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## **Pay for Performance in England: Some Surprising Results**

*Quality-of-care measures rose faster before P4P was instituted than they did afterward.*

In 2004, the U.K. introduced a pay-for-performance (P4P) program for family practices. Substantial payments are made for meeting 136 different indicators of high-quality care.

Researchers reviewed medical records in 42 representative practices for 2 years before the P4P system started (1998 and 2003) and for 2 years after it commenced (2005 and 2007). Quality scores increased annually for asthma, diabetes, and coronary heart disease during the pre-P4P evaluation period. Scores continued to rise, but more slowly, for asthma and diabetes in the post-P4P evaluation period; however, scores did not rise for coronary disease after P4P was instituted. Researchers noted no changes in patients' perception of access to care or of interpersonal aspects of care after introduction of P4P. For each of the three target diseases, after P4P commenced, some specific quality-of-care practices that were not encouraged by the incentive system actually declined. By one measure, continuity of care also declined.

**Comment:** To me, the most striking result of this study is that quality of care rose at a faster rate in the years before P4P than in the years afterward. The authors don't comment on what forces fueled this rise before P4P was instituted. Because this study suggests that P4P could have some pernicious effects, understanding those forces is important.

— [Anthony L. Komaroff, MD](#)

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Campbell SM et al. Effects of pay for performance on the quality of primary care in England. *N Engl J Med* 2009 Jul 23; 361:368.