

Executive Summary

Research Project: **Developing health care quality indicators and improving the QOF program for the Thai Universal Health Coverage – Part 2**

The National Health Security Office (NHSO) introduced the Quality and Outcomes Framework (QOF) in 2013 aiming to incentivize primary care units for improving the prerequisite quality of service deliveries and ultimately improving health outcomes. Previous results from the study 'Developing health care indicators and improving the QOF program for the Thai Universal Health Coverage Part 1' indicated that the strategy for implementing as well as the management of the QOF program should be revised in terms of policy formulation and implementation. Therefore, the NHSO requested the Health Intervention and Technology Assessment Program (HITAP) to develop quality indicators for primary care and to provide policy recommendations on managerial strategies of the QOF program for the fiscal year 2017. The study was conducted from June 2015 to April 2016.

The objectives of this study were 1) to develop quality indicators for the fiscal year 2017 based on evidence with systematic, transparent and participatory process, 2) to test indicators in the chosen primary care units across selected provinces, 3) to provide policy recommendations on managerial strategies which are in line with the developed indicators. This study employed different approaches such as, analyzing primary and secondary data, obtaining suggestions from stakeholders and information based on consensus among steering committee members. In the final step, the steering committee considered the pilot results and expert opinions from stakeholders which led to three conclusions 1) 10 indicators were selected for fiscal year 2017, 2) 5 indicators were recommended for fiscal year 2018, 3) 9 indicators were recommended for fiscal year 2018 onwards under the condition that there will be a capacity development for providers and improvement in databases.

In addition, managerial strategies were recommended as follows:

- 1) The Ministry of Public Health (MOPH) and the NHSO should strengthen their collaboration in terms of the QOF management as both organizations play an important role in improving primary health care. The NHSO executives should consider and consult the Minister of Public Health and the Permanent Secretary of the MOPH whether it would be feasible and appropriate to request the existing Quality Control and Quality Standard Committee to monitor the management of the QOF program or to appoint a new committee for this task.
- 2) The time frame for implementing the program should be clear, appropriate and approved by both organizations including announcing the quality indicators and payment criteria, communicating about the indicators and evaluation process, extracting data from data bases, sending feedback during and at the end of the fiscal year, and allocating the QOF payment to Contracting Units for Primary Care (CUPs).
- 3) A separated budget from capitation payment for ambulatory services for the QOF program should be provided to incentivize health care workers. The budget should be appropriate in order to prevent health care workers from focusing on particular services that are in line with the indicators but neglecting other important healthcare activities. This study recommends to divide the QOF budget into three parts:
 - 3.1) one-third of the budget should be provided according to the number of population registered in the catchment area of the CUP.

- 3.2) one-third of the budget should be allocated in advance according to the expected performances of CUPs under the QOF (aspiration payment).
 - 3.3) one-third of the budget should be paid according to the real performances of CUPs at the end of the fiscal year.
- 4) Regarding indicators and determination of performance, this study proposes four recommendations:
- 4.1) there should be no local indicators because the purpose of the QOF program is to standardize the quality of primary care of all Primary Care Units (PCUs) across the country.
 - 4.2) there should be indicators at both CUP and PCU levels so that CUPs and PCUs fully understand their responsibilities. Moreover, performances of each individual CUP and PCU should be fed back.
 - 4.3) however, if the NHSO allows the regional NHSO offices to develop their own local indicators, this should be done with the same process as the core indicators (e.g. indicator development based on evidence with systematic, transparent and participatory process and piloting indicators).
 - 4.4) the data should be linked with and used by the Bureau of Inspection and Evaluation of the MOPH in order to facilitate the primary health care policy.
- 5) The MOPH and the NHSO should develop evaluation and monitoring systems for QOF on both national and local levels, enhance the database system to support QOF, improve the communication system and make the performance data publicly available.

For more information: <http://www.hitap.net/en/research/164457>