

Primary care financial incentives cut heart disease deaths and admissions

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Financial incentives in primary care cut heart disease deaths and hospital admissions, particularly among people from deprived areas, finds research published online in the *Journal of Epidemiology and Community Health*.

Current evidence suggests that linking financial incentives to quality improvement has improved the overall quality of primary care in the UK, but so far there has been little evidence to suggest that better quality primary care actually improves health.

The authors base their findings on 8,345,353 patients registered in 2006/7 with 1531 general practices in London, a city with substantial health inequalities, including wide discrepancies in deaths from cardiovascular disease.

They used information on [coronary heart disease](#) indicators against which general practices are measured and financially rewarded, depending on their achievements, under an incentive scheme referred to as the Quality and Outcomes Framework or QOF for short.

They used the QOF data to devise a heart disease quality achievement score for the practice, adjusted for factors likely to unduly influence the results, and plotted this against associated hospital admissions and deaths among practice patients.

The analysis showed that, overall, practices with higher quality

achievement scores had lower death rates and fewer [hospital admissions](#) for their heart disease patients, with the impact twice as great in deprived areas.

Each one point increase in score was associated with 4.28 fewer admissions per 100,000 of the population for practices in the most deprived areas and 2.11 fewer admissions for practices in areas of average deprivation.

Similarly, every one point increase in score was associated with 1.4 fewer heart disease deaths for practices in the most deprived areas. No such association was found for practices in affluent areas.

Differences in death rates for coronary heart disease account for around 20% of the difference in life expectancy between the most disadvantaged areas in the UK and the general population, say the authors.

And they conclude: "Population wide financial incentives have the potential to reduce inequalities in healthcare provision if designed appropriately."

"There is already evidence that the QOF incentive scheme has contributed to reduced inequalities in healthcare in the UK," they add. "Results from this study suggest that [the scheme] may have also contributed to reducing inequalities in health outcomes."

Provided by British Medical Journal

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