

EFFICIENCY PROPOSED SYNOPSIS OF BETTER PRACTICE

United Kingdom Pay for Performance

Section I: Summary

The United Kingdom (UK) pay for performance (P4P) program was introduced in 2004 as a financial reward system for general practitioners (GPs) contracting with the UK National Health Service (NHS). The program provides considerable financial rewards to general practitioners for meeting targets in select indicators.

Initial findings from the UK P4P program indicates that general practitioners employ more nurses and administrative staff to accomplish P4P targets, establish chronic disease clinics, and increase use of medical records in preparation for the program. In addition, GPs began to delegate additional tasks to nurses. For example, nurses began to specialize in diabetes care for patients with chronic conditions.

Section II: Statement of purpose

The UK NHS developed both clinical and organizational activities to measure using the Quality and Outcomes Framework Programme. The Programme rewards general practitioners for meeting targets in select areas. Each indicator has points allocated depending on the amount and difficulty of work required to successfully meet these criteria. A maximum of 1050 points can be earned and up to an incredible 20 percent of the general practitioner's income is at risk based on selected indicators. This is a generous figure compared to earning potential of other physicians in other European nations.

Examples of indicators with points include:

- Clinical: includes 76 indicators that focus on medical records, diagnosis, and initial/ ongoing clinical management of prevalent conditions such as:
 - Coronary heart disease,
 - Stroke,
 - Hypertension,
 - Diabetes,
 - Mental health,
 - Asthma,
 - Epilepsy, or
 - Cancer.
- Organizational: includes 56 indicators such as records and information about patients including:
 - Communication with patients,

- Education and training for clinical staff,
 - Practice management, and
 - Medicine management to name a few.
- Patient Experience: includes 4 indicators such as appointment length and extent of consulting with patients, which is a common tool used by others to measure quality such as Kaiser Permanente and National Committee for Quality Assurance (NCQA).

Additional services include 10 indicators such as cervical screening, child health surveillance, and maternity services.

Currently, no risk adjustment is included in the point system but rather practices may exclude certain patients from performance requirements if required intervention(s) are clinically inappropriate or if patient refuses to comply with physician recommended treatment plan.

Section III: Outcomes

Although the program was voluntary (even though most if not all GPs contract with NHS), in the first year, almost all GPs participated with the median practice scoring 95.5 percent of possible points. Additional research will be completed to determine how this high volume was achieved by most GPs. In the clinical area, the median score was 96.7 percent of possible points. In years 2 and 3, similar results were achieved in the clinical indicators. In addition, there is limited evidence of manipulation of data by providers, but some practices seem to make excessive use of the "exception" to reporting certain patient data that meet the exceptions mentioned above.

Interviews with GPs indicated concerns about the Programme's focus on biomedical targets which may lead to less focus on other important aspects of care or treatment of patients as a whole.

While it is too early to conclude on the success of the UK P4P program, it appears to offer potential for health system and efficiency improvements.

Section IV: Contact Information and References

Source of Information

Smith, Peter C., Elias Mossialos and Irene Papanicolas. "Performance Measurement for health system improvement: experiences, challenges, and prospects." WHO European Ministerial Conference on Health Systems: "Health Systems. Health and

Wealth." Tallin, Estonia, 25-27 June 2008. Accessed at www.euro.who.int/document/hsm/2_hsc08_rBD2.pdf. Accessed on November 20, 2008.

Additional P4P sources by Peter C Smith located at <http://www.york.ac.uk/inst/che/staff/smithpete.htm>. Access on December 29, 2008.