The Status of the Medical Home in Canada After Primary Care Reforms: The Use of Financial Incentives Relevant to Children

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Twenty Years • 1992-2012

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SickKids®

Background: Medical Home

- Central location of care
- Delivered or directed by primary care provider
- Collaboration with multiple disciplines

American Academy of Pediatrics. Pediatrics 2002;10: 184-186

Background: Medical Home

- Characteristics of care:
  - Accessible
  - Family-centred
  - Continuous
  - Comprehensive
  - Coordinated
  - Compassionate
  - Culturally effective
- Modest evidence: association with improved outcomes

American Academy of Pediatrics. Pediatrics 2002;10: 184-186
Homer C. Pediatrics 2008; 122:e922-e937

Background: Medical Home

- College of Family Physicians of Canada (2011)
  - A Vision for Canada: The Patient's Medical Home
- 2015: 95% Canadians should have family physician
  - In the context of Medical Home

Background: Primary care reform

- Decade of reforms in Canada to improve quality
  - Accessibility
  - Continuity
  - Coordination
  - Comprehensiveness
  - Effectiveness
- Changes to structure and funding
- Financial incentives for physicians to improve care

Background: Performance Incentives

- Incentives
  - For provision of healthcare
  - Encourage behaviours to improve quality of care
- Pay-for-performance (P4P)
  - Explicitly link financial rewards or sanctions to performance measures

Harbaugh. Pediatr Clin N Am 2007;56:997-1007
Bell C. CMAJ 2007;
Chien AT. Curr Op Peds 2007; 19:719-25

Background: Evidence for Performance Incentives

- Effect of incentives on quality of healthcare
  - 1/3 studies: modestly significant effect
  - 1/3 studies: weak or null effect
  - 1/3 studies: negative unintended consequences

Dudley r. AHRQ Publication No. 04-0057. 2004
Petersen LA. Ann Intern Med. 2006;145:265-272
Chien AT. Med Care Res Rev 2007;64:S285-S304

Background: Evidence for Performance Incentives

- Financial incentives for quality of primary care
  - Insufficient evidence
- Economic evaluation of P4P in healthcare
  - Improved quality can be achieved: higher cost

Scott A. Cochrane 2011, Issue 9, Art. No.: CD008451
Emmert M. Eur J Health Econ; published online 10 June 2011.

Background: P4P for children

- >100 P4P programs in the US
- 85% of State Medicaid use performance incentives
- Examples of pediatric performance measures
  - Up-to-date childhood immunizations status
  - Well-child visits: 3-6 years of life
  - Well-visits: adolescents
  - Appropriate asthma medications

Harbaugh. Pediatr Clin N Am 2007;56:997-1007
Chien AT. Acad Pediatr 2007;9:185-191

Background: Financial Incentives for Children in Canada?

- For primary care of children in Canada:
  - Era of reforms
  - No evaluation of performance incentives
  - Little known about financial incentives

Objectives

- Characterize the financial incentives for primary care physicians caring for Canadian children
- Specifically, to improve medical home domains:
  - Access: bonuses tied to take new children
  - Continuity: providing ongoing care
  - Coordination: communicating with specialists
  - Technical quality: traditional P4P
    - Developmental screening, immunizations, evidence-based care

Methods

- Cross-sectional study (June 2011-May 2012)
- 13 Canadian provinces and territories
- Using standardized forms, collected data on primary care medical home and incentives for children via:
  - Publicly available government documents
  - Semi-structured interviews with key informants
    - College of Family Physicians
    - Canadian Paediatric Society

Results

	Access	Continuity	Coordination	Technical Quality
Alberta	$$$		$$$	*
British Columbia			$$$	$$$ *
Manitoba			$$$	$$$ *
New Brunswick				*
Newfoundland				
Northwest Territories				*
Nova Scotia				*
Nunavut				
Ontario	$$$	$	$$$	$$$ *
PEI	$			
Quebec	$$$	$$$		*
Saskatchewan	$$$		$$$	*
Yukon	$			*

Legend
$ = 1x only
$$$= >1x
*chronic dz
= Peds

Payment schemes

- Solo/group practices
- Inter-professional collaboration
  - Teams of GPs with other health professionals
  - Promote access, coordination, continuity
  - Blended payment models (FFS, capitation, etc.)

Access

- Incentives to enroll patients:
  - One-time bonus for new patients: ON, PEI, YT
  - Annual payment: AB, ON, QC
  - Applies to all patients
  - For family physicians (team-models only or both)
- Bonuses for enrolling vulnerable patients
  - ON: mother/newborn, complex vulnerable
  - QC: chronic diseases, including ADHD and ASD

Access

- After-hours care
  - Team-based reform models: AB, ON, QC

Access specific to children

- Visits of children <5yo: ON, QC, SK, YT
  - QC: annual health exams for enrolled kids
  - SK: any visits
  - YT: any visits (<1yo)
  - ON: well baby visits 1st year of life

Continuity

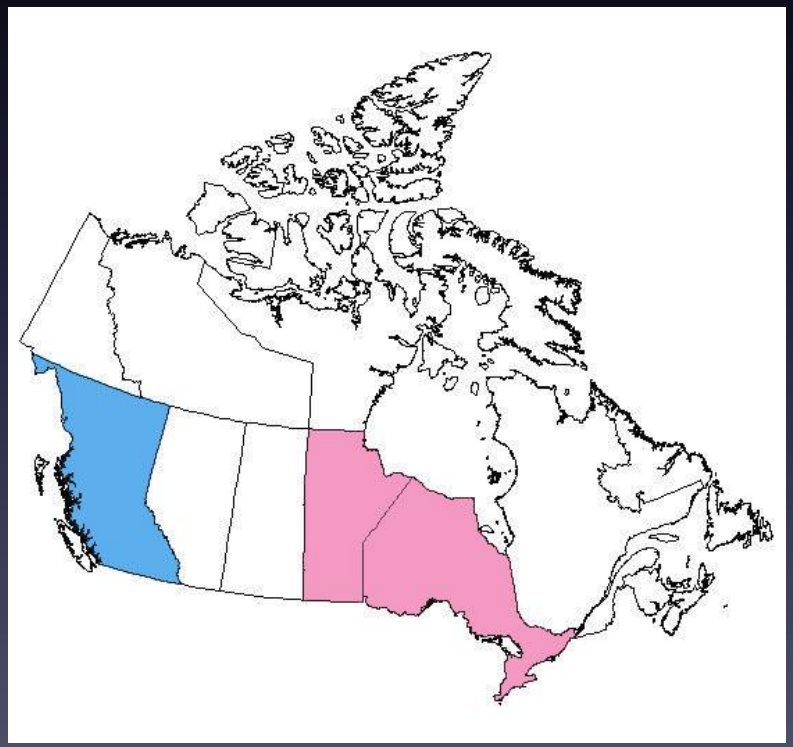
- Ontario
  - Mother/newborn fee only if follow after birth
  - Capitation models: disincentive for seeking care outside of team practice
- Quebec:
  - Annual health exams billable only if enrolled

Coordination of Care

- Communications with MDs: AB, BC, MB, ON, SK
  - Not much used
  - Modest compensation

Technical Quality

- More traditional P4P
- Evidence-based care: BC, MB, ON



Technical Quality

- British Columbia: Guidelines-based care
  - Diabetes
  - Hypertension
  - Congestive Heart Failure
  - Chronic Obstructive Pulmonary Disease

Technical Quality

- Manitoba: Physician Integrated Networks
  - % 7yo with MMR vaccination or counselled
  - % screened for obesity (≥12yo)
  - % provided advice to exercise (sedentary ≥12yo)
  - % provided smoking cessation advice (≥12yo)
  - % provided guideline-based care asthma, diabetes

Technical Quality

- Ontario
  - Enhanced 18-month developmental screen
  - Preventive care bonus for team-based models:
    - Immunizations <2yo

Quality: Chronic diseases

- Caring for chronic diseases
  - All except NL, PEI, NU
  - Planned, unplanned, or prolonged visits
  - Restrictions
    - Medical conditions
    - Billing conditions

Interpretation

- Most provinces/territories offer incentives
- Variation in types and care targeted
- Mostly for family physicians
- Challenge: comparison of complex financial incentive schemes

Limitations

- Incentives are dynamic and changing
- Data for federally-funded aboriginal children to be collected

Future Research

- Evaluation
  - Outcomes: eg. incentives around access, P4P
    - Underlying mechanisms
    - Unintended consequences
- Inform policy in Canada re. primary care incentives

Funding

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- Thank you