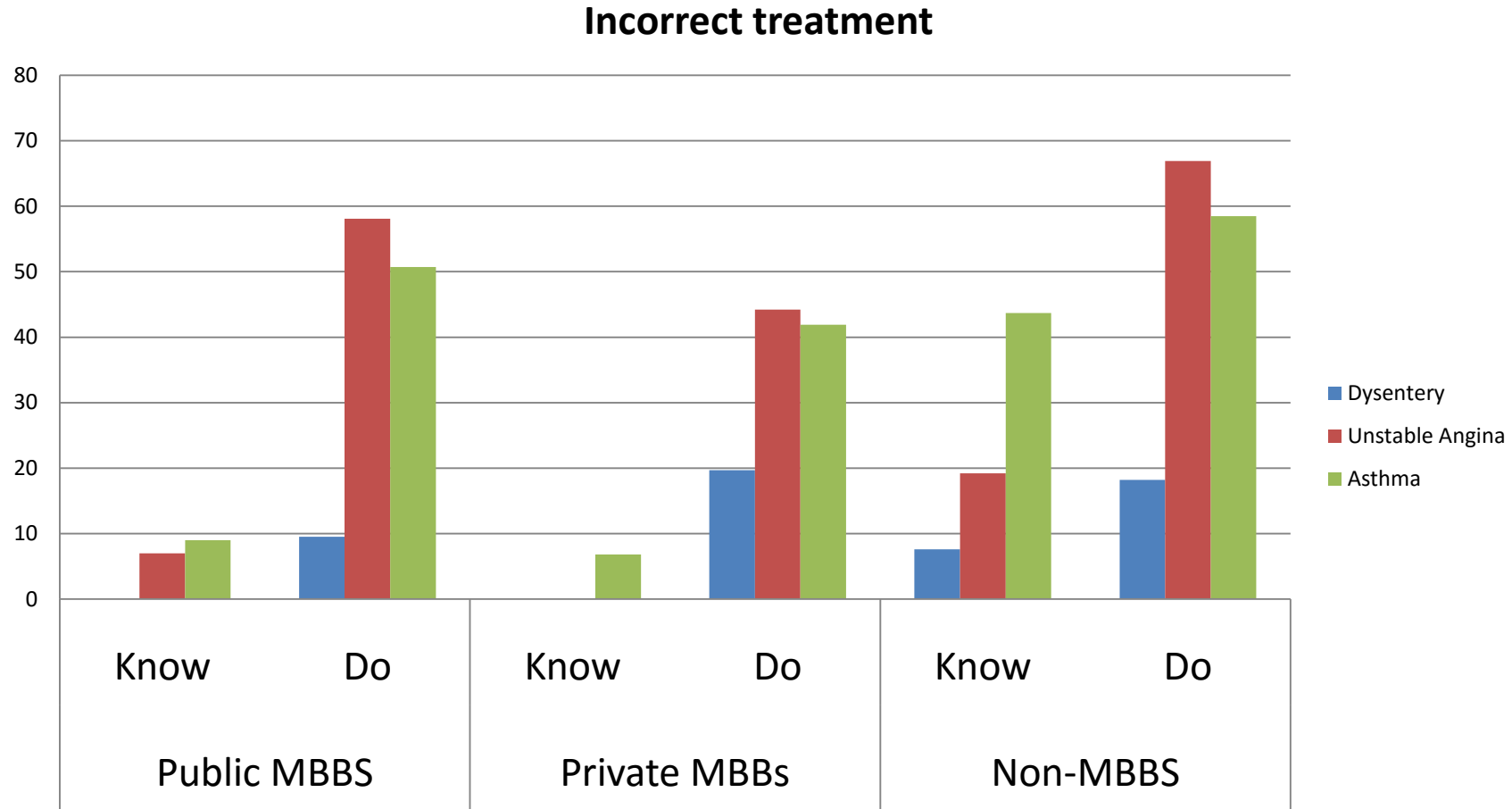
# Inputs by health problem



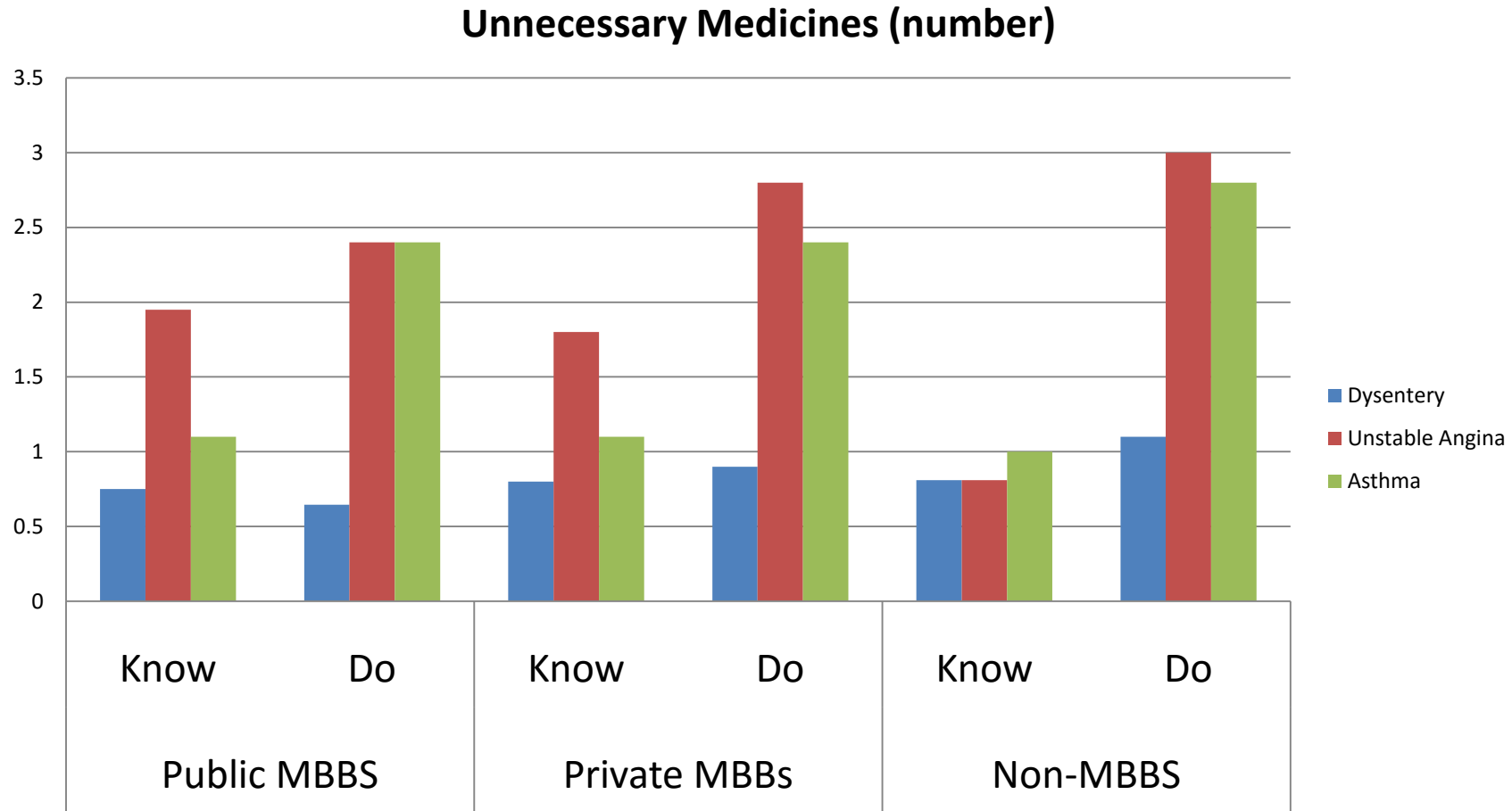
# More inputs by health problem



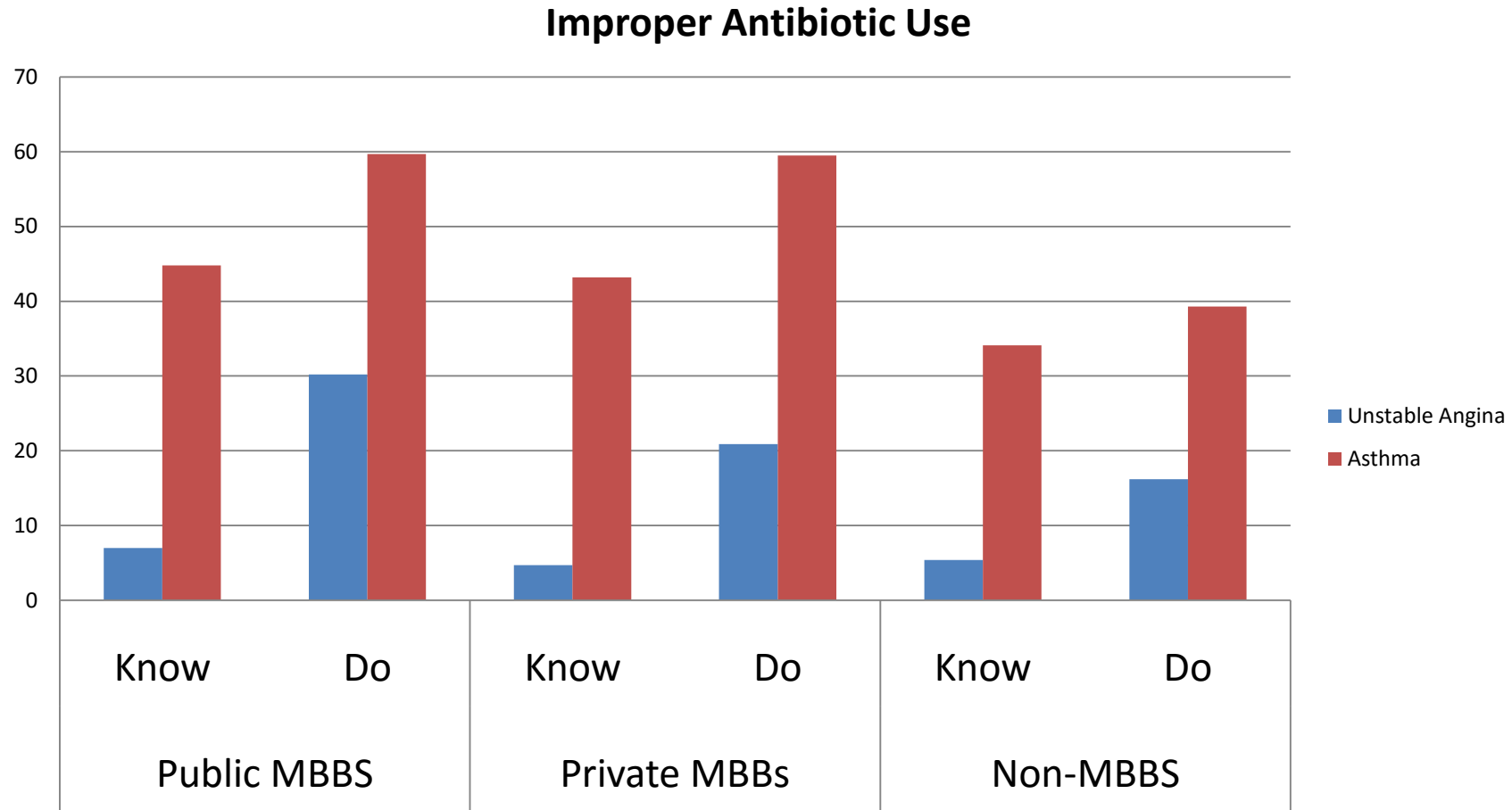
# How bad is the outcome (I)?



# How bad is the outcome (II)?



# And the most controversial outcome?



# Puzzles and questions

- Laziness or willful ignorance?
  - Private: Laziness makes no sense but may want to give a bunch of drugs and doesn't want to feel guilty (I am obviously making this up)
  - Public: Could be lack of motivation but could also not want to find out things the doctor can't do anything about
- Is “training” the answer?
  - For MBBS: post graduate training seems irrelevant, problem may lie in medical schools (how could they possibly think antibiotics are good for asthma?)
  - For Non-MBBS: there is scope for improvement

# Estimating “Do” as a function of “Know”

- Only relevant for Non-MBBS providers (MBBS's always got everything right in the first place)
- Basically want to know  $b$  in the following relation would be:
  - $(\text{Do right}) = a + b (\text{Know right})$
- Turns out to be a pain but the answer seems to be “.4”.
  - It's a pain since what it means to “know” something is more metaphysical than you'd think
  - Measurement error
- There is scope but certainly not the complete solution and maybe only for certain health problems

# Conclusions

- We really don't know what the market for medical care looks like in most places
  - Lots of providers
  - Public share of MBBS
  - Prices
  - Quality (but doesn't look good)
- We know much less than we think we do
  - “Asymmetric information” gets bandied about all the time – it might just not be that big a deal (at PRIMARY care level)
  - “Training” is frequently proposed but may be limited in scope
  - “Quacks” are claimed to be responsible for antibiotic resistance
- Modesty behooves us

Thank you