

SCRIPTS *by* POLICY PRESCRIPTIONS®



- The Institute of Medicine recommends moving from a fee-for-service payment plan to one that financially rewards health care providers for delivering high-quality care

The Institute of Medicine. "Rewarding Provider Performance: Aligning Incentives in Medicare". (2006) The National Academies Press.

- Unintended consequences of P4P include improving documentation of incentivized behaviors rather than actually improving behavior; restricting access for sicker patients to bolster performance scores; an exaggerated focus on incentivized behaviors to meet incentivized standards; and a decreased focus on patient-centeredness

Medical Care Research and Review. 2006; 63 (2): 135-57.

- A randomized, unblinded clinical trial showed that financial incentives encouraged providers to refer smokers to an anti-smoking Quit Line 2.7 times more often than without incentives

Arch Int Med 2008 (168) 18: 1993-1999.

- Existing nursing home P4P programs all use three or more clinical (resident pain scores, new pressure sores, restraint use, etc.) or non-clinical (staffing retention, regulatory deficiencies, home-like culture, etc.) measures of quality; the 9 states that participate spend no more than 2 percent of their Medicaid budget on these incentive programs

Med Care Res Rev 2010; 67: 364 -377.

- The frequency of P4P payments does not necessarily impact the quality of care

Health Services Research. 2010; 45 (2): 553-564.

- Hudson Health Plan (New York Medicaid) immunization rates increased at a moderate (7% from 2003-2005; 11% from 2005-2007) yet statistically significant higher rate than trends observed in comparison health plans without P4P

Health Services Research. 2010 Dec; 45 (6 Pt 2):1934-47.

- The MassHealth P4P pilot study did not find any significant improvement in pneumonia quality scores or prevention of surgical infections despite average bonus payments of \$40,000 per hospital

Health Services Research. 2011; 46 (3): 712-728.

- The pay-for-performance program in Taiwan's National Health Insurance System shows a cautionary tale: while there is nearly 100 percent adherence for diabetes process measures, physicians are "cherry-picking" the healthiest patients to report

Health Affairs. 2012; 31 (1): 93-102.