Ontario Primary Health Care System Models and Their Impact on Research

Trillium 2012
Primary Health Care Research Day

June 6, 2012

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Disclosures

• Family physician
• Appointments at ICES, St. Michael’s Hospital, University of Toronto
  • all funded in part by Ontario government
• No direct stock holdings
• No commercial relationships
Context

- Ontario’s primary care models now include three-quarters of both the population and of primary care physicians.
- These models were developed at different times, under different circumstances, with somewhat different purposes and have become distributed across the province and in the population in a non-random way.
Purpose

• To help participants consider and more deeply understand the ways that primary care models may affect their research on
  • processes and outcomes of clinical care
  • delivery of health services
  • education
  • population health
Your own research

• Clinical – processes and outcomes e.g.
  • control of hypertension, diabetes
  • prevention – health habits, screening
  • patient-centredness, continuity of care
  • women’s health, end of life care, seniors, child health
  • impact of EMR

• Health services e.g.
  • access to care
  • ED visits, avoidable admissions, readmissions
  • patterns of referrals, testing, prescribing, wait times, panel size
  • team functioning

• Educational
  • curriculum and delivery in primary care contexts

• Population health e.g.
  • equity by gender, SES, location
  • quality of life, mortality, disability, environment and health
Workshop

1. Overview of the nature and distribution of primary care models including their geographic distribution and their demographics and case-mix.

2. Participants will consider in small groups and report back on how they feel inter-disciplinary teams, physician payments, and organizational factors (governance, use of guidelines, after-hours coverage) affect their research and what they need to know about these issues to inform their work.

3. The workshop will conclude with information on what is known about performance in different models of care, with a large group discussion of the impact of the different models on primary care and population health.
Overview

- CHC
- HSO/PCN
- FHN
- FHG/CCM
- FHO
- FHT
- Other
- None
Enrolment in primary care models
9,497,861 people by December 2010
### Characteristics of Primary Care Funding Models in Ontario

<table>
<thead>
<tr>
<th></th>
<th>Community Health Centre</th>
<th>Family Health Group</th>
<th>Family Health Network</th>
<th>Family Health Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Reimbursement</strong></td>
<td>Salary</td>
<td>Blended fee for service</td>
<td>Blended capitation</td>
<td>Blended capitation</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td>Community Board</td>
<td>Physician-led</td>
<td>Physician-led</td>
<td>Physician-led</td>
</tr>
<tr>
<td><strong>After-Hours Requirement</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accountability Agreements</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Formal Enrollment</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Community Outreach/HP</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Loss of Bonus Payment for outside Primary Care Use</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Where are the models?

Percent Rural

- Ontario
- CHC
- FHG
- FHN
- FHO
- FHT
- OTHER
- NON

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Number of Primary Care Doctors by Model, in LHINs

- EFFS (FHG, CCM)
- FHT
- FHN/FHO
- Other
- None

(640) - total number of primary care doctors

LHIN boundary

Northern Ontario

(90)
(241)
(165)
(484)
(265)
(511)
(694)
(627)
(402)
(238)
(223)
(385)
(390)
(402)
Who do they serve?

- Age
- Socioeconomic status
- Mental health
- Asthma, COPD
- Diabetes
- Expected primary care resource use
Age Groups (in years) by primary care model

Primary Care Model - ALL

- CHC
- FHG
- FHN
- FHO
- FHT
- NON
- Other

Age Groups:
- ≤18
- 19-44
- 45-64
- ≥65
Income quintiles by primary care model
Patients/clients receiving ODB assistance by primary care model

Primary care model - ALL

- CHC
- FHG
- FHN
- FHO
- FHT
- NON-rost
- Other

Disability (ODSP)
Low Income Sr
Welfare (OW)
Mental health status by primary care model

Primary Care Model - ALL

- CHC
- FHG
- FHN
- FHO
- FHT
- NON
- Other

Serious mental illness
Mental Illness
Asthma and COPD status by primary care model

- CHC: 8%
- FHT: 7%
- NON: 7%
- Other: 6%

Primary Care Model - ALL
Standardized ACG Morbidity Index (SAMI) by primary care model

Primary Care Models - ALL

CHC: 1.84
FHG: 1.26
FHN: 1.07
FHO: 1.11
FHT: 1.04
Other: 1.22
NON: 0.95
Small groups 6-10 people

• Choose a topic
  • clinical
  • health services
  • education
  • population health

• Discuss impact of models
  • what you need to know
  • how to address in your research

• Record and report back
Your own research

- Clinical – processes and outcomes e.g.
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Impact of models on your research

• What to know and how to address
  • differing locations
  • differing demographics, case mix
  • inter-professional teams, team functioning
  • presence of learners
  • use of EMRs
  • governance, use of guidelines
  • timely and after hours care
  • reimbursement and payment, incentives
  • data completeness and quality
Group report back
Performance and models of care

- **What is known**
  - **chronic disease management**
  - **preventive care, community orientation**
  - **emergency department use**
  - **after hours care**
    - Howard, Randall. Healthc Policy 2009, Auditor General
  - **equity**
    - Dahrouge et al CFP 2011, Sibley et al Health Policy 2012
  - **costs**
    - Milliken et al Can Public Policy 2011
Evidence about models

• Models, payment matter
• Organizational factors matter more
• Not known:
  • model characteristics or who they attract
  • cost effectiveness of models
  • right mix for different populations
  • how best to organize groups, teams
  • how to align with community needs
  • how to align with health system needs
Impact of models on primary care and population health

• Large group discussion
Final thoughts
Enhancing the effectiveness of health care for Ontarians through research

References