Paying Physicians for Quality

Primary Care Reform in the UK

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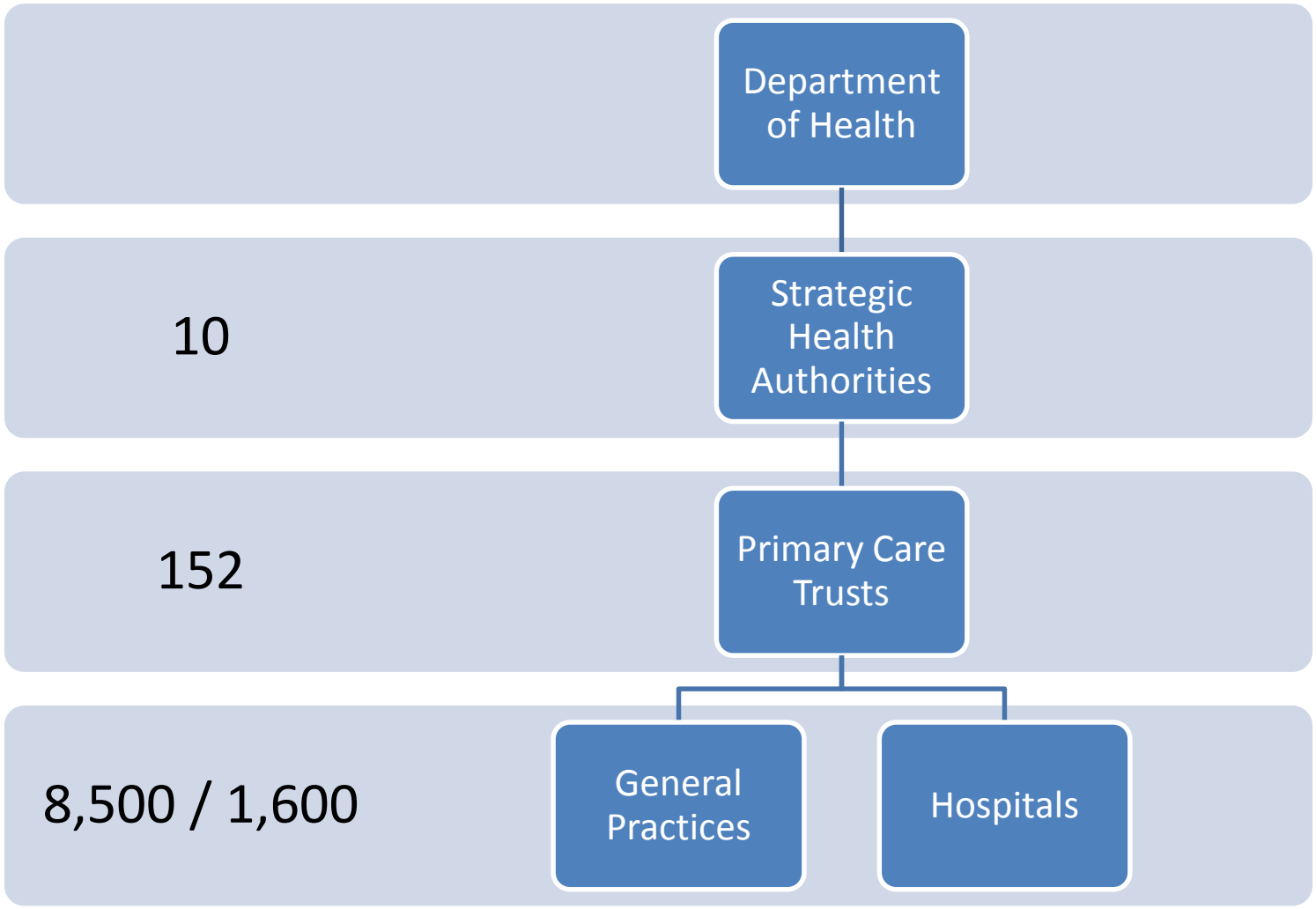
Primary Care in the NHS

A Mercifully Brief History

Structure of the National Health Service



Primary Care under the NHS
Collings Report, 1950

Working conditions:

> **"…bad enough to turn a good doctor into a bad one within a very short time. Some [conditions] are bad enough to require condemnation in the public interest."**

Inner City practices:

> **"…at best… very unsatisfactory and at worst a positive source of public danger."**

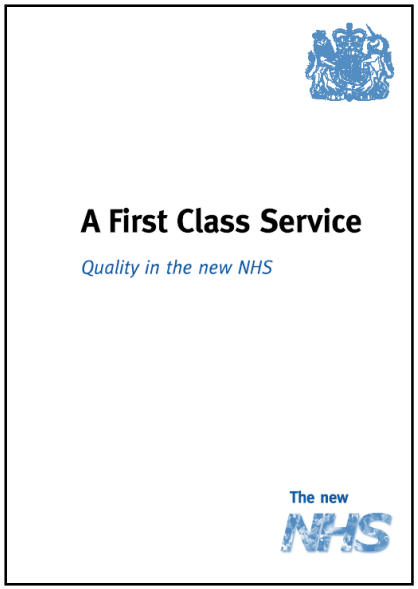
Recommendations:

> **"An attempt should be made to define the function of general practice within… the NHS.**
> **Group practice units… should be formed."**

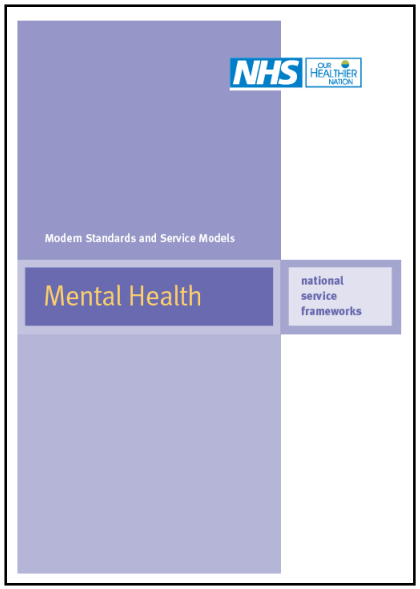
Reforms between 1948 and 1997

- Formation of Royal College of GPs
- Mandatory vocational training for general practice
- Incentives for physicians to work together in groups
- Financial support for improvement of premises
- Reimbursement for the cost of employed staff
- Partial reimbursement for IT systems
- Limited pay for performance (introduced 1990)
- Progressive increases in GP income

New Labour TM
Quality of care, 1997 to 2001



CHI
Commission for Health Improvement



Modernisation Agency

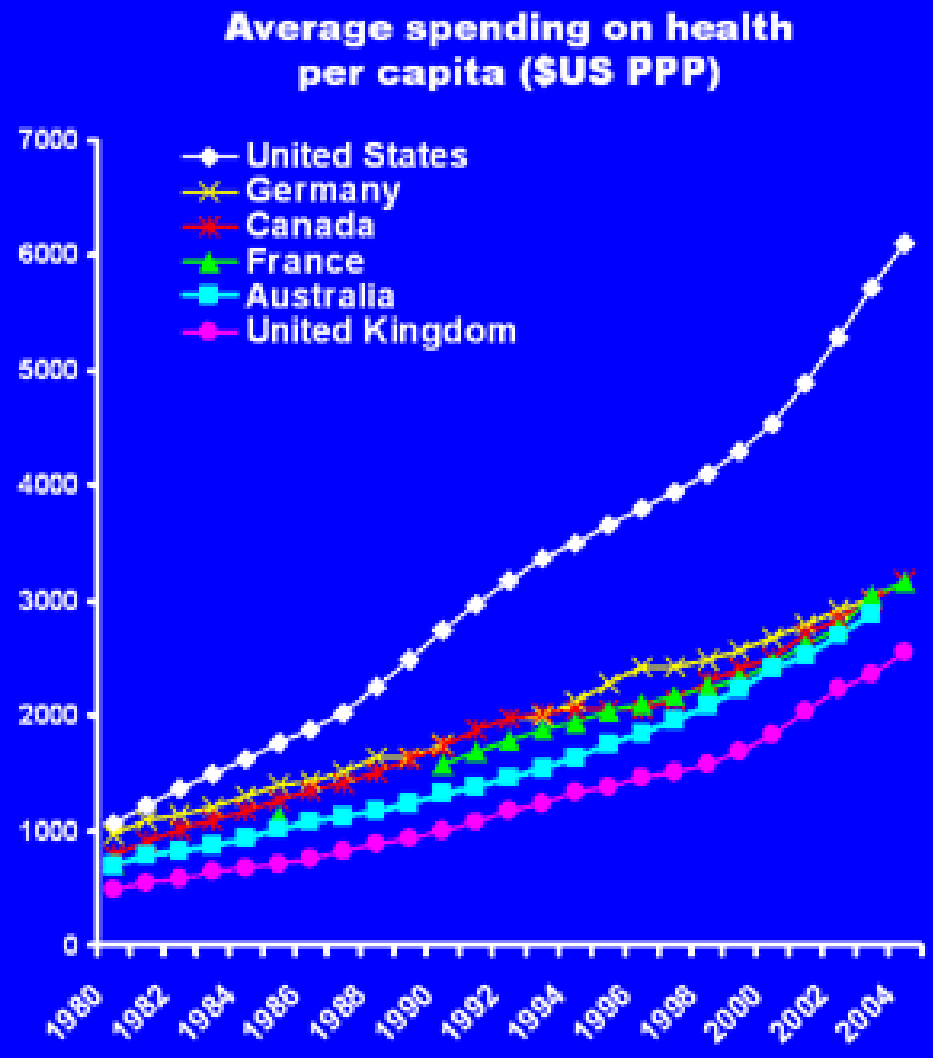
NHS
National Institute for Health and Clinical Excellence

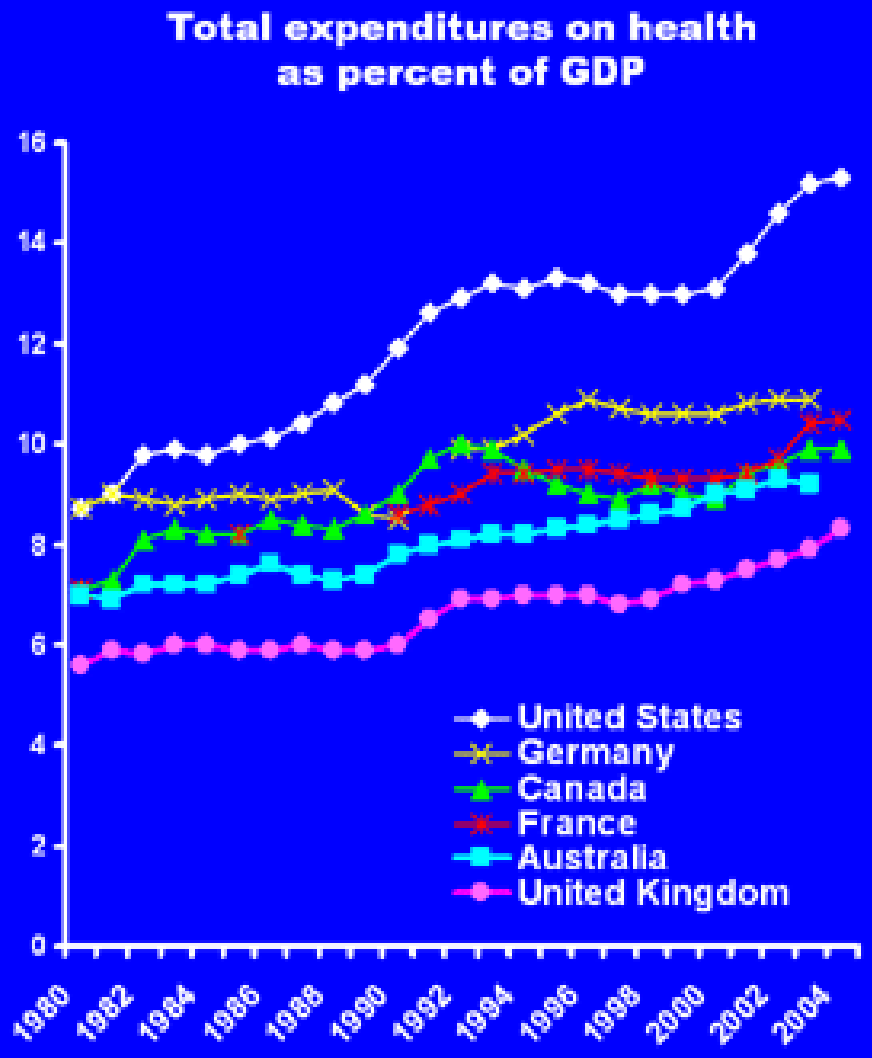
NHS Spending

"... health spending will increase by about 5% annually for five years..."

"You've stolen my bloody budget!"

International Comparison of Spending on Health, 1980–2004





Data: OECD Health Data 2005 and 2006.

The Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF)

The original framework

- Introduced April 2004 for all general practices in the UK
- 146 quality indicators covering:
  - secondary prevention for 10 chronic conditions
  - organisation of care
  - patient experience
  - additional services
- Each indicator allocated between 0.5 and 56 points (1,050 in total)
- Achievement scores are publicly reported
  - www.qof.ic.nhs.uk

The quality indicators
Clinical indicators

Disease area	Indicators	Points
asthma	7	72
cancer	2	12
chronic obstructive pulmonary disease	8	45
coronary heart disease	***15***	***121***
diabetes	***18***	***99***
epilepsy	4	16
hypertension	***5***	***105***
hypothyroidism	2	8
mental health	5	41
stroke	10	31
total	***76***	***550***

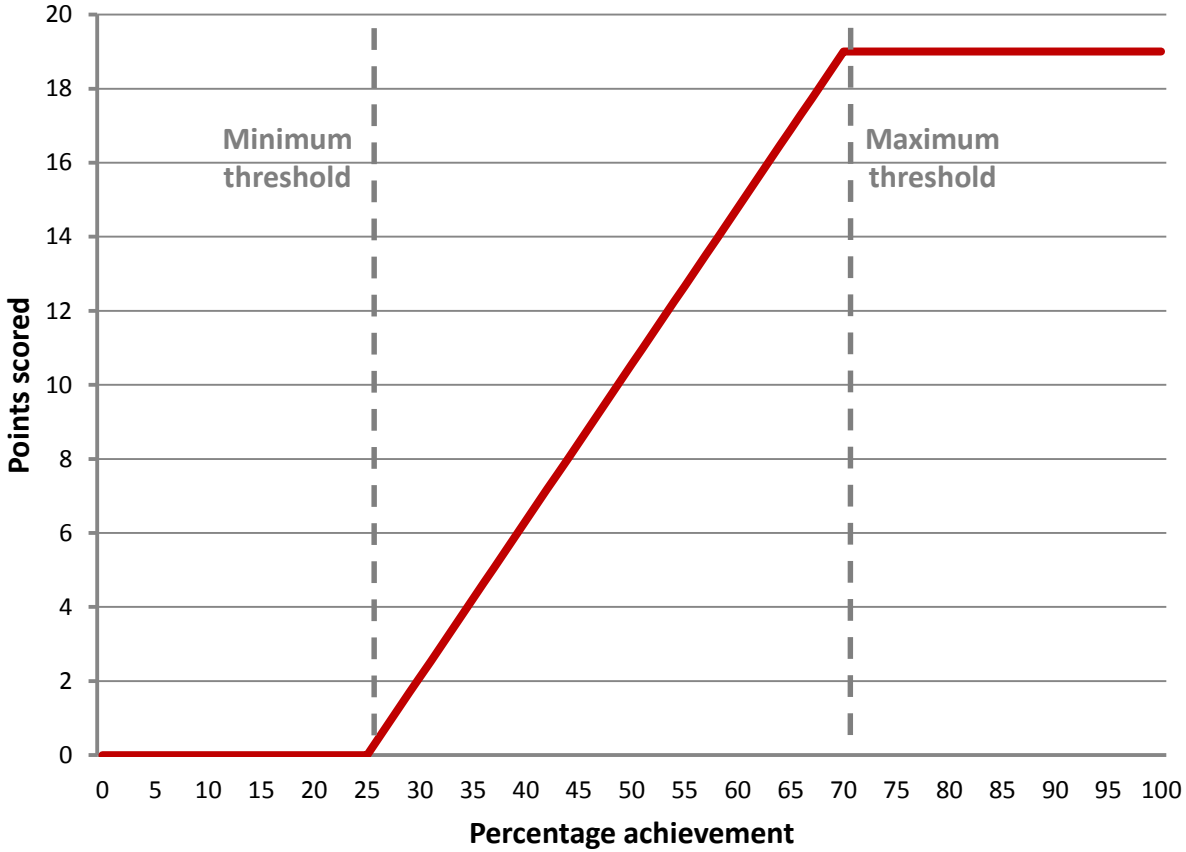
The quality indicators
Organisational indicators

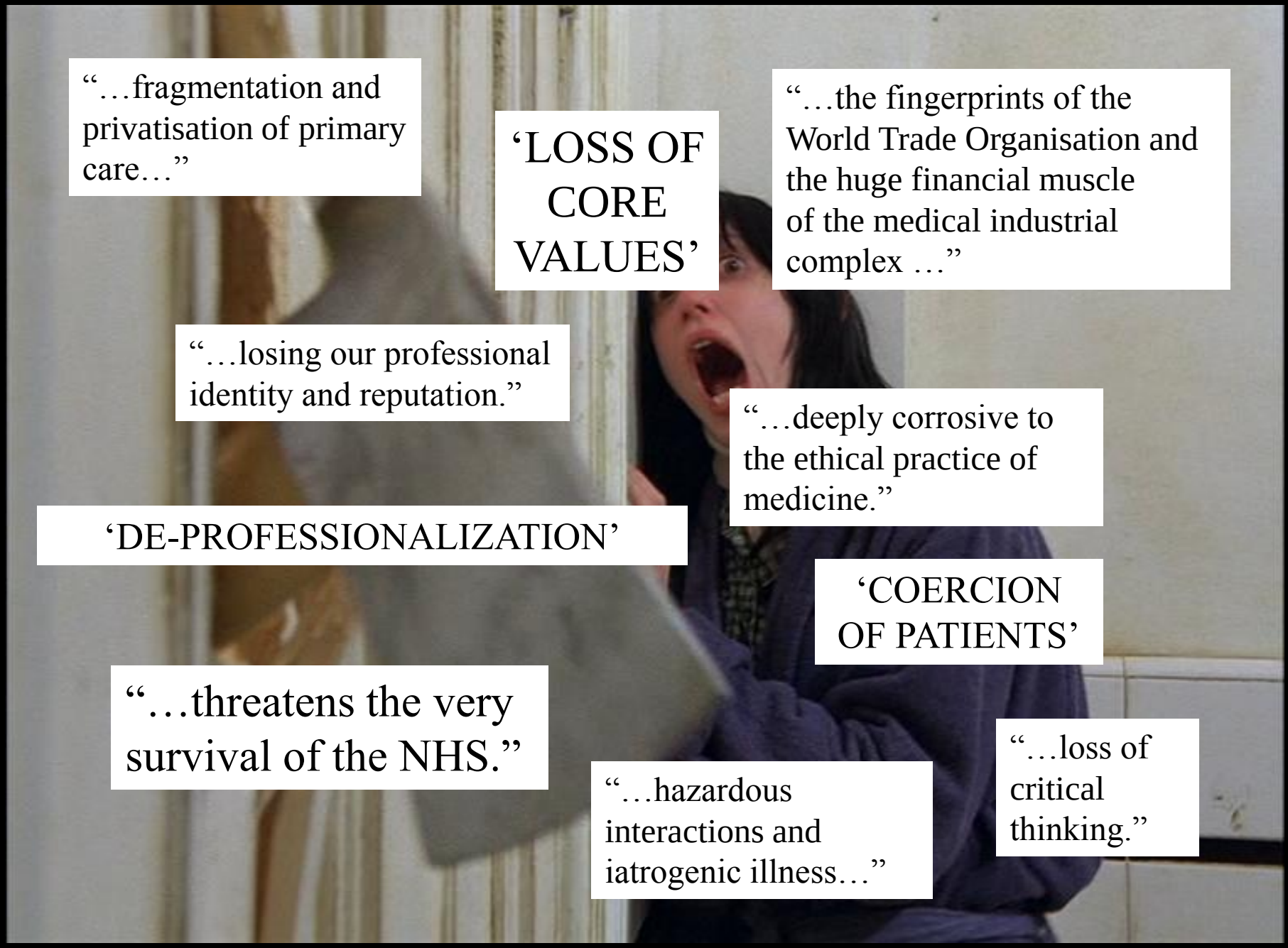
Activity	Indicators	Points
Organisation of care	56	184
record keeping	*19*	*85*
patient communication	*8*	*8*
education and training	*9*	*29*
practice management	*10*	*20*
medicines management	*10*	*42*
Patient experience	4	100
Additional services	10	36
Access	---	50
Overall quality	---	30
Holistic care	---	100
total	***70***	***500***

Achievement thresholds

CHD6: Percentage of coronary heart disease patients with BP ≤ 150/90 mmHg

- Points:
  0 to 19 points
- Income:
  £0 to £1,444
  ($0 to $2,310)




"…fragmentation and privatisation of primary care…"
'LOSS OF CORE VALUES'
"…the fingerprints of the World Trade Organisation and the huge financial muscle of the medical industrial complex …"
"…losing our professional identity and reputation."
"…deeply corrosive to the ethical practice of medicine."
'DE-PROFESSIONALIZATION'
'COERCION OF PATIENTS'
"…threatens the very survival of the NHS."
"…hazardous interactions and iatrogenic illness…"
"…loss of critical thinking."

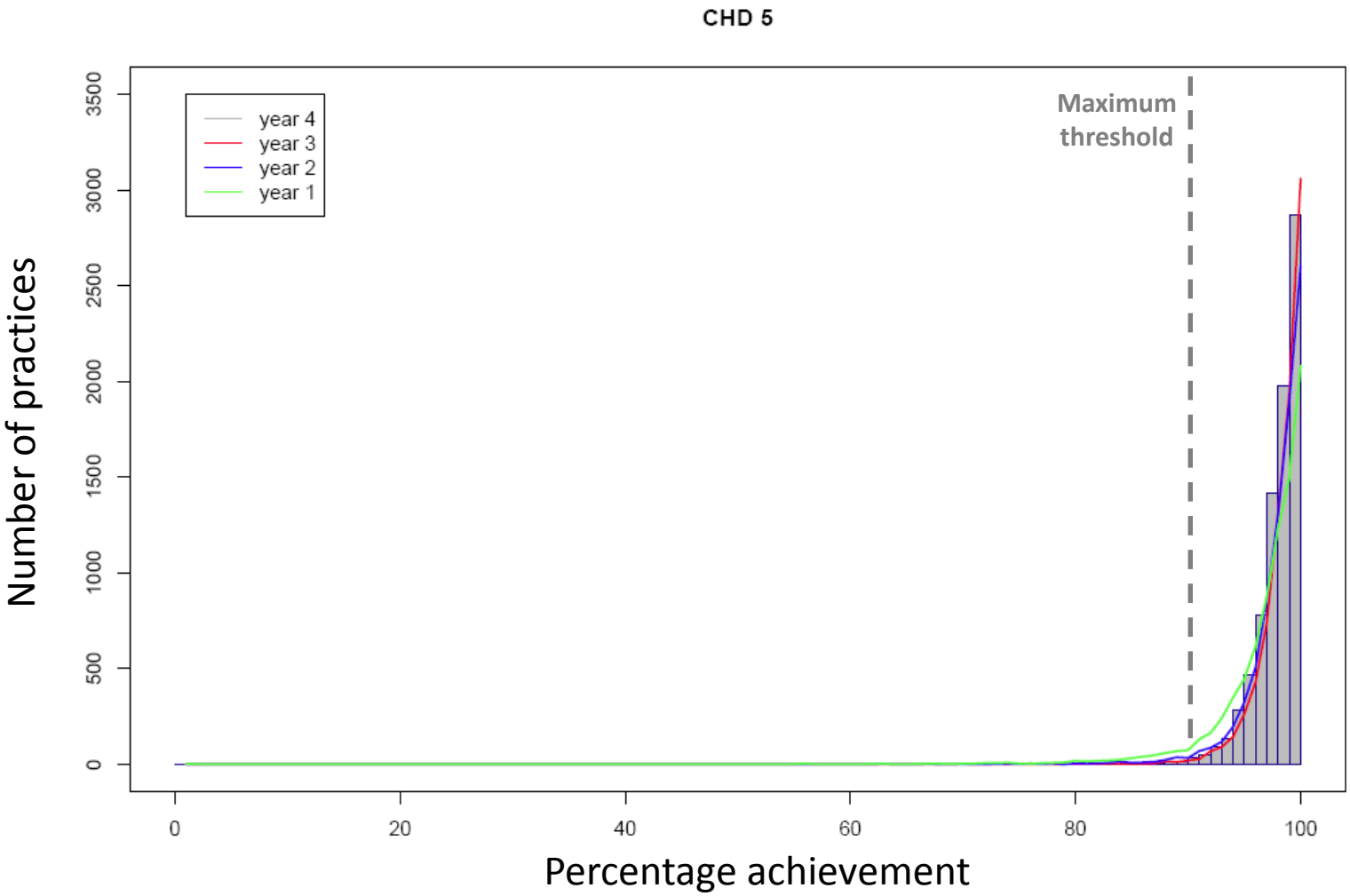
Results of the Reforms

Results for Years 1-4
Points scored and remuneration

Year	% of total points scored	Mean earnings per physician
2004-05	91.3%	£22,750
2005-06	96.3%	£39,490
2006-07	95.5%	£37,300
2007-08	96.8%	£37,800

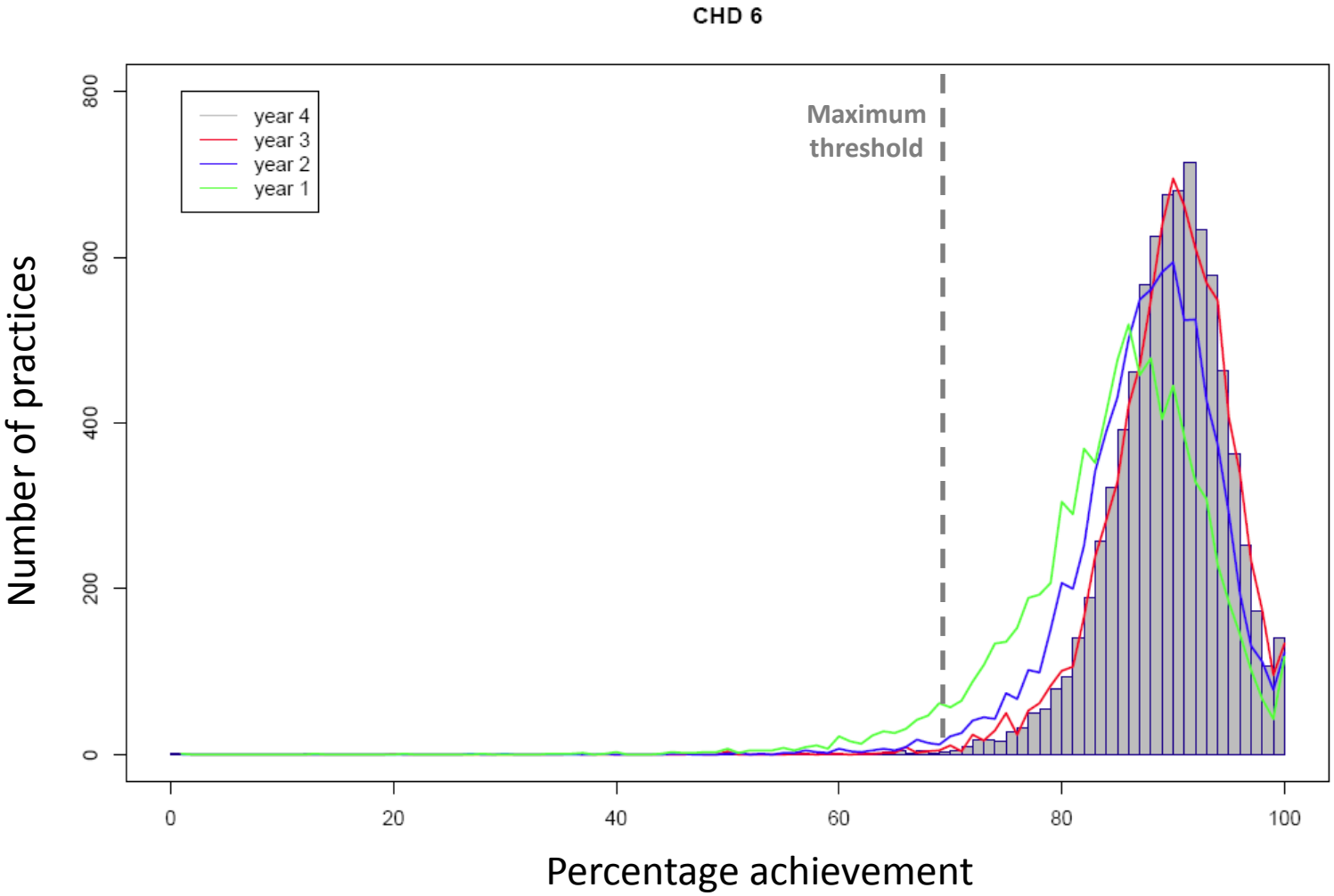
Achievement of clinical targets

Measurement: record of blood pressure in previous 15 months



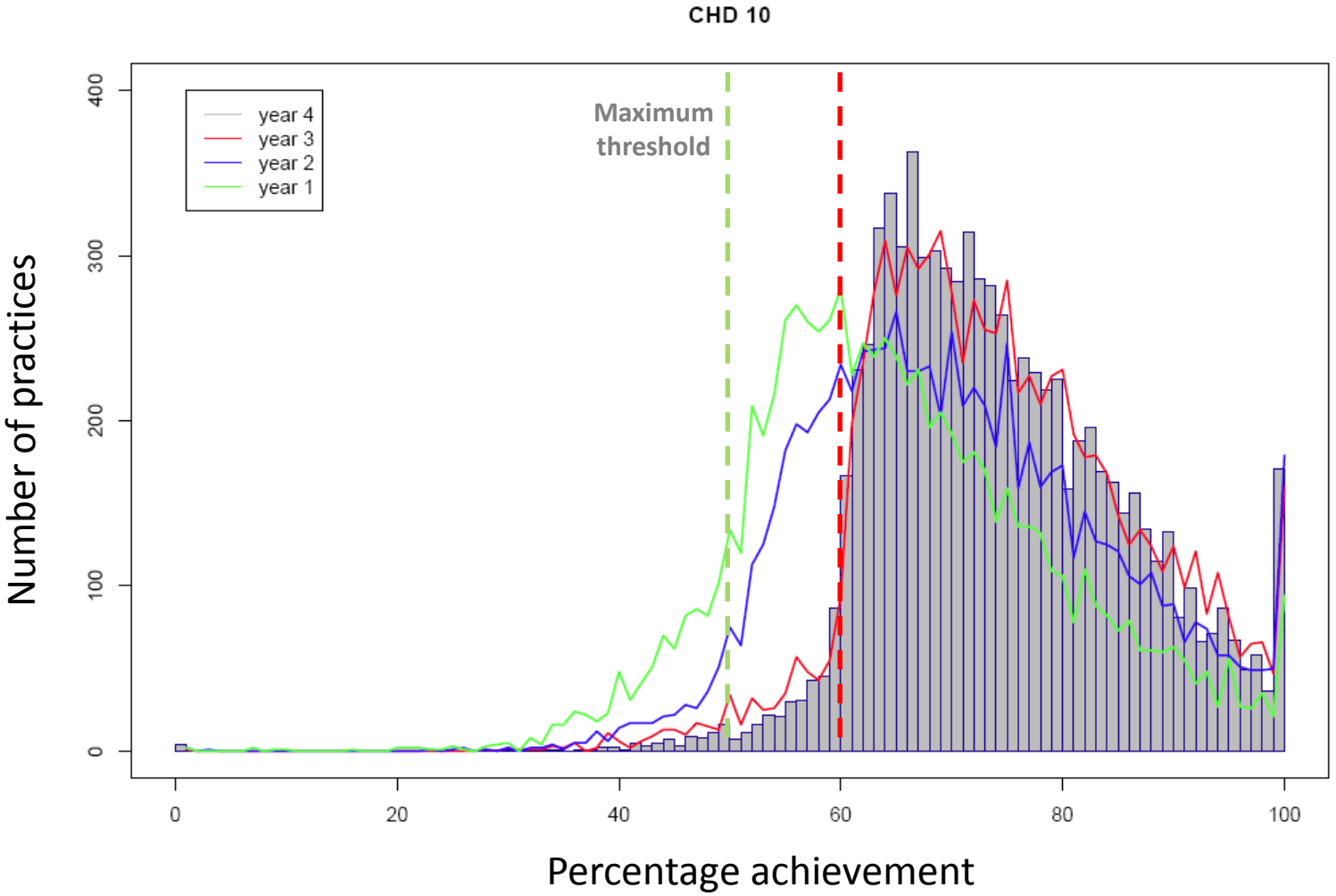
Achievement of clinical targets

Intermediate outcome: blood pressure ≤150/90 mmHg



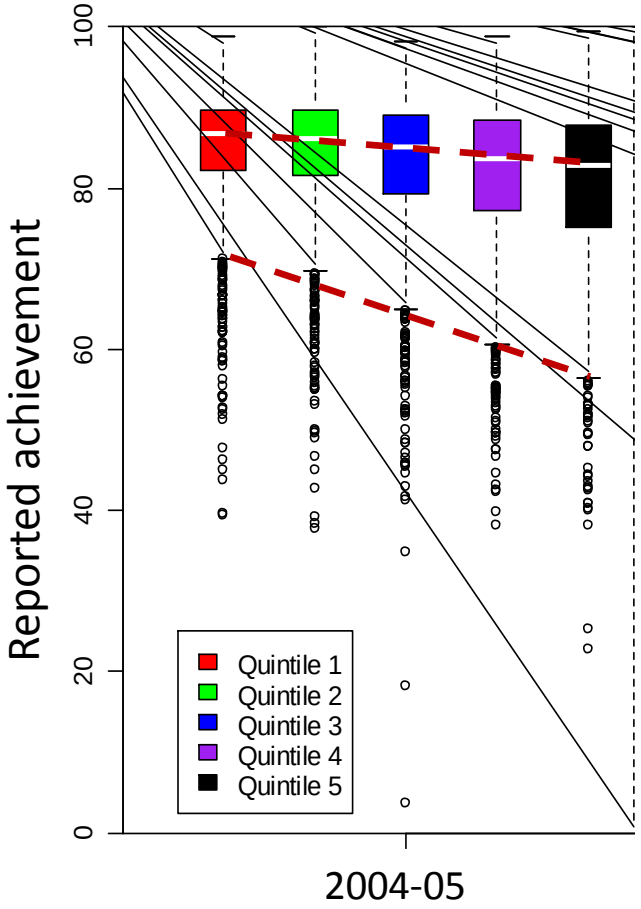
Achievement of clinical targets

Treatment: treated with beta blocker



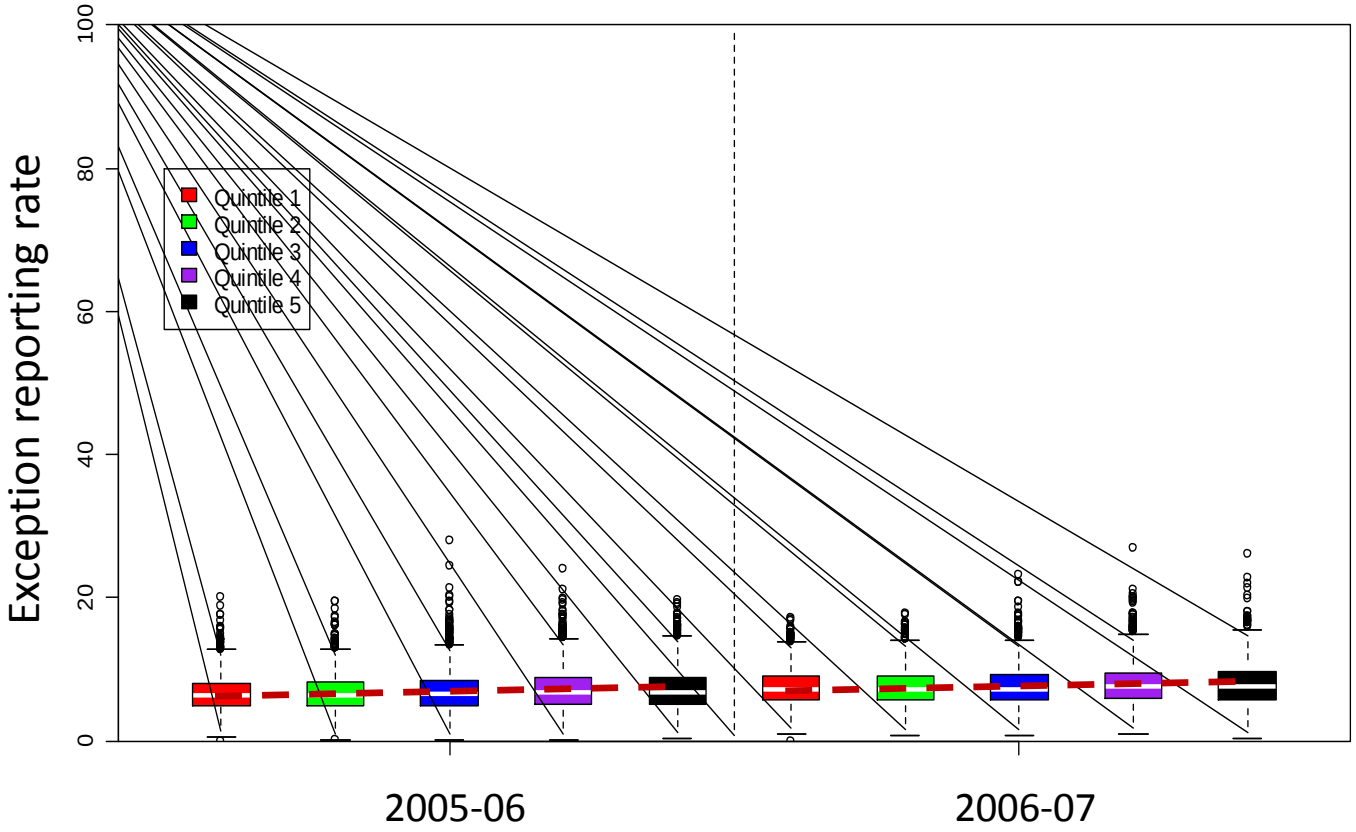
Inequality in quality of care

Achievement by area deprivation quintile



Inequality in quality of care

Exception reporting by area deprivation quintile



Summary

Summary
Quality of care for incentivized indicators

- Quality of care
  - Achievement increased in Years 1-3
  - Significant improvement over projected rates (up to 38% in Year 1)
  - Achievement plateaud from Year 2 onwards

- Inequality of care
  - Poorest performing practices improved the most
  - Inequalities almost disappeared by Year 3

Summary
Quality of care for partially incentivized and unincentivized indicators

- Quality of care – partially incentivized indicators
  - Little effect on achievement in Year 1
  - Significant underachievement in Year 3
    - particularly for measurement indicators
    - up to 10% below projected rates
- Quality of care – unincentivized indicators
  - Little effect overall in Years 1-3
  - Heterogeneity of effect
    - uplift of -12% to +8%
- Inequality of care
  - ???

Conclusions
Lessons from the UK's experiment with pay-for-performance

- Put the necessary infrastructure in place
  - Installation of computing systems subsidised by Government
  - Several years of audit and quality improvement preceded the QOF
- Get physicians on-side
  - Indicators based on evidence (or at least expert opinion)
  - Generous remuneration for achieving targets
- Establish a baseline
  - Quality of care was already improving when QOF introduced
  - Most practices were already achieving above the maximum thresholds
- Regularly review the framework and the indicators
  - QOF reviewed and indicators updated every 1-2 years
  - In future the cost-effectiveness of indicators will be assessed by the National Institute for Health and Clinical Excellence (NICE)
  - Potential new indicators will be piloted
  - Local QOFs will be introduced to address local priorities

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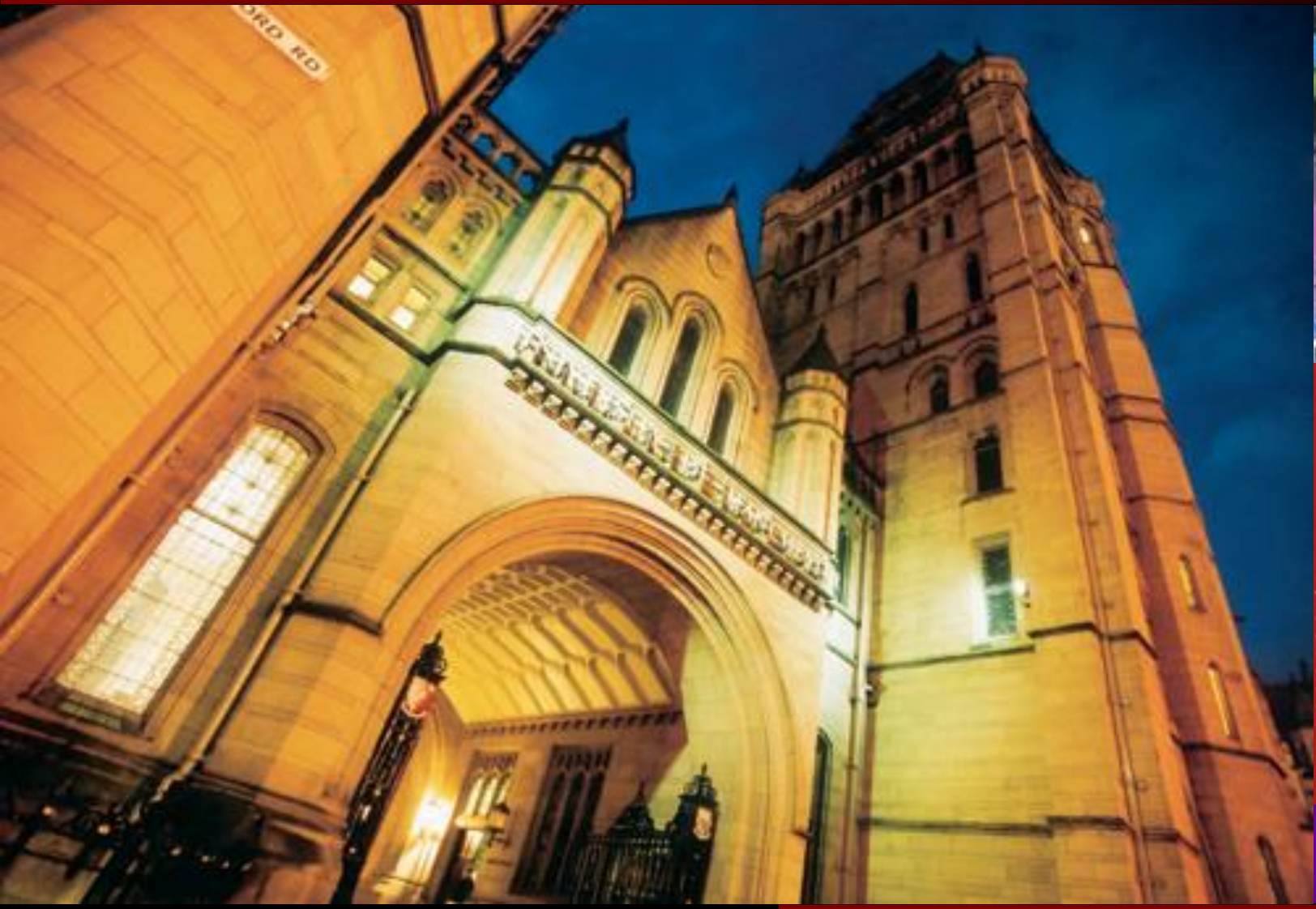

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