THE IMPACT OF REMUNERATION REFORM ON PRIMARY MENTAL HEALTH CARE IN CANADA:

A Comparative Analysis of Three Provinces

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2013 CAHSPR Conference, Vancouver, BC
May 28, 2013

ACKNOWLEDGEMENTS

- Funding Sources:
  - Western Regional Training Centre
  - University of Regina Faculty of Graduate Studies & Research
- Thesis Advisor: Dr. Gregory P. Marchildon

DEFINING THE POLICY PROBLEM

RESEARCH QUESTION & METHODOLOGY

Research Question:

Which provincial policy reforms to governance and mode of physician remuneration facilitate greater system coordination, multi-disciplinary collaboration, and longer, more involved consultations for PMHC in Canada?

Research Design:

- Comparative Case Analysis: BC, MB, SK
- Lesson drawing: Australia & New Zealand
- Policy documents key information source

DOMINANT CANADIAN PMHC POLICY FRAMEWORK

GP Centric Organization of Services

Physician-Government Duopoly

Fee-for-Service (FFS) as Primary Mode of Physician Payment

RESULTS – THE STATE OF PMHC REFORM IN CANADA

Provincial Program	Organization	Governance	Remuneration Mode
British Columbia – Full Service Family Practice Incentive Program	GP Centered	Provincial/Medical Associations	FFS
Manitoba – WHRA Shared Care	GP Centered	Provincial/RHA/Medical Associations	2003 – 2009: Salary 2009 – 2013: FFS
Manitoba – Physician Integrated Networks	GP Centered	Provincial/Medical Associations	FFS
SK – Status Quo	GP Centered	Provincial/Medical Associations	FFS

POLICY LESSONS FROM ABROAD

PMHC Sector Features	Canada	Australia	New Zealand
Governance	Provincial – Ministries of Health	National – Commonwealth of Australia	National – NZ Ministry of Health
Organization	GPs autonomous from the State	GPs autonomous from the state/Divisions of General Practice	District Health Boards & Primary Health Organisations
Finance	GPs mostly FFS	GPs mostly FFS	GPs receive capitated payments
Key PMHC Reforms	BC – FSPIP MB - WHRA	Better Outcomes Program, Better Access Program	Introduction of PHOs & GPs employees of the State

LESSONS FROM AUSTRALIA

Lessons:

(1) Introduce fee items to incent mental health care planning.

(2) Tie educational requirements to new fee items.

(3) Include fee items for non-physician mental health professionals.

(4) Create a program dedicated to improve access to allied mental health professionals.

LESSONS FROM NEW ZEALAND

Lessons:

(1) Create a community-based model of primary mental care delivery.

(2) Pay physicians through system-level modes (i.e. capitation).

(3) Requires strong practitioner buy-in and leadership.

POLICY OPTIONS

1. Status Quo = More of the Same

2. Evolutionary reform to GP remuneration & governance

3. Revolutionary reform to GP remuneration & governance

CONCLUSIONS & FUTURE DIRECTION

- Best approach = evolutionary reforms that address the **mode of payment, "who pays," & "who is paid"**
- More research required in this area:
  - Accessible and measurable PMHC data
  - PMHC governance structures
  - Quantitatively and qualitatively test the dominant PMHC policy framework

THANK YOU!

- Questions?
- For list of references please contact author.
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