The Public Services Programme
Quality, Performance & Delivery

Do Points Mean Prizes?

Effects of Changing Incentives in Primary Medical Care

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Background

The impact of 'pay-for-performance' in healthcare is unclear. This study examined the impact of new contract for UK General Practitioners in 2004, which had a large pay-for-performance component in the Quality and Outcomes Framework (QOF). QOF linked 20-25% of practice income to performance on 147 publicly-reported indicators (Figure 1). Contrary to expectations, most General Practices achieved over 90% of their QOF targets, pushing costs significantly over budget. What was unknown was how general practice teams achieved this, and the longer term impact of any organisational change.

The QOF: Points = Prizes

Clinical Domain Area	Number of Indicators	Points Available	2004/05 Pounds per Point*	Unadjusted total for 2004/05	2005/06 Pounds per Point*	Unadjusted total for 2004/05
Diabetes Mellitus	18	99	£75	£7,425	£125	£12,325
Chronic Obstructive Pulmonary Disease	8	45	£75	£3,375	£125	£5,625
Coronary Heart Disease	15	121	£75	£9,075	£125	£15,125
Asthma	7	72	£75	£5,400	£125	£9,000

* Within each clinical domain, the baseline payment per point is adjusted up or down for each practice, according to the prevalence of each clinical condition within that practice.

Figure 1

What We Did

The study used ethnographic methods to provide an in-depth understanding of the dynamic nature of practice responses to contract incentives and the ways in which these responses were shaped by, and in turn shaped, particular practice environments. The fieldwork was conducted in two stages:

- Focus groups in three Scottish Health Boards with 22 GPs, practice nurses, practice and Health Board managers to orient us to key issues;
- Seven months in-depth ethnographic fieldwork in two Tayside General Practices (Figure 2) with different QOF performance, to develop an understanding of the practices' response to QOF, and its implications (Figure 3)

The Case Study Map: Tayside, Scotland.

Figure 2

Aims

We aimed to examine how practices responded to QOF incentives, and professional perceptions of the impact of these changes, both positive and negative. Key research questions were:

- What motivated practices to deliver QOF measures?
- Did the QOF change the organisation and delivery of incentivised care within practices?
- How did practice team members perceive the impact of the contract on practice organisation and teamwork?

Views about the new contract system and its effects

Practice managers interviewed: 5

Doctors interviewed: 23

Nurses interviewed: 11

"I think that the new contract has forced practices to become more business-oriented and to structure their administrative systems much better."

"My worry is that practices will become so focused on incentivised care that they start to ignore the areas where there is no financial incentive to do the work."

"I think care is much better. You're highlighting things every time patients come in... you probably did one of these before but now you automatically do them all."

Figure 3

Findings

- Delivery of QOF-incentivised care was driven not only by the substantial financial rewards available, but also by the alignment of QOF measures with existing professional ideas of 'good care', and fear of being identified as an outlier in public reporting.
- In both of the general practices we studied, there was considerable organisational change as a result of QOF. New administrative systems to recall patients and record data were created. Clinical work was aligned to QOF by 'elite' core teams monitoring and controlling colleagues' work to maximise performance and remuneration. This strengthened both the 'business' and 'biomedical' ethos of practices.
- Most clinicians believed QOF indicators measured important aspects of care. However, many were concerned that less easily measured areas of care would be crowded out. This prompted fears that 'traditional' general practice encompassing concern for patients' social circumstances and psychological distress was being overtaken by the kind of disease-focused outcomes included in QOF.

Find out more...

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