Paying for Performance

in Primary Care for Main Chronic NCD

in 9 Cambodian Operational Districts

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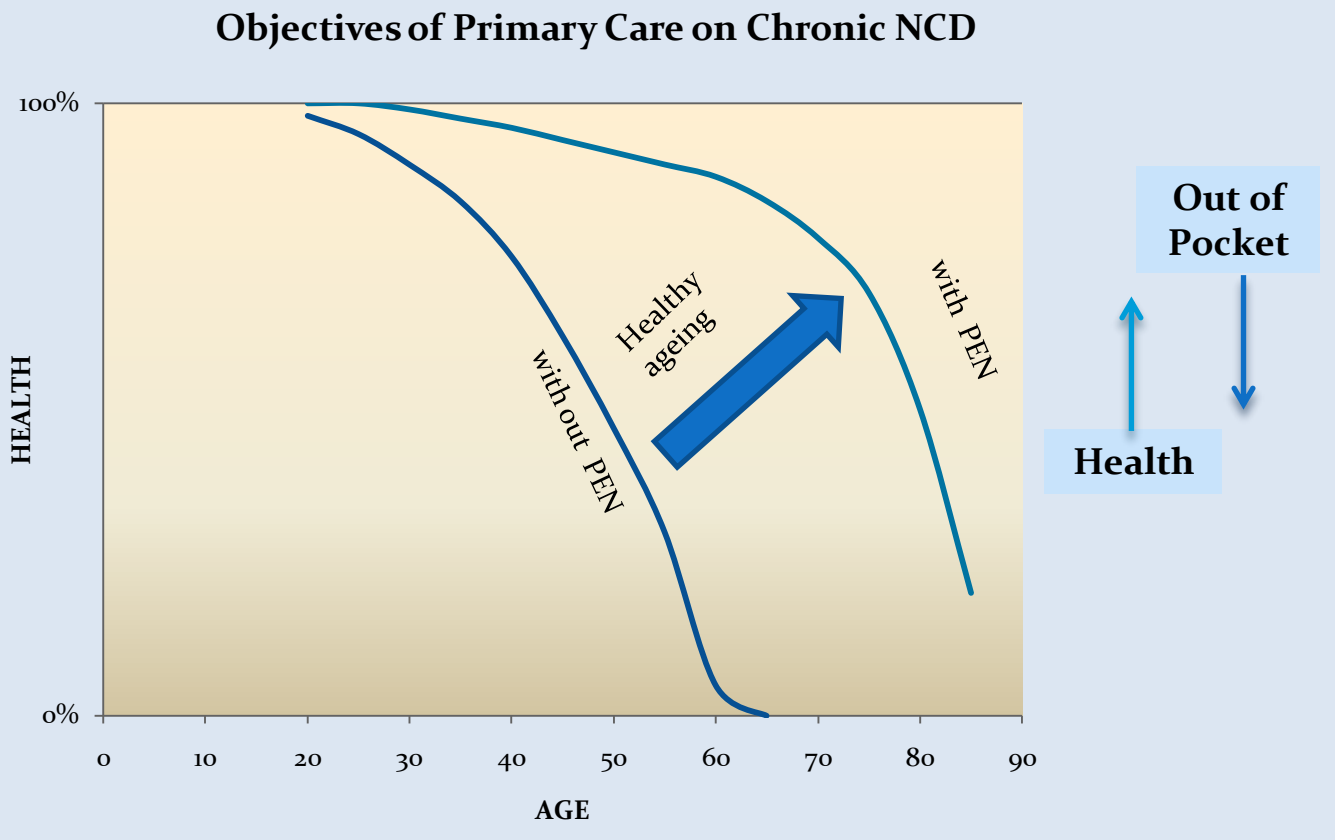
Objectives of Primary Care for chronic NCD

1) Healthy Ageing

2) Reduction Health Expenditure (O.O.P.)



Outcomes resulting from PEN intervention

Desired PEN Outcomes

1. Population awareness of risk factors for main chronic NCD
2. Early Diagnosis of Diabetes, High BP, Dyslipidemia's, Chronic Kidney Disease…
3. Long term Blood Glucose under control
4. Long term Blood Pressure under control
5. Long term Cholesterol (Lipids) under control
6. Lifelong Normal BMI
7. Patient's self management capacity
8. Lifestyle improved (reported)
    1. Healthy food
    2. Enough physical activity
    3. No smoking
9. Lifelong affordable health care
10. Satisfaction with services including PEN's

14 Products (PEN outputs)

a) Number of Peer Educators trained (1)
b) Early diagnosis/People who have self-screened for DM (2)
c) Early diagnosis/People who have self-screened for HBP (3)
d) Commune leaders exposed to primary prevention(4)
e) School teachers exposed to primary prevention (5)
f) Village High Blood Pressure Group (VHBPG) created (6)
g) Members registered/ counseled/trained for DM(7)
h) Members in follow-up for DM (8)
i) Members registered/ counseled /trained for HBP (9)
j) Members in follow-up for HBP(10)
k) Members receiving monthly HEF(11)
l) Members receiving Lab-test(12)
m) Members receiving Medical Consultation (13)
n) Members buying their prescription medication (14)

Payments to Peer Educators

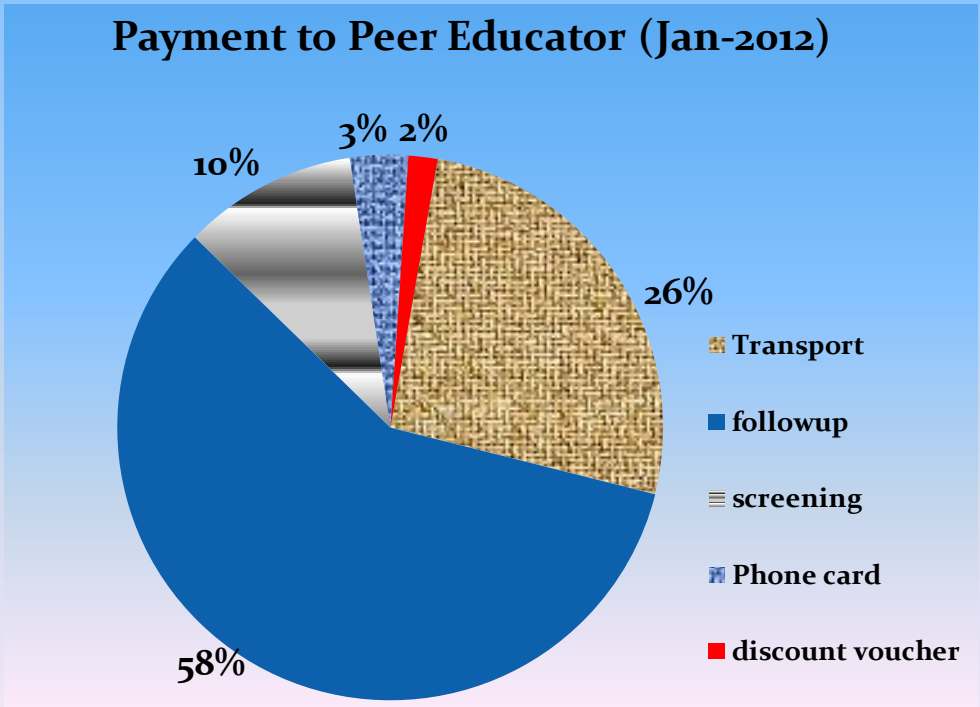
Mixed Payments System

1. Reimbursement of costs (telephone card, transport)
2. Payment for activities to produce the products (includes reimbursing them for opportunity cost)
3. A 50% discount on prescription medication invoice through monthly voucher
4. Payment for OUTCOMES through measurement

Payments according to NGO policy, *see POSTER*

According data from 8 OD Directors, it would cost USD 250 to 300 per month to pay a nurse to do the work of a PE and they would not be as motivated as PE....

Example of PE payment (Jan 2012) is $ 55.5



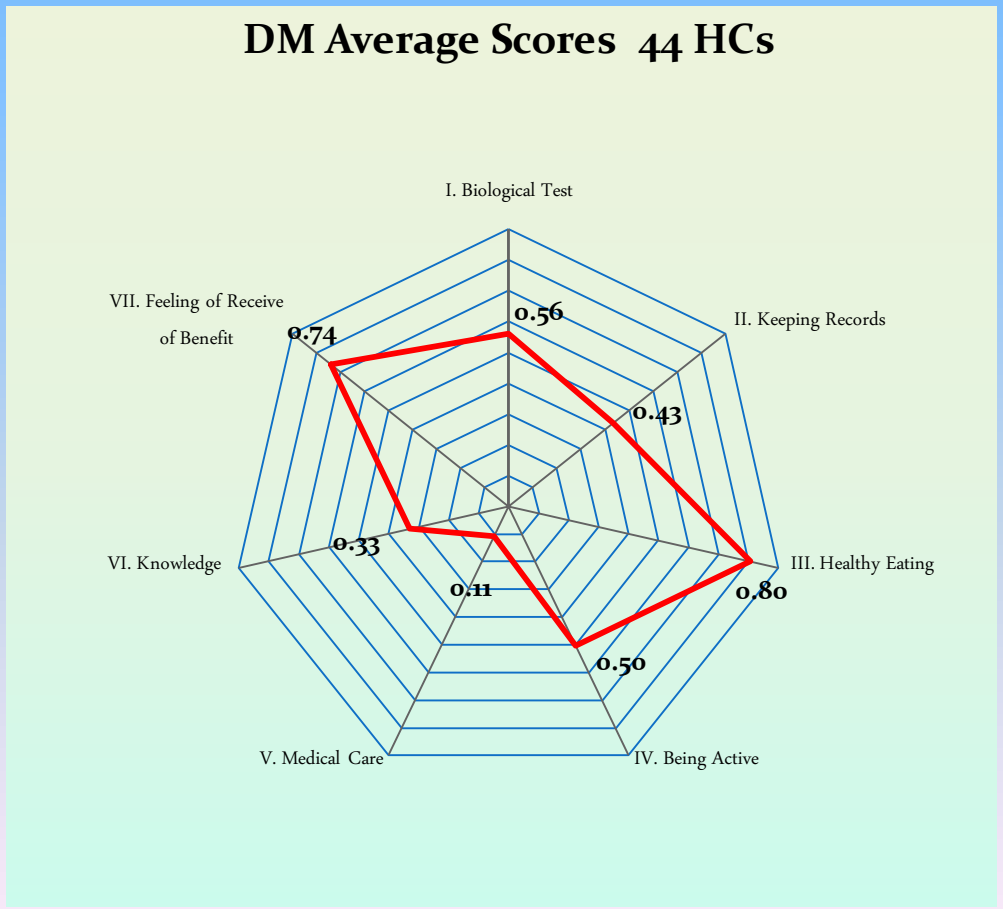
Mixed payments to other key actors OD, Prov, HQ

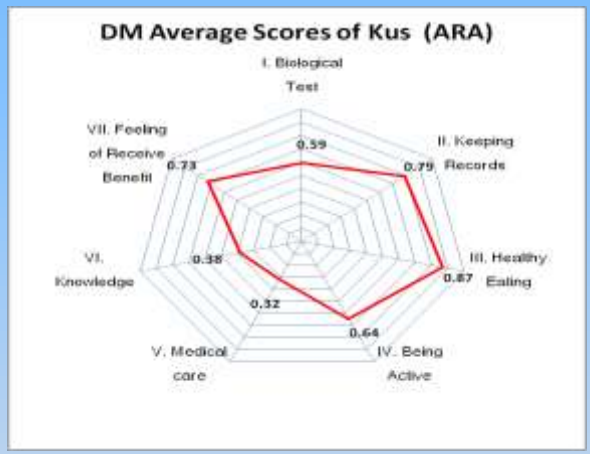
- Local fee for OD PM (inside OD ($5 per HC with PE)
- Local fee for OD counterparts ($5 per HC with PE)
- Local salary for Provincial Peer Educator Manager ($100) + transport
- Local salary for Provincial Admin $ 200
- Local fee payments to Visiting Consultant Specialist Doctors $ 32 PER MORNING (variable transport + hotel costs) to consult patients + *train-on-the-job* local counterpart Doctors
- Central NGO HQ total 22 staffs (average salary $253 in March 2012 [$60 to $1,186]) for Management & Capacity building of PEN & counterparts in 9 OD's

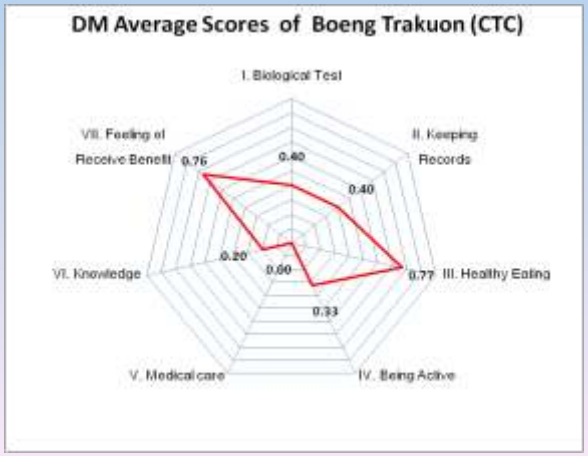
Pay for Performance per PE (=1HC)

Payments for the outcomes (quality + quantity of products);

QI - scoring system (randomly selected patients **per PE**) to measure outcomes (quality * workload) 34 indicators (see 7 groups below)







Discussion

1. Chronic patients can be trained and rewarded to perform effectively as Human Resources for Health
2. Rewards could also be given to OD-“team” to compete with other OD teams
3. Indicators may change according to “need” for QI
4. Cost Savings: Peer Educators are many times cheaper than professional health staff in primary care
5. Peer Educators is rewarded for health (same interest as patient)
6. Secondary prevention of complications and primary prevention can be MADE affordable in low resource context
7. Empowered role for chronic patients themselves in shared ownership, financing and governance is needed