

New research shows that financially incentivising GPs does not extend life for patients

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By comparing UK mortality data with that of other high-income countries, researchers from The University of Manchester's Health

eResearch Centre have shown that a £10 billion incentive programme has no direct impact on reducing mortality.

Since its launch in 2004, the Quality and Outcomes Framework (QOF) has been used as a pay-for-performance finance model, contributing up to 25% of a GP's annual salary. The programme works by rewarding GPs for offering [quality](#) care services in over 100 individual treatment indicators. Almost all of the UK's GP practices participate in the scheme.

Using information from the World Health Organization's [mortality](#) database, the research team – (a partnership between The Universities of Michigan, York and Manchester) was able to compare UK-based outcomes with those of 27 like-for-like countries including the USA, Australia, France, Germany and Sweden over a 17-year period.

By aggregating data from these statistically-similar countries, investigators were able to create a single weighted combination which allowed a more direct comparison. This so-called 'synthetic UK' permitted researchers to compare mortality data from specific disease areas, such as heart disease (which is heavily targeted by the QOF indicators) and cancer, to fully understand the impact of the programme. The team was also able to make an accumulated analysis which factored all of the QOF disease indicators into a single, overall evaluation.

Although the research team noted small mortality reductions for the direct comparison of QOF indicators the current pay-for-performance model was not associated overall with any significant changes in mortality.

Lead researcher at The University of Manchester's £18 million Health eResearch Centre Dr Evan Kontopantelis said: "Our results clearly show that the Quality and Outcomes Framework is not significantly associated with changes in population mortality for the diseases that are targeted by

the programme.

"By comparing mortality between the UK and other countries that are not exposed to national-scale pay for performance, this study provides the first cross-national evidence of the effects that pay-for-performance can have on population health.

"Previously we showed that mortality in England was primarily driven by deprivation and local GP QOF performance had no effect on it whatsoever. This work is probably the final piece of the puzzle and highlights that if these schemes continue to be used in UK primary care and around the world then policymakers need to make sure that the indicators are more closely aligned with evidence-based outcomes, specific to the primary care setting."

The full study 'Long-term evidence for the effect of pay-for-performance in primary care on mortality in the UK: a population study', was published in *The Lancet* on 17 May 2016.

More information: Andrew M Ryan et al. Long-term evidence for the effect of pay-for-performance in primary care on mortality in the UK: a population study, *The Lancet* (2016). [DOI: 10.1016/S0140-6736\(16\)00276-2](https://doi.org/10.1016/S0140-6736(16)00276-2)

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