CHE Research Summary 27

Can financial incentives boost physical health checks for people with serious mental illness?

Written by Maria Ana Matias
Research Team: Maria Ana Matias, Rowena Jacobs, María José Aragón, Luis Fernandes, Nils Gutacker, Najma Siddiqi, Panagiotis Kasteridis

People with serious mental illness (SMI) are more likely to experience physical illnesses and their life expectancy is 20 years lower than the general population. Most of these early deaths are due to preventable causes. Regular monitoring of physical health is therefore a key to reducing the high levels of early deaths in people with SMI. Our research investigated the impact of payments made to general practitioners (GPs) as an incentive to undertake annual physical health checks on patients with SMI.

In England, the Quality and Outcomes Framework (QOF) is a “pay-for-performance scheme” that rewards GPs for meeting specific quality targets in areas such as management and treatment of some chronic conditions, preventive care and patient safety. The payments are made in recognition that achieving these targets will involve extra time and work, but it is important to know if the money spent on the policy has the intended effect. Our research took advantage of several changes made to the scheme between 2006 and 2021 in order to investigate how effective the financial incentives were in achieving the quality targets for physical health checks for people with SMI.

In 2006, GPs were rewarded through the QOF for undertaking assessments of alcohol consumption, cholesterol, body mass index (BMI), blood pressure and blood glucose as part of the physical health checks for patients with SMI. In 2014, BMI, cholesterol and blood glucose checks were removed from the QOF. In 2019, BMI screening was re-introduced but alcohol consumption assessment was removed. Blood pressure checks remained incentivised throughout the whole period.

Our research investigated the impact of removing and then reintroducing financial incentives for three physical health checks – BMI, cholesterol and alcohol consumption – on their uptake among patients with SMI. Using primary care data over eight years in England, we compared differences in the uptake of these physical health checks before and after the removal/reintroduction of the incentives against changes in the uptake of blood pressure checks that remained incentivised throughout. This approach distinguishes the effects of the incentive policy on monitoring the physical health of patients with SMI from a range of other factors that may influence uptake and allows us to draw more robust conclusions.

We found an immediate reduction in the uptake of the checks after they were removed from the QOF. The reduction persisted and was only reversed when incentives were reinstated. This suggests that despite physical health checks having been operating for a long time, they have not been fully integrated into routine practice. Without the financial incentives in place, the health of patients may suffer if opportunities for early detection of physical problems for those with SMI are lost.

The research illustrates the potential power of "pay for performance schemes" in changing the behaviour of GPs but raises questions about the persistence of positive changes that are not maintained after the incentives are removed. In the absence of the QOF scheme, it is important that GP practices actively monitor the extent to which the documented losses in the uptake of physical health checks translate to real losses in quality of care. If this is the case, then the potential impact on the physical health of people with SMI could be significant. Alternative policies may be needed to address this issue at the local or national level in order to ensure that appropriate monitoring takes place.

Read the full paper in the British Journal of General Practice.

This research was funded by the National Institute for Health Research Policy Research Programme: Assessing the quality and uptake of incentivised physical health checks for people with serious mental illness (NIHR201421).

September 2024