

Introducing a Pilot Project for Pay-for-Performance (P4P) model for diabetes management in Bulgaria

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Introduction

Diabetes remains a significant global public health challenge, affecting over 537 million people worldwide, with prevalence rates continuing to rise, particularly in middle- and low-income countries. In Bulgaria, diabetes is increasingly problematic, affecting about 10% of the adult population. This underscores the urgent need for innovative strategies to effectively manage and control the disease. This abstract aims to explore the potential of implementing a pilot project for the Pay-for-Performance (P4P) model to improve diabetes care in Bulgaria. P4P is a healthcare reimbursement model where healthcare providers are financially incentivized based on the achievement of specific quality and outcome metrics. The objective of a P4P is to enhance the quality of care while controlling costs. Participation in the potential P4P program is voluntary, with planned initial implementation through pilot practices in various cities. The project considers the feasibility of applying the P4P model to stimulate better care, and more effective diabetes management in Bulgaria, and to generate savings of more than 15 million BGN within 3 years.



Figure 1. Methodology for implementing P4P

Methods

The methodology for implementing the P4P model involves several critical steps: (1) Stakeholder Engagement - regular meetings were conducted with key stakeholders, including leading endocrinologists, general practitioners, healthcare administrators, patient advocacy groups, payers, medical associations, and scientific societies to gather insights and foster collaboration.; (2) Literature Review and Best Practices: Extensive research was conducted on global best practices and successful P4P implementations in other healthcare systems.; (3) Risk Stratification: Patients were categorized into two risk groups based on their health status and potential for complications.; (4) Metric Development: Performance metrics were identified based on clinical guidelines and expert opinions.; (5) Economic Analysis: A comprehensive economic analysis was conducted to forecast the budget impact and cost-effectiveness of the P4P model.

Results

The proposed P4P model categorizes patients into two groups based on risk level, providing tailored incentives for achieving specified health outcomes - patients with moderate to high-risk diabetes (without concomitant diseases) and patients with diabetes at very high risk (with diabetes-related concomitant diseases). The metrics for evaluating performance include quarterly measurements of glycated hemoglobin (HbA1c), annual weight control assessments, and yearly total cholesterol levels. Target values are set for each metric, including an HbA1c of $\leq 7.5\%$ for patients at moderate to high risk without complications and $\leq 8\%$ for those with comorbidities, a BMI of 18.5 to 24.9 kg/m² for adults (to reduce weight by 5% annually for those initially over 30 kg/m²), and cholesterol targets adjusted for adults and children. Additional rewards are calculated across three tiers, reflecting adherence to medical protocols and achievement of target outcomes for HbA1c, weight control, and cholesterol levels. The most substantial incentives are provided for comprehensive achievement across all monitored metrics, reflecting a holistic approach to patient health improvement. An economic analysis conducted as part of the P4P model introduction forecasts that the net budget impact for payers will be positive, projecting substantial savings. **For every 1 BGN invested in the P4P program, a profit of 1,30 BGN will be generated.** Thus, the calculated savings are expected to outweigh the costs associated with the potential implementing of the P4P program, making it a cost-effective strategy for improving diabetes care that brings both health and economic benefits.

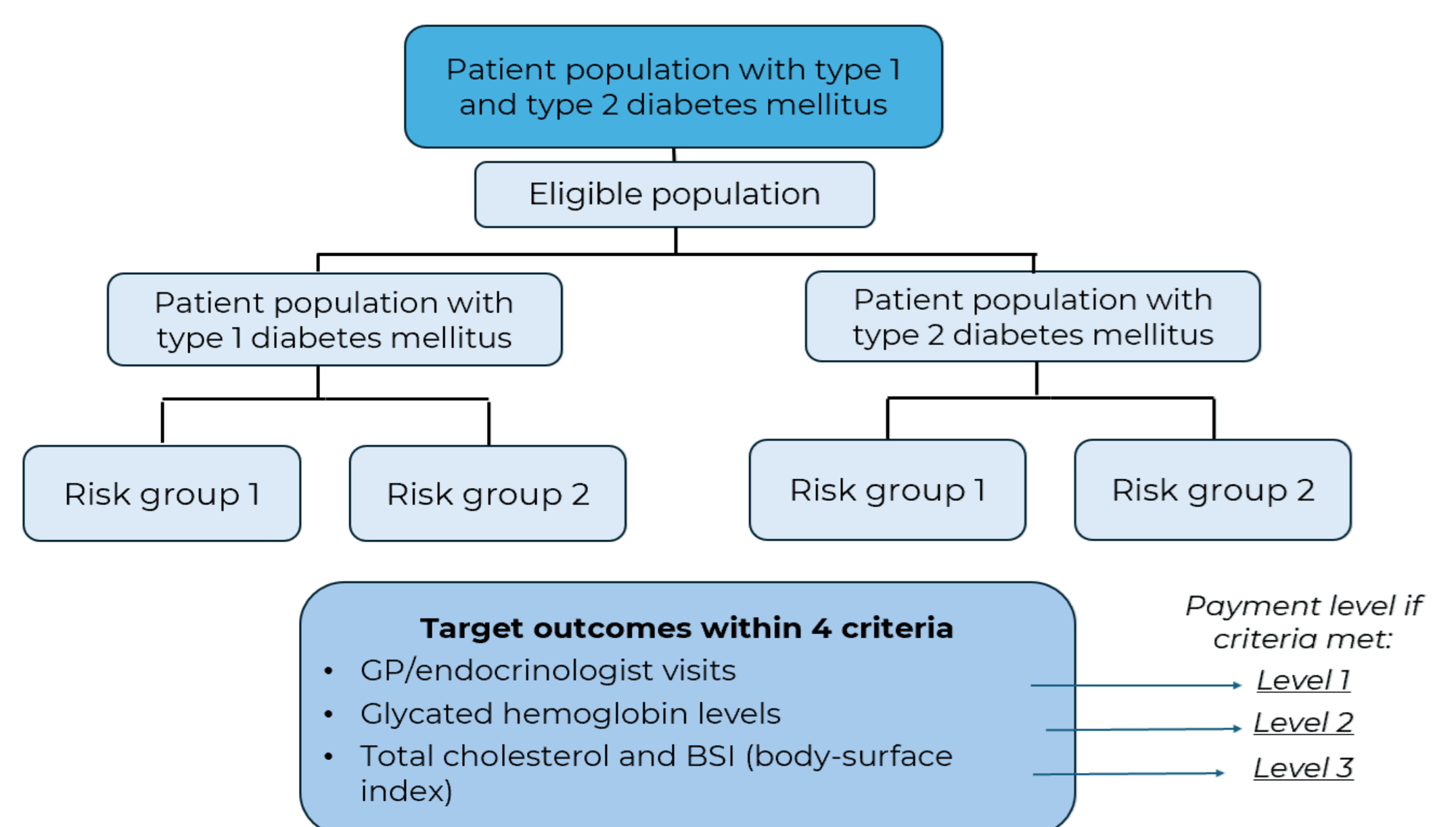


Figure 2. Proposed Pay-for-Performance Program for Patients with Diabetes Mellitus

Conclusion

The planned introduction of a Pay-for-Performance model in Bulgaria presents a promising approach to diabetes management, emphasizing quality and efficiency in healthcare delivery. By financially motivating healthcare providers to achieve specific, evidence-based targets, the P4P model aims to improve clinical outcomes for diabetic patients while simultaneously controlling healthcare costs. This potential approach not only promises to enhance the quality of life for individuals with diabetes but also to extend their lifespan through better disease management. Further research and pilot testing will be essential to refine the program parameters and fully assess its impact on diabetes care in Bulgaria.

