Supplementary appendix 1.

Details on the outcomes of interest

Outcomes of interest		Calculation	Comments			
	ount reimbursed for drug prescriptions/visit (€)	Cost of all drugs prescribed by a GP, dispensed and reimbursed to the patient by the National Health Insurance, over number of visits by the GP (\mathfrak{C})	Controlling prescription cost is a major issue for the French National Health Insurance because drugs represent 16.1% of health expenditure in France. ¹			
	Antibiotics to 16-65- year-old (%)	Number of antibiotic prescriptions to 16-65-year- old patients without chronic disease relative to the total number of 16-65-year-old patients without chronic disease (%)	In France, antibiotic use for human health continues to increase, and is among the highest in Europe. In 2015, in France, 5500 deaths were attributed to multi-resistant bacterial infections. ³			
ıme²	Benzodiazepines >12 weeks (%)	Number of patients with a new prescription of benzodiazepines for more than 12 weeks relative to the total number of patients (%)	In France, benzodiazepines are marketed for ≤12-week use only.			
11 indicators used for the performance-related financial incentives programme 2	Benzodiazepines to >65-year-old (%)	Number of >65-year-old patients with one or more prescriptions of benzodiazepines with long half-life relative to the total number of >65-year-old patients (%)	Side effects include memory disorders, falls, fractures, addiction, etc. ⁴⁻⁶			
	Vasodilators to >65- year-old (%)	Number of >65-year-old patients with one or more prescriptions of vasodilators relative to the total number of >65-year-old patients (%)	A number of drugs are marketed in France as "vasodilators" (naftidrofuryl, piracetam, nicorandil, etc.) for use in different situations. No evidence justifies their utilization, whereas they have or are suspected to have side effects (headache, diarrhoea, severe hepatic cytolysis, etc.).			
ormance-relate	Angiotensin converting enzyme (ACE) inhibitors/ACE inhibitors + sartans (%)	Number of ACE inhibitors items prescribed relative to the total number of ACE inhibitors and sartans items prescribed (%)	There is no significant difference in the efficacy between these drug classes. Side effects of sartans differ slightly from those of ACE inhibitors. Sartans are more expensive.8			
the perfo	Antiplatelets (%)	Number of patients with low-dose aspirin prescriptions relative to the total number of patients treated with antiplatelets (%)	Low-dose aspirin is recognized as the best drug treatment for secondary prevention of atherosclerosis. ⁹			
sed for 1	Generic antibiotics (%)	Number of antibiotic items prescribed as generic drugs relative to the total number of antibiotic items prescribed (%)				
11 indicators u	Generic antidepressants (%)	Number of antidepressant items prescribed as generic drugs relative to the total number of antidepressant items prescribed (%)				
	Generic antihypertensives (%)	Number of antihypertensive items prescribed as generic drugs relative to the total number of antihypertensive items prescribed (%)	Generic drugs play an important role in controlling health costs. 10			
	Generic proton pump inhibitors (PPIs) (%)	Number of PPI items prescribed as generic drugs relative to the total number of PPI items prescribed (%)				
	Generic statins (%)	Number of statin items prescribed as generic drugs relative to the total number of statin items prescribed (%)				

Data for the patients registered with each GP in 2016. "Drugs prescribed" means drugs prescribed by each GP, delivered and reimbursed by the French National Health Insurance. GP=general practitioner

References

- 1. Ministère des Solidarités et de la Santé. Les dépenses de santé en 2018 Résultats des comptes de la santé [Internet]. 2019 [cited 2019 Sep 19]. Available from: https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-depenses-de-sante-en-2018-resultats-des-comptes-de-la-sante-edition-2019
- 2. European Observatory on Health Systems and Policies Series. Paying for Performance in Health Care: Implications for Health System Performance and Accountability [Internet]. Open University Press; 2014 [cited 2019 Sep 17]. 338 p. Available from: https://www.oecd-ilibrary.org/employment/paying-for-performance-in-health-care_9789264224568-en

- 3. Cassini A, Högberg LD, Plachouras D, Quattrocchi A, Hoxha A, Simonsen GS, et al. Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis. The Lancet Infectious Diseases. 2019 Jan 1;19(1):56–66.
- 4. Bakken MS, Engeland A, Engesæter LB, Ranhoff AH, Hunskaar S, Ruths S. Risk of hip fracture among older people using anxiolytic and hypnotic drugs: a nationwide prospective cohort study. Eur J Clin Pharmacol. 2014 Jul 1;70(7):873–80.
- 5. Zhong G, Wang Y, Zhang Y, Zhao Y. Association between Benzodiazepine Use and Dementia: A Meta-Analysis. PLOS ONE. 2015 May 27;10(5):e0127836.
- Agarwal SD, Landon BE. Patterns in Outpatient Benzodiazepine Prescribing in the United States. JAMA Netw Open. 2019 Jan 4;2(1):e187399–e187399.
- 7. Haute autorité de santé. Commission de la transparence, avis Naftidrofuryl [Internet]. 2019 Jan [cited 2019 Sep 17]. Available from: https://www.has-sante.fr/upload/docs/application/pdf/2019-01/naftilux_pis_ri_avis3_ct16271.pdf
- 8. Li ECK, Heran BS, Wright JM. Angiotensin converting enzyme (ACE) inhibitors versus angiotensin receptor blockers for primary hypertension. Cochrane Database Syst Rev. 2014 Aug 22;(8):CD009096.
- 9. Antithrombotic Trialists' Collaboration. Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. BMJ. 2002 Jan 12;324(7329):71–86.
- 10. World Health Organization. WHO guideline on country pharmaceutical pricing policies. [Internet]. 2015 [cited 2019 Sep 17]. Available from: http://apps.who.int/iris/bitstream/10665/153920/1/9789241549035_eng.pdf?ua=1

Supplementary appendix 2.
Selection of the different GP groups

Study groups According to the monetary amount of gifts received by pharmaceutical companies	No gift	Pre-2016 gift	€10-€69	€70-€239	€240-€999	≥€1000	TOTAL
GPs matched in National Council of the College of Physicians list and in Transparency in Healthcare database	8832 (100%)	11 192 (100%)	9660 (100%)	10 135 (100%)	9894 (100%)	4050 (100%)	53 763 (100%)
Failed to match name and postal code with National Health Data System	1452 (16.4%)	590 (5.3%)	504 (5.2%)	425 (4.2%)	265 (2.7%)	102 (2.5%)	3338 (6.2%)
Excluded from analysis	2355 (26.7%)	1882 (16.8%)	1689 (17.5%)	1478 (14.6%)	1126 (11.4%)	638 (15.8%)	9168 (17.1%)
GPs included in analysis	5025 (56.9%)	8720 (77.9%)	7467 (77.3%)	8232 (81.2%)	8503 (85.9%)	3310 (81.7%)	41 257 (76.7%)

GP=general practitioner

Supplementary appendix 3. GPs and patients' characteristics

	Study groups								
	Covariates	No gift	Pre-2016 gift	€10-€69	€70-€239	€240-€999	≥€1000	All	P values
		n=5025	n=8720	n=7467	n=8232	n=8503	n=3310	n=41 257	
	Male (n,%)	3201 (63.7)	5634 (64.6)	4516 (60.5)	5044 (61.3)	5686 (66.9)	2533 (76.5)	26 614 (64.5)	<0.001
	Female (n,%)	1823 (36.3)	3086 (35.4)	2951 (39.5)	3188 (38.7)	2817 (33.1)	777 (23.5)	14 642 (35.5)	< 0.001
	Age	53.6 ± 11.4	54.1 ± 10.2	52.8 ± 10.5	52.2 ± 10.4	53.8 ± 9.6	56.0 ± 8.4	53.5 ± 10.2	< 0.001
GPs	City <2000 inhabitants (n,%)	1422 (28.3)	2527 (29.0)	2391 (32.0)	2885 (35.0)	2719 (32.0)	913 (27.6)	12 857 (31.2)	<0.001
	City ≥2000 inhabitants (n,%)	3567 (71.0)	6115 (70.1)	5032 (67.4)	5290 (64.3)	5730 (67.4)	2377 (71.8)	28 111 (68.1)	< 0.001
	Number of visits	4623 ± 2525	5184 ± 2579	5250 ± 2485	5437 ± 2457	5688 ± 2327	6140 ± 2577	5359 ± 2510	< 0.001
	Number of registered patients	1006 ± 611	1136 ± 596	1150 ± 575	1214 ± 541	1260 ± 540	1293 ± 586	1177 ± 577	< 0.001
	0 to 15-year-old (%)	20 ± 8.4	20.3 ± 7.7	20.9 ± 7.5	21.1 ± 7.0	20.4 ± 6.6	20.0 ± 6.8	20.5 ± 7.3	<0.001
	16 to 59-year-old (%)	53.5 ± 8.7	53.4 ± 8.1	53.0 ± 7.6	52.7 ± 7.1	52.9 ± 7.0	53.7 ± 7.2	53.1 ± 7.6	< 0.001
nts	60 to 69-year-old (%)	12.4 ± 5.0	12.2 ± 4.4	12.1 ± 4.3	12.1 ± 4.0	12.2 ± 3.7	12.1 ± 3.6	12.2 ± 4.2	< 0.001
Patients	≥70-year-old (%)	14.1 ± 8.2	14.1 ± 7.5	13.9 ± 7.2	14.0 ± 6.8	14.6 ± 6.9	14.3 ± 7.1	14.2 ± 7.2	< 0.001
P	Medical fee exemption due to low income (%)	9.7 ± 10.5	9.6 ± 10.2	9.1 ± 9.3	9.1 ± 9.0	9.1 ± 8.7	10.8 ± 10.1	9.4 ± 9.6	<0.001
	Chronic disease condition (%)	28.8 ± 11.2	28.8 ± 10.7	28.2 ± 10.2	28.4 ± 9.7	28.8 ± 9.6	30.4 ± 10.1	28.7 ± 10.3	< 0.001

 $\overline{\text{Values are numbers (percentages) for qualitative variables and means} \pm \text{standard deviations for quantitative variables}.$

Qualitative data were compared with the χ^2 test and quantitative data by analysis of variance.

Missing data <1%.

Data for the year 2016. "City" means the city where the practice is located.

GPs=general practitioners

Supplementary appendix 4.Comparison of explanatory variables in the different GP groups with the no gift group by multivariate analysis

	Study groups				
Outcomes	Pre-2016 gift	€10-€69	€70-€239	€240-€999	≥€1000
Amount reimbursed for drug	1.20 (-0.11 to 2.50)	2.11 (0.76 to 3.46)	2.73 (1.40 to 4.06)	3.88 (2.55 to 5.20)	5.33 (3.66 to 6.99)
prescriptions/visit (€)	0.003	< 0.001	< 0.001	<0.001	<0.001
Antibiotics 16-65-year-old (%)	-1.10 (-2.36 to 0.15)	-0.26 (-1.56 to 1.03)	-0.01 (-1.28 to 1.26)	0.11 (-1.16 to 1.38)	1.18 (-0.41 to 2.78)
Antibiotics 16-65-year-old (%)	0.004	0.50	0.97	0.78	0.01
Panga diagoninas > 12 wastra (0/)	0.12 (-0.33 to 0.56)	0.36 (-0.09 to 0.82)	0.41 (-0.04 to 0.86)	0.68 (0.23 to 1.13)	0.58 (0.02 to 1.14)
Benzodiazepines >12 weeks (%)	0.38	0.009	0.003	< 0.001	<0.001
Danza diagoninas > 65 year ald (0/)	-0.30 (-0.64 to 0.05)	-0.28 (-0.64 to 0.07)	-0.15 (-0.50 to 0.19)	-0.08 (-0.43 to 0.26)	0.05 (-0.38 to 0.49)
Benzodiazepines >65-year-old (%)	0.005	0.009	0.15	0.42	0.69
Vasodilators >65-year-old (%)	0.01 (-0.09 to 0.11)	0.05 (-0.05 to 0.16)	0.09 (-0.01 to 0.19)	0.10 (0.00 to 0.20)	0.15 (0.03 to 0.28)
v asodilators >03-year-old (%)	0.71	0.09	0.003	< 0.001	<0.001
ACE inhibitors/ACE inhibitors + sartans	-0.38 (-1.21 to 0.45)	-0.36 (-1.21 to 0.49)	-0.12 (-0.96 to 0.72)	-0.70 (-1.53 to 0.13)	-1.67 (-2.71 to -0.62)
(%)	0.13	0.17	0.63	0.006	<0.001
Compute antihipties (0/)	-0.66 (-1.22 to -0.10)	-0.87 (-1.45 to -0.30)	-1.24 (-1.81 to -0.67)	-1.83 (-2.40 to -1.27)	-2.17 (-2.88 to -1.47)
Generic antibiotics (%)	<0.001	< 0.001	< 0.001	< 0.001	<0.001
Canadia antihumantansiyas (0/)	-0.60 (-1.01 to -0.18)	-1.01 (-1.43 to -0.58)	-1.51 (-1.93 to -1.08)	-2.61 (-3.03 to -2.19)	-4.24 (-4.77 to -3.72)
Generic antihypertensives (%)	<0.001	< 0.001	< 0.001	< 0.001	<0.001
C (0/)	-2.76 (-3.65 to -1.88)	-4.35 (-5.27 to -3.44)	-5.83 (-6.73 to -4.94)	-8.36 (-9.25 to -7.46)	-12.14 (-13.26 to -11.03)
Generic statins (%)	<0.001	<0.001	<0.001	<0.001	<0.001

Values are adjusted mean differences (99.9% confidence intervals) and P values.

Threshold P=0.001 (Bonferroni correction for P= 0.05/(9X5)=0.0011). GP=general practitioner. ACE=angiotensin converting enzyme

Supplementary appendix 5.

Results of the adjusted analyses in which the different GP groups were replaced by the median amount of gifts for each group. The no gift group and pre-2016 gift group were grouped together as having received no gift in 2016.

Outcomes	Beta coefficients	Standard errors	P values
Amount reimbursed for drug prescriptions/visit (€)	0.00280	0.00026082	<0.001
Antibiotics 16-65-year-old (%)	0.00148	0.00020137	<0.001
Benzodiazepines >12 weeks (%)	0.00032194	0.00008757	<0.001
Benzodiazepines >65-year-old (%)	0.00018198	0.00006808	0.008
Vasodilators >65-year-old (%)	0.00008536	0.00001969	<0.001
ACE inhibitors/ACE inhibitors + sartans (%)	-0.00092337	0.00016228	<0.001
Antiplatelets (%)	-0.00022872	0.00010071	0.02
Generic antibiotics (%)	-0.00113	0.00011024	< 0.001
Generic antidepressants (%)	-0.00013475	0.00009769	0.17
Generic antihypertensives (%)	-0.00247	0.00008188	<0.001
Generic PPIs (%)	0.00001348	0.00000872	0.12
Generic statins (%)	-0.00640	0.00017385	<0.001

GP=general practitioner. ACE=angiotensin converting enzyme. PPIs=proton pump inhibitors