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Conference Abstract

The impact of incentives upon integrated care for patients with chronic conditions

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Abstract

Introduction: For people whose chronic condition results in an acute episode requiring treatment at a hospital, the development of an effective care plan is complicated by the segregation of service providers in Australia's complex multi layered health system. As with most complex systems, the incentive structure is a key driver of behaviour. Changes to the mix of incentives can produce desired results or unintended consequences, as such, there is considerable interest in the use of incentives to influence the provision of services and outcomes for people with chronic conditions. However, in order to frame potential changes, an evaluation of the interactions between the current suite of incentives (particularly government funding) is required to better understand the nature of the problem. This research explores the impact of incentives upon integration for patients with chronic conditions.

Methods: This research explores the use of incentives to deliver integrated care through two in-depth case studies of current health care policies. Case study 1 considers the impact of the incentives created through the Intergovernmental Agreement on Federal Financial Funding Framework. Case study 2 examines incentives deriving from policies developed by regional health service organisations (local health districts and Medicare Locals). The case studies were conducted through document review, key system informant interviews and conceptual analysis.

Results: The results indicate that interactions between the funding models applied at the macro, meso and micro levels influence the ability for providers to collaborate. The researcher found discrepancies between the extrinsic incentive structure and the agreed objectives, outcomes, roles and responsibilities contained within the policies relating to chronic disease, integration and patient centred care. The discrepancies encourage various incentives to compete with each other, undermining the ability for service providers to integrate.

Discussion: Financial incentives have been shown to be successful in changing behaviours within the health sector workforce. The lack of coherence in the incentive structures found within the current health system could be inadvertent, but could also reflect the ideological tension between government desire to intervene to influence groups of people (e.g. service providers or patients with chronic conditions), and a growing trend towards deregulation and a less prescriptive, more outcome focused government role. The paper finishes with a discussion around options to improve integration and patient centred care for people with chronic conditions through incentive design. It

challenges our current methods of engaging with people and patients with a view to improving outcomes.

Suggestion for future research: The evidence in this paper has serious methodological limitations and is not generalizable, and whilst it presents a picture of the impact of the funding models (incentives) upon care for people with chronic conditions, the nature of the subject is broad and the paper is not able to be definitive. Further analysis of the impact of incentive design to elicit behaviour change for people, patients and providers may provoke further options worth exploring.

Keywords

policy; patient-centered care; extrinsic incentives; accountability; chronic disease; funding of health care