Physician fee schedule and alternative payment models

Achieve better value remuneration in Canada

The Brookings institution, Washington DC

Antoine Groulx, MD, MSc (HA), FCFP
Deputy general director, health and academic medicine,
Ministry of health and social services, Quebec, Canada

Remuneration in Canada

- Capture resource costs : **easy**

  - Public health system 65% (medical 95%)

  - Single payer (physicians self-employed)

- Target incomes across specialties : **not easy**

  - Unions share $ on their own

- Achieve policy objectives (provincial payment schedules) : **workable…**

Payment trends

Figure 1: Proportion of total clinical payments, by FFS and APPs, 1999-2016
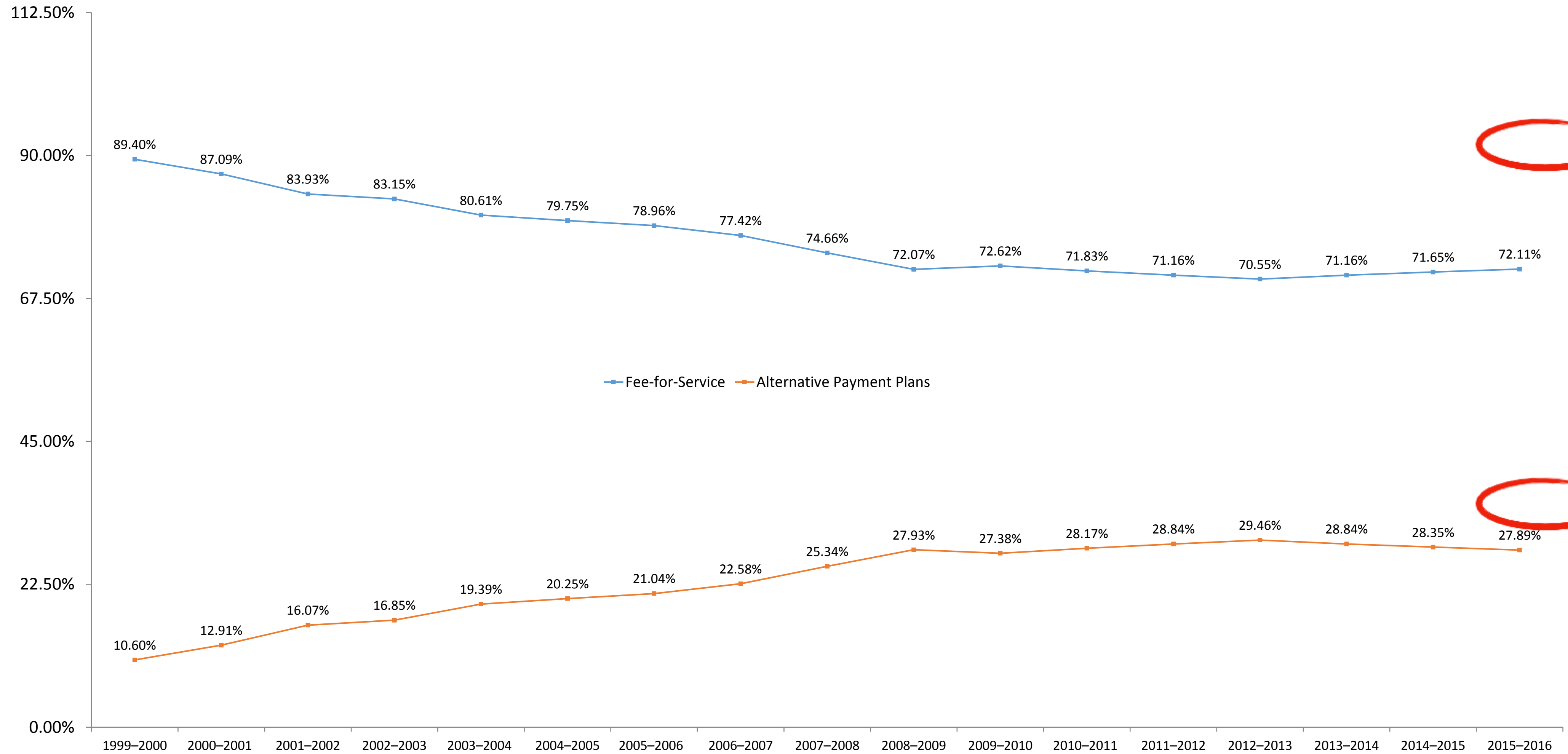
Actual Canada

CMA Physician Workforce Survey, 2017. National Results by FP/GP or Other Specialist, Gender, Age, and Province/Territory.

Q15. In the last year, approximately what proportion of your professional income did you receive from these payment methods?

			FP/GP or Other Specialist		Gender				Age group						All Physicians
			FP/GP	Other specialist	Female	Male	Other	NR	<35	35-44	45-54	55-64	65+	NR	All Physicians
Method of Payment	90%+ Fee-for-service		43.9%	54.6%	45.0%	51.8%	**	**	47.2%	48.3%	45.6%	49.1%	56.2%	51.0%	49.0%
	90%+ Salary		5.3%	7.4%	7.8%	5.3%	**	**	5.7%	6.7%	6.9%	6.7%	4.1%	7.8%	6.3%
	90%+ Capitation		3.1%	0.0%	1.7%	1.6%	**	**	1.0%	1.1%	1.5%	2.2%	2.1%	1.8%	1.6%
	90%+ Sessional/per diem/ hourly		4.5%	2.0%	3.8%	3.0%	**	**	5.8%	2.9%	3.4%	2.2%	4.5%	0.6%	3.3%
	90%+ Service contract		2.5%	3.9%	2.8%	3.3%	**	**	1.0%	3.5%	3.5%	2.7%	3.7%	5.3%	3.1%
	90%+ Incentives and premiums		0.0%	0.0%	0.0%	0.0%	**	**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	90%+ Other		0.8%	1.7%	1.7%	0.9%	**	**	0.7%	1.4%	1.0%	1.3%	1.8%	0.8%	1.3%
	Blended		38.9%	30.0%	36.5%	33.5%	**	**	37.7%	35.1%	37.3%	35.4%	27.3%	32.1%	34.7%
	NR		0.9%	0.4%	0.8%	0.5%	**	**	0.9%	0.9%	0.7%	0.4%	0.5%	0.6%	0.7%
	Total	%	100%	100%	100%	100%	**	**	100%	100%	100%	100%	100%	100%	100%
		N	36319	32460	28357	40110	30	284	5719	15737	17326	18564	10257	1177	68779
		n	3689	2845	3027	3476	2	29	569	1438	1546	1848	1019	114	6534

Notes:
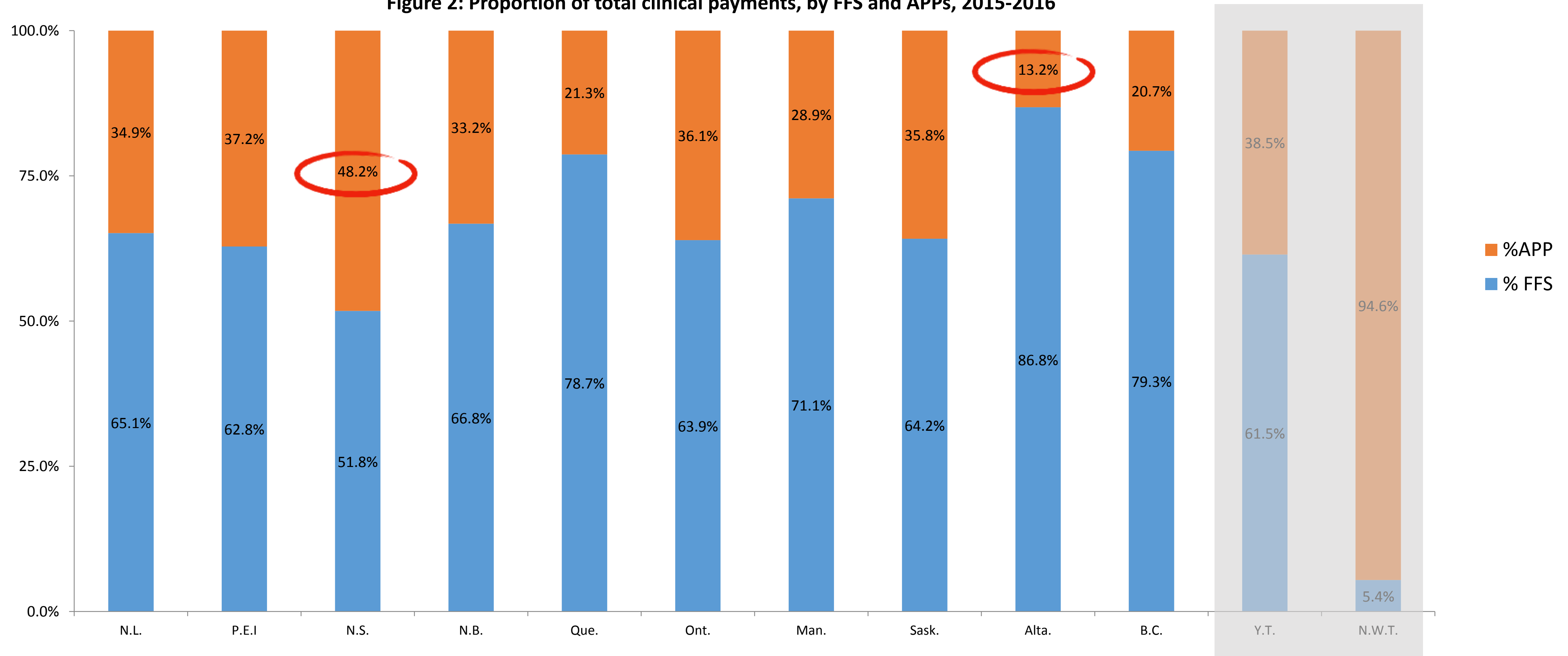Excludes those who abandoned the survey prior to this question.
NR=No Response.
The responding sample (size: n) has been weighted to represent the population (size: N).
**Responses suppressed when column 'n' is less than 30.
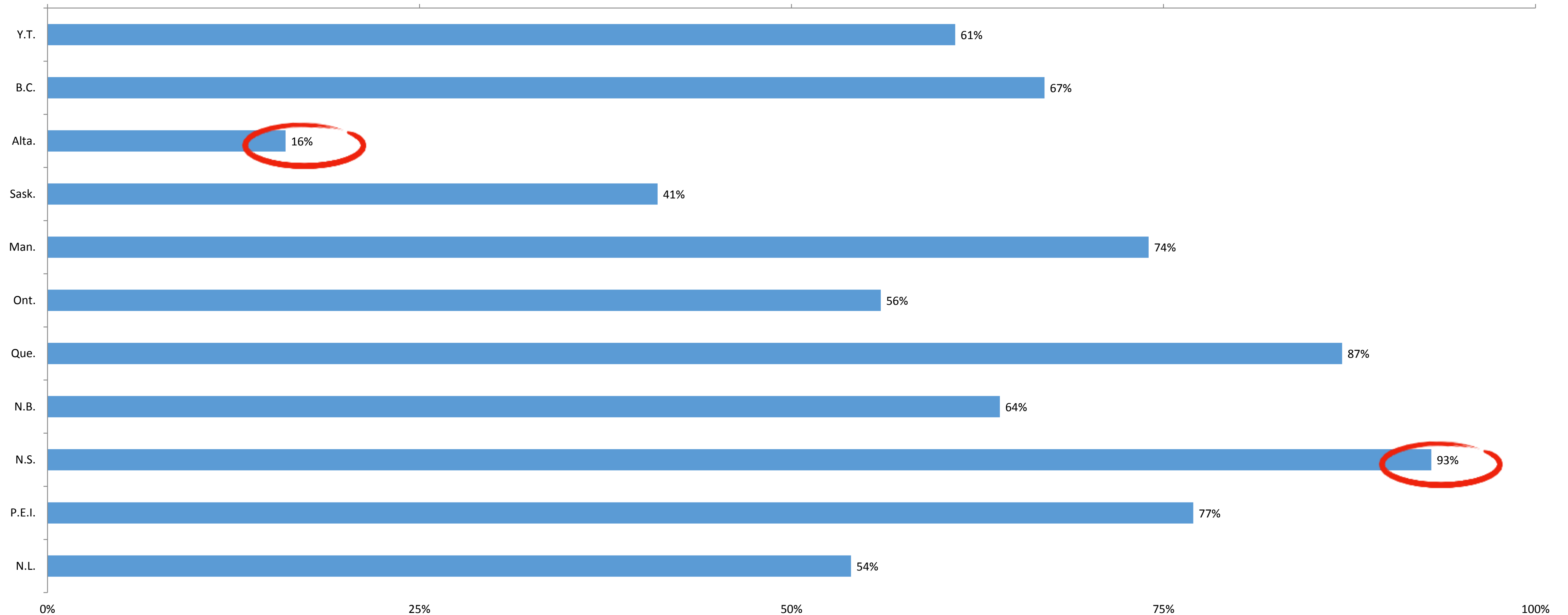
FFS + blend = 83,7%

Provinces disparities

Figure 2: Proportion of total clinical payments, by FFS and APPs, 2015-2016

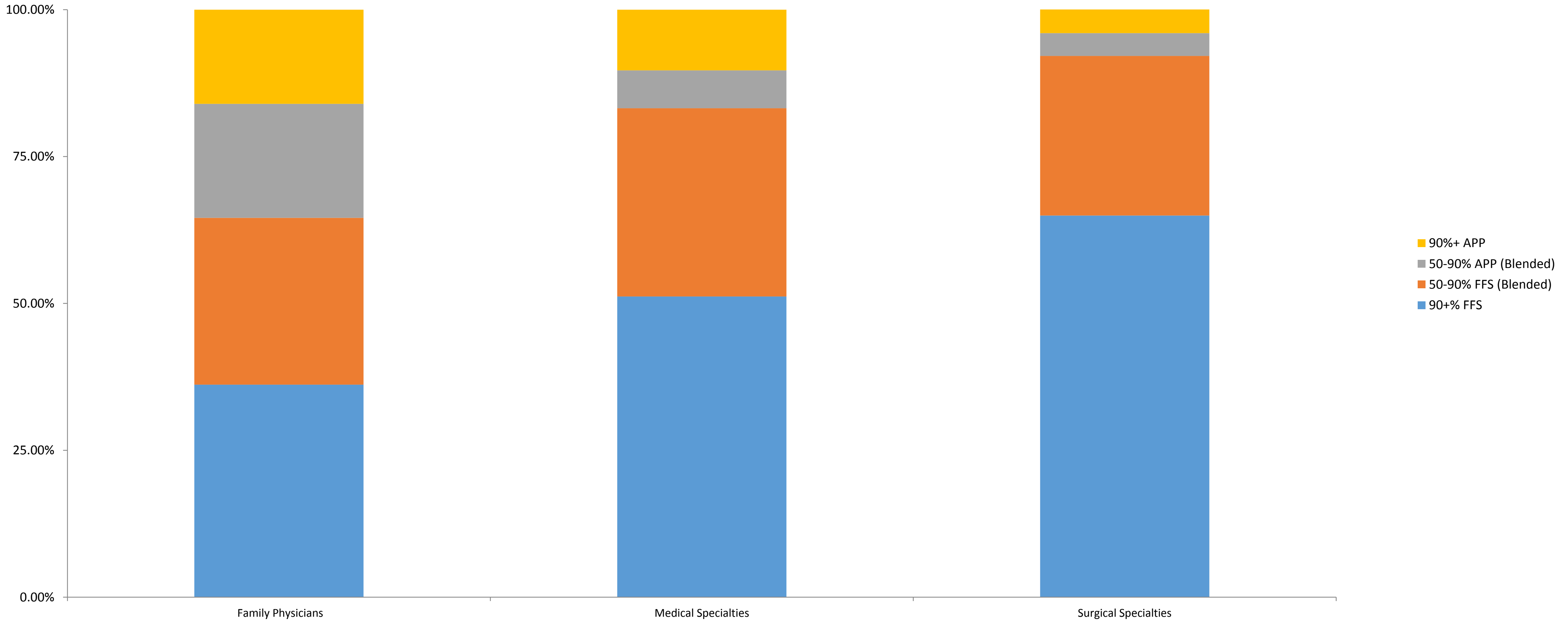|	N.L.	P.E.I	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.
%APP	34.9%	37.2%	48.2%	33.2%	21.3%	36.1%	28.9%	35.8%	13.2%	20.7%	38.5%	94.6%
% FFS	65.1%	62.8%	51.8%	66.8%	78.7%	63.9%	71.1%	64.2%	86.8%	79.3%	61.5%	5.4%

Physicians disparities

Figure 3: Proportion of physicians who received any APP payment, by province, 2015-2016

Specialties disparities

Distribution of Physicians by payment type, broad specialty, 2015-2016

Legend:
- 90%+ APP
- 50-90% APP (Blended)
- 50-90% FFS (Blended)
- 90+% FFS

Categories: Family Physicians, Medical Specialties, Surgical Specialties

Actual Quebec - Primary care

- **Policy objectives** : population satisfaction (better access through productivity and organizational changes)

- **Remuneration**

  - Blend FFS +

    - Patient medical home (GMF) remuneration based on rostered patients + access rate to group

      - Access rate = yearly visits to FP / yearly visits elsewhere. Target for full $ = 80%

  - Value : costs down (ER visits down), volume and access up, patient satisfaction up, providers satisfaction mitigated...

Actual Quebec - Hospital

- **Policy objectives** : population satisfaction (timely access through organizational changes)

- **Remuneration** : FFS (ophtalmo, radiology, lab, etc) or

  - Blend (majority) : per diem + %FFS

    - No control, no requirement

  - <u>Value</u> : costs up, volume and access down, patient satisfaction?, providers satisfaction up ($ up for lower work load)

Orientations

- **APP recommandations**

  - Chronic care = Capitation > complex FFS > salary

  - Health promotion and preventive care = salary/capitation

  - High activity = FFS

  - Low population density, complex and vulnerable care = salary

  - Multiple goals = blend

Ref. CIHI + CCFP *Remuneration models, finding the best fit,* April 2016

- **Québec**

  - Access rate to rise (85% and up?), % APP up (rostering, time base + visits), clinical quality (granular data EMR), controls up (wards and CMO)

Thank you

antoine.groulx@msss.gouv.qc.ca