Remuneration of Primary Care
Paying for Performance in the UK

Tim Doran

University of York
Paying physicians: a cynics guide

• Capitation  do as little as possible for as many people as possible

• Salary  do as little as possible for as few people as possible

• Fee-for-service  do as much as possible, even it helps nobody...
The Quality and Outcomes Framework (QOF)

- 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](http://www.qof.ic.nhs.uk)
<table>
<thead>
<tr>
<th>Disease area</th>
<th>Indicators</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>asthma</td>
<td>7</td>
<td>72</td>
</tr>
<tr>
<td>cancer</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>chronic obstructive pulmonary disease</td>
<td>8</td>
<td>45</td>
</tr>
<tr>
<td><strong>coronary heart disease</strong></td>
<td><strong>15</strong></td>
<td><strong>121</strong></td>
</tr>
<tr>
<td>diabetes</td>
<td>18</td>
<td>99</td>
</tr>
<tr>
<td>epilepsy</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td><strong>hypertension</strong></td>
<td><strong>5</strong></td>
<td><strong>105</strong></td>
</tr>
<tr>
<td>hypothyroidism</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>mental health</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>stroke</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td><strong>total</strong></td>
<td><strong>76</strong></td>
<td><strong>550</strong></td>
</tr>
</tbody>
</table>
Rewarding performance
Percentage of coronary heart disease patients with BP ≤ 150/90 mmHg

- Points: 0 to 19 points
- Income: $0 to $3,500
- Total points: 1,000
- Maximum income: $187,500 (practice) $45,000 (physician)
Exception reporting
CHD6: Percentage of coronary heart disease patients with BP ≤ 150/90 mmHg

Coronary heart disease register – 100 patients

Achievement = 50/100 = 50% = 10.6 points = £800 ($1,280)
Exception reporting
CHD6: Percentage of coronary heart disease patients with BP ≤ 150/90 mmHg

coronary heart disease register – 100 patients

Achievement = 50/90 = 56% = 13.1 points = £995 ($1,590)
exception reporting
CHD6: Percentage of coronary heart disease patients with BP ≤ 150/90 mmHg

coronary heart disease register – 100 patients

Achievement = 50/70 = 71% = 19 points = £1,444 ($2,310)
Achievement of clinical targets
Measurement: record of blood pressure in previous 15 months

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>82.3%</td>
</tr>
<tr>
<td>Year 2</td>
<td>87.8%</td>
</tr>
<tr>
<td>Year 3</td>
<td>89.7%</td>
</tr>
<tr>
<td>Year 4</td>
<td>90.0%</td>
</tr>
</tbody>
</table>

The Quality and Outcomes Framework
The UK context
The Framework
Quality of care under the QOF

The UK context
The Framework
Quality of care under the QOF

CHD 5

Maximum threshold

Number of practices
Percentage achievement
Achievement of clinical targets
Intermediate outcome: blood pressure ≤150/90 mmHg
Influenza immunisation
Incentivized (coronary heart disease) and unincentivized (chronic kidney disease)
Inequality in quality of care
Achievement by area deprivation quintile – Year 1


Quality in the NHS
The Quality and Outcomes Framework
Study results
Inequality in quality of care
Achievement by area deprivation quintile – Year 3


Paying Physicians for Quality
The United Kingdom
The Quality and Outcomes Framework
Study results
Indentifying indicators to retire
Reported achievement and exception reporting in Year 4 (2007-08)
## Retiring indicators

### Potential retirees
9 indicators meeting criteria

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD</td>
<td>CHD 5</td>
<td>BP measured</td>
</tr>
<tr>
<td>Diabetes</td>
<td>DM5</td>
<td>HbA1c measured</td>
</tr>
<tr>
<td></td>
<td>DM11</td>
<td>BP measured</td>
</tr>
<tr>
<td></td>
<td>DM14/22</td>
<td>Creatinine measured</td>
</tr>
<tr>
<td></td>
<td>DM16</td>
<td>Cholesterol measured</td>
</tr>
<tr>
<td>Mental health</td>
<td>MH4</td>
<td>Creatinine measured</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TSH measured</td>
</tr>
<tr>
<td>Smoking</td>
<td>SMO1</td>
<td>Smoking status</td>
</tr>
<tr>
<td>Stroke</td>
<td>STR5</td>
<td>BP measured</td>
</tr>
<tr>
<td>Thyroid</td>
<td>THY2</td>
<td>TFT measured</td>
</tr>
</tbody>
</table>
Effect of withdrawing incentives
Percentage of asthmatics immunised against influenza
“I actually think it's a good idea… it makes things tangible and quantifies things…

…although I hate it.”
Summary
Effect of incentives on quality
Results from UK Quality and Outcomes Framework

- Incentivized aspects of care
  - Significant improvement over projected rates in first year of incentives
  - Little improvement after Year 2
  - Greatest improvements in poorest performing practices, located in more deprived areas

- Unincentivized aspects of care
  - Little effect on quality in Year 1
  - Borderline underachievement by Year 3
  - Benefit of incentives may be lost following withdrawal
Lessons for designers of PFP schemes

- Install the necessary infrastructure (e.g. IT systems)
- Establish baseline performance and identify associated factors
- Involve physicians and patient groups early on
- Base indicators on important outcomes (or on processes with strong evidence of improved outcomes)
- Regularly review the scheme - including impact on unincentivized aspects of care
- Monitor effects on professional behaviour & morale