

THE EFFECTIVENESS OF THE PAY-FOR-PERFORMANCE SCHEME IN HEALTH CARE SYSTEMS WITH UNIVERSAL HEALTH COVERAGE: A SYSTEMATIC REVIEW

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ABSTRACT

The main purpose of this systematic review was to examine the effectiveness of pay-for-performance (P4P) for improving health service quality and the accessibility of care in the universal health coverage (UHC) context.

Searches were carried out in five electronic databases: Cochrane Library, MEDLINE, PUBMED, EBSCO, and CINAHL. Only the research papers published in English between 2000 and 2013 were included in this review based on the following inclusion criteria: (1) the studies were conducted in countries that provided UHC; (2) P4P were implemented on the supply side; (3) the quality performances of the outcomes were reported. The quality of the studies was then assessed by using the modified version of The Newcastle-Ottawa Scale (NOS).

The electronic search obtained 2,264 publications of which 23 papers met all the inclusion criteria. Most of the studies reported that the achievement of service quality outcome reached the set targets in the period of P4P implementation rather than in the non-P4P period. The P4P scheme implemented in the context of the lower baseline of performance showed more improvements than at the higher baseline. In addition, the P4P scheme could enhance a steady increase in both quality of services and accessibility in the first three years of implementation; after this, the growth rates declined, but still showed improvements.

This study suggests that pay-per-performance (P4P) is probably the most efficient incentive scheme for the low productive health care service areas. Furthermore, the effectiveness of P4P lasts for a reliable period; after that a new incentive scheme may be considered to boost the outcomes.

KEY WORD: PAY-FOR-PERFORMANCE / UNIVERSAL HEALTH COVERAGE

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