A Cross-Border Symposium

Advancing the Science of Transformation in Integrated Primary Care:
Informing Options for Scaling-up Innovation

Washington, DC
March 2-3, 2017
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Evolving the Embassy Series Event: Alternative Payment Models & Primary Care Delivery in the United States and Canada

Andrew Bazemore, MD, MPH
Session Chair

Patrick H. Conway, MD, MSc

Joshua Tepper, MD, MPH, MBA

Rick Glazier, MD, MPH

Michael McGinnis, MD, MPP

#CrossBorderPC2017
Advancing the Science of Transformation in Integrated Primary Care: Informing Options for Scaling-up Innovation

Alternative Payment Models
March 2, 2017

Rick Glazier, MD, MPH, CCFP, FCFP
Senior Scientist, Institute for Clinical Evaluative Sciences
Scientist, Centre for Research on Inner City Health, St. Michael’s Hospital
Staff Family Physician, St. Michael’s Hospital
Professor, Family and Community Medicine, University of Toronto
Canadian Health Care, Explained: 14 Systems

- Hospitals: Global budget
- Long-term Care: Number of beds
- Doctors: FFS

Primary care physicians:
- Few accountabilities
- Weak measurement
- Few networks
- Little governance
- Not many teams
- Mostly FFS
- Groups and solo

→ Few connections, perilous transitions
→ Little support for care coordination

Paid from separate budgets
Why Change is Needed

“Burning Platform is a business lexicon that emphasizes immediate and radical change due to dire circumstances.”

## Primary Care Transformation – Canada

### TABLE 1
System-level Primary Health Care Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>BC(^a)</th>
<th>AB(^b)</th>
<th>SK(^c)</th>
<th>MB(^d)</th>
<th>ON(^e)</th>
<th>QC(^f)</th>
<th>NB(^g)</th>
<th>PE(^h)</th>
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<th>NL(^j)</th>
<th>NT(^k)</th>
<th>YT(^l)</th>
<th>NU(^m)</th>
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<tbody>
<tr>
<td>Inter-professional teams</td>
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<tr>
<td>Additional providers</td>
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<td>EMR Implementation(^o)</td>
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## Ontario’s Large-Scale Experiment

**EXHIBIT 1**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Physician reimbursement</td>
<td>Salary</td>
<td>Blended capitation</td>
<td>Blended fee-for-service</td>
<td>Blended salary</td>
<td>Blended fee-for-service</td>
<td>Blended capitation or blended salary</td>
<td>Blended capitation</td>
</tr>
<tr>
<td>Targeted financial incentives</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Formal patient enrollment</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minimum group size (physicians)</td>
<td>None</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Governance</td>
<td>Community board</td>
<td>Physician-led</td>
<td>Physician-led</td>
<td>Physician-led</td>
<td>Physician-led, community board, or mixed</td>
<td>Physician-led</td>
<td>Physician-led</td>
</tr>
<tr>
<td>Interprofessional team members</td>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Limited</td>
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<tr>
<td>After-hours care requirements</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Optional</td>
<td>Yes</td>
<td>Yes</td>
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</table>

*Hutchison B, Glazier RH. Health Affairs 2013:32:695-703*
Transformation in Physician Payment

EXHIBIT 2

Distribution Of Ontario Family Physicians, By Payment Model, 2002 And 2012

2002
- Traditional FFS: 94%
- Salary: 1%
- Salary-based blended payment: 2%
- Capitation: 2%
- Capitation-based blended payment: 2%

2012
- Traditional FFS—Comprehensive Care: 12%
- Traditional FFS—Focused Practice: 12%
- FFS-based blended payment: 29%
- Salary: 4%
- Salary-based blended payment: 39%
- Other: 2%

SOURCES: Ontario Ministry of Health and Long-Term Care and Institute for Clinical Evaluative Sciences. NOTE: FFS is fee-for-service.

Hutchison B, Glazier R. Health Affairs 2013;32:1-9
Payments

EXHIBIT 4.3 Total payments to GP/FPs by payment source, in Ontario, 1992/93 to 2009/10
Most Canadians have a regular doctor or place where they receive care

Is there one doctor you usually go to for your medical care?

85% of Canadians have a usual doctor

93% of Canadians have a usual doctor or place they go to for medical care

How does Canada compare (2016)?

- France: 99%
- Netherlands: 99%
- Germany: 98%
- Norway: 95%
- New Zealand: 89%
- Australia: 86%
- CMWF average: 85%
- Switzerland: 85%
- Canada: 85%
- United Kingdom: 81%
- United States: 77%
- Sweden: 42%

Above average  Same as average  Below average

2016 Commonwealth Fund Survey
Canadians report better experiences with their regular doctors than 11-country average

When you need care or treatment, how often does your regular doctor or the medical staff you see always

<table>
<thead>
<tr>
<th>Service</th>
<th>Canada</th>
<th>CMWF average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know important information about your medical history</td>
<td>63%</td>
<td>57%</td>
</tr>
<tr>
<td>Spend enough time with you</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>Involve you as much as you want in decisions about your care and treatment</td>
<td>63%</td>
<td>56%</td>
</tr>
<tr>
<td>Explain things in a way that is easy to understand</td>
<td>70%</td>
<td>63%</td>
</tr>
</tbody>
</table>

2016 Commonwealth Fund Survey
Successes of the Transformation

Medical student choice for family medicine

Canadian Resident Matching Service
Capitation Payments

Those Left Behind

Figure 1A-B. Percentage of patients receiving chronic disease management and prevention between 2001 and 2011 stratified by whether patient is attached to a medical home or a fee-for-service physician in 2011.

A. Recommended testing for diabetes

Figure 1C-D. Percentage of patients receiving chronic disease management and prevention between 2001 and 2011 stratified by whether patient is attached to a medical home or a fee-for-service physician in 2011.

C. Breast cancer screening
Same- or next-day appointments are difficult to get in Canada

• Last time you were sick or needed medical attention, how quickly could you get a same- or next-day appointment to see a doctor or a nurse?

How does Canada compare (2016)?

- Netherlands: 77%
- New Zealand: 76%
- Australia: 67%
- CMWF average: 57%
- United Kingdom: 57%
- Switzerland: 57%
- France: 56%
- Germany: 53%
- United States: 51%
- Sweden: 49%
- Norway: 43%
- Canada: 43%

Comparison by year:

- 2010: Canada - 62%, CMWF average - 42%
- 2013: Canada - 55%, CMWF average - 38%
- 2016: Canada - 57%, CMWF average - 43%

2016 Commonwealth Fund Survey
Canadians are high users of emergency departments.

Adults who used an emergency department in the past 2 years

How does Canada compare (2016)?

<table>
<thead>
<tr>
<th>Country</th>
<th>Usage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>11%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>20%</td>
</tr>
<tr>
<td>Australia</td>
<td>22%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>23%</td>
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<tr>
<td>United Kingdom</td>
<td>24%</td>
</tr>
<tr>
<td>Norway</td>
<td>26%</td>
</tr>
<tr>
<td>CMWF average</td>
<td>27%</td>
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<tr>
<td>Switzerland</td>
<td>30%</td>
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<tr>
<td>France</td>
<td>33%</td>
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<tr>
<td>United States</td>
<td>35%</td>
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<tr>
<td>Sweden</td>
<td>37%</td>
</tr>
<tr>
<td>Canada</td>
<td>41%</td>
</tr>
</tbody>
</table>

Comparison by year

- **2010**: Canada 30%, CMWF average 44%
- **2013**: Canada 29%, CMWF average 40%
- **2016**: Canada 27%, CMWF average 41%

2016 Commonwealth Fund Survey

Scaling up
Parting Words

•“Primary Care In Canada: So Much Innovation, So Little Change”
  •Brian Hutchison, Julia Abelson, and John Lavis
  •Health Affairs 2001

•“More than anything else though, what Canada needs to fix its systemic health-care woes is to create a semblance of a system.”
  •André Picard, Globe and Mail 2017
Reaction

- Dr. Michael McGinnis