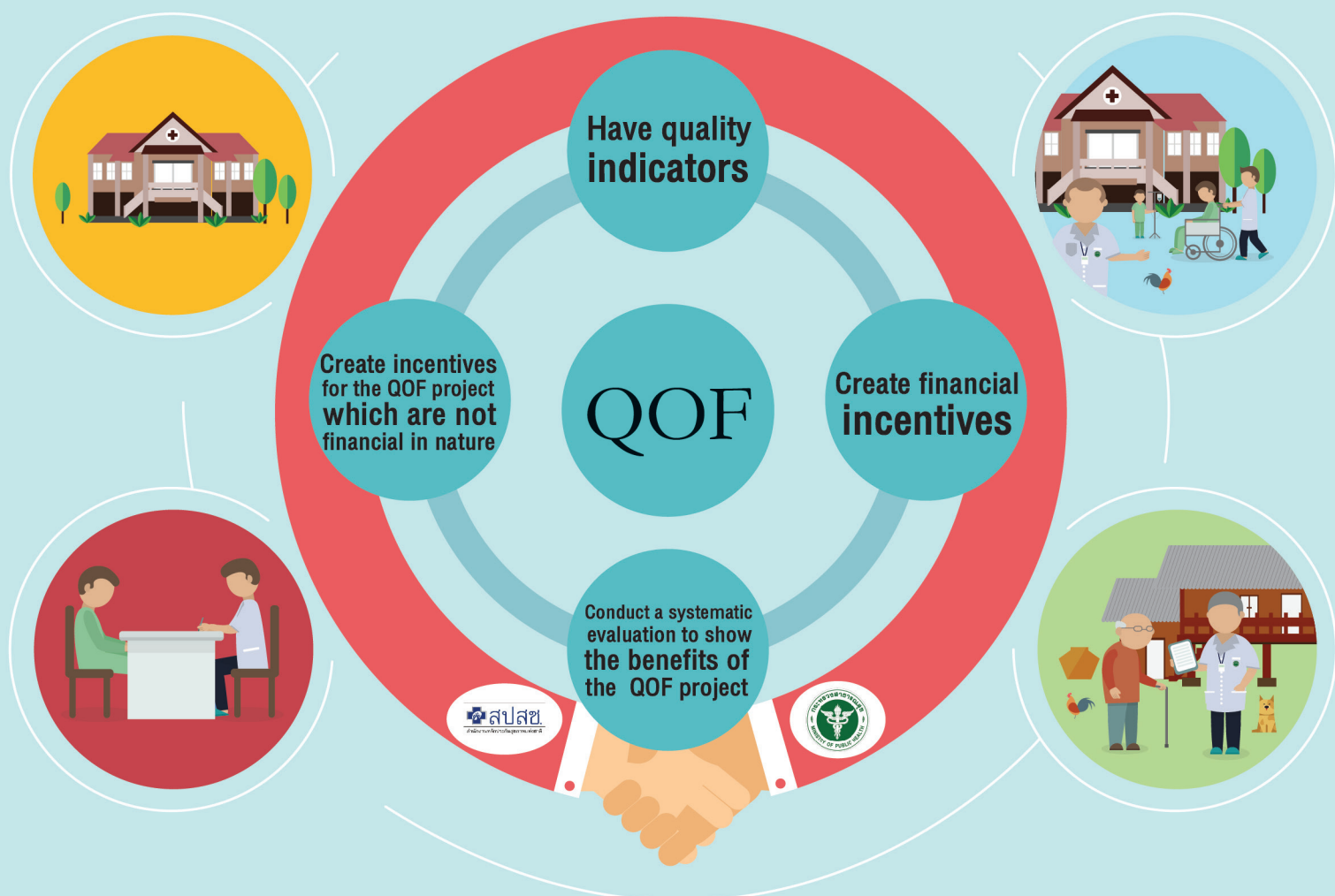




## The Quality and Outcomes Framework Project: Incentive to develop primary care quality

Primary care services are health services which are the first point of contact in the healthcare system and play a role in the health of the local population. The Quality and Outcomes Framework (QOF) project, which is managed by the Ministry of Public Health (MoPH) and National Health Security Office (NHSO), aims to improve the quality of primary care to be equal to other healthcare providers nationwide as well as to match up to international standards. In the first and second phases of current research project on the development of quality indicators for primary care under the Universal Health Coverage scheme, it was found that the QOF project was beneficial in the development of health services. In other words, it raised awareness in primary care providers about the importance of quality primary care even though it was a short-term project. However, the QOF project can continue to be developed to increase efficiency even more if the NHSO and the MoPH use quality indicators and utilize both financial and other non-monetary incentives that are related to the QOF. The QOF project should also be evaluated in an appropriate manner to show what kind of benefits are obtained.

These actions will help develop and continue the QOF project



## The importance of the QOF project on primary care services



Primary care services are health services which are the first point of contact in the healthcare system and play a role in the health of the local population by preventing illness. If they become ill, patients may first receive general care and can then be referred to hospitals if the illness is more severe – including health recovery (Komatra Chuengsatiansup, 2007). Primary care services in Thailand consist of networks called contracting units for primary care (CUP), which include units that are affiliated with the MoPH as well as the private sector. However, the most common format used is one CUP per district. This consists of a district hospital which serves as the contracting unit with the NHSO, health centers, and all the district health promoting hospitals.

The Quality and Outcomes Framework project (QOF project) was initiated in 2014 with the National Health Security Office (NHSO) as the project lead and the MoPH as the supervisor of primary care services. It aimed to improve the quality of primary care to be equal to other healthcare service providers nationwide as well conforming to international standards. Quality indicators were defined to act as a signal for health service providers to know which services and activities are up to primary care service standards. In principle, the QOF project takes health service provision reports that are regularly recorded into in a database comprising 43 folders and evaluates the overall results of the CUP. If the CUP matches or surpasses the standards set by the quality indicators, it will receive funding from the QOF. However, revisions were required when implementing the framework at the regional level.

The QOF project supports the Primary Care Cluster policy as a result of the government's policy to reduce disparities in the quality of health services provided, particularly for primary care providers. These primary care providers should form a group to look after the health of the population in their respective districts with multidisciplinary teams comprising doctors specializing in family medicine, general practitioners, public health offices, nurses, and dental nurses so that the locals can meet specialists at service facilities near home. The QOF also aims to improve the standards of primary care services so that the differences in quality are minimized and to manage resources together efficiently (Bureau of information, Ministry of Public Health, 2016).

In addition, the QOF project should be beneficial in the long-term for this policy, which aims to create real positive impact for the health of the local population. In principle, the QOF focuses on creating primary care services that are efficient based on the quality indicators used, evaluated and monitored annually, along with a system that gives feedback to the service providers, so they can continuously improve their operations.

**Quality of services in the QOF project** refers to services that are up to standards, valuable, efficient, and accessible as a response to patients' needs. As such, quality is a guarantee that confirms whether the population or service users benefit from the services provided.





## Expected benefits from the QOF project



The NHSO will be able to allocate funding more efficiently if it is able to prove to policy makers and the public that changes in the quality of primary care services are happening.



The MoPH can utilize the quality indicators to monitor the operations of the CUP in terms of operational procedures and can define quality indicators that address policies or directions set out in the health system.



The primary care services system will be stronger, disparities in quality between service providers will be reduced, issues in sending patients to other hospitals for less serious illnesses will decrease, congestion and waiting times at hospitals will be minimized, and reduce severe illnesses that can be prevented by primary care. In addition, it can also help improve the 43-file data set, resulting in more benefits when using this data.



The service provider personnel will be able to understand what is considered desirable primary care service quality through the data without the need for extra training – which is a waste of budget and waste of time for the employee. Primary care providers in the network will formulate a plan to improve the quality of services together and will utilize the benefits of the 43-file data set.

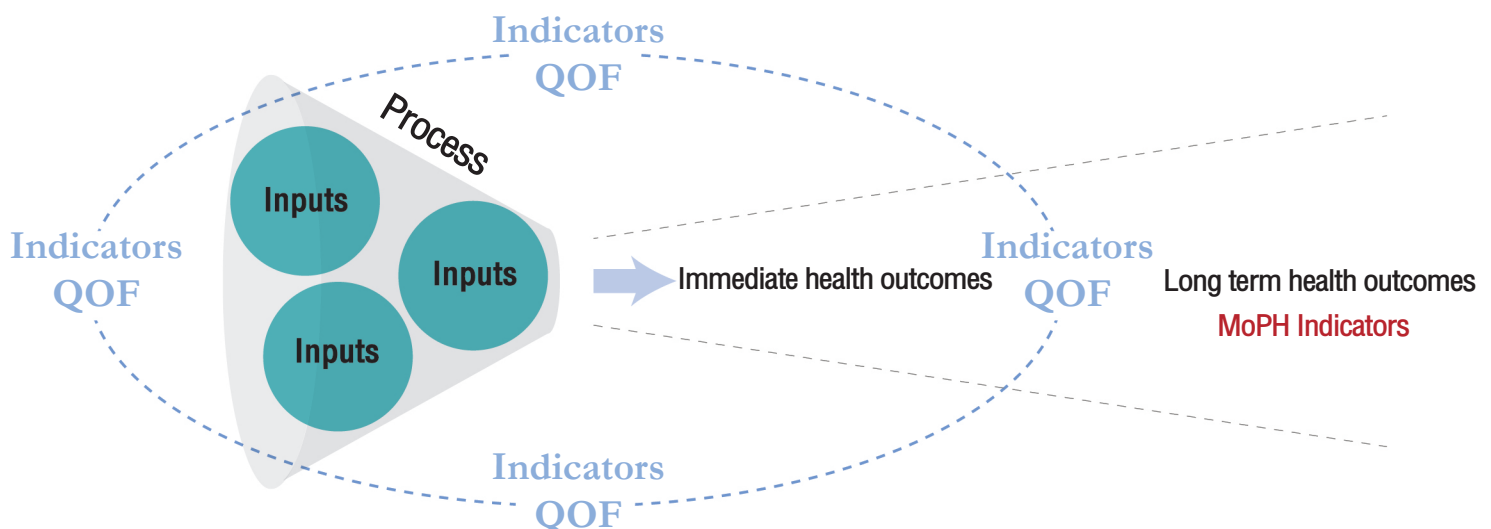


The population receives primary care services that are of the same quality nationwide.



## Differences between the QOF quality indicators and the Ministry of Public Health's indicators

The indicators in the QOF project covers inputs, process, and immediate health outcomes to point out to front-line service providers on how to improve primary care services to meet standards. This is different from the MoPH's indicators which focuses on the long-term health outcomes such as the maternal mortality ratio, live birth rate for women aged between 15 and 19, and mortality rate from coronary heart disease (Ministry of Public Health, 2015). These indicators on a ministry level are good in the sense that it reflects the vision of the MoPH, that focuses on long-term health outcomes. However, these indicators may not be able to tell service providers at the district health promoting hospitals and district hospitals how to achieve the targets that the indicators set. In addition, regardless of whether the department, division or service provider is able to set the indicators based on inputs or working processes, it is still unclear whether this is supported by academic evidence or the process of setting indicators has passed testing to determine whether it is truly beneficial. Good indicators should be able to elicit awareness and understanding, can be achieved, properly collect data, correctly translate results according to the objectives, and should have system for evaluating and monitoring in a systematic manner.



## Policy Recommendations



The initiation of the NHSO's QOF project has shown the importance of developing quality primary care services as it has been implemented for 3 years already. From phases 1 and 2 of the research conducted on the development of quality indicators for primary care providers in the Universal Health Coverage scheme, it was found that the positive aspects of the QOF are that it raised awareness of the importance of quality primary care services for both CUPs and the NHSO. The NHSO has also created guidelines for operational procedures to a certain extent, consisting of guidelines for defining the indicators, communicating policy, recording data for the service provider, and evaluating and monitoring results. These can be continued and developed further for a higher increase in efficiency.

## Policy Recommendations



1. Support the NHSO together with the MoPH in utilizing the indicators and creating work incentives as well as non-financial incentives for the QOF as the QOF project supports the Primary Care Cluster policy of the MoPH
2. The NHSO should evaluate the QOF project in a systematic manner by using appropriate methods to show the benefits of the QOF on the development of primary care services.



### Author

**Roongnapa Khampang, PhD.**

Researcher

Health Intervention and Technology Assessment Program (HITAP)

For more information, please visit

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This paper is a part of a research project entitled developing health care quality indicators and improving the QOF program for the Thai Universal Health Coverage – Part 1 by Roongnapa Khampang, Sripen Tantivess, Sarocha Chootipongchaivat, Juntana Pattanaphesaj, Rukmanee Butchon, Natthida Malathong, Boontharika Rachatasetanon, and Yot Teerawattanon



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## Further Reading

1. Komatra Chuengsatiansup. Public Health, Primary Care and Community Health, [Available from: [www.shi.or.th/upload/PHC.pdf](http://www.shi.or.th/upload/PHC.pdf)].
2. Ministry of Public Health. Strategy, indicators and data collection guidance for fiscal year 2016. Nonthaburi; 2015.
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### Contact Information:

Health Intervention and Technology Assessment Program (HITAP)

6 th Floor, 6 th Building, Department of Health, Ministry of Public

Health, Tiwanon Rd., Muang,

Nonthaburi 11000, Thailand

Tel : +662-590-4549, +662-590-4374-5

Fax : +662-590-4369

E-mail : [hitap@hitap.net](mailto:hitap@hitap.net)

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