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Pay for performance, single disease targets and polypharmacy

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Background & Aim: Pay for Performance (P4P) and single disease guidelines or targets are often at odds with patient-centred medicine. In older populations current systems of P4P make polypharmacy almost inevitable, yet the consequences of this are unmeasured. Strategies for improving health outcomes must include mechanisms for detecting unintended consequences, adverse events and worsened health.
Methods: The literature on a single disease focus for quality and P4P is examined from an international perspective with a focus on the relationship to polypharmacy.
Results: Inadequacies and commercial bias in the creation of evidence make the scientific basis of P4P questionable. P4P results in an increase in measuring the measurable and has proven that physicians will do what they are paid to do. However, there is no evidence that what has been valued is the most valuable in terms of health in older patients. Using single disease guidelines in older adults may make care measurably better but meaningfully worse for the patient. It is not clear that a single disease approach. P4P and targets are best for the patient or best use of limited healthcare and primary care resources.
Conclusions: A fundamental question around initiatives designed to improve care centres around the distinction between variation in practice that reflects poor care and variation that represents the complex relationships among the heterogeneity of patients, patterns of suffering and effects of treatments beyond a simplistic licensed disease indication. The future challenge is to develop innovative systems that promotes/supports care, informed by the best medical science, yet provides informed options for primary care physicians and patients to choose alternatives. A rational system would provide for flexibility and responsiveness in applying evidence from partial statistical lives to complex individual lives.