DALHOUSIE UNIVERSITY
Inspiring Minds

School of Public Administration
Department of Community Health and Epidemiology

UNIVERSITY OF MANITOBA

Department of Community Health
Department of Family Medicine

How best to pay Interdisciplinary Primary Care Teams ?

3C&Q
Collaboration, Continuity, Comprehensiveness and Quality
www.primaryhealthcareteams.ca

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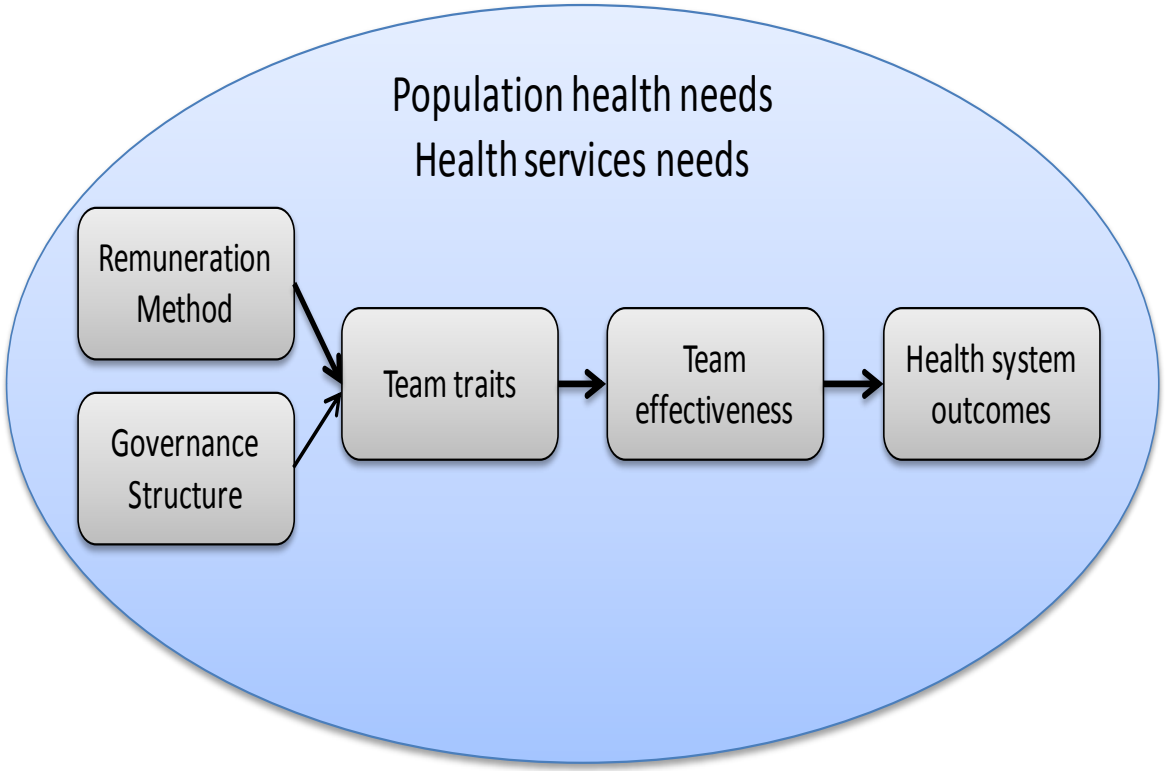
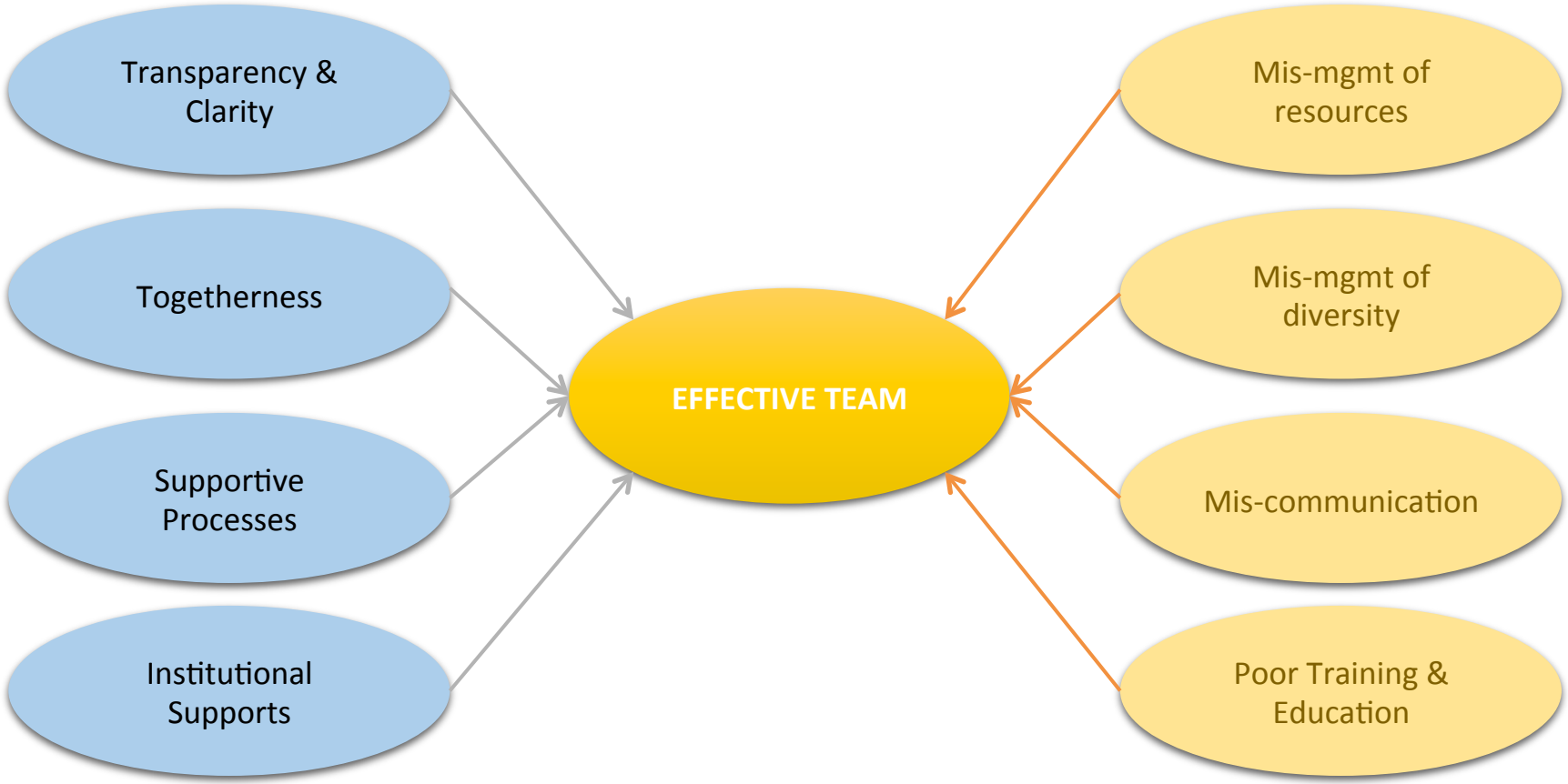
CIHR Healthcare Renewal Policy Analysis

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada
Alberta Health
Manitoba
NOVA SCOTIA CANADA
NOVA SCOTIA Health Research FOUNDATION



Region	ID PHC team
British Columbia	Primary HC Organizations
Alberta	Primary Care Networks
Saskatchewan	Primary Health Care Teams
Manitoba	Physician Integrated Network
Ontario	Family Health Teams
Ontario	Community Health Centres
Quebec	Family Medicine Groups
Nova Scotia	Primary Health Teams
P.E.I.	Primary HC Networks
New Zealand	Primary Health Organizations
United Kingdom	General Medical Services


QUALITY
HEALTH OUTCOMES
CHRONIC CARE
CONTINUITY
COORDINATION
COMPREHENSIVENESS
COMMUNICATION
PATIENT SELF-CARE
HEALTH PROMOTION
PREVENTION
JOB SATISFACTION
LOWER WORKLOADS
PRACTICE CLIMATE
LOWER COST


Transparency & Clarity
Togetherness
Supportive Processes
Institutional Supports
EFFECTIVE TEAM
Mis-mgmt of resources
Mis-mgmt of diversity
Mis-communication
Poor Training & Education

Nova Scotia
Ian Bower

n = 6
Directors,
6 DHAs

Manitoba
Jeanette Edwards

n = 7
Directors or Managers,
2 RHAs

Alberta
Maryna Korchagina

n = 6
(Executive) Directors,
PCNs

	METHOD	OUTCOME
Phase 1	a. Literature review b. Document review	➢ Initial framework
Phase 2	c. Qualitative interviews with directors d. Questionnaires to team members	➢ Updated framework ➢ Interim report
Phase 3	e. A Roundtable meeting	➢ Validated framework ➢ Implementation issues

Figure 1 – Funding and Remuneration Flows – General Framework

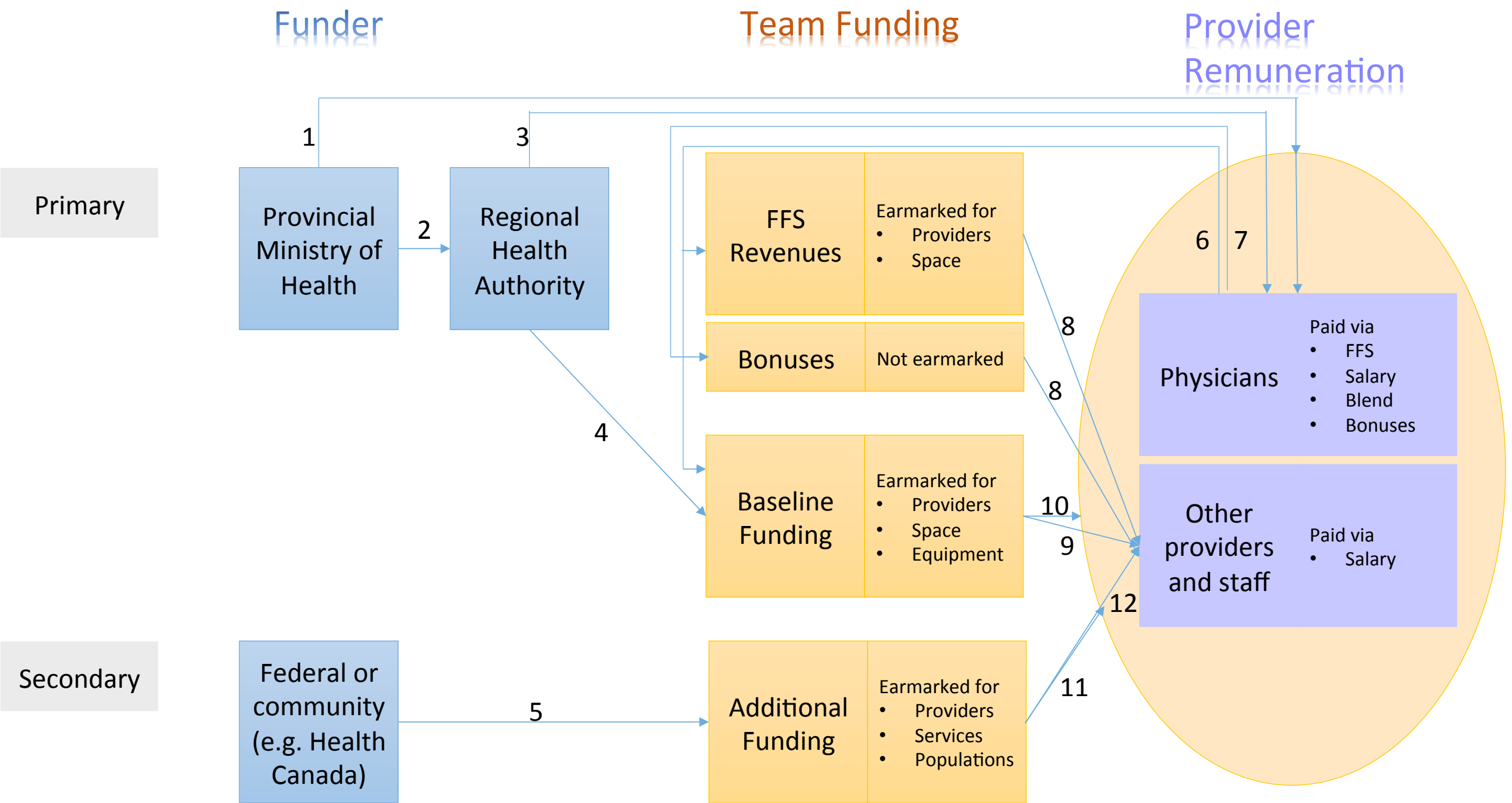


Figure 2 – Funding and Remuneration Flows – Traditional Model

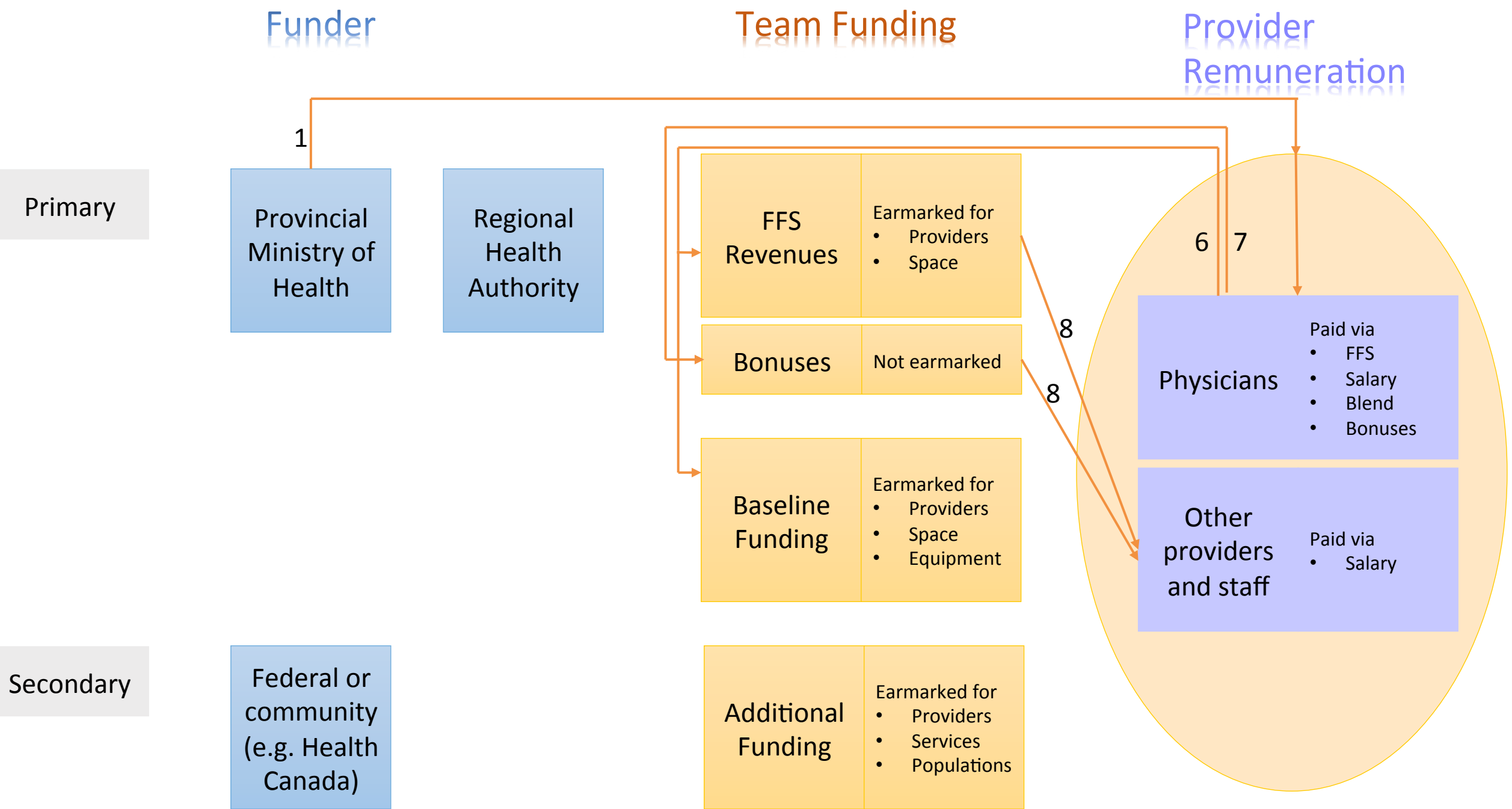


Table 1 – Financial models to support interdisciplinary collaboration

			Remuneration to Providers		
			Balanced interdependence between providers' incomes	Independence of providers' incomes from each other and activities	Imbalanced or hierarchical interdependence between providers' incomes
		Impact on Collaboration	***Positive***	***Neutral***	***Negative***
Funding to teams	Funding depends on the activities of the whole team	***Positive***	*Patient attached to team, providers receive a fixed share.*	*Patients attached to team, providers receive fixed salaries.*	*Patient attached to team, P4P to individual providers.*
	Funding is delinked from provider activities	***Neutral***	*Geographical attachment, providers receive fixed share.*	*Geographical attachment, providers receive fixed salaries.*	*Geographical attachment, P4P to individual providers.*
	Funding depends on the activities of a core provider	***Negative***	*Not possible.*	*Patients attached to physician, providers receive fixed salaries from team.*	*Providers attached to physician, physician pays others.*

* Cells provide examples, not an exhaustive list.

- Models with physicians' activities at the core of funding are perceived as less effective;
- Patient attachment is a key implementation issue, where linking to team is perceived as more effective;
- Funding for space/ equipment remains a challenge;