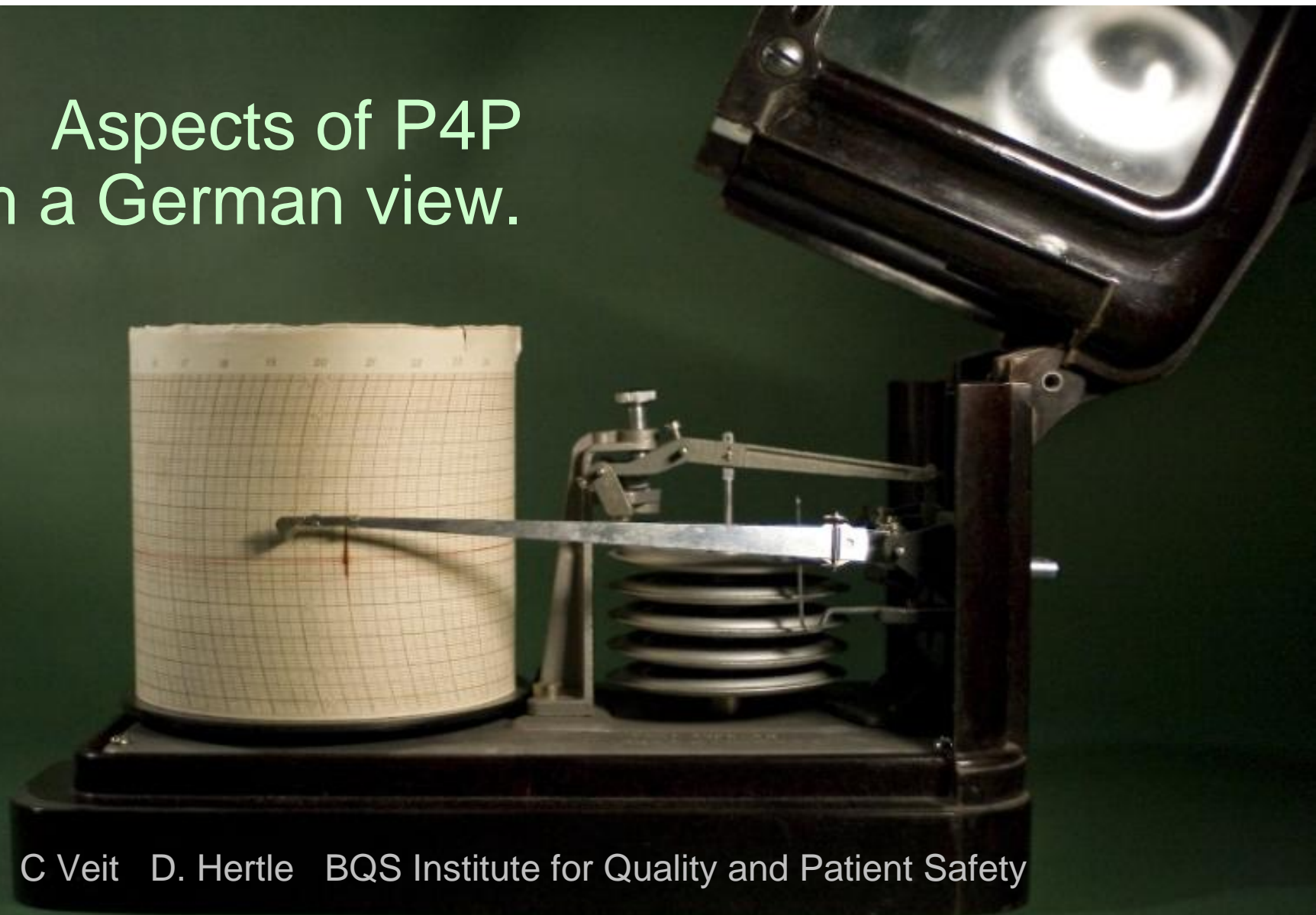


Aspects of P4P from a German view.



Report on P4P
for the German ministry of health.

with the implication:
P4P will come.

What should we do?

Who is
BQS
?

BQS Institute for Quality and Patient Safety

Independent non profit institution
40 team members

quality measurement and
quality management in health care
on a national level – mainly in the hospital sector.

National benchmarking for hospitals in Germany

>200 quality indicators in 26 areas of health care

1,700 hospitals involved

> 3,000,000 cases documented per year

20% indication indicators

20% process indicators

60% outcome indicators

Results of 182 of these indicators
must be published by the hospitals.

National Benchmarking Project for hospitals

P4P Strategic Report for the Ministry of Health

German Aortic Valve Registry

German Joint Replacement Registry

Quality assessment of 600 rehabilitation centers in Germany

Website for quality information for the public (www.qualitaetskliniken.de)

Research on the quality of care for very small premature babies

Benchmarking in Interventional Radiology

Benchmarking in acute rheumatology (KOBRA)

Database of Quality Indicators in Health Care (QUINTH)

Evaluation of the National Skin Cancer Screening

DMG-Certification of Centers for Myasthenia treatment

Commonwealth Fund Survey IHP 2011 and 2012 (Germany)

Apps and WebApps for National Guidelines etc. etc.



Evidence
?

Literature search: 1.267 publications included (2000 – 2011)

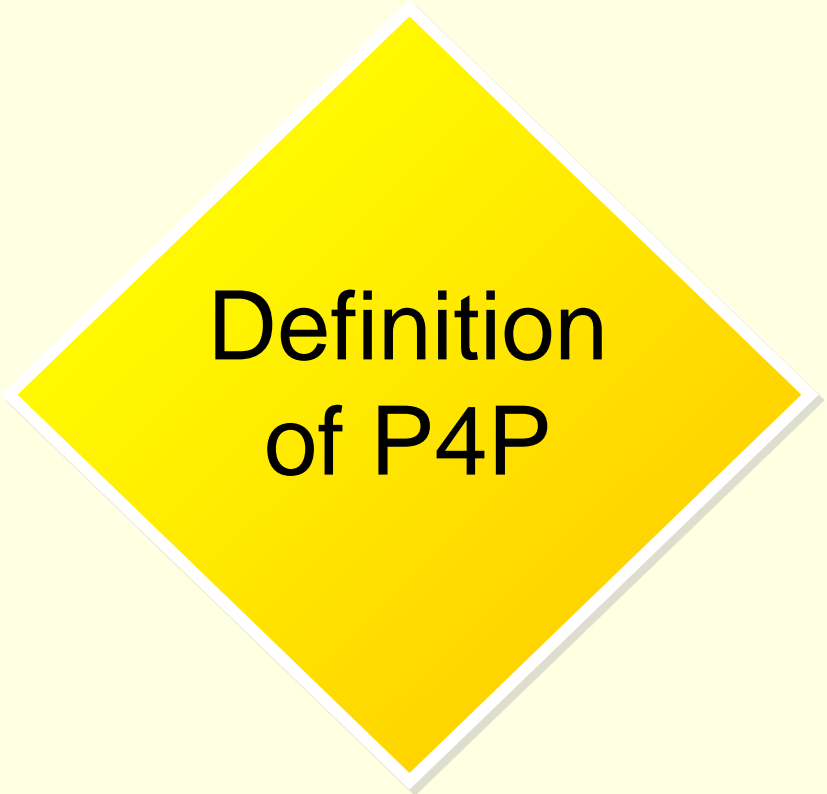
Our conclusion:

There is evidence
for the effectiveness of projects
that combine P4P with instruments like
education, benchmarking, feed back and public reporting.

There still is a lack of clear evidence
for sustained effectiveness of financial incentives alone.

... despite vivid impressions that suggest the opposite.

- Selection bias in voluntary projects.
- Improvement of low performers is hidden in the overall rate.
- Mixture of effects: spontaneous improvement and P4P.
- Mixture of effects with different instruments.
- Systemic effects (gambling, strategic counteraction)
- Pragmatism rules, not scientific research.



**Definition
of P4P**

Definition P4P

Change of payment patterns for
the improvement of health care

by change of the behaviour
of health care providers.

Payment correlates
with the results of
performance measurement.

Definition P4P



Payment correlates
with the results of
performance measurement.

- That's why we call it a retrospective form of payment.
- This is in contrast with prospective payment forms like
 - Fee for Service
 - Pay for Transparency
 - Pay for Competencewhich are not in the focus of our work.

A large yellow diamond shape with a white border, centered on the page. Inside the diamond, the text "P4P Projects in Germany" is written in black, bold, sans-serif font.

**P4P
Projects
in Germany**

Internet and mail survey

37 Projects

- On basis of previously existing selective contracts**
- Entirely new approach**

- **Pay for Competence / Pay for Structure**
- **Gainsharing/shared savings projects**
- **Contracts with other P4P elements**
- **Entirly new types of contracts**
- **Non Pay for Non Performance**

Most common projects in Germany

Promotion of structural requirements and qualifications by
Possibility of surcharges

Quality of care not continuously measured
No „proof“ for higher quality

Integrated Healthcare Agreements of Family physicians:

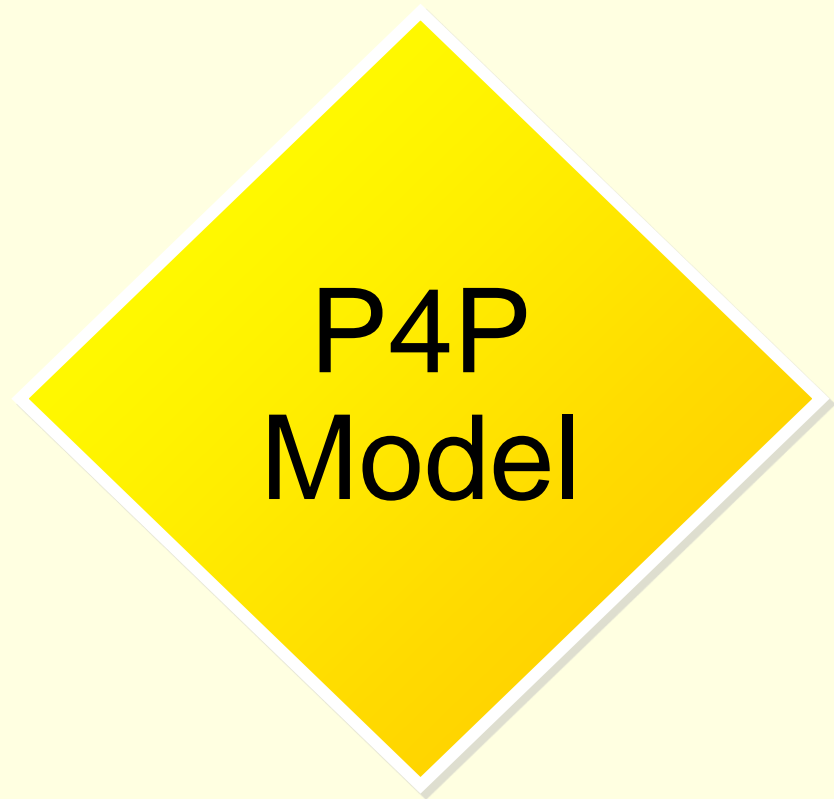
- budget responsibility
- savings so far mainly due to change of drug prescription behaviour
- evaluation of DMP indicators

- Quality dependent discount reduction
 - IHC Agreement stroke
 - IHC Agreement joint replacements
- Withdrawals and success dependent bonus
 - IHC Agreement In-Vitro Fertilization Centers
- Redistribution
 - Result-based remuneration for rehabilitation after stroke

P4P: New approaches

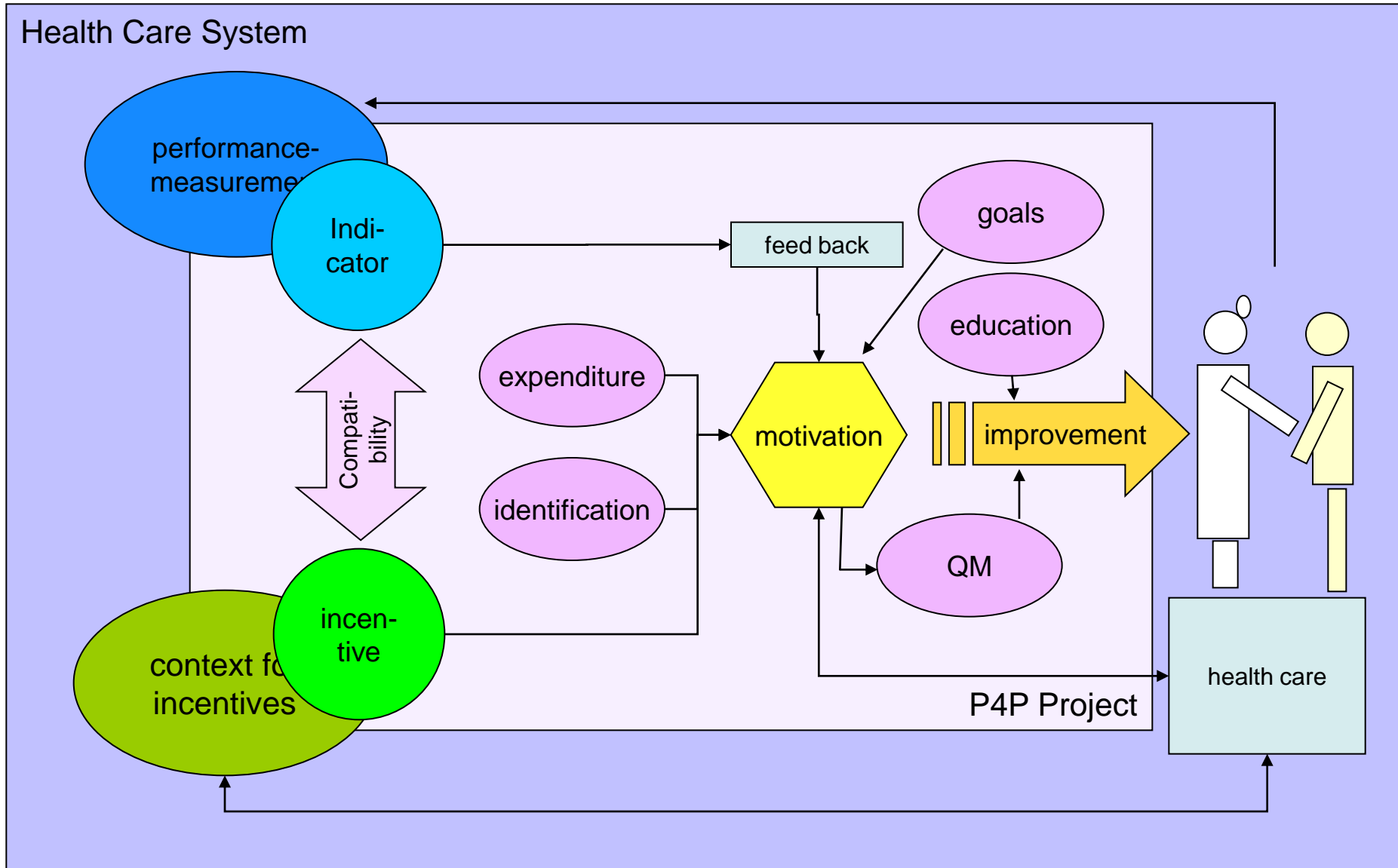
- Phlebologicum
 - Entirely new reimbursement system for venous surgery
 - P4P focus: indication for surgery
 - Totaly severity based reimbursement
 - Reduction of overuse
 - Non pay for wrong indication
 - Totaly provider driven


- German DRG – Regulations
- No reimbursement for readmission due to complications within maximum length of stay
- Nobody indicated this regulation as an example for P4P in Germany





P4P Modell





**P4P
Strategy**

P4P is a tool.

Is it useful? When and how?

It proves to be useful
in certain situations if used with a
correct indication and in an
appropriate way in an
adequate framework.

We are convinced
that one cannot replace
a lack of primary, intrinsic motivation
with financial motivation.

With financial incentives improvement, highly efficient and high quality care can supported.

Risk adjusted quality measurement can increase fairness in payment of care.

One should stop continuous low performance by financial sanction, if more is not possible.

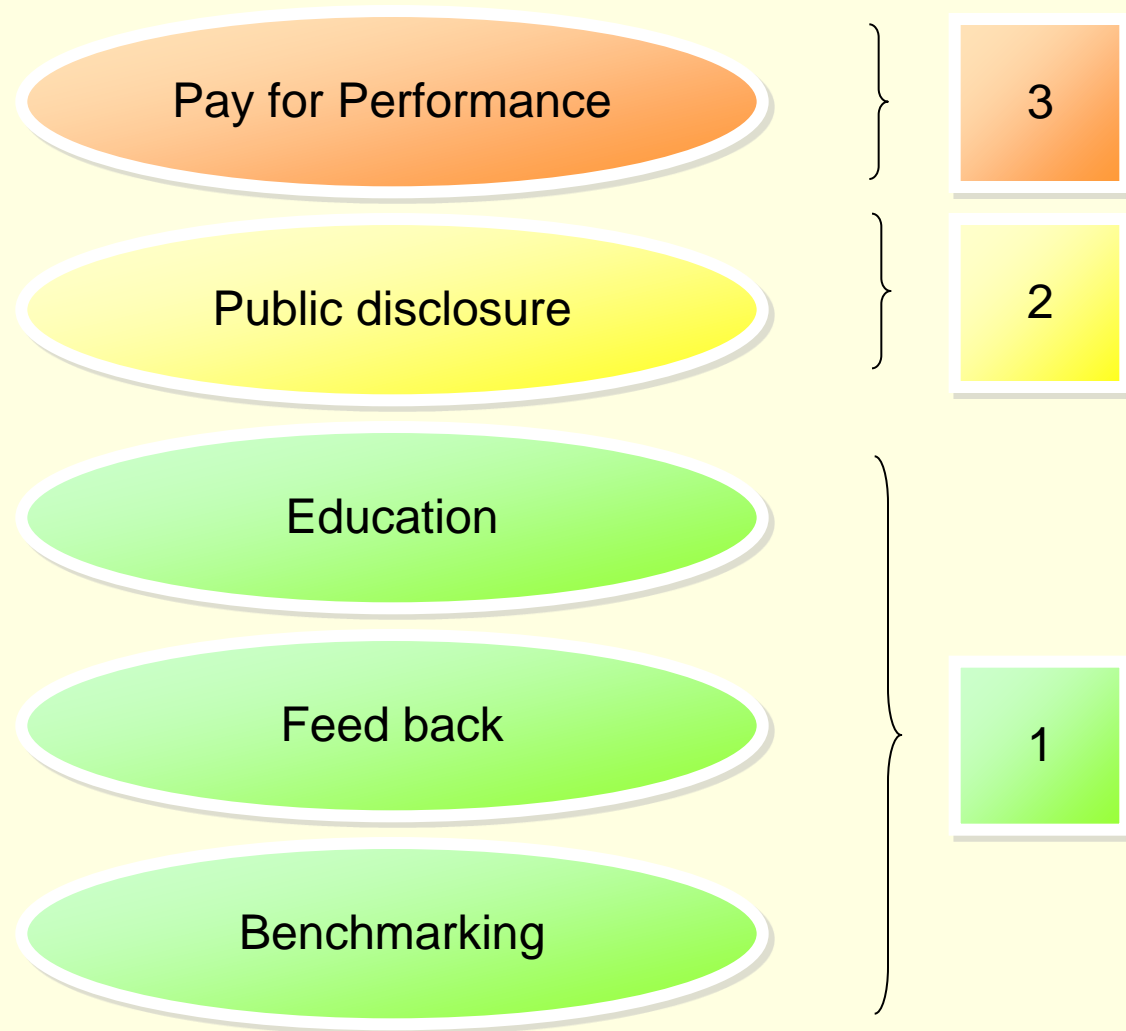
Outcome rather than process.

Indication indicators become increasingly important.

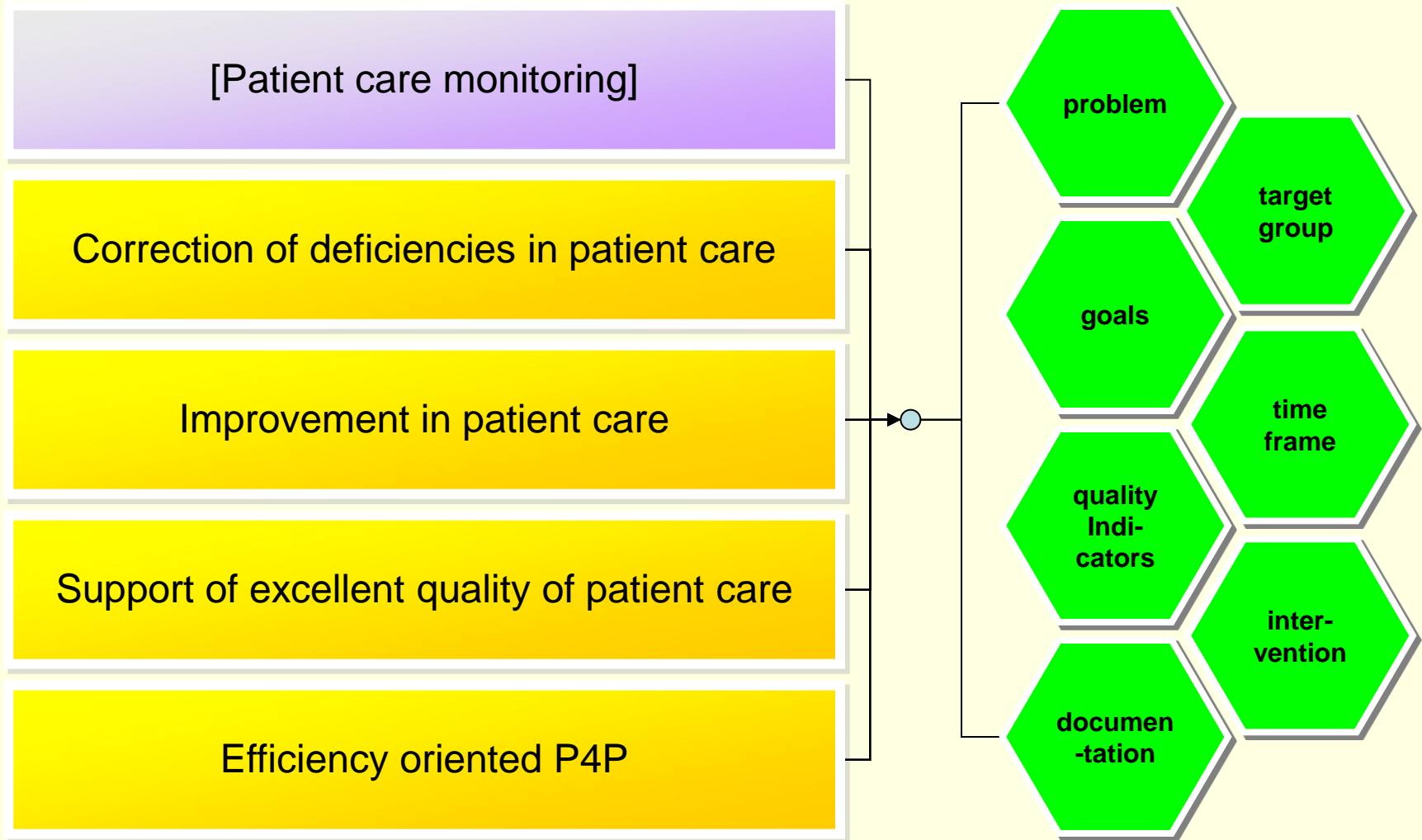
Intermediate outcome indicators become important.

P4P for selective contracting as well as for the mandatory system.

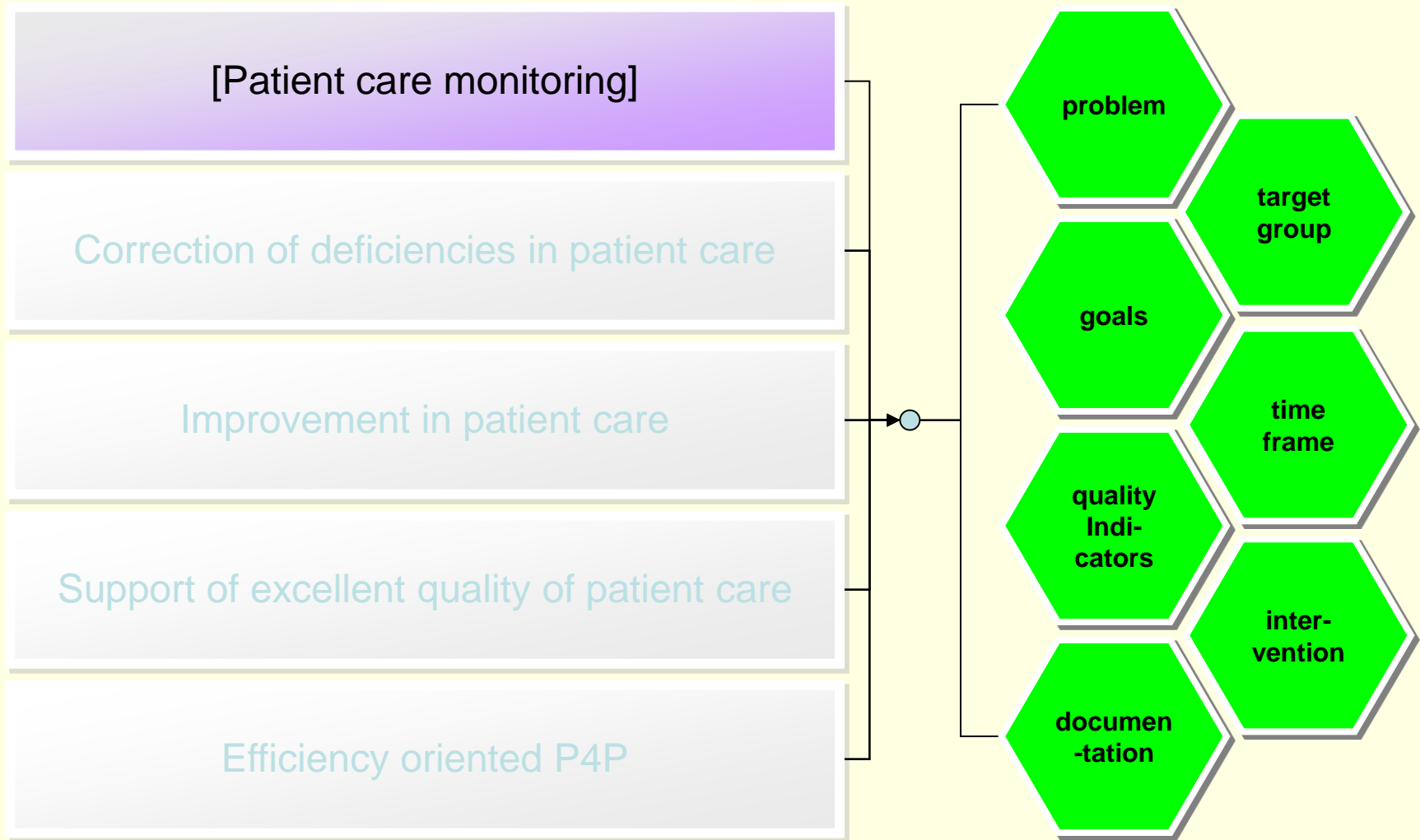
Intervention measures



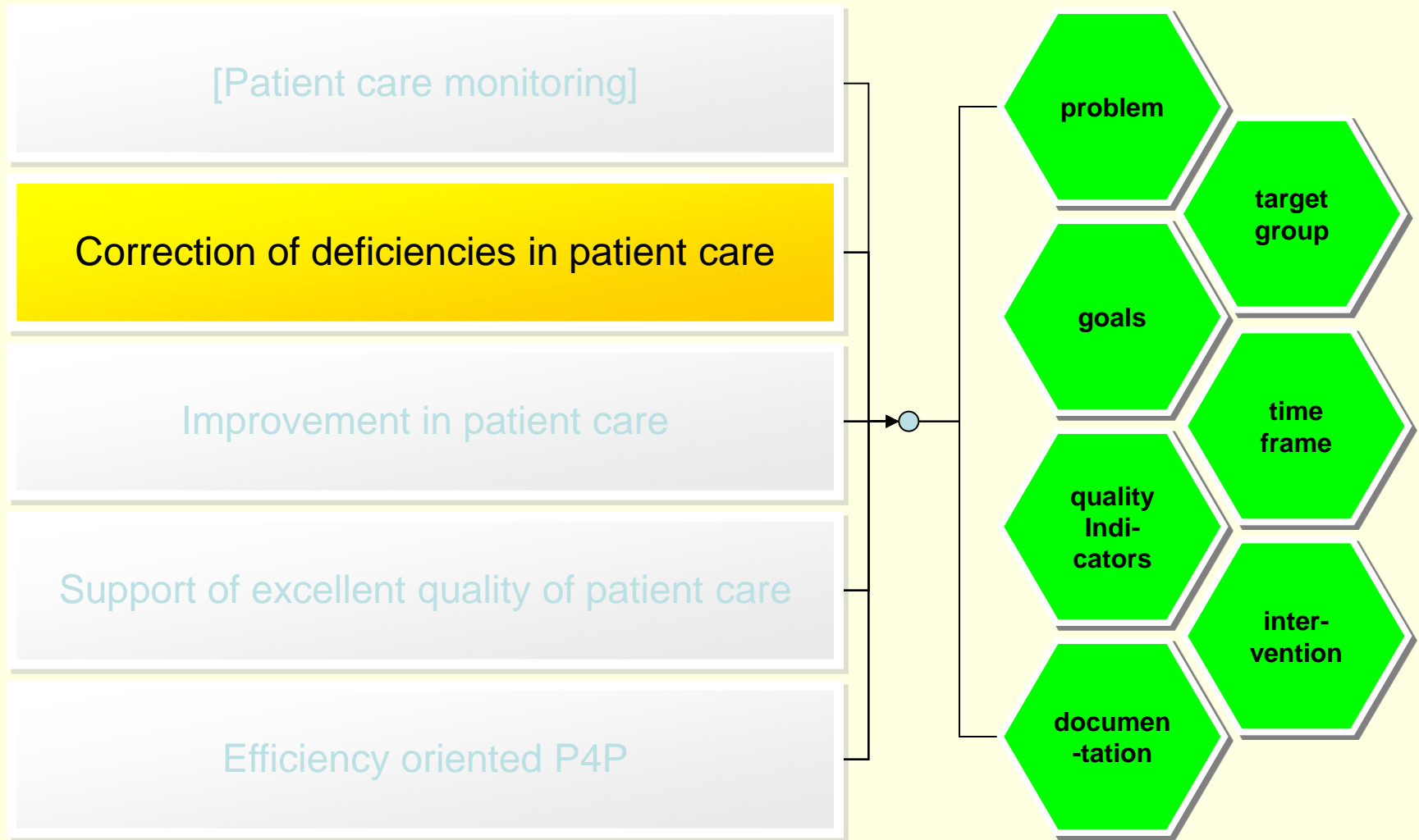
Reason for P4P



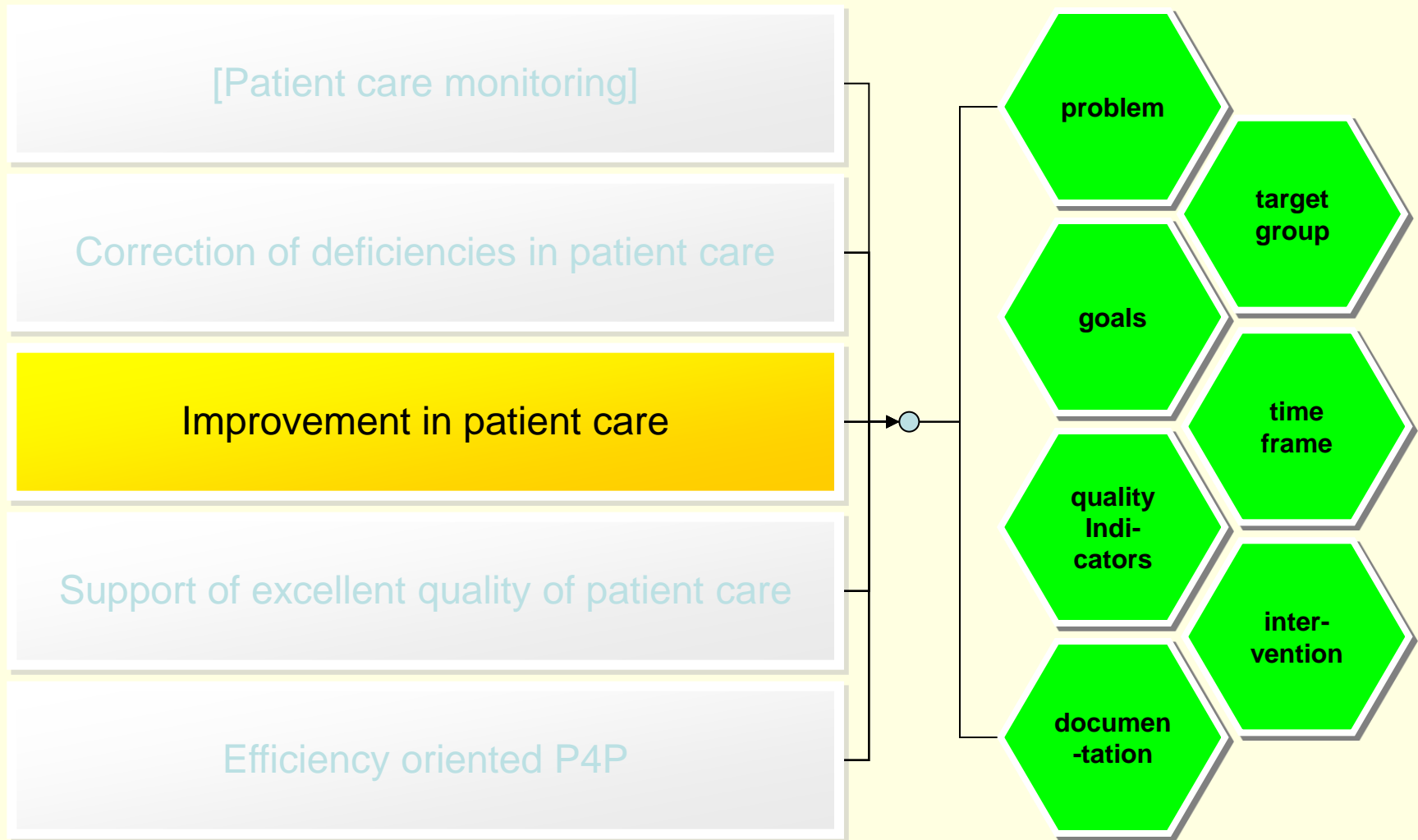
Reason for P4P



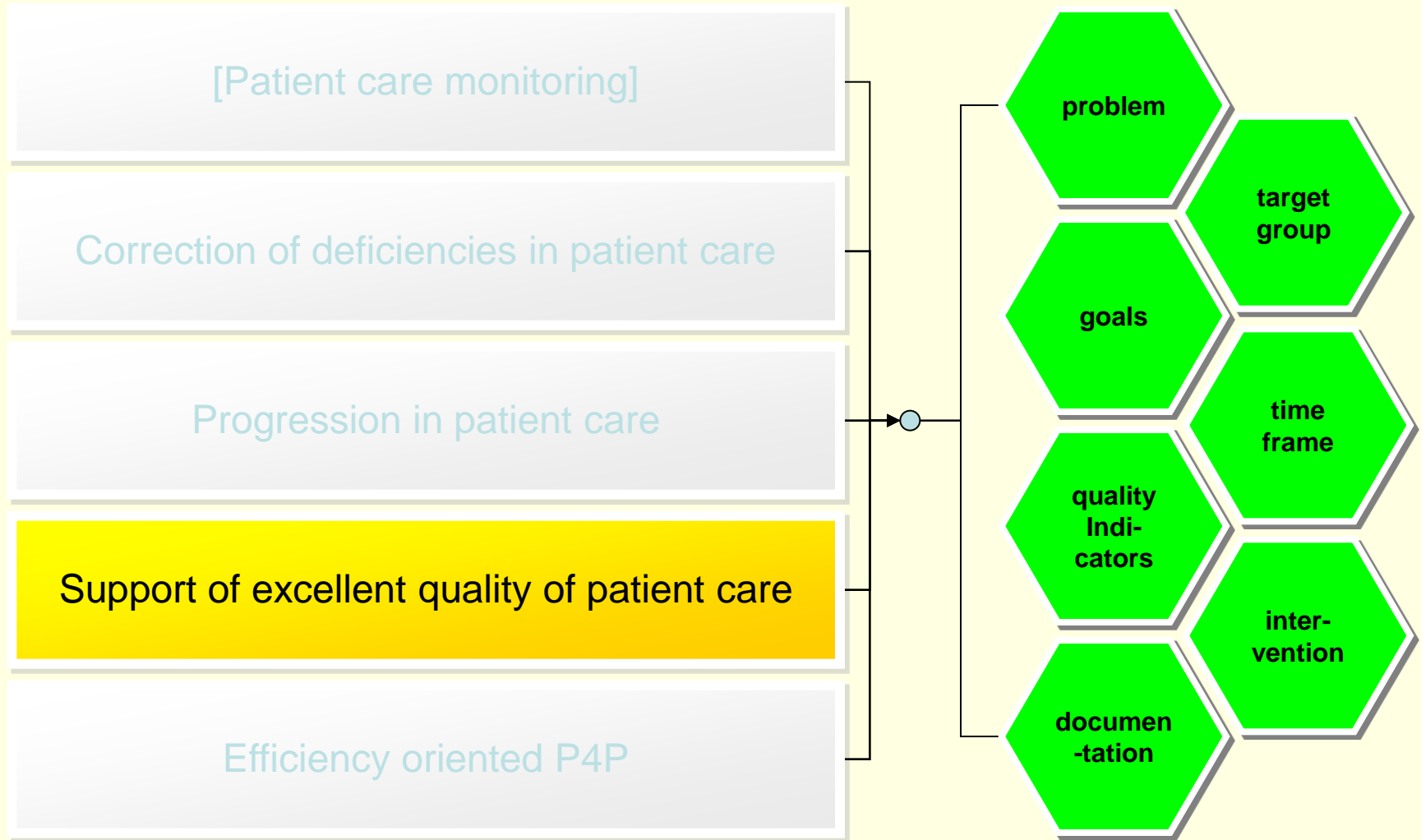
Reason for P4P



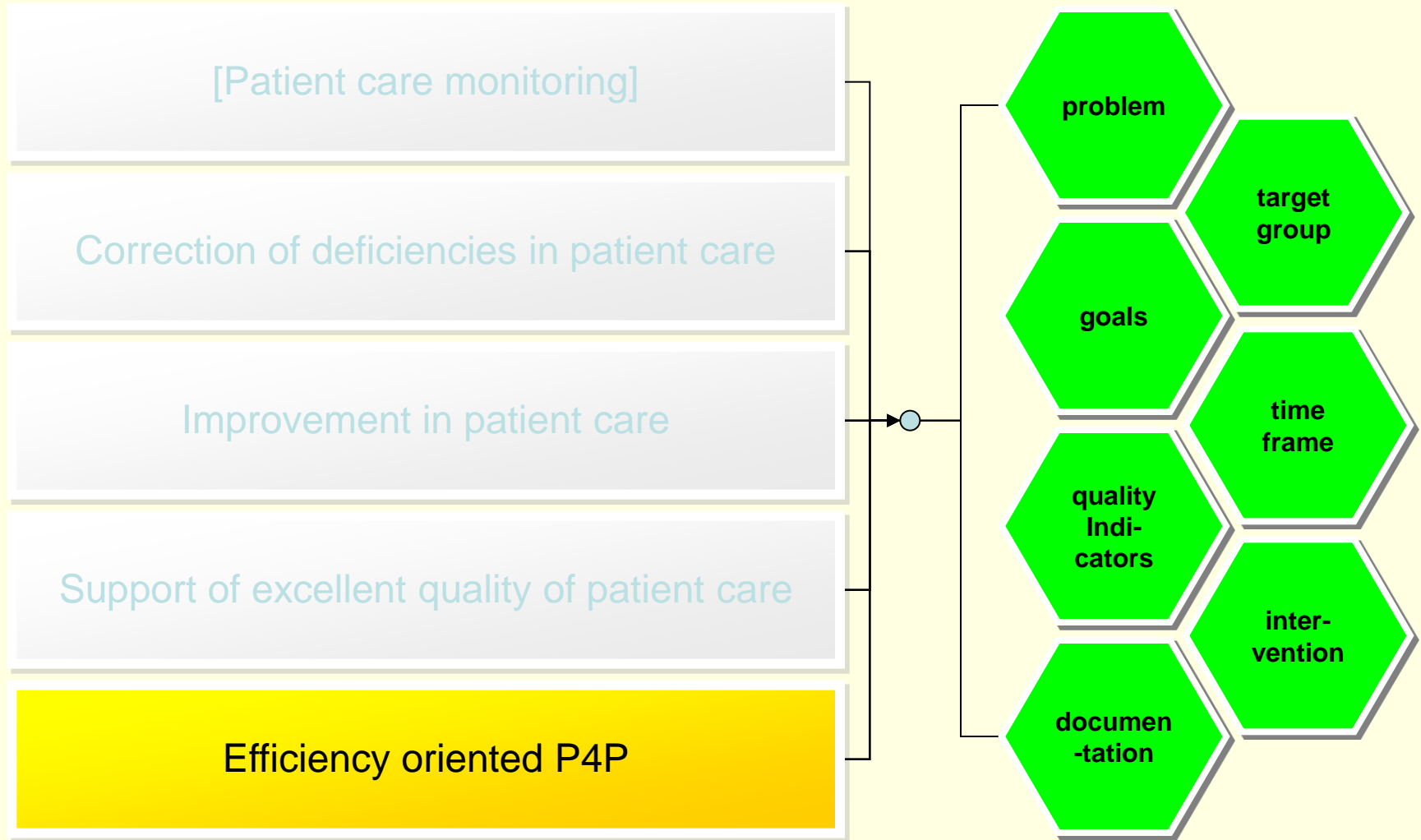
Reason for P4P



Reason for P4P



Reason for P4P

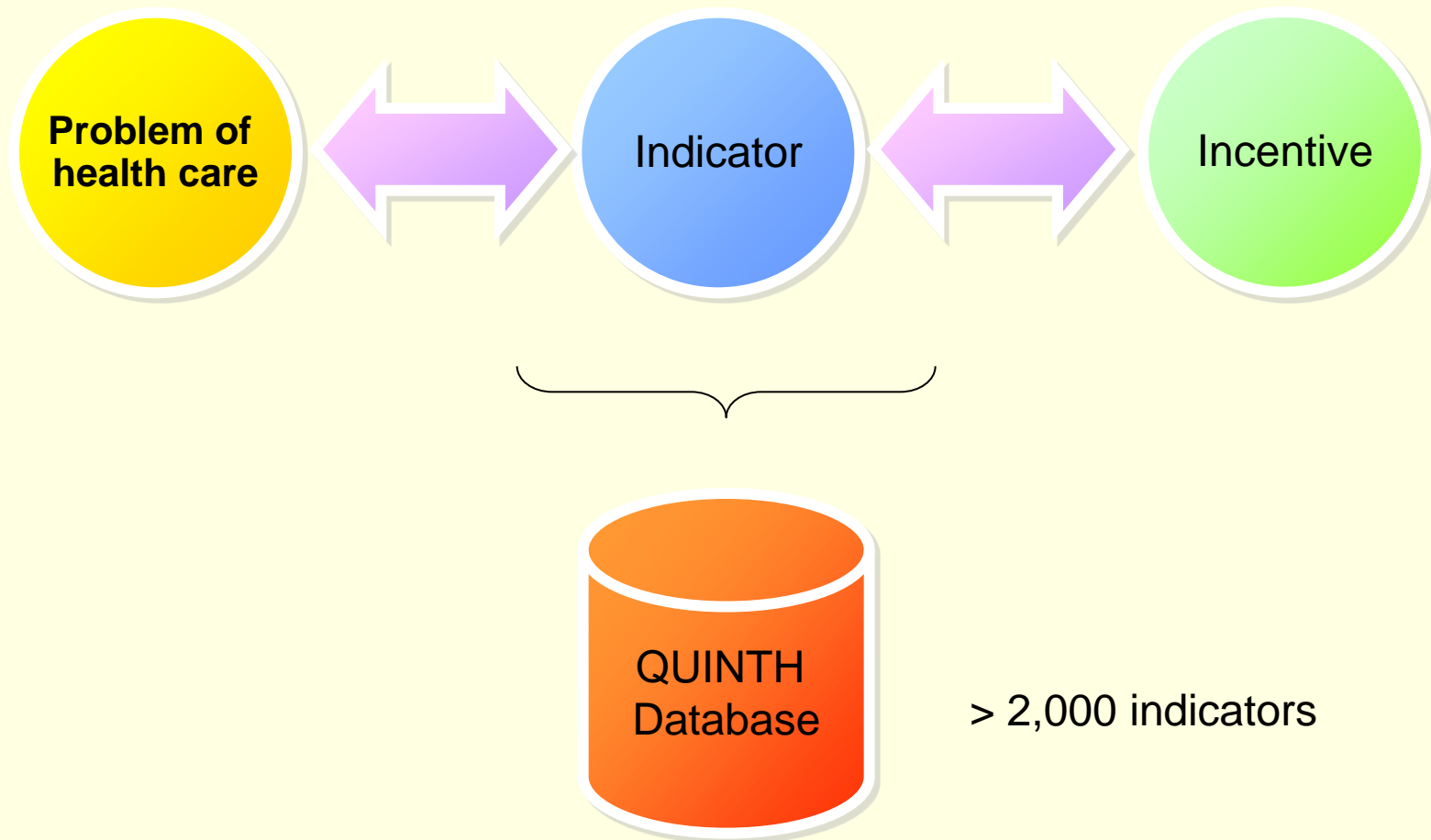


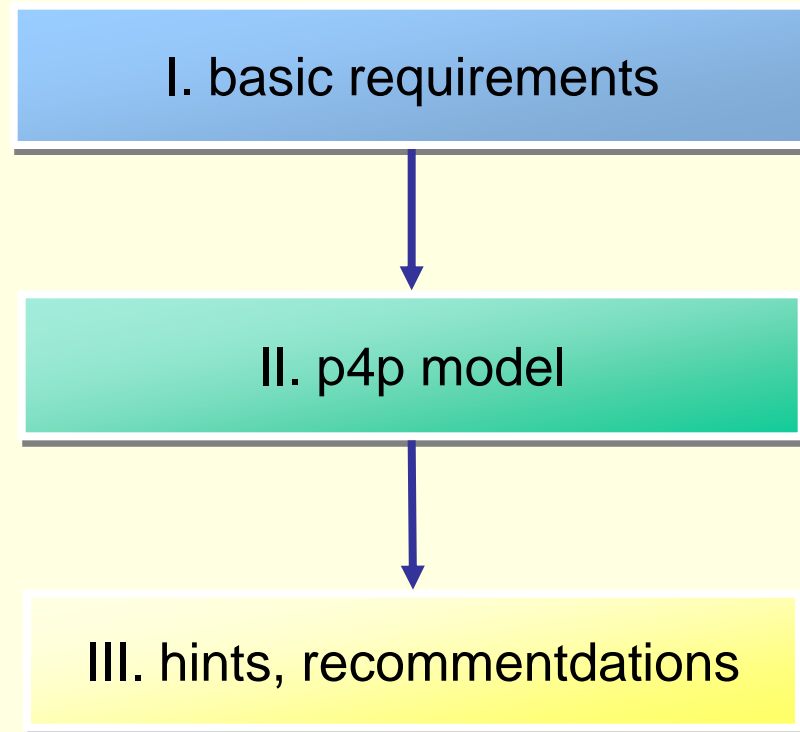


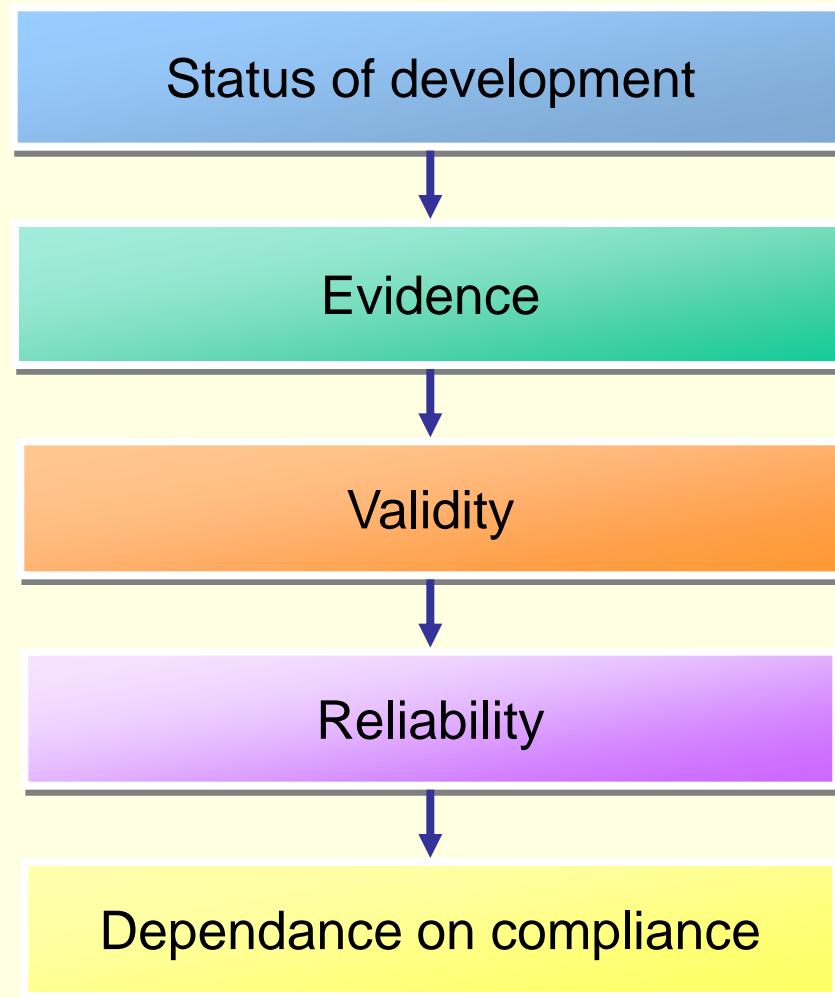
**Quality
Measurement**

70% of problems with P4P are related to the lack of an efficient and robust quality measurement system.

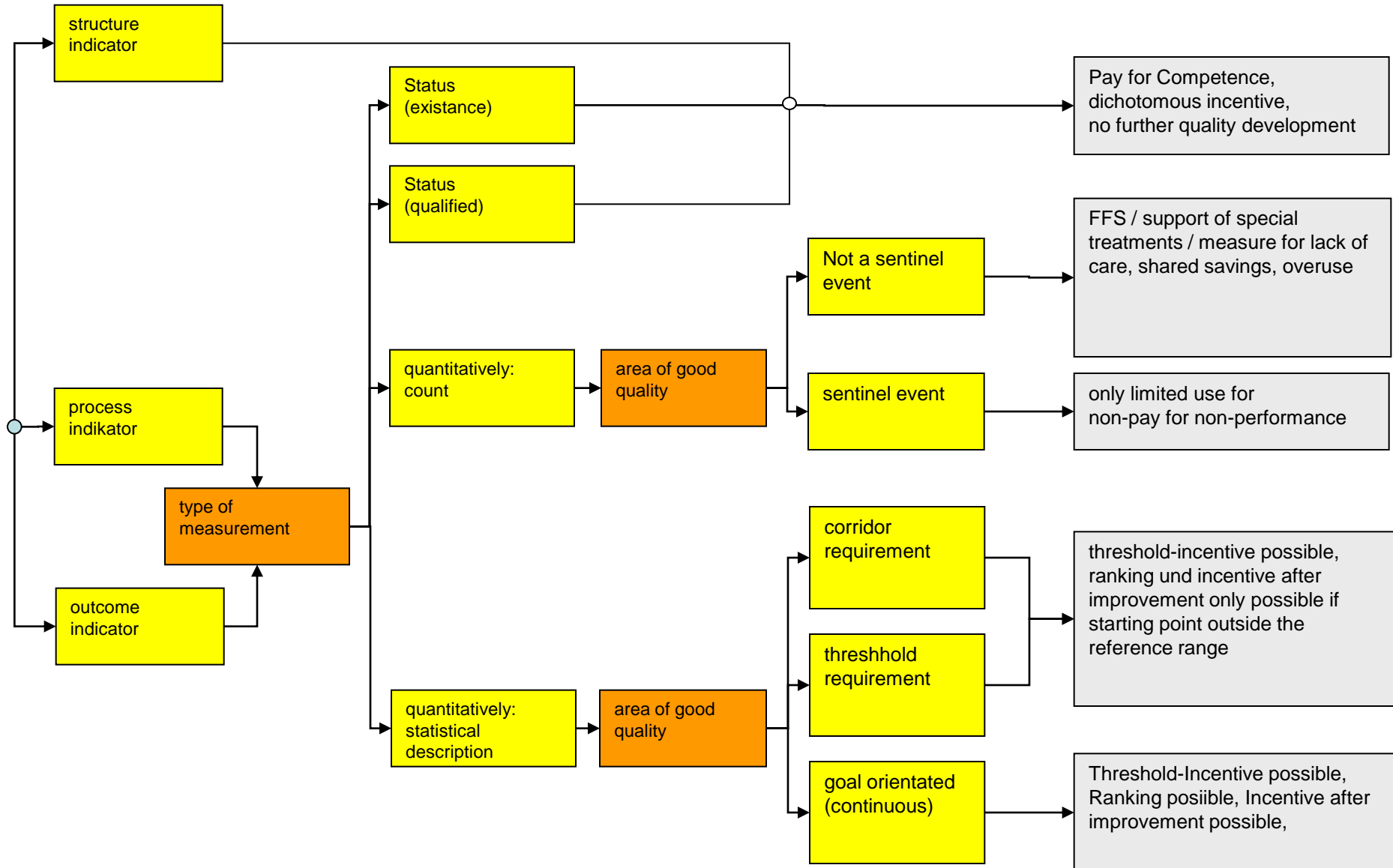
Indicators - Incentives





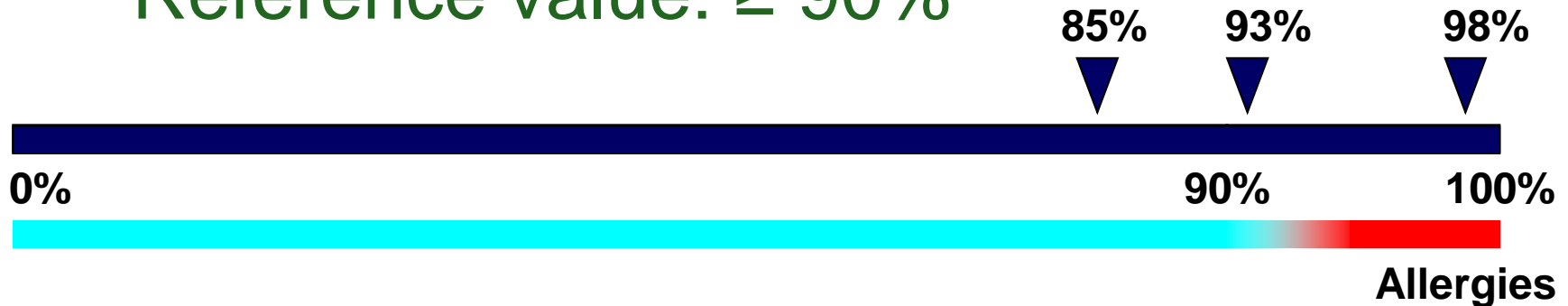


Selection of a P4P-model



Quality indicator: antibiotic prophylaxis
in hip replacement.

Reference value: $\geq 90\%$



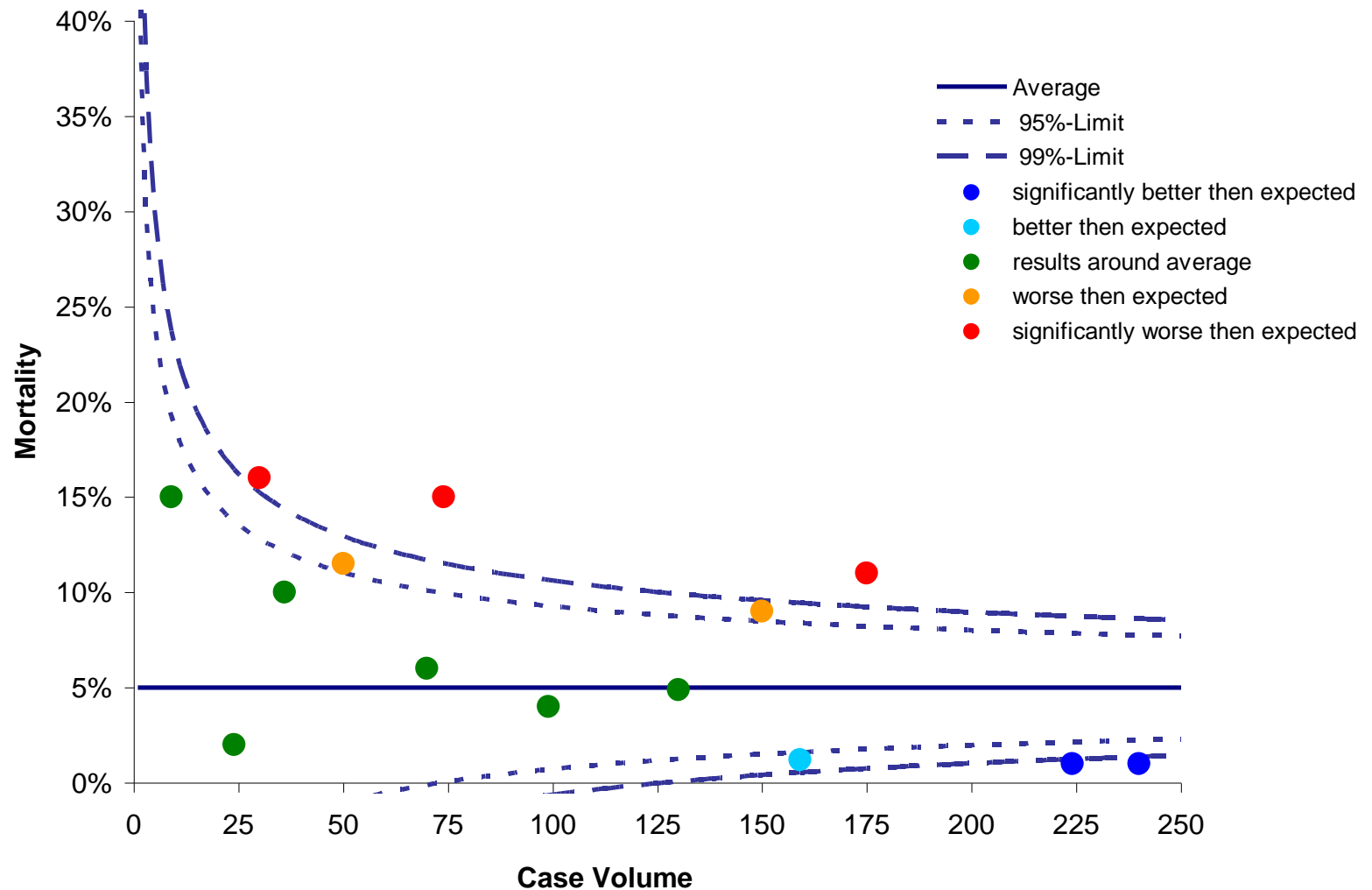
93% is probably better than 85%.

98% is probably not better than 93%!

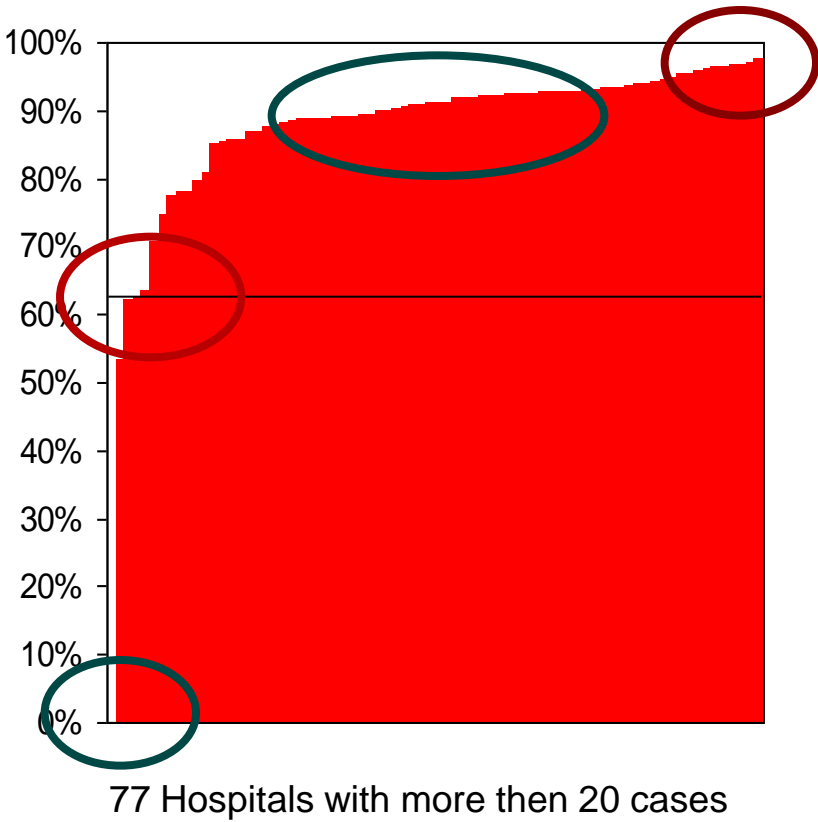
Identification of Quality of Care



Funnel Plot (Example with Mortality)



Use of the A. mamaria int. for Coronary Bypass Surgery



Error:

In a benchmark you can clearly see
who has high quality performance
and who has not.



- Small numbers (20 – 50 cases per year)
- Monitoring – problem focused documentation
- Documented vs. Routine data
- Multiple dimension quality scores
- Area indicators – system indicators
- Accountability in open networks
- Vision for a framework
- Vision for a international benchmarking




Approach

- We need small projects.
- We need a useful common framework for the projects.
- We need a vision how small projects can be transferred to large scale projects.
- We need project privacy as well as public learning.

- We should start with a quality measurement system and let it mature. Learn about system side effects. Include feed back.
- We could continue with public reporting.
- We can ask then: would P4P on top of that be able to enhance improvement?

- It must be rewarding to invest in quality.
- It must be unattractive to produce low quality.
- The market participants want differences.
- Wise politics wants to minimize differences in performance, not in choice.
- Patient choice is increasing at a much faster rate than ever expected.



Our report
on P4P

BQS-Report on Pay for performance.

Press release and publication
planned by the
German Ministry of Health end of May 2012
(also in English available)

BQS-Report on Pay for performance.

contains

- P4P Model
- P4P taxonomy with project profile form
- Instrument for assessing quality indicators for P4P
- Set of minimal standards for P4P projects
- Propositions for quality measurement and implementation of P4P projects.



The logo for BQS (Institut für Qualität & Patientensicherheit) features the letters 'BQS' in a bold, orange, sans-serif font. The letter 'Q' is stylized with a red triangle pointing downwards from its bottom right corner.

INSTITUT FÜR QUALITÄT
& PATIENTENSICHERHEIT

www.bqs.de
