Result of QOF indicator pilot: Acceptability and concerns of health workers
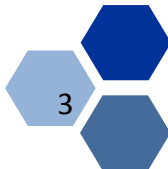
2 March 2016

Outline

- Qualitative findings

  - Acceptability

  - Health worker's concerns and recommendations

- Q & A and discussions

HT1/DM1

- Indicator

  - Percentage of individuals aged 35 and above who received a screening for hypertension in the last 3 years

  - Percentage of individuals aged 35 and above who received a screening for DM using random or fasting capillary blood glucose in the last 3 years

- Acceptability rate

  - Band 1 ≥ 70% of PCUs support inclusion

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Issues to consider

Concern	Recommendations
How to deal with population mobility?	• Encourage people to update their civil registration folio, (difficult as they frequently move from one place to another) • Allow these people to screen at any PCUs and design an appropriate payment mechanism.
Lack of awareness about the benefits of screening among beneficiaries	• Information provided by village health volunteers • Provide information about the benefits of screening (e.g. mass media campaign on the benefit of screening) • Exception reporting but may be difficult to implement
Gaming	• Exception reporting • Achievable target set by MoPH and NHSO
Time frame of 3 years is different from other indicators and difficult for planning and interpreting	• Change the time frame to 1 year to make it consistent with the MoPH indicator

HT2/DM2

- Indicator
  - Percentage of individuals with blood pressure 140/90 mmHg and above who were referred to a physician within 1 month
  - Percentage of individuals with capillary blood glucose of 126 mg/dl and above who received fasting venous plasma glucose test within 1 month

- Acceptability rate
  - Band 1 ≥ 70% of PCUs support inclusion

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Issues to consider

Concern	Recommendations
Fasting venous plasma glucose were not performed as a diagnosis test but will be performed after patients are diagnosed	• Change indicator wording → refer to a physician
People do not want to be referred to hospital (no symptoms, problems regarding accessibility)	• Provide intensive health education and counseling • Provide supporting system such as NCD clinic at PCUs • Exception reporting
Referral time of 1 month is not possible for people with blood pressure of 140/90 mmHg because some physicians perceived that these patients can be managed by PCUs	• Expand referral time to 3-6 months • Inform physicians about the benefits of early diagnosis and following up
Referral data are incomplete	• Provide guidance and trainings on how to enter and mange data and extraction rules

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HT3/DM3

- Indicator

  - Percentage of hypertensive patients who could control their blood pressure

  - Percentage of DM patients who could their control blood glucose

- Acceptability rate

  - Band 1 ≥ 70% of PCUs support inclusion

Issues to consider

Concern	Recommendations
Patients are lost to follow up	- Follow up by health volunteers/ care teams - Home visits - Follow up with caregivers - Provide supporting system such as NCD clinic at PCUs
Patients do not follow physician's advices.	- Provide health education to family members or caregivers - Exception reporting
It is unfair for the PCUs responsible for large portion of elderly patients or patients who have been treated for a long period of time.	- Employ different criteria for different age groups - Create different weights according to age groups when determining QOF scores
Number of patients affects the QOF performance	Take number of patients into account when determining QOF scores

MCH1

- Indicator
  - Percentage of pregnant women who received antenatal care (ANC) for the first time before 12 weeks

- Acceptability rate
  - Band 2 60-69% of PCUs support inclusion

Issues to consider

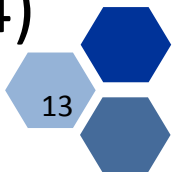| Concern	Recommendations
How to deal with population mobility? (temporary moving for works)	• Encourage people to update their civil registration folio, (difficult as they frequently move from one place to another)
Increase workload on following up pregnant women who have first ANC at private clinics or hospitals outside the area	• Determine performance on number of cases seen by PCUs
Lack of awareness about the benefits of ANC among beneficiaries (no negative consequences seen from delayed ANC)	• Information provided by village health volunteers • Provide information about the benefits of ANC and negative consequences of delayed ANC (e.g. mass media campaign)
Teenage/unintended pregnancy feel stigmatized and don't want to seek ANC	• Reproductive and sexual health education in schools/villages
Number of patients affects the QOF performance (percentage)	• Taking number of cases into account when determining QOF scores

MCH2

- Indicator

  - Percentage of pregnant women with hypertension who were referred to a physician

- Acceptability rate

  - Band 1 ≥ 70% of PCUs support inclusion

Issues to consider

Concern	Recommendations
Question about the benefits of the indicator (rare cases, no concern on quality of care)	• Need to consider together with quantitative data analysis

MCH3-4

- Indicator

  - Percentage of pregnant women with anemia in 1st trimester whose hematocrit are in normal range in the 3rd trimester

  - Percentage of postpartum women with anemia during pregnancy whose hematocrit are in normal range at 3 months after delivery

- Acceptability rate

  - Band 1 ≥ 70% of PCUs support inclusion (MCH3)

  - Band 4 <50% of PCUs support inclusion (MCH4)

Issues to consider

Issues	Mitigating activities
Health promoting hospitals do not have capacity to carry out activities related to these indicators	• Informing the role of health promoting hospitals in treating pregnant women with anemia • Creating a fair QOF budget allocation guidance
Anemia is not a concern in the study area. Health practitioners are concerning about thalassemia.	
Anemia due to thalassemia is not improved by providing folic acid and iron supplements (service does not link with indicator)	• Exception reporting

MCH5

- Indicator

  - Percentages of full-term infants aged between 0-1 years whose weight for age or weight for height or height for age falls below 5 percentile or 95 percentile and above who are referred to doctors.

- Acceptability recommendation

  - Band 1 ≥ 70% of PCUs support inclusion
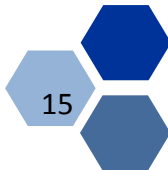
Issues to consider

Issues	Mitigating activities
Malnutrition (failure to thrive) is not prevalent in the study area. Health practitioners are concerning about babies 0-5 years with obesity.	• Consider the indicator
Workload on data entry and management (measuring baby's height, weight and head circumference each trimester in the community and according to the schedule of vaccination)	• Providing support in term of data entry

CVD1

- Indicator
  - Percentage of individuals aged 35-70 who receive CVD risk assessment using Thai CV risk score

- Acceptability recommendation
  - Band 4 <50% of PCUs support inclusion

Issues to consider

Issues	Mitigating activities
The policy on CVD screening did not reach all PCUs.	• Informing PCUs about the policy through different channels (formal documents, and informal channels such as line group)
PCUs do not have capacity to carry out activities related to these indicators (trainings, equipment)	• Providing trainings and equipment
Health providers are lack of awareness on the benefits of screening in healthy population	• Providing information about the benefits of screening

BR1-2

- Indicator
  - PCUs can produce a register of bed ridden patients
  - Percentage of bed ridden patients who were visited by family care team
- Acceptability recommendation
  - Band 1 ≥ 70% of PCUs support inclusion

Issues to consider

Issue	Mitigating activities
PCUs have no control over family care team's plan on home visits	• Performance should be determined based on home visits by care team from PCUs (nurses, public health officers, and village health volunteer)
Not all bed-ridden patients require a home visit from a full family care team.	• Performance should be determined based on home visits by care team from PCUs (nurses, public health officers, and village health volunteer)
Unavailability of data in national database	• Incorporating data on the indicator into the national database

RUA1-2

- Indicator
  - Percentage of antibiotics prescription for patients diagnosed with upper respiratory tract infections (URI)
  - Percentage of antibiotic prescription for patients diagnosed with acute gastroenteritis (AGE)
- Acceptability recommendation
  - Band 2 60-69 % of PCUs support inclusion

Issues to consider

Issues	Mitigating activities
Patients demand antibiotics	• Building understanding of patients about disadvantages of antibiotic use when it is not necessary
Doctors are lack of awareness on the benefits of reducing antibiotic use	• Providing guideline and checklist on antibiotic prescribing • Raising awareness on the benefits of biotic smart use
Relationship problems with community if antibiotics are not prescribed (complaints, do not cooperate with PCU activities)	• Indicator for hospitals
Controlling antibiotic use in hospital setting may not have benefits as patients can easily access antibiotics from drugstores or private clinics	

Asthma1 and COPD1

- Indicator
  - The PCUs can produce a register of patients with Asthma
  - The PCUs can produce a register of patients with COPD

- Acceptability recommendation
  - Band 1 ≥ 70% of PCUs support inclusion

Issues to consider

Issues	Mitigating activities
PCUs do not have capacity to carry out activities related to these indicators	- Providing trainings, equipment - Providing information on the intention of the indicators as to measure the performances of all PCUs in the CUP - Informing the role of health promoting hospitals in the care of patients with asthma and COPD - Creating a fair QOF budget allocation guidance
Availability of data	Incorporating data on the indicators into the national database

Asthma2-6

Indicators code	Indicator wording	Acceptability
Asthma2	Percentage of asthma patients who received health education and counseling	Band 3
Asthma3	Percentage of asthma patients who were examined with a peak expiratory flow meter	Band 1
Asthma4	Percentage of asthma patients who are assessed by an Asthma Control Test (ACT)	Band 1
Asthma5	Percentage of asthma patients who could not control asthmatic symptoms referring to a physician	Band 4
Asthma6	Percentage of asthma patients with asthmatic exacerbation admitting to emergency department	Band 3

Issues to consider

Issues	Mitigating activities
PCUs do not have capacity to carry out activities related to these indicators	• Providing trainings, equipment • Providing information on the intention of the indicators as to measure the performances of all PCUs in the CUP • Informing the role of health promoting hospitals in the care of patients with asthma and COPD • Creating a fair QOF budget allocation guidance
Availability of data	• Incorporating data on the indicators into the national database
Gaming (Asthma3)	
Question about the benefits of the indicator (Asthma4): no concern on quality of care	

Issues to consider

Issues	Mitigating activities
Asthmatic exacerbation are caused by various factors including factors related to lifestyles of patients and their environments	
It is unfair to determine performance based on all asthmatic exacerbation in ER department	• Determining QOF performance based on asthmatic attacks of patients who were seen by the clinics (depend on the intention of the indicator)

COPD 2

- Indicator
  - Percentage of COPD patients who are currently smoking receiving advices on smoking cessation
- Acceptability recommendation
  - Band 1 ≥ 70% of PCUs support inclusion

Issues to consider

Issues	Mitigating activities
PCUs do not have capacity to carry out activities related to these indicators	• Providing trainings, equipment • Providing information on the intention of the indicators as to measure the performances of all PCUs in the CUP • Informing the role of health promoting hospitals in the care of patients with asthma and COPD • Creating a fair QOF budget allocation guidance
Availability of data	• Incorporating data on the indicators into the national database
Gaming	