Paying For Performance in Healthcare: *Implications for health system performance and accountability*

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Issues for Program Implementation

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OECD Expert Meeting on Payment Systems
April 7, 2014
Elements of Program Implementation

• Stakeholder involvement in program design, implementation, and governance
• Data sources and flows
• Verification of performance results
• Program monitoring and evaluation
Stakeholder Involvement

Most programs involve stakeholders, particularly provider organizations, in program design, implementation and governance.

The tripartite governance group that oversees New Zealand’s PHO Performance Programme includes mandated members representing practitioners, primary health organizations, district health boards and the MOH.

Overall governance of the primary care sector has become more participatory as a result, as multiple stakeholders have remained actively involved, and PHOs and providers have made ongoing investments in the governance structure (PHO Performance Programme 2009).

In 2009, the responsibility for indicator refinement in the U.K. QOF was given to the National Institute for Health and Clinical Excellence (NICE), an independent organization that provides guidance on evidence-based health care services. NICE reviews indicators, prioritizes areas for change, and proposes new indicators for the QOF. The proposed menu of indicators is reviewed through an open consultative process before the final selection is made (U.K. Department of Health 2009).
P4P programs rely on valid, timely, and reliable data for performance indicators that can be generated easily by providers, and aggregated, analyzed, and compared by purchasers.
Data Sources and Flows

P4P programs have been the catalyst for improved information systems in most of the programs reviewed.

Enhanced information systems and electronic medical records

Clinical and coverage indicators

Requires additional IT functions

Makes performance information available for multiple purposes
In some cases, P4P programs have created a useful lever to motivate providers to make the leap from current clinical information systems to more automated practices that can generate data for secondary uses.
In P4P programs, verification serves three important functions.

- It makes the reporting, achievement calculation, and payment fair and transparent.
- Verification serves an audit function to guard against gaming and overpayment.
- The verification process can be used as an opportunity for dialogue between purchaser and providers.
In some cases, key data and analysis of their own performance became available and in the hands of providers for the first time.

- **In New Zealand’s PHO Performance Programme** providers receive monthly reports for 4 of their indicators and raw data on a quarterly basis, information that was not previously available to them.

- **In the U.K.’s QOF**, the QMAS is accessible at any time by GPs to check on their performance.

- **In France’s ROSP**, the data system developed for the program can be accessed online, and individual physicians can track their scores over time and also benchmark them against national targets and regional and national averages.
The concrete nature of performance targets and achievement rates can facilitate the dialogue between providers and other players in the health system, and inform internal performance improvement processes.

- In Brazil’s OSS program, the practice of routinely analyzing hospital indicators is now part of routine hospital management.

- In Maryland’s HAC program, data showing each hospital its relative performance by category provided clinical and financial staff with the information they needed to systematically target specific problem areas to reduce the frequency of hospital acquired complications.
P4P is most effective when it strengthens the governance cycle and strategic health purchasing

The effective programmes strengthen overall health system governance by:

- sharpening the focus on strategic objectives
- creating incentives to adopt evidence based clinical guidelines and other service delivery approaches;
- Better generation and use of information;
- Strengthening the feedback loop so purchasers, providers, patients and policymakers use information on performance to identify areas for further change and improvement
• Monitoring and evaluation has been largely inadequate
• None of the programs built systematic M&E into the implementation
• M&E results that do exist are usually largely disconnected from political choices to expand, scale-up, reform or withdraw the programmes
• Very little understanding of the outcomes of design and implementation decisions
• Valid and feasible methods seem to be lacking
Thank You.