

# P4P: Pay for Performance

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เวทีวิชาการ : วิกฤติ P4P “ระดมพลังปัญญาร่วมหาทางออก”

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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**"

# Measurements: additional components

- Efficiency

- Technical efficiency
- ...

- Quality

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

Expectation of financial incentives:  
To stimulate extrinsic (& intrinsic) motivations  
In terms of quantities "work more may not get more"

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”

Spence, D. (2013): "Kill the QOF", *BMJ.*, vol. 346:f1498. doi: 10.1136/bmj.f1498., p. f1498

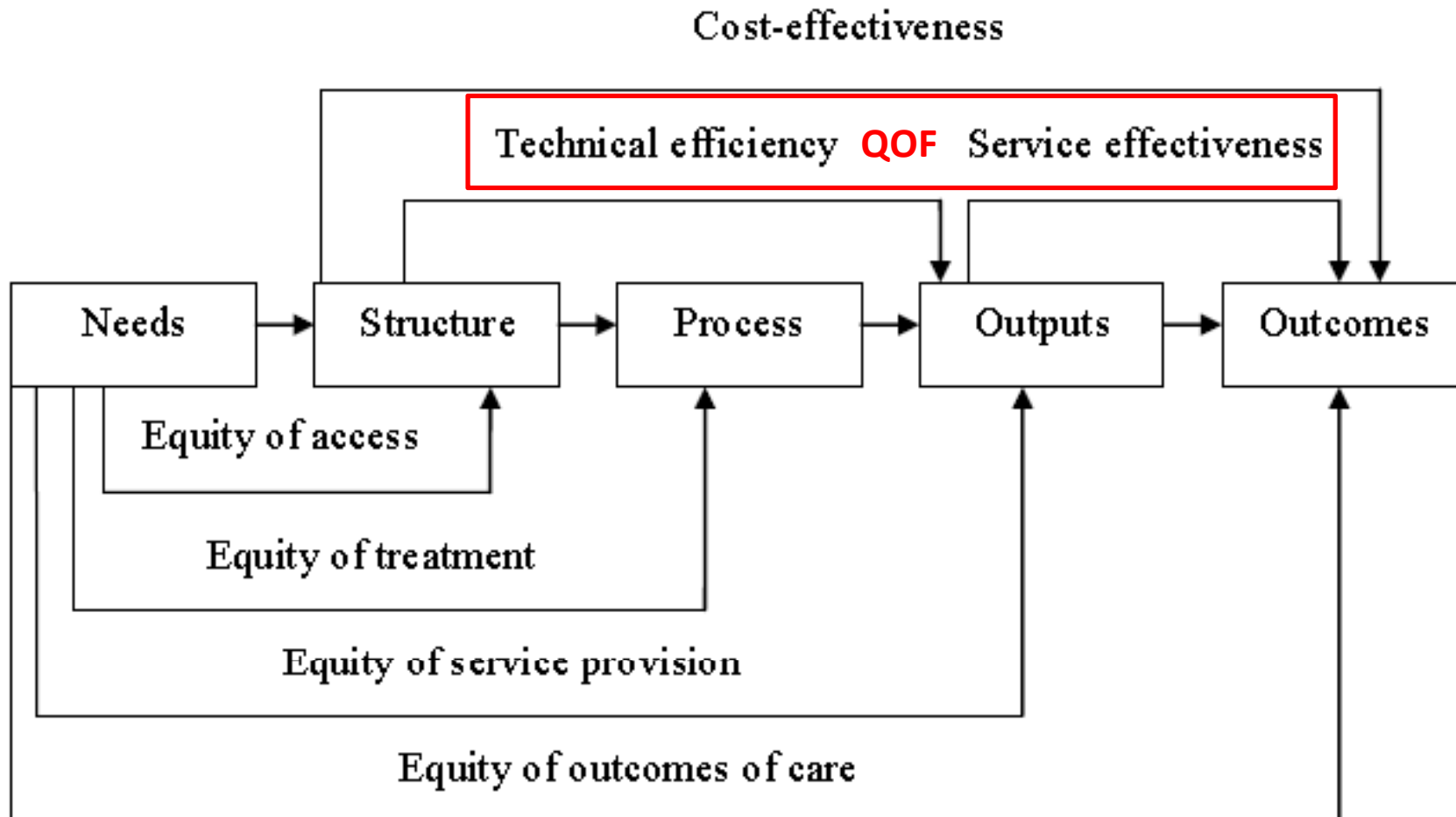
**Current reaction of some general practitioners**

# QOF: Quality and Outcome Framework

- 1998: introduce the concept of “**Clinical Governance**”  
Scaally, G. et al. **BMJ** 1998;317:61-65
- 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
- 2013: a new set of indicators

**A game between  
Purchaser & Providers**

# Conceptual Framework: Performance Assessment



# Quality in Primary Care

- Efficiency

- Technical efficiency

- Consultation Quality Index
- Patient-centreness Score
- Measurement of Responsiveness
- Etc.

- Quality

- Effectiveness

- Continuous Care

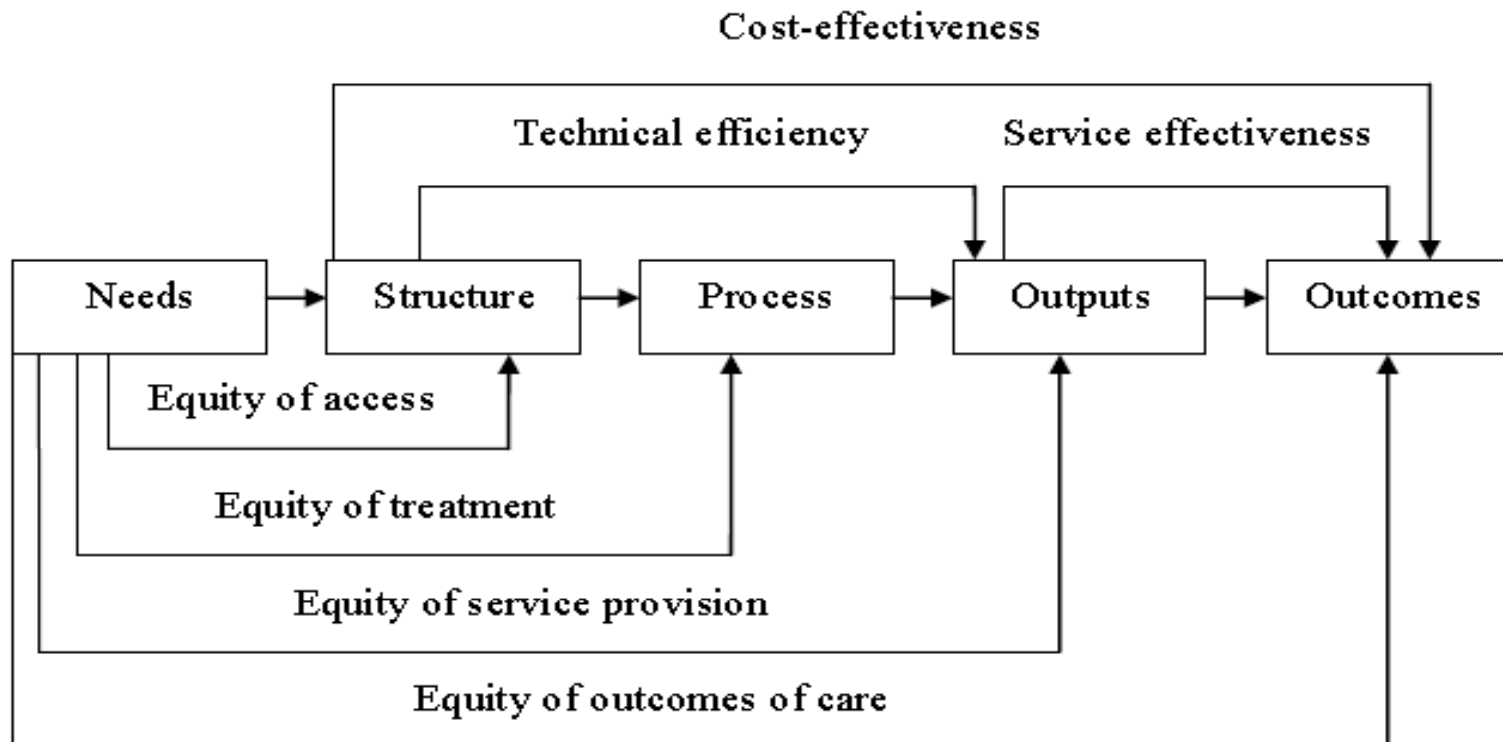
- Comprehensive or Integrated Care

- 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 episodic 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”

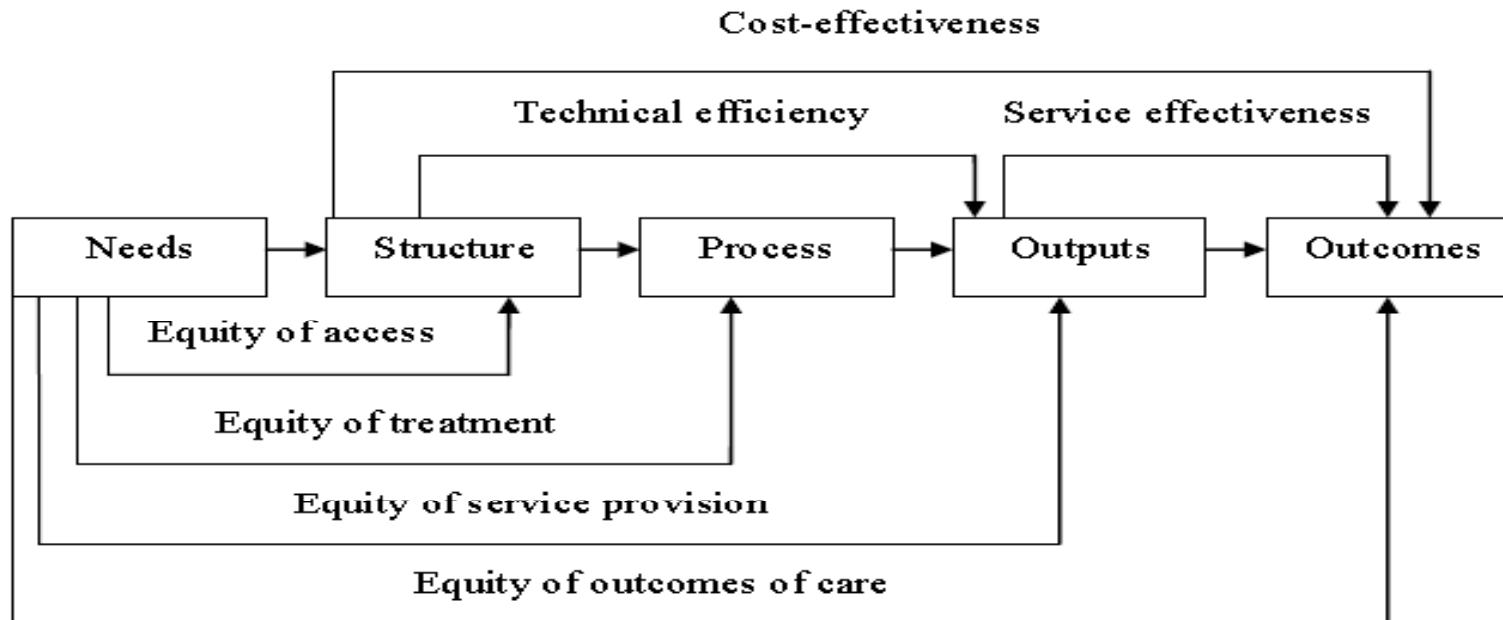
**Levels of stimulations:  
Intrinsic VS Extrinsic Motivations**

**P4P: Pay for performance of individual -> team -> system (local or district)**

each activity of the visit -> each visit of the episode -> **more episodic approach**

# P4P in Thailand: a way forward

A clearer conceptual framework of performance assessment



To support DHS policy:  
A more systemic approach

**P4P: Pay for performance of individual -> team -> system (local or district)**

each activity of the visit -> each visit of the episode -> more episodic approach

# P4P in Thailand: a way forward

Voluntary

Quasi Experiment

Should **not** be in **HURRY!**

To support DHS policy:

A more systemic approach

**P4P: Pay for performance of individual -> team -> system (local or district)**

each activity of the visit -> each visit of the episode -> **more episodic approach**

**Thank You**