



***IHE/O'Brien Policy Forum: Physicians as Stewards of Resources -- Roles, Responsibilities and Remuneration***

Patient Care Groups—rethinking primary care











# New Models of Physician Reimbursement

- 8,221 of 11,600 (71%) family physicians in Ontario are signed up to work in a primary care model.<sup>11</sup>
- By comparison, in 2002, 94% of family physicians were paid by fee-for-service.<sup>10</sup>

<sup>10</sup> Hutchison B, Glazier R, Ontario's Primary Care Reforms Have Transformed the Local Care Landscape, But A Plan Is Needed For Ongoing Improvement, Health Affairs April 2013, Vol. 32, No. 4, 695-703.

<sup>11</sup> Personal communication from Phil Graham, Manager, Family Health Teams & Related Programs, Ministry of Health and Long-Term Care, September 2013.



## EXHIBIT ES-1. OVERALL RANKING

### COUNTRY RANKINGS

Top 2\*

Middle

Bottom 2\*



AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

### OVERALL RANKING (2013)

#### Quality Care

Effective Care

Safe Care

Coordinated Care

Patient-Centered Care

#### Access

Cost-Related Problem

Timeliness of Care

#### Efficiency

#### Equity

#### Healthy Lives

#### Health Expenditures/Capita, 2011\*\*

4	10	9	5	5	7	7	3	2	1	11
2	9	8	7	5	4	11	10	3	1	5
4	7	9	6	5	2	11	10	8	1	3
3	10	2	6	7	9	11	5	4	1	7
4	8	9	10	5	2	7	11	3	1	6
5	8	10	7	3	6	11	9	2	1	4
8	9	11	2	4	7	6	4	2	1	9
9	5	10	4	8	6	3	1	7	1	11
6	11	10	4	2	7	8	9	1	3	5
4	10	8	9	7	3	4	2	6	1	11
5	9	7	4	8	10	6	1	2	2	11
4	8	1	7	5	9	6	2	3	10	11
\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

# 2015 Commonwealth Fund International Survey of Primary Care Physicians in 10 Nations

*“Practice has arrangement for patients to see doctor  
or nurse after hours without going to the ER”*

48%  
Canada

75%  
Other nations







## Expert Advisory Committee Members:

- Co-Chairs:
  - Dr. David Price, Provincial Primary Care Lead;
  - Elizabeth Baker, NP-PHC, Provincial Nursing Lead
- Matthew Anderson, CEO, William Osler Health System
- Mike Bell, former Director of Primary Care, Rideau Community Health Services
- Michelle Clifford-Middel, former NP Lead, Georgian NPLC
- Dr. Rick Glazier, Researcher, ICES
- Brian Golden, Professor, Rotman School of Management
- Paul Huras, CEO, South East LHIN
- Ross Kirkconnell, ED, Guelph FHT
- Dr. Danielle Martin, Physician, Women's College FHT
- Dr. Sarah Newbery, Physician, Marathon FHT
- Dr. Harry O'Halloran, PCPLL, NSM LHIN
- Dr. David Schieck, Physician, Guelph FHT
- Dr. Josh Tepper, CEO, Health Quality Ontario
- Carol Timmings, RN, Toronto Public Health
- Ruta Valaitis, RN, Associate Professor, McMaster University
- Secretariat:
  - Rosemary Hannam, Rotman School of Management
  - Primary Health Care Branch



# Key policy problems

Four primary health care policy questions were presented to the *Committee* for discussion and recommendations.



## Regular Provider

How can we ensure all Ontarians are attached to a regular primary care provider?



## After-hours Access

How can we ensure Ontarians can access primary care after business hours and on weekends when needed?



## Interprofessional Care

How can we ensure those Ontarians that need to services of an interprofessional team can obtain them?



## Integration

How can we improve integration in primary health care?





## **Patient Care Groups: A new model of population based primary health care for Ontario**

Dr. David Price<sup>1</sup>

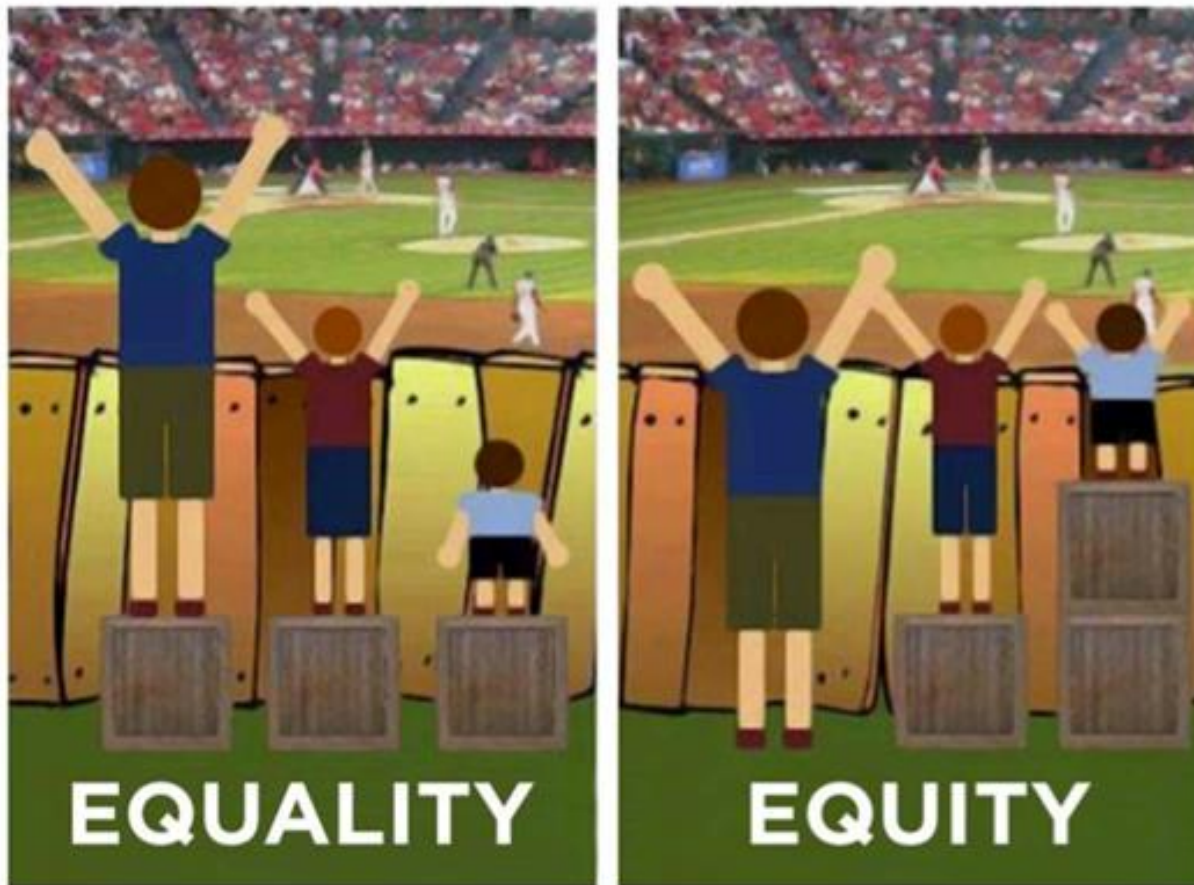
Elizabeth Baker<sup>2</sup>

Brian Golden<sup>3</sup>

Rosemary Hannam<sup>4</sup>

This paper is in final format and was authored by David Price, Elizabeth Baker, Brian Golden, and Rosemary Hannam on behalf of the Primary Health Care Expert Advisory Committee [members listed below]. While this report has achieved general consensus amongst the Committee, membership on the Expert Advisory Committee does not necessarily indicate full endorsement of every recommendation. While the authors were guided by the critically important input of the members of the Committee, this document was also influenced by a review of the literature and the authors' understanding of selected primary care models in other jurisdictions.

# Equality ≠ Equity





# Unleashing Innovation: Excellent Healthcare for Canada

- patient engagement and empowerment
- health systems integration with workforce modernization
- technological transformation via digital health and precision medicine
- better value from procurement, reimbursement and regulation
- industry as an economic driver and innovation catalyst

Appendix 1: List of Recommendations  
*Unleashing Innovation: Excellent Healthcare for Canada*  
July 2015



# Patient Care Groups

- Geographic Rostering ( 100,000)
- PCG = MRO
- Local Governance/Physician “ Leadership”
- IHP resources
- Public Health Partnership : Population-based needs assessment

# Population Based Primary Healthcare System

- Accountability, Quality, Outcomes
- All require effective use of IT



# 2015 Commonwealth Fund International Survey of Primary Care Physicians in 10 Nations

*“Practice can electronically exchange patient clinical summaries with doctors outside the practice”*

19%  
Canada


53%  
Other nations

# 2015 Commonwealth Fund International Survey of Primary Care Physicians in 10 Nations

*“Patients can email about a question or concern”*

15%  
Canada

47%  
Other nations



## OSCAR EMR

Connecting Care, Creating Community.

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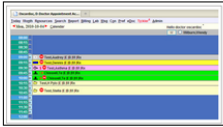
CAR EMR > Get OSCAR > Screen Shots

## Get OSCAR

### Screen Shots

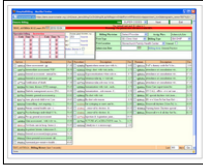
#### Appointment Schedule

The appointment screen is highly visual offering colour coded appointments to show patient flow through the clinic. Icons by each patient's name serve as reminders of upcoming or outstanding patient requirements.




#### Billing

The billing module is highly flexible. All the billing templates can be customized to a particular doctor's preference.




#### Electronic Chart

The Electronic Chart contains a narrative of all the patient visits.



#### Prescription Module



## OSCAR RX





**kindred**PHR  
health by all



# Health TAPESTRY

## Partners Near and Far



# Partner Sites

## Windsor, ON

Population: personal support, dementia and end of life needs



## Sturgeon Lake First Nation, SK

Population:  
Aboriginal health  
with diabetes  
focus



## Montreal, QC

Population:  
New immigrants





## Vancouver, BC

Population: Inner city, home-bound frail elderly



## Newfoundland/Alberta

Population:  
Rural, community-based prevention



# Partner Sites

## Hamilton, ON

Population:  
Older adults, diabetes and hypertension, high health care users



# Health TAPESTRY Approach

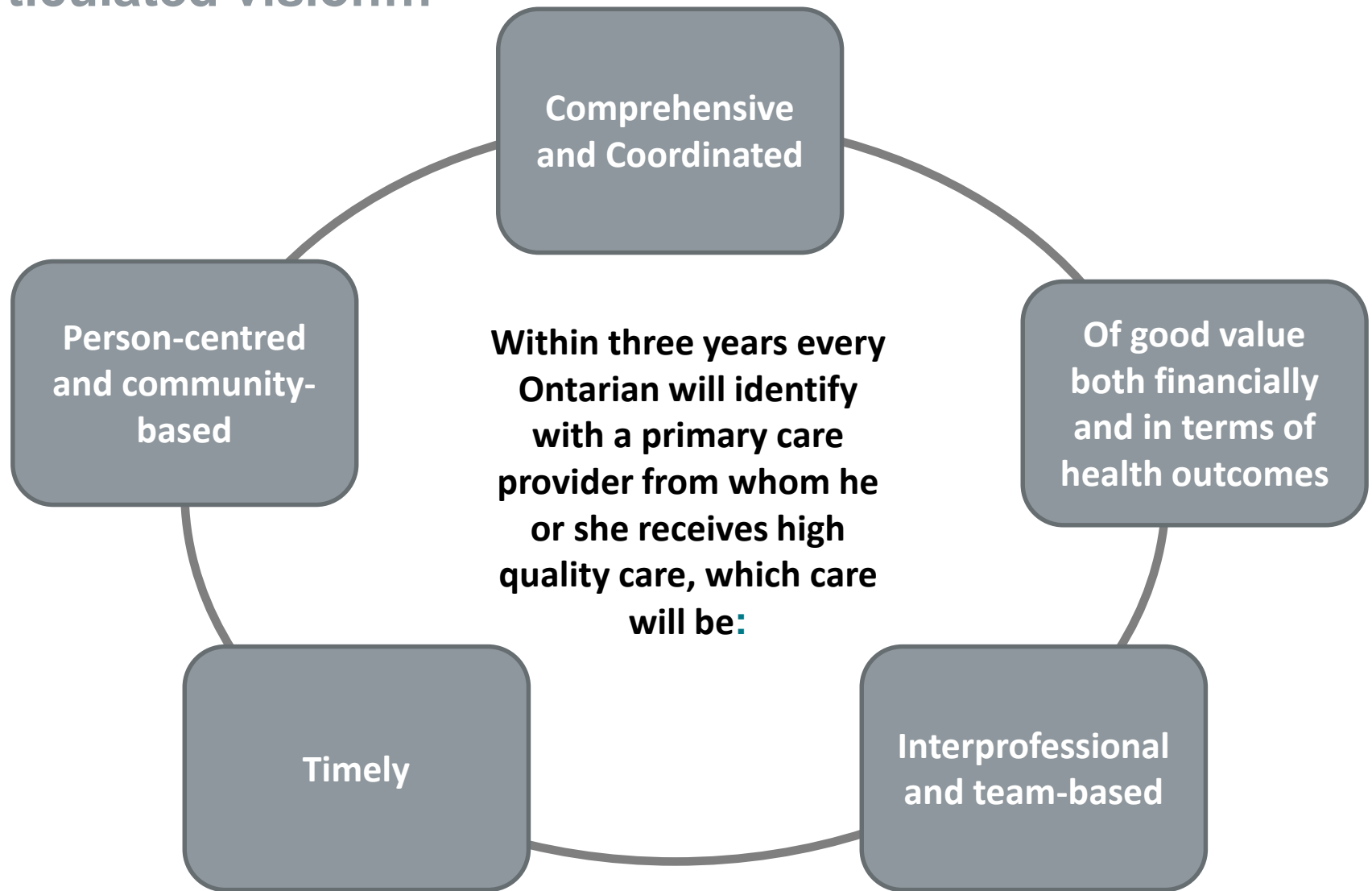
## AIM

To foster **optimal aging** for individuals where they live using an interprofessional primary health and social care delivery approach that **centres on meeting a person's health goals**



# Overarching Vision for Primary Care

# Effective system design should be built on a clearly articulated vision...









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