

## Benchmarking an Australian general practice using UK pay for performance indicators – how do we compare?

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## Setting – Hawkins Medical Clinic Mount Gambier, South Australia

- Rural town 25,000
- 5 hours from Adelaide
- 16 FTE doctors, 16,377 'active' patients
- Best Practice clinical software - 'paperless'



## UK Quality Outcome Framework

- 80 clinical indicators across 19 chronic disease domains
- Pay-for-performance
- 54 million people, 8000 practices
- Practices in UK get on average 97% of available points
- Health outcomes improved with greater equality

## Examples of UK indicators

- **Patients with psychotic illness or bipolar:** Reviewed within 15 months including recommended health promotion and prevention
- **Smoking status:** Recorded within 15 months for patients with coronary heart disease, stroke, TIA, hypertension, diabetes, COPD, CKD, asthma, psychoses or bipolar
- **Epilepsy:** Seizure free for 12 months

## How our data was obtained

- Population defined
- Best Practice clinical software search engine modified by inserting SQL terms
- Manual search of electronic patient notes for 16 indicators
- 79 out of total of 80 indicators were measurable in our practice
- Clerical time taken approx 130 hours

## Results

## How UK QOF points are allocated

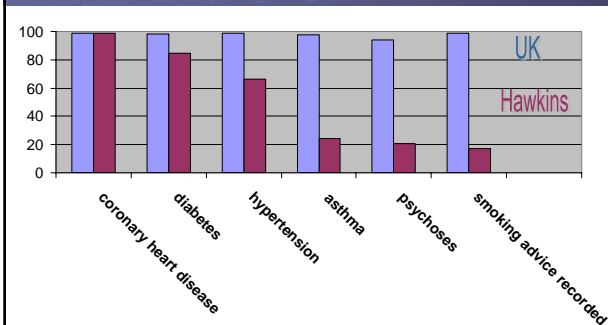
### Percent of diabetes patients with BP <145/85 recorded within last 15 months

- UK target to score maximum points - 60% [no points if fewer than 40% of patients meet requirement]
- Hawkins diabetes patients meeting this requirement - 48%
- Points allocated to this indicator - 18
- Hawkins points awarded - 7.5

## Example to show scope of indicators - Stroke/TIA

UK Indicator	UK Target % patients	Hawkins	Points allocated	Points achieved
Register			2	2
CT scan for new diagnoses	80%	79%	2	2
BP measured	90%	79%	2	1.6
BP <150/90	70%	55%	5	2.6
Cholesterol measured	90%	84%	2	1.8
Cholesterol <5 mmol/l	60%	62%	5	5
On anti-platelet medication	90%	83%	4	3.5
Influenza immunisation	85%	71%	2	1.4

## How do we compare? Percent of available points by domain.



## Main areas where points lost

- Blood pressure targets
- Annual spirometry for asthma/COPD
- Recording of smoking advice
- Formal health promotion for patients with psychotic or bipolar disorders
- Depression screening of patients with diabetes or coronary heart disease
- Use of severity tool for new diagnoses of depression

## Conclusions

## What have we learned?

- Extraction of clinical outcome measures is possible
- To be consistent in the use of our clinical software
- Gaps in chronic disease management have been highlighted
- Overall Hawkins achieved 64% of available QOF points compared to UK practices achieving an average of 97%

## Where to next?

- Structural changes to improve chronic disease management then repeat
- Software programs such as PEN Clinical Audit Tool and Doctors Control Panel
- Australian indicators
  - absolute cardiovascular risk
  - targets related to S.N.A.P
  - skin cancer

## Pay-for-performance?

*Hawkins would be paid \$296 000 out of a possible \$465 000*

## Thank you Any Questions?

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