







Provider profiling

Provider profiling is an attempt to measure the **performance** of doctors and providers of health care by supplying interested parties with information on the structure, process, and outcomes of health care.



Objectives of profiling

- To provide doctors with *meaningful information* on their clinical performance to help improve the quality of the services they provide
- To control the overall cost of care
- To improve overall quality of care

"If you can't measure it, you can't improve it"

Peter Drucker



Profiling at Insight...



Accessible - Online Portal

Relevant - Quarterly updates

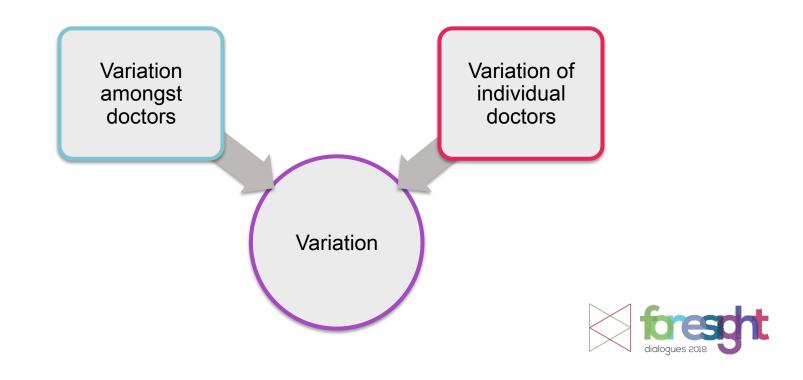
Strong relationships with stakeholders

Continuous improvement

Query resolution



So just how random is doctor's behaviour?



Variation across providers - Overall



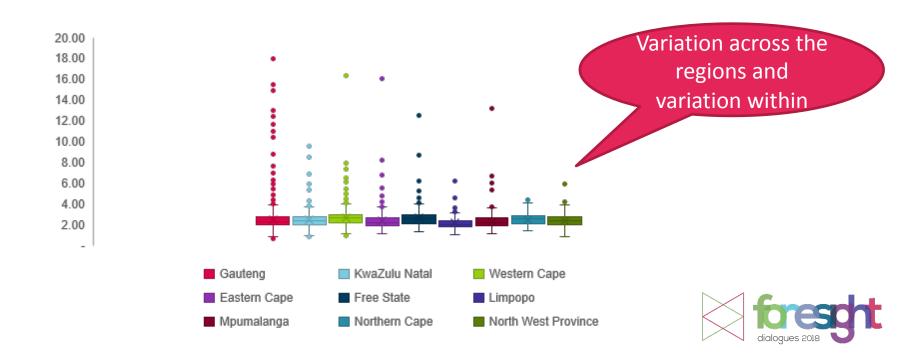


Some unexplained variation

Risk adjustment:
Using demographic and clinical risk factors



Variation across providers - Regionally

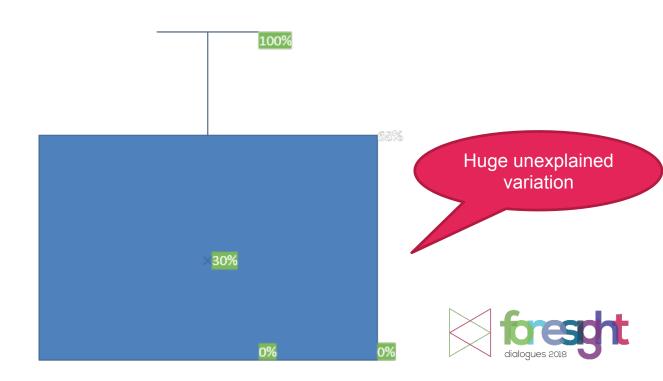


Variation across providers – Antibiotic scripting behaviour

Acute upper respiratory disease

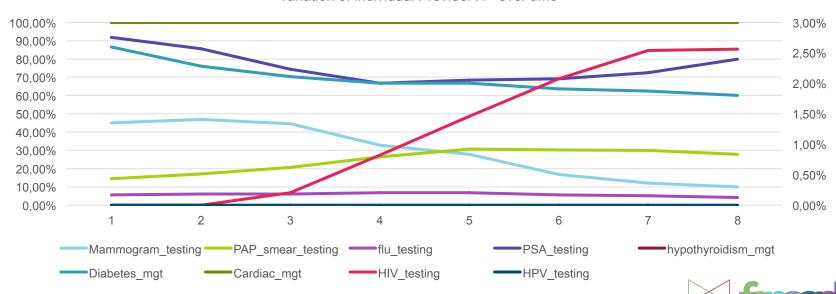
Antibiotics scripts

per visit=
% of GP visits with an
antibiotic script

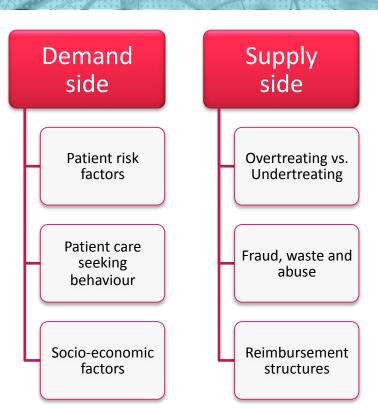


Variation of individual providers





Drivers of Variation





Healthcare management strategies

- Progressive benefit design
 - Nominated primary care provider
 - Provider networks
- Financial incentive structures
 - Alternative reimbursement models
 - Tiered performance-based reimbursement



Academic research on the effect of Payment Mechanisms

Systematic Review of the Effect of Payment Mechanisms on Family Physicians Service Provision and Referral Rate Behavior

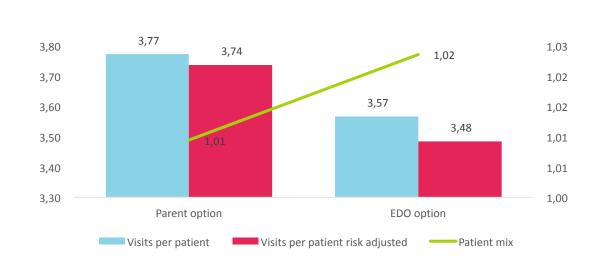
Journal of Pioneering Medical Sciences (JPMS)

Findings:

- 1. In comparison to salary and capitation, fee-for-service (FFS) was associated with 9%-12% lower referral rate.
- Compared with FFS, capitation payment decreased the number of provided services (14% lower visits in the outpatient settings and 50%-60% lower visits in the inpatient settings) due to budget limitations.
- 3. The referral rate to hospitals and specialists increased up to 20% in capitation.



Impact of benefit design on GP visit behaviour



Lower visit rates observed in EDO option



Impact of incentives on GP Performance

Impact of performance based reimbursement

Performance is tracked quarterly – Cost & Quality

Providers categorised:

Category 1- Best performers - Best rate

Category 2- Average performers – Average rate

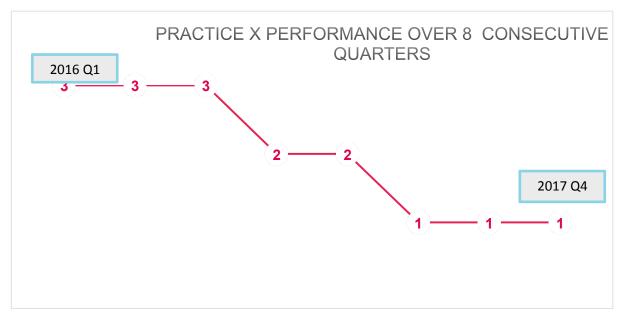
Category 3- Worst performers – Worst rate

Tracked over 8 consecutive quarters

| Change in behaviour | | Best | Average | Worst | Grand Total |
|---------------------|--------------|------|---------|-------|----------------|
| | Improved | 7% | 13% | 0% | 20% |
| | Deteriorated | 0% | 8% | 15% | 23% |
| | No change | 8% | 32% | 17% | 57% |
| | Grand Total | 16% | 52% | 32% | 100% |



Impact of incentives on GP performance





Conclusion

- ✓ Provider profiling important tool to measure healthcare variation
- ✓ Observed variation unexplained by disease burden
- ✓ Regional variation within and across the regions
- √ Variation driven by demand side and supply side factors
- ✓ Benefit design useful in management of behaviour
- √ Financial incentives evidence of behavioural changes over time
 - ✓ Although caution reimbursement structures







