P4P: Pay for Performance

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เวทีวิชาการ : วิกฤติ P4P “ระดมพลังปัญญาร่วมหาทางออก”

Miracle Grand Hotel

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Pay for Performance is an emerging movement in health insurance (initially in US and UK). Providers under this arrangement are rewarded for meeting pre-established targets for delivery of healthcare services.

This is a fundamental change from Fee For Service: FFS payment.

Also known as "P4P" or “value-based purchasing”

Trisolini 2011 & Wikipedia
Measurements: additional components

• Efficiency
  – Technical efficiency
  – ...

• Quality
  – Effectiveness
  – Continuous Care
  – Comprehensive or Integrated Care
  – Patient, Person, People-Centred Care
  – ...

A more episodic approach
In 1° Care, still focusing more on chronic care
How has P4P been introduced?

• UK: national level (voluntary) -> **QOF** (Quality & Outcome Framework: sets of indicators) -> **P4P** for GPs (practice level, not for individual doctor)
• US: > 150 programs, mostly pilot studies and researches
• Australia: PIP (Practice Incentive Program) for Chronic diseases (DM & Asthma)
• New Zealand: ACP (Advance Care Plan)
• German: DMP-P4P = P4P for Disease Management Programs
• Developing countries: funded by international funding agencies such as immunization programs or chronic care in local health care systems
• ...
• Thailand: **HOT ISSUES !??**
“Kill the QOF”


Current reaction of some general practitioners
QOF: Quality and Outcome Framework

• 1998: introduce the concept of “Clinical Governance”

• Develop a set of indicators: QOF (by NICE)

• Develop software: in a context of using a variety of computer programs

• 2004: Started using QOF (the first set of indicators)
  change sets of indicators every year  A game between
  Purchaser & Providers

• 2013: a new set of indicators
Conceptual Framework: Performance Assessment

Cost-effectiveness

Technical efficiency  QOF  Service effectiveness

Needs  Structure  Process  Outputs  Outcomes

Equity of access

Equity of treatment

Equity of service provision

Equity of outcomes of care
Quality in Primary Care

- Efficiency
  - Technical efficiency

- Quality
  - Effectiveness
  - Continuous Care
  - Comprehensive or Integrated Care
  - Patient or Person-Centred Care

A more humanistic approach: an international trend
To promote providers (doctors) that work closer to the population
P4P: a future trend

P4P: Pay for performance of individual -> team -> system (local or district)
each activity of the visit -> each visit of the episode -> more episodc approach
P4P in Thailand: a way forward

- How could we learn from experiences: link between financing mechanisms and information system
  - DRG: Stop!?? Why?? (Very important experiences for P4P)
  - Pay for electronic individual records
  - Pay for quality of management of chronic diseases (nick name: P4P)
  - Etc.
- Lessons learnt from pilot studies of payments based on “point systems” toward “P4P”

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P4P in Thailand: a way forward

A clearer conceptual framework of performance assessment

Cost-effectiveness

Technical efficiency

Service effectiveness

Needs → Structure → Process → Outputs → Outcomes

Equity of access

Equity of treatment

Equity of service provision

Equity of outcomes of care

To support DHS policy:
A more systemic approach

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P4P in Thailand: a way forward

Voluntary
Quasi Experiment
Should not be in HURRY!

To support DHS policy:
A more systemic approach

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Thank You