

**Befriend the FHOs**  
**OHIP is Not Billed When Visits Are Prevented**  
***A Microcosm Example***

October 29, 2018

Whereas a [Fee-For-Service](#) payment incentivizes physicians to see patients in their offices in volume, [a capitated \(“flat rate”\) payment model](#) better aligns all of the interests of patients, the government, and physicians. The Family Health Organization (FHO) model encourages physicians to empower patients to better manage their own care. Under the FHO model, there is financial disincentive and opportunity costs associated with having patients come into the clinic for reasons that are otherwise preventable or avoidable.

The following is a microcosm illustration of this. Furthermore, it elucidates clear examples of the tremendous amount of physician work that is done within a FHO model that is *not* captured by OHIP billings.

Over the last several years, I have spent innumerable hours building [a website for my family medicine practice](#). I write content to [educate and empower my patients](#) so that they do not always have to come see me in person for a visit.

A classic example is the webpage that I wrote on [“coughs, colds, and sore throats.”](#) It even includes my own YouTube video that educates patients on the respiratory infections, including when patients should see their doctors versus not.

None of this upstream, preventative time and effort is captured by OHIP billings.

Recognizing that cold and flu season was approaching, on Sept 30<sup>th</sup> this year, I drafted the following letter for my patients in an effort to reduce unnecessary visits:

Cough and cold season is starting.

**FRIENDLY REMINDER:** This year, please think twice before booking an appointment for coughs and colds.

Before booking an appointment to see your doctor for cough and cold symptoms, please visit my website for more information.

**Coughs, Colds, and Sore Throats**

Website Link:

<http://www.stewartmedicine.com/patient-education/patient-education-2/coughs-colds-sore-throats>

**Ear Infections**

Website Link:

<http://www.stewartmedicine.com/patient-education/patient-education-2/ear-infections-in-children>

Warm regards.

That evening, after hours, I prepared this letter and emailed it to 787 of my patients for whom I had their consent to email and for whom the letter was appropriate.

None of this work was captured by OHIP billings. Furthermore, these efforts will result in an appropriate *reduction* in clinic visits and thus *less* OHIP billings. This, in turn, allows me more quality time to spend with patients who truly need longer quality face-to-face visits for their more complex medical issues.

If the Ontario government continues its course of making the FHO model oppressively unappealing, then naturally family physicians will gravitate back to the old Fee-For-Service Payment model.

If I was ever forced to change to Fee-For-Service remuneration, there would no longer be the economic incentive to continue my website, nor to deter masses of unnecessary visits. I would delete my website and YouTube video. I would no longer email my patients. Under the Fee-For-Service model, the economic incentive would be for me to see every one of those 787 patients in a face to face visit in order to be compensated for my expertise. What a waste of time, access and resources that would be.

This is but one microcosm example of the benefits of the FHO capitated payment model, the unintended consequences of dismantling FHOs, and how the efforts of FHO physicians are not reflected by OHIP billings.

Sincerely,

Dr. Adam Stewart  
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