How best to pay Interdisciplinary Primary Care Teams?

3C&Q
Collaboration, Continuity, Comprehensiveness and Quality

www.primaryhealthcareteams.ca

Dominika Wranik, PhD
Adrian Levy, PhD
Alan Katz, MD, PhD
Maryna Korchagina, Alberta Health
Jeanette Edwards, Manitoba Health
Ian Bower, Nova Scotia Health and Wellness

CIHR Healthcare Renewal Policy Analysis
How best to pay ID PC teams?

Wranik et al., 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>ID PHC team</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>Primary HC Organizations</td>
</tr>
<tr>
<td>Alberta</td>
<td>Primary Care Networks</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Primary Health Care Teams</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Physician Integrated Network</td>
</tr>
<tr>
<td>Ontario</td>
<td>Family Health Teams</td>
</tr>
<tr>
<td>Ontario</td>
<td>Community Health Centres</td>
</tr>
<tr>
<td>Quebec</td>
<td>Family Medicine Groups</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Primary Health Teams</td>
</tr>
<tr>
<td>P.E.I.</td>
<td>Primary HC Networks</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Primary Health Organizations</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>General Medical Services</td>
</tr>
</tbody>
</table>
How best to pay ID PC teams?

Wranik et al., 2015
How best to pay ID PC teams?

Wranik et al., 2015

- Transparency & Clarity
- Togetherness
- Supportive Processes
- Institutional Supports
- Mis-management of resources
- Mis-management of diversity
- Mis-communication
- Poor Training & Education
How best to pay ID PC teams?

**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

### Phase 1
- a. Literature review
- b. Document review

### Phase 2
- c. Qualitative interviews with directors
- d. Questionnaires to team members

### Phase 3
- e. A Roundtable meeting

### Method
- Initial framework
- Updated framework
- Interim report
- Validated framework
- Implementation issues

*Wranik et al., 2015*
Figure 1 – Funding and Remuneration Flows – General Framework
Figure 2 – Funding and Remuneration Flows – Traditional Model

**Funder**
- Primary
  - Provincial Ministry of Health
  - Regional Health Authority

**Team Funding**
- FFS Revenues
  - Earmarked for
    - Providers
    - Space
- Bonuses
  - Not earmarked
- Baseline Funding
  - Earmarked for
    - Providers
    - Space
    - Equipment

**Additional Funding**
- Earmarked for
  - Providers
  - Services
  - Populations

**Provider Remuneration**
- Physicians
  - Paid via
    - FFS
    - Salary
    - Blend
    - Bonuses
- Other providers and staff
  - Paid via
    - Salary

**Secondary**
- Federal or community (e.g. Health Canada)
### Table 1 – Financial models to support interdisciplinary collaboration

<table>
<thead>
<tr>
<th>Funding to teams</th>
<th>Impact on Collaboration</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding depends on the activities of the whole team</td>
<td>Positive</td>
<td>Patient attached to team, providers receive a fixed share.</td>
<td>Patients attached to team, providers receive fixed salaries.</td>
<td>Patient attached to team, P4P to individual providers.</td>
</tr>
<tr>
<td>Funding is delinked from provider activities</td>
<td>Neutral</td>
<td>Geographical attachment, providers receive fixed share.</td>
<td>Geographical attachment, providers receive fixed salaries.</td>
<td>Geographical attachment, P4P to individual providers.</td>
</tr>
<tr>
<td>Funding depends on the activities of a core provider</td>
<td>Negative</td>
<td>Not possible.</td>
<td>Patients attached to physician, providers receive fixed salaries from team.</td>
<td>Providers attached to physician, physician pays others.</td>
</tr>
</tbody>
</table>

* 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;