Submission to Correct a Board-Approved Revision to CANDI
For the Section of General and Family Practice

On June 20th, 2018, the OMA released an email entitled "Relativity Update." This was the first time that membership, or even Council, was made aware of changes that the Board had apparently approved to the CANDI Model in 2017.

A Brief Recap of Events:

- In June 2017, the Relativity Review Committee (RRC) was formed. Part of the RRC's mandate, as specified on page 14 of the Relativity Review Initiative Report, included:
    - *"9. Determine the stages of the project at which the Sections and relevant parties will be consult to ensure full consultation and involvement of the interested parties",* and
    - *"11. The Committee will report to the OMA Board of Directors, and provide updates to Council, on a regular basis."*
- On Oct 25th 2017, the Board approved seven significant changes to CANDI.
- On Nov 9th 2017, the Board approved two additional changes to CANDI.
- On Nov 24th-26th, 2017, OMA had its Fall Council meeting. Council was not alerted that Board had approved changes to CANDI, neither for approval nor even information.
- On April 27th-29th, 2018, OMA had its Spring Council meeting. Again, Council was still not alerted that the Board had approved changes to CANDI six months earlier. In fact, when the Negotiations Committee presented their update including the Interim Relativity Agreement for Council, they referenced CANDI, but did not mention any revisions to CANDI.
- On June 20th 2018, Council and Membership are alerted that the Board approved significant changes to CANDI eight months prior, and had even been applying this "Board Revised CANDI" to its negotiations with government.

> **KEY POINT:** *The Board approved changes to CANDI and then allowed eight months and two Council meetings to transpire before it alerted Council and Membership.*

Irregularities in the Process:

- The Board making changes to CANDI without even alerting nor consulting Council was not typical procedure. The Appendices of the newly released Relativity Advisory Committee (RAC) Report, Appendix 8, pages 30-41, summarizes all of the motions from Council since 1990, illustrating that Council has always been the body that guides and approves direction regarding Relativity.
- Despite the RRC's mandate to include "consulting and reporting to Sections and relevant parties", neither the RRC nor the Board adhered to this mandate. For instance, throughout the above timeline, never once was the SGFP ever consulted or alerted to any of these changes in CANDI, and especially not regarding the Recommendation #4 that significantly and negatively impacted the SGFP and its Family Physician members.

Revisions to CANDI that Inaccurately Penalize Family Medicine:

- On Oct 25, 2017, the OMA Board approved the following revision to CANDI:
    - *"That clinical Primary Care payments be included directly in Gross Daily Income, rather than as part of the Non-Fee-For-Service Modifier"*
- As noted above, this change was passed silently, without consultation, discussion, nor alert to the SGFP.
- Even when the Board finally announced its revisions in June 2018, they did not even draw attention to this change and its dramatically negative impact to Family Physicians, especially FHO Family Physicians.
- After months of self-directed learning and investigating, details were eventually discovered buried deeply and inconspicuously on page 150-151 of the RRC's 379-page Report as "Recommendation #4", where it was recommended that, all of the Capitation Payment Rates, CCM fees, and Access Bonus payments for family physicians would be adjusted and attributed to only days on which family doctors submitted OHIP billings.
- This dramatically and negatively affects the overall CANDI score for Family Physicians as it inaccurately assumes that "days billed" equals "days worked." In capitation payment models, this is especially untrue as the "flat rate" payment model incentivizes and encourages family physicians to work and provide services including on days when they are not submitting OHIP billings.

KEY POINTS:

On average, FHO family physicians submit OHIP billings on 207 days per year.

The "flat rate" FHO model encourages and incentivizes family physicians to provide care and services, even on days when they are away from clinic or not seeing patients in person, thus not submitting OHIP billings on those days.

The Board approved a major revision to CANDI, without consulting SGFP, that only credits FHO family physicians with "working" 207 days per year, thus artificially inflating family physicians' average net daily incomes.

- The following diagram illustrates how Gross Daily Income is now calculated in CANDI for Family Medicine:

GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$1,098	0.98	1.03	1.03	0.67	1.00	1.00	$765	0.84

Revised CANDI score goes UP form 0.74 significantly and inaccurately.

Gross Daily Income for Family Medicine

		Blended Capitation (FHN, FHO)	Enhanced FFF (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow Billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	207	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate (1-G)*(365/F)*C	$180.78	$155.28	$0.00
I	Adjusted Base Capitation (1-G)*(365/F)*D	$860.58	$0.00	$0.00
J	Adjusted Access Bonus (1-G)*(365/F)*E	$92.19	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,380.09	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$1,097.99**	

In "Original CANDI", these payments were divided by 365 days.

The Board "Revised CANDI" divides these payments by number of *Billing* Days, which does not truly reflect Days *Worked*, especially in FHO/FHN models.

This artificially and inaccurately makes it look like family doctors make more income per day. (When the denominator decreases, the proposed daily income increases)

The Service and Care by Family Physicians, especially FHO Physicians, is not Captured by OHIP Billings:

The following is a narrative that illustrates the comprehensiveness and premium accessibility that FHO physicians offer:

A FHO that Models Quality and Accessibility

I am the Lead Physician of the Central Hastings Family Health Organization (FHO). I am certain that our group emulates a model of care that offers the quality and accessibility that exceeds the MOHLTC's expectations for FHOs. We provide quality comprehensive primary care to our surrounding rural communities with superior accessibility.

I personally care for a roster of over 1500 patients. In my nine years of practice, I have always made it a priority to balance the size of my roster with my availability in order to always allow appropriate accessibility for my patients. A detailed description of my availability can be found on my website. Through the combination of Advanced Access appointments, my "Same Day/Next Day" protocol, as well as our FHO's After-Hours Clinics, I am proud to offer accessibility to my patients that is second to none in the Province. Every one of my patients can be seen within 24 hours, most typically on the very same day, of requesting an appointment. All of the physicians in our FHO practice similarly, so the same can be said for all of our 8000 patients.

With respect to After-Hours Clinics, our FHO diligently adheres to our contractual obligations. For the last several years, our FHO has been comprised of five physicians. We offer evening clinics from 5pm to 8pm every weeknight Monday to Thursday, and then an additional clinic on the weekend. Because our daytime access is balanced, there is relatively small demand for the evening clinics. The average number patients who attend an After-Hour Clinic is 10, meaning we often have unused appointment slots in our After-Hours Clinics. In fact, we intermittently have After-Hours clinics where five or less patients show up, and occasionally none at all.

When a physician in our FHO is away on vacation, we have internal agreements and protocols in place where we cover each other's patients, messages, prescription renewals, test results. Thus, our patients are never without care, even when one's primary physician may be away.

My practice and our FHO offer more than sufficient accessibility versus the demands of our roster sizes.

Not only that, but despite having a relatively high proportion of elderly and complex patients, and despite practicing in an impoverished region with low socioeconomic determinants of health, the quality of my care exceeds the LHIN and Provincial averages. I have published my Health Quality Ontario metrics on my website for everyone to see.

Again, I am certain that our FHO is a model of quality and accessibility that exceeds the MOHTLC expectations.

The Work by FHO Physicians is Not Captured by OHIP Billings

As is the nature of FHOs, much of the work and the care that we provide our patients is not captured by OHIP billings, though. OHIP billings only capture face-to-face billable encounters with patients. I email and call my patients, even after hours, on weekends, holidays, and vacations. Where appropriate, patients are emailed or telephoned in order to spare them a visit to the clinic and thus free up appointment time for other patients in need. I invest in virtual care technologies such as Ocean and Health Myself in order to provide superior care and accessibility to my patients. I use my Electronic Medical Record (EMR) to manage my roster's population health and preventative care issues – again, using staff, email, letters, and phone calls to notify and recall patients as needed. None of this is captured nor reflected by OHIP billings.

For years, I have built, funded, and maintained my own website to help empower and educate my patients for their own self-management. None of this is captured by OHIP billings.

All of these efforts allows me to spend more quality face-to-face time with patients who are truly in need. My standard clinic visit is 20 minutes. The nature of the FHO model is that it economically incentivizes physicians to address multiple complex issues all in a single visit, rather than recalling a patient multiple times for multiple shorter visits. Accordingly, I typically see about 20 to 23 patients per day, including occasional squeeze-in appointments. This has always been sufficient for the care and accessibility demands of my roster of over 1500 patients (who are complex, impoverished and thus generally require higher health care needs than the average population).

The "flat rate" payment model of FHOs also incentives family physicians to provide services even on days when they are away from clinic or not seeing patients in person, thus not submitting OHIP billings on those days. Most FHO family physicians like myself are metaphorically 'joined at the hip' to their EMRs. We write notes, check on test results, read consult notes, fax prescriptions, respond to patient messages and emails - in the evenings, on the weekends, on statutory holidays, and even stay connected during our vacations (See Appendix for supporting data). Such is the nature and commitment of working within a FHO model. In a sense, many FHO family physicians like myself are 'on call' and available for our patients up to 365 days per year. None of this gets captured by OHIP billings, though, because OHIP (even the shadow billings) can only be billed for face-to-face in clinic encounters.

Respectfully,

Dr. Adam Stewart
Madoc, Ontario

APPENDIX – Practice Statistics

Physician: Dr. Adam Stewart

Date: January 1st to Dec 31st, 2017

** The following statistics apply to the work the Dr. Stewart personally performed in 2017. It does not include all of the additional delegated work performed by his staff nor FHO colleagues.*

Roster Size: *approx. 1575*

Number of unique days worked on EMR*: 310*

Number of Emails Sent: *3,672*

Number of EMR Searches: *423 (i.e. for population health, preventative care, targeted patient recalls, etc).*

Prescriptions Faxed or Printed: *4,631*

EMR Messages initiated or tended to: *11,533*

Progress Notes: *37,125 (includes new notes, annotations, and updates)*

Letters Sent: *11,621 (i.e. referrals to specialists and letters to patients)*

Medical Reports Reviewed: *5,564*

EMR Forms Completed*: 21, 296 (not including paper forms not in the EMR)*

Lab Reports Reviewed: *12,179*

Updates to Patients Cumulative Patient Profiles: *5,297*

Furthermore, the following is a microcosm example that illustrates the **unique nature of a flat rate capitated model** in that it **incentivizes *preventing* visits** (there is incentive to *prevent* OHIP Fee-For-Service billings) by upstream work and resources that are **not captured by OHIP billings**:

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 of 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 30th 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 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 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 and how the efforts of FHO physicians are not reflected by OHIP billings.

Sincerely,

Dr. Adam Stewart
Madoc, Ontario

EMR Data Can Prove the Number of Days Worked More Accurately than OHIP Billings:

I have written a Tutorial and also produced a Video on how physicians can extract data from their EMRs and calculate the number of unique days each physician works per year.

- Preliminary data has been collected from 207 FHO physicians' EMRs.
- The average number of days worked in 2017 was:

269 days per year

Doctor	Days Worked
	310
	309
	260
	252
	239
	285
	265
	323
	252
	181
	194
	259
	183
	260
	237
	248
	276
	307
	217
	239
	244
	273
	348
	284
	275
	340
	336
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	264
	265
	298
	303
	317
	327
	282
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	285
	283
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	349
	305
	270
	231
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	309
	197
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	290
	202
	357
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	281
	282
	293
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	306
	285
	299
	310
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	231
	205
	282
	191
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	232
	285
	205
	242
	254
	212
	172
	235
	266
	235
	210
	279
	261
	252
	235
	269
	247
	290
	300
	287
	268
	311
	247
	322
	297
AVERAGE	**269**

“Charts Viewed” does indeed equal “Days Worked”:

Some have criticized this approach, arguing that simply “viewing” an EMR chart does not necessarily mean that true work was being done.

Whenever a physician opens an EMR chart, it is related to patient care and not simply “for the fun of it.” To prove this, I have explored the data even further.

Using the data extraction method for “Patient Viewings” described above, EMR data proves that **I viewed patient charts on 310 unique days throughout the 2017 year**.

I have since extracted more granular data from my EMR, and limited it to the specific tasks of:

- *Writing a progress note.*
- *Sending a letter.*
- *Any “Treatment” (medication prescription or immunization)*
- *Setting a “Pending Test” reminder (indicating that a referral or investigation was ordered).*
- *Charting with a “Custom Form” (PDF-like tools in TELUS EMR).*
- *Reviewing lab data.*
- *Documenting a patient Refused an Intervention.*
- *Sending or addressing a message related to the patient care.*
- *Printing or Faxing Prescriptions.*

When the data is filtered down to just these specific tasks, the outcome remains <u>exactly the same</u>: this specific work was performed on 310 unique days in 2017.

Therefore, extracting EMR data for “Patient Viewings” (EMR charts viewed) is a precisely accurate surrogate indicator for calculating the number of days worked.

Even more to the point:

- ***In 2017 I only billed OHIP on 206 days***
- ***Compared to the 310 days I have documented proof that I was actually working***

Family Medicine is Unique Compared to Other Sections:

KEY POINTS AND SUPPORTING LITERATURE:

Research is mounting that shows at least half of Family Physicians' time is spent caring patients, providing services, and doing work that is not accounted for during face-to-face (OHIP billable) visits with patients.

- Here is an article by Arndt et al that details how and why more than half of Family Physicians' days are spent interacting with their EMR and providing non-face-face care. It references that Family Physicians spend nearly 2 hours on these duties for every 1 hour of direct patient care.

- Here is an article by Tai-Seale et al that shows Family Physicians split their time evenly between direct patient care and "desktop medicine."

KEY POINTS:

- Other Sections that are purely Fee-For-Service based are NOT affected by the number of days billed per year because of the way CANDI income is calculated.
  - *(See Appendix A at the end of this report which details how CANDI is calculated and why this is the case).*
- Family Medicine is unique in this respect because of the Patient Enrollment Models, particularly FHOs and FHNs where the majority of income is generated via flat rate payment methods.

FHOs are Especially Unique

Our own OMA Negotiations Committee has submitted in its Primary Care Briefs on page 14, the FHO model is especially unique in that the model incentivizes for non-face-to-face care, and thus this care is not being tracked by OHIP billings:

33. Dr. Bell has explained why FHO physicians are compensated at a higher rate than FHG or other family physicians, and adeptly explained why most of the care provided by FHO physicians is not currently measured by the Ministry:[12]

> The FHG model is based on a relatively small payment for the rostered services, the comprehensive services, with a bonus payment provided on a fee-for-service basis. The actual model encourages more transactional care for patients. We would see patients, perhaps, being offered fewer remote services—telephone services, in some cases, email services, as are offered in the comprehensive model family health organizations—that don't require a patient visit. The ways that patients can be educated to use services more appropriately, and not necessarily get services through face-to-face contact with physicians, are certainly found more commonly within the family health organization model. That provides the opportunity to earn more compensation without necessarily having the face-to-face contact with patients. The other issue is the expectations of comprehensive care, the basket of services they're being compensated for. Comprehensive services in the FHO model are greater than in the FHG model.

The full reference to this quote can be found in the OMA Negotiations Committee Exhibits in Tab 8.

KEY POINTS:

- **Both the OMA and the MOHLTC explicitly recognize that FHO physician provide care in via non-face-to-face, non-OHIP-billable, and thus not all the care they provide is trackable.**
- **It is contradictory that the OMA's Relativity Review Committee did not recognize this to begin with.**
- **It is even more paradoxical that the SGFP must now present this same argument back to the OMA's own Relativity Advisory Committee.**

EMR Data Can Better Define Number of Days Worked:

- Preliminary data gathered from the EMRs of FHO Family Physicians suggests that FHO family physicians are actually working, on average, 269 days per year. It is just that they are only submitting OHIP billings on 207 days, on average.
- If this single data value was amended accordingly, Family Medicine's CANDI score drops dramatically **back down to 0.75**
  - Note: Adjusting the number of days work for CCM and FHG models does not have as much of an effect because proportionally less of their Gross Daily Income is dependent on the number of days work (i.e. just the CCM Rate is divided by this variable. FHGs and CCMs are not paid Capitation Rates nor Access Bonuses).
  - Similarly, adjusting the number of days worked has *zero* effect on Pure Fee-For-Service Models ("Non-PEM" models) as they are not paid any Capitation Rates, CCM Rates, nor Access Bonuses).

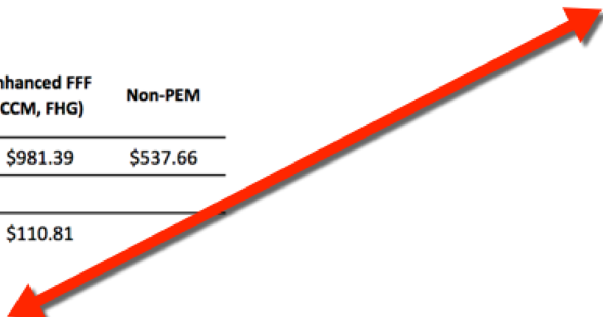
GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$978	0.98	1.03	1.03	0.67	1.00	1.00	$681	0.75

Gross Daily Income for Family Medicine

		Blended Capitation (FHN, FHO)	Enhanced FFF (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow Billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	269	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate *(1-G)*(365/F)*C*	$139.11	$155.28	$0.00
I	Adjusted Base Capitation *(1-G)*(365/F)*D*	$662.23	$0.00	$0.00
J	Adjusted Access Bonus *(1-G)*(365/F)*E*	$70.94	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,118.83	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$978.07**	

- Admittedly, this is a small and possibly skewed sample population. However, even if the Number of Days worked was adjusted to **238 days** (the mid-point between 207 and 269 days), Family Medicine's CANDI score drops back down to **0.79**

GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$1,030	0.98	1.03	1.03	0.67	1.00	1.00	$718	0.79



Gross Daily Income for Family Medicine

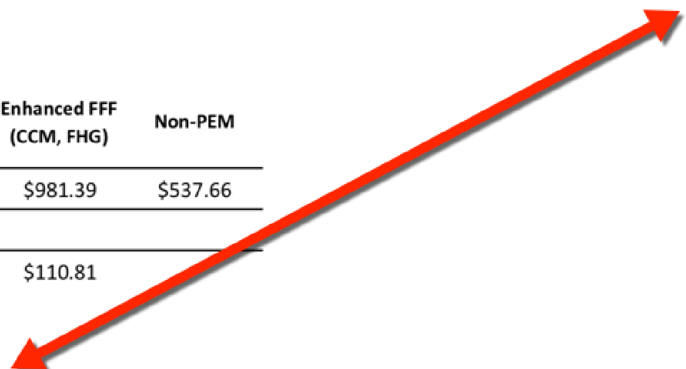
		Blended Capitation (FHN, FHO)	Enhanced FFF (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow Billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	238	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate *(1-G)*(365/F)*C*	$157.23	$155.28	$0.00
I	Adjusted Base Capitation *(1-G)*(365/F)*D*	$748.48	$0.00	$0.00
J	Adjusted Access Bonus *(1-G)*(365/F)*E*	$80.18	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,232.44	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$1,030.22**	

The Short Term Solution and Reason for Urgency:

- In October 2017, the OMA Board approved a flawed revision to CANDI that was suggested by the RAC that negatively impacted Family Medicine.
- SGFP was never consulted nor even alerted to this revision. Had this been done, SGFP could have provided crucial feedback and carefulness could have been taken before approving this significant and inaccurate revision to CANDI.
- This entire process has been marred by lack of transparency, lack of consistent process, and lack of consultation with affected Sections and parties.
- The erroneous CANDI score of 0.84 for Family Medicine has already been applied to Years 1 and 2 of the Provincial Negotiations and Arbitration in the Interim Relativity Agreement.
- **If this is not corrected urgently, prior to April 1st 2019, this same erroneous CANDI score will propagate into Years 3 and 4 of the Interim Relativity Agreement.**

- As shown above, it is inaccurate to use the number of OHIP billing days to determine the number of days that FHO physicians are working and providing care to their patients.
- **As an interim compromise, SGFP respectfully but firmly requests that the number of billing days for "Enhanced FFS" (CCM and FHGs) be used as a notional surrogate marker for the number of days that a FHO physicians work as well.**
- That is, when calculating the Gross Daily Income for Blend Capitation Models (FHOs and FHNs) in Primary Care in CANDI, the Base Capitation payments, CCM payments, and Access Bonus payments should all be divided by 230 days (where 230 days is the average billing days for FHG and CCM models):

GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$1,046	0.98	1.03	1.03	0.67	1.00	1.00	$729	0.80



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C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	230	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate *(1-G)*(365/F)*C*	$162.70	$155.28	$0.00
I	Adjusted Base Capitation *(1-G)*(365/F)*D*	$774.52	$0.00	$0.00
J	Adjusted Access Bonus *(1-G)*(365/F)*E*	$82.97	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,266.74	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$1,045.96**	

In Summary,

The OMA Board must immediately correct its revision to CANDI that it approved on October 25th, 2017 so that Capitation Payments, CCM payments, and Access Bonuses payments in Patient Enrollment Models are all divided by the average number of billing days for the Enhanced FFS (FHGs and CCM) models.

For the time being, this is a more accurate representation of the number of days worked for Blended Capitation models whose work is not accurately captured by the number of days OHIP billings were submitted.

- It is recognized that a motion was passed at the Special Council Meeting on October 21st, 2018 that states "*That any changes to the CANDI methodology, and any changes to data sources being utilized in the CANDI model, be presented to OMA Council for approval prior to implementation of CANDI in any exercise*."
  - However, that does not apply here because this is not a further revision to CANDI.
  - Rather, this is a correction to the revision that the *Board* made and Council was never part of in the first place.
  - Furthermore, correcting the revision in question is actually in keeping with the spirit of this motion at the Special Council Meeting.

Moving forward,

- More thorough and accurate data can be collected by the OMA regarding the number of days worked for each of the Primary Care Payment Models.

- This will also help elucidate solutions for in*tra*-sectional relativity within Family Medicine.

- **KEY POINT:** Other Sections can be encouraged to do the same. However, the way CANDI is calculated, the number of days that OHIP billings are submitted does ***not*** impact their CANDI scores *(See Appendix A at the end of this report which details how CANDI is calculated and why this is the case).*

Respectfully,

Dr. Adam Stewart
SGFP Executive
Tariff Committee Chair

APPENDIX A
Understanding CANDI Gross Daily Income Calculations
FFS and Primary Care Model Calculations

Pure Fee-For-Service Models:

- The following is a hypothetical scenario.
  - Imagine that Doctors "A" to "T" (20 doctors) represent all doctors in a particular Section.
  - Also imagine that the depicted week is actually representative of an entire year. For simplicity, this could be multiplied by an average of 48 weeks per year (accounting for 4 weeks of vacation per year).
  - The same concepts and calculations would apply when extrapolated to hundreds or thousands of doctors for an entire year.
  - This is the way CANDI Fee-For-Service (FFS) income is calculated for all Sections, including pure FFS in family medicine, as well as the FFS component in patient enrollment models (FHOs, FHNs, FHGs).

	Daytime Billings (Not Including After-Hours) ($)						
	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
Doctor	*9-Jan-17*	*10-Jan-17*	*11-Jan-17*	*1-Dec-17*	*13-Jan-17*	*14-Jan-17*	*15-Jan-17*
A	0	250	0	750	0	0	0
B	0	1000	0	750	1000	1500	1500
C	0	2000	1000	1500	0	0	0
D	750	2500	1300	1000	0	0	0
E	0	5000	1300	1300	250	0	0
F	0	5000	1000	1000	0	0	0
G	250	2500	1250	1250	0	0	0
H	0	1750	0	1750	250	2500	0
I	250	750	250	750	750	250	0
J	5000	5000	5000	5000	5000	5000	0
K	1500	750	750	250	250	1250	1500
L	2500	250	1250	0	1000	2500	0
M	0	250	750	1000	750	0	0
N	0	1000	2000	1750	1250	2500	2500
O	0	1250	1250	1500	1750	0	0
P	250	250	250	250	250	0	0
Q	5000	5000	10000	10000	5000	0	0
R	0	250	2500	5000	0	1250	0
S	0	0	2500	2500	0	0	0
T	0	0	0	0	0	10000	500
# Billing Doctors	8	18	16	18	12	9	4
Total Billings ($)	$15,500	$34,750	$32,350	$37,300	$17,500	$26,750	$6,000
Avg $ per BILLING doctor	$1,938	$1,931	$2,022	$2,072	$1,458	$2,972	$1,500

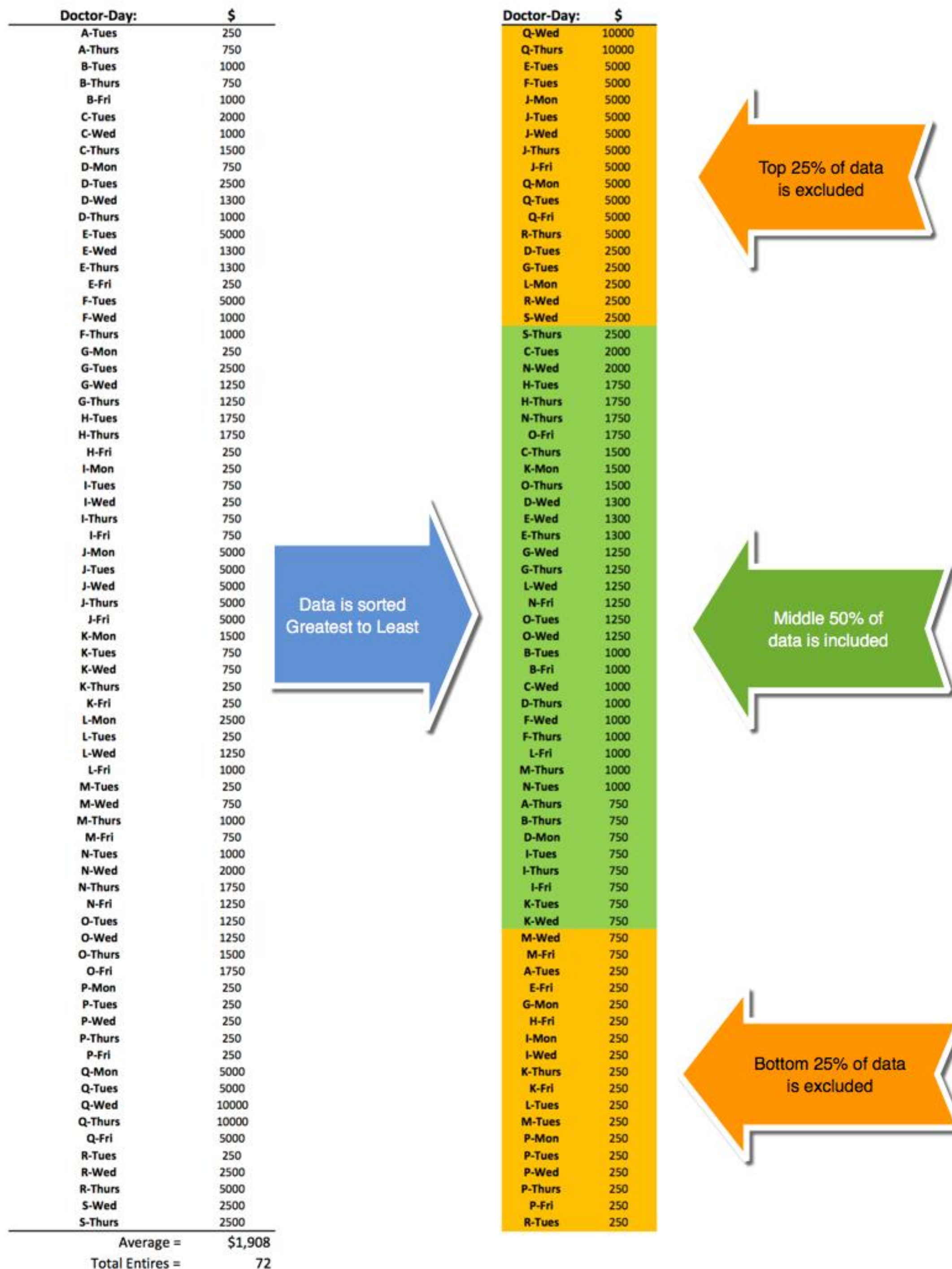
Doctor	# Days Billed/Week	# Days Billed/Year *(avg 48 wks/yr)*
A	*2*	*96*
B	*5*	*240*
C	*3*	*144*
D	*4*	*192*
E	*4*	*192*
F	*3*	*144*
G	*4*	*192*
H	*4*	*192*
I	*6*	*288*
J	*6*	*288*
K	*7*	*336*
L	*5*	*240*
M	*4*	*192*
N	*6*	*288*
O	*4*	*192*
P	*5*	*240*
Q	*5*	*240*
R	*4*	*192*
S	*2*	*96*
T	*2*	*96*
Avg =	*4.25*	*204*
Total =	*85*	

- The *greyed zeros* represent days on which the doctor did not submit any OHIP billings.
- The numbers depicted already *exclude* after-hours billings.

- **For Fee-For-Service billings, CANDI excludes all weekend billings, so Saturday and Sunday numbers are removed below:**
- **If applicable, it would also exclude Statutory Holidays.**

	Daytime Billings (Not Including After-Hours) ($)				
	Mon	***Tues***	***Wed***	***Thurs***	***Fri***
Doctor	***9-Jan-17***	***10-Jan-17***	***11-Jan-17***	***1-Dec-17***	***13-Jan-17***
A	0	250	0	750	0
B	0	1000	0	750	1000
C	0	2000	1000	1500	0
D	750	2500	1300	1000	0
E	0	5000	1300	1300	250
F	0	5000	1000	1000	0
G	250	2500	1250	1250	0
H	0	1750	0	1750	250
I	250	750	250	750	750
J	5000	5000	5000	5000	5000
K	1500	750	750	250	250
L	2500	250	1250	0	1000
M	0	250	750	1000	750
N	0	1000	2000	1750	1250
O	0	1250	1250	1500	1750
P	250	250	250	250	250
Q	5000	5000	10000	10000	5000
R	0	250	2500	5000	0
S	0	0	2500	2500	0
T	0	0	0	0	0
# Billing Doctors	8	18	16	18	12
Total Billings ($)	$15,500	$34,750	$32,350	$37,300	$17,500
Avg $ per BILLING doctor	$1,938	$1,931	$2,022	$2,072	$1,458

- CANDI takes all the individual billing occurrences, excluding all the $0 billings.
    - *In the diagram below, "A-Tues" corresponds to the $250 that Doctor A billed on Tuesday, and so forth …*
- Then, as per the revision the Board made to CANDI in Oct 2017, the Top and Bottom Quartiles of data are excluded.



Doctor-Day:	$
A-Tues	250
A-Thurs	750
B-Tues	1000
B-Thurs	750
B-Fri	1000
C-Tues	2000
C-Wed	1000
C-Thurs	1500
D-Mon	750
D-Tues	2500
D-Wed	1300
D-Thurs	1000
E-Tues	5000
E-Wed	1300
E-Thurs	1300
E-Fri	250
F-Tues	5000
F-Wed	1000
F-Thurs	1000
G-Mon	250
G-Tues	2500
G-Wed	1250
G-Thurs	1250
H-Tues	1750
H-Thurs	1750
H-Fri	250
I-Mon	250
I-Tues	750
I-Wed	250
I-Thurs	750
I-Fri	750
J-Mon	5000
J-Tues	5000
J-Wed	5000
J-Thurs	5000
J-Fri	5000
K-Mon	1500
K-Tues	750
K-Wed	750
K-Thurs	250
K-Fri	250
L-Mon	2500
L-Tues	250
L-Wed	1250
L-Fri	1000
M-Tues	250
M-Wed	750
M-Thurs	1000
M-Fri	750
N-Tues	1000
N-Wed	2000
N-Thurs	1750
N-Fri	1250
O-Tues	1250
O-Wed	1250
O-Thurs	1500
O-Fri	1750
P-Mon	250
P-Tues	250
P-Wed	250
P-Thurs	250
P-Fri	250
Q-Mon	5000
Q-Tues	5000
Q-Wed	10000
Q-Thurs	10000
Q-Fri	5000
R-Tues	250
R-Wed	2500
R-Thurs	5000
S-Wed	2500
S-Thurs	2500
Average =	$1,908
Total Entires =	72

Doctor-Day:	$
Q-Wed	10000
Q-Thurs	10000
E-Tues	5000
F-Tues	5000
J-Mon	5000
J-Tues	5000
J-Wed	5000
J-Thurs	5000
J-Fri	5000
Q-Mon	5000
Q-Tues	5000
Q-Fri	5000
R-Thurs	5000
D-Tues	2500
G-Tues	2500
L-Mon	2500
R-Wed	2500
S-Wed	2500
S-Thurs	2500
C-Tues	2000
N-Wed	2000
H-Tues	1750
H-Thurs	1750
N-Thurs	1750
O-Fri	1750
C-Thurs	1500
K-Mon	1500
O-Thurs	1500
D-Wed	1300
E-Wed	1300
E-Thurs	1300
G-Wed	1250
G-Thurs	1250
L-Wed	1250
N-Fri	1250
O-Tues	1250
O-Wed	1250
B-Tues	1000
B-Fri	1000
C-Wed	1000
D-Thurs	1000
F-Wed	1000
F-Thurs	1000
L-Fri	1000
M-Thurs	1000
N-Tues	1000
A-Thurs	750
B-Thurs	750
D-Mon	750
I-Tues	750
I-Thurs	750
I-Fri	750
K-Tues	750
K-Wed	750
M-Wed	750
M-Fri	750
A-Tues	250
E-Fri	250
G-Mon	250
H-Fri	250
I-Mon	250
I-Wed	250
K-Thurs	250
K-Fri	250
L-Tues	250
M-Tues	250
P-Mon	250
P-Tues	250
P-Wed	250
P-Thurs	250
P-Fri	250
R-Tues	250

- **Once the Top and Bottom Quartiles are excluded, that leaves the following:**

Doctor-Day:	$
S-Thurs	2500
C-Tues	2000
N-Wed	2000
H-Tues	1750
H-Thurs	1750
N-Thurs	1750
O-Fri	1750
C-Thurs	1500
K-Mon	1500
O-Thurs	1500
D-Wed	1300
E-Wed	1300
E-Thurs	1300
G-Wed	1250
G-Thurs	1250
L-Wed	1250
N-Fri	1250
O-Tues	1250
O-Wed	1250
B-Tues	1000
B-Fri	1000
C-Wed	1000
D-Thurs	1000
F-Wed	1000
F-Thurs	1000
L-Fri	1000
M-Thurs	1000
N-Tues	1000
A-Thurs	750
B-Thurs	750
D-Mon	750
I-Tues	750
I-Thurs	750
I-Fri	750
K-Tues	750
K-Wed	750
Average =	**$1,233**
Total Entries =	36

In this example, the average Gross Daily Income (GDI) would be $1,233

Calculating the Gross Daily Income in FHOs:

The calculations for FHOs are more complex because income is paid under different categories, including:

- Pure Fee-For-Service billings that are paid at 100% value.
- Shadow Fee-For-Service Billings that are "in the basket" and thus paid at 15%.
- Capitation Payments
- CCM Fee
- Access Bonus

For the sake of simplicity in these illustrations,

- Both Pure FFS and Shadow FFS will be grouped together as they are both calculated the same way.
- Only the method for calculating Capitation payments will be shown, but the exact same method applies to the CCM Fee and the Access Bonus.

Important:

- As per a revision to CANDI that the OMA Board approved in October 2017, Capitation Payments, CCM Fees, and Access Bonuses are all divided by the average number of days that FHO physicians bill OHIP per year (based on Fee-For-Service and Shadow billings).
- Precisely how this is calculated is illustrated below.

- The following is a hypothetical scenario similar to that shown for pure FFS.
  - Imagine that Doctors "A" to "T" (20 doctors) represent all doctors in FHOs.
  - Also imagine that the depicted week is actually representative of an entire year. For simplicity, this could be multiplied by an average of 48 weeks per year (accounting for 4 weeks of vacation per year).
  - The same concepts and calculations would apply when extrapolated to thousands of doctors for an entire year.

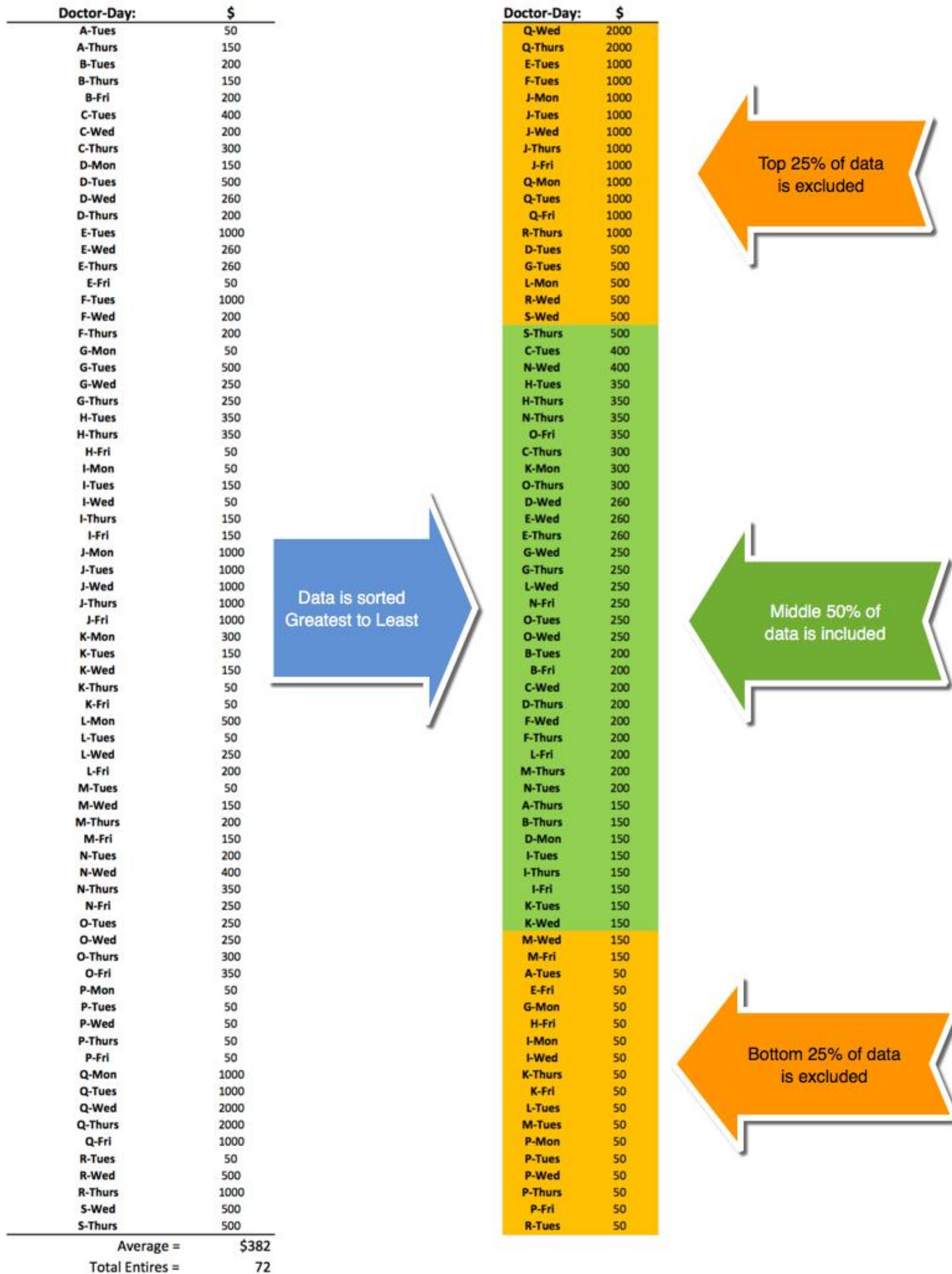
	Daytime FFS + Shadow Billings (Not Including After-Hours) ($)						
	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
Doctor	*9-Jan-17*	*10-Jan-17*	*11-Jan-17*	*1-Dec-17*	*13-Jan-17*	*14-Jan-17*	*15-Jan-17*
A	0	50	0	150	0	0	0
B	0	200	0	150	200	300	300
C	0	400	200	300	0	0	0
D	150	500	260	200	0	0	0
E	0	1000	260	260	50	0	0
F	0	1000	200	200	0	0	0
G	50	500	250	250	0	0	0
H	0	350	0	350	50	500	0
I	50	150	50	150	150	50	0
J	1000	1000	1000	1000	1000	1000	0
K	300	150	150	50	50	250	300
L	500	50	250	0	200	500	0
M	0	50	150	200	150	0	0
N	0	200	400	350	250	500	500
O	0	250	250	300	350	0	0
P	50	50	50	50	50	0	0
Q	1000	1000	2000	2000	1000	0	0
R	0	50	500	1000	0	250	0
S	0	0	500	500	0	0	0
T	0	0	0	0	0	2000	100
# Billing Doctors	8	18	16	18	12	9	4
Total Billings ($)	$3,100	$6,950	$6,470	$7,460	$3,500	$5,350	$1,200
Avg $ per BILLING doctor	$388	$386	$404	$414	$292	$594	$300

Doctor	# Days Billed/Week	# Days Billed/Year *(avg 48 wks/yr)*
A	*2*	*96*
B	*5*	*240*
C	*3*	*144*
D	*4*	*192*
E	*4*	*192*
F	*3*	*144*
G	*4*	*192*
H	*4*	*192*
I	*6*	*288*
J	*6*	*288*
K	*7*	*336*
L	*5*	*240*
M	*4*	*192*
N	*6*	*288*
O	*4*	*192*
P	*5*	*240*
Q	*5*	*240*
R	*4*	*192*
S	*2*	*96*
T	*2*	*96*
Avg =	*4.25*	*204*
Total =	*85*	

- **CANDI excludes weekends (and Statutory Holidays, if applicable) for FFS billings:**

	Daytime FFS + Shadow Billings (Not Includ After-Hours) ($)				
	Mon	*Tues*	*Wed*	*Thurs*	*Fri*
Doctor	*9-Jan-17*	*10-Jan-17*	*11-Jan-17*	*1-Dec-17*	*13-Jan-17*
A	0	50	0	150	0
B	0	200	0	150	200
C	0	400	200	300	0
D	150	500	260	200	0
E	0	1000	260	260	50
F	0	1000	200	200	0
G	50	500	250	250	0
H	0	350	0	350	50
I	50	150	50	150	150
J	1000	1000	1000	1000	1000
K	300	150	150	50	50
L	500	50	250	0	200
M	0	50	150	200	150
N	0	200	400	350	250
O	0	250	250	300	350
P	50	50	50	50	50
Q	1000	1000	2000	2000	1000
R	0	50	500	1000	0
S	0	0	500	500	0
T	0	0	0	0	0
# Billing Doctors	8	18	16	18	12
Total Billings ($)	$3,100	$6,950	$6,470	$7,460	$3,500
Avg $ per BILLING doctor	$388	$386	$404	$414	$292

- **<u>For the FFS component</u>**, CANDI takes all the individual **<u>FFS billing occurrences</u>**, excluding all the $0 billings.
    - *In the diagram below, "A-Tues" corresponds to the $250 that Doctor A billed on Tuesday, and so forth …*



Doctor-Day:	$
A-Tues	50
A-Thurs	150
B-Tues	200
B-Thurs	150
B-Fri	200
C-Tues	400
C-Wed	200
C-Thurs	300
D-Mon	150
D-Tues	500
D-Wed	260
D-Thurs	200
E-Tues	1000
E-Wed	260
E-Thurs	260
E-Fri	50
F-Tues	1000
F-Wed	200
F-Thurs	200
G-Mon	50
G-Tues	500
G-Wed	250
G-Thurs	250
H-Tues	350
H-Thurs	350
H-Fri	50
I-Mon	50
I-Tues	150
I-Wed	50
I-Thurs	150
I-Fri	150
J-Mon	1000
J-Tues	1000
J-Wed	1000
J-Thurs	1000
J-Fri	1000
K-Mon	300
K-Tues	150
K-Wed	150
K-Thurs	50
K-Fri	50
L-Mon	500
L-Tues	50
L-Wed	250
L-Fri	200
M-Tues	50
M-Wed	150
M-Thurs	200
M-Fri	150
N-Tues	200
N-Wed	400
N-Thurs	350
N-Fri	250
O-Tues	250
O-Wed	250
O-Thurs	300
O-Fri	350
P-Mon	50
P-Tues	50
P-Wed	50
P-Thurs	50
P-Fri	50
Q-Mon	1000
Q-Tues	1000
Q-Wed	2000
Q-Thurs	2000
Q-Fri	1000
R-Tues	50
R-Wed	500
R-Thurs	1000
S-Wed	500
S-Thurs	500
Average =	$382
Total Entires =	72

Doctor-Day:	$
Q-Wed	2000
Q-Thurs	2000
E-Tues	1000
F-Tues	1000
J-Mon	1000
J-Tues	1000
J-Wed	1000
J-Thurs	1000
J-Fri	1000
Q-Mon	1000
Q-Tues	1000
Q-Fri	1000
R-Thurs	1000
D-Tues	500
G-Tues	500
L-Mon	500
R-Wed	500
S-Wed	500
S-Thurs	500
C-Tues	400
N-Wed	400
H-Tues	350
H-Thurs	350
N-Thurs	350
O-Fri	350
C-Thurs	300
K-Mon	300
O-Thurs	300
D-Wed	260
E-Wed	260
E-Thurs	260
G-Wed	250
G-Thurs	250
L-Wed	250
N-Fri	250
O-Tues	250
O-Wed	250
B-Tues	200
B-Fri	200
C-Wed	200
D-Thurs	200
F-Wed	200
F-Thurs	200
L-Fri	200
M-Thurs	200
N-Tues	200
A-Thurs	150
B-Thurs	150
D-Mon	150
I-Tues	150
I-Thurs	150
I-Fri	150
K-Tues	150
K-Wed	150
M-Wed	150
M-Fri	150
A-Tues	50
E-Fri	50
G-Mon	50
H-Fri	50
I-Mon	50
I-Wed	50
K-Thurs	50
K-Fri	50
L-Tues	50
M-Tues	50
P-Mon	50
P-Tues	50
P-Wed	50
P-Thurs	50
P-Fri	50
R-Tues	50

- **Once the Top and Bottom Quartiles are excluded, that leaves the following:**

Doctor-Day:	$
S-Thurs	500
C-Tues	400
N-Wed	400
H-Tues	350
H-Thurs	350
N-Thurs	350
O-Fri	350
C-Thurs	300
K-Mon	300
O-Thurs	300
D-Wed	260
E-Wed	260
E-Thurs	260
G-Wed	250
G-Thurs	250
L-Wed	250
N-Fri	250
O-Tues	250
O-Wed	250
B-Tues	200
B-Fri	200
C-Wed	200
D-Thurs	200
F-Wed	200
F-Thurs	200
L-Fri	200
M-Thurs	200
N-Tues	200
A-Thurs	150
B-Thurs	150
D-Mon	150
I-Tues	150
I-Thurs	150
I-Fri	150
K-Tues	150
K-Wed	150
Average =	**$247**
Total Entries =	36

The average daily total of combined

Pure FFS and Shadow FFS billings in FHOs is $247

- Here are the same FHO doctors but now also showing their Roster Sizes and corresponding **daily** Capitation payments.
  - The Capitation Payments are calculating by taking the age-sex specific daily rates for each patient. CANDI takes the roster size and composition as of October 1st of (mid-point in the fiscal year) for each physician and estimate this daily rate for each physician.
  - The daily capitation rates are flat rate payments that are paid for every day that a patient is enrolled, irrespective of whether the patient was provided any services on that day or not. This is my the annual rate is divided by 365 days per year, rather than just billing days.

	Daytime FFS + Shadow Billings (Not Including After-Hours) ($)						
	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
Doctor	*9-Jan-17*	*10-Jan-17*	*11-Jan-17*	*1-Dec-17*	*13-Jan-17*	*14-Jan-17*	*15-Jan-17*
A	0	50	0	150	0	0	0
B	0	200	0	150	200	300	300
C	0	400	200	300	0	0	0
D	150	500	260	200	0	0	0
E	0	1000	260	260	50	0	0
F	0	1000	200	200	0	0	0
G	50	500	250	250	0	0	0
H	0	350	0	350	50	500	0
I	50	150	50	150	150	50	0
J	1000	1000	1000	1000	1000	1000	0
K	300	150	150	50	50	250	300
L	500	50	250	0	200	500	0
M	0	50	150	200	150	0	0
N	0	200	400	350	250	500	500
O	0	250	250	300	350	0	0
P	50	50	50	50	50	0	0
Q	1000	1000	2000	2000	1000	0	0
R	0	100	500	1000	0	250	0
S	0	0	500	500	0	0	0
T	0	0	0	0	0	2000	100
# Billing Doctors	8	18	16	18	12	9	4
Total Billings ($)	$3,100	$7,000	$6,470	$7,460	$3,500	$5,350	$1,200
Avg $ per BILLING doctor	$388	$389	$404	$414	$292	$594	$300

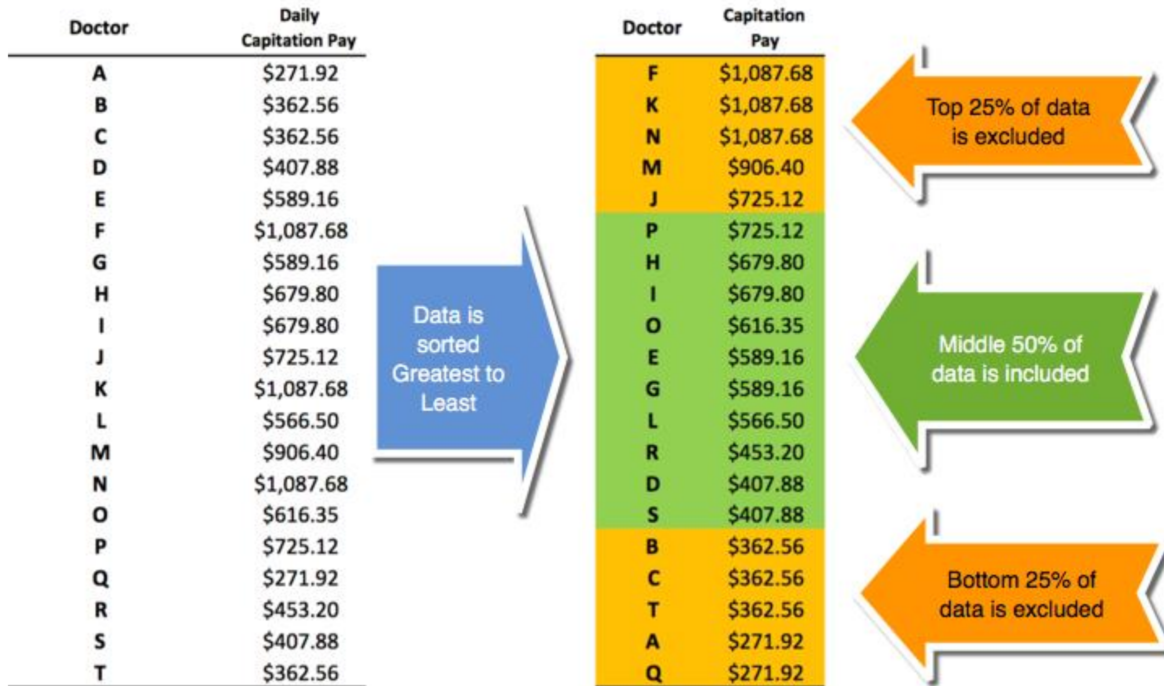
Doctor	# Days Billed/Week	# Days Billed/Year *(avg 48 wks/yr)*	Roster Size *(# Patients)*	Daily Capitation Payment
A	*2*	*96*	600	$271.92
B	*5*	*240*	800	$362.56
C	*3*	*144*	800	$362.56
D	*4*	*192*	900	$407.88
E	*4*	*192*	1300	$589.16
F	*3*	*144*	2400	$1,087.68
G	*4*	*192*	1300	$589.16
H	*4*	*192*	1500	$679.80
I	*6*	*288*	1500	$679.80
J	*6*	*288*	1600	$725.12
K	*7*	*336*	2400	$1,087.68
L	*5*	*240*	1250	$566.50
M	*4*	*192*	2000	$906.40
N	*6*	*288*	2400	$1,087.68
O	*4*	*192*	1360	$616.35
P	*5*	*240*	1600	$725.12
Q	*5*	*240*	600	$271.92
R	*4*	*192*	1000	$453.20
S	*2*	*96*	900	$407.88
T	*2*	*96*	800	$362.56
Avg =	*4.25*	*204*	1351	$612.05
Total =	*85*			

- Zoomed in on just the Capitation numbers:

Doctor	# Days Billed/Week	# Days Billed/Year *(avg 48 wks/yr)*	Roster Size *(# Patients)*	Daily Capitation Payment
A	*2*	*96*	600	$271.92
B	*5*	*240*	800	$362.56
C	*3*	*144*	800	$362.56
D	*4*	*192*	900	$407.88
E	*4*	*192*	1300	$589.16
F	*3*	*144*	2400	$1,087.68
G	*4*	*192*	1300	$589.16
H	*4*	*192*	1500	$679.80
I	*6*	*288*	1500	$679.80
J	*6*	*288*	1600	$725.12
K	*7*	*336*	2400	$1,087.68
L	*5*	*240*	1250	$566.50
M	*4*	*192*	2000	$906.40
N	*6*	*288*	2400	$1,087.68
O	*4*	*192*	1360	$616.35
P	*5*	*240*	1600	$725.12
Q	*5*	*240*	600	$271.92
R	*4*	*192*	1000	$453.20
S	*2*	*96*	900	$407.88
T	*2*	*96*	800	$362.56
Avg =	*4.25*	*204*	1351	$612.05
Total =	*85*			

** Average Annual Capitation Rate is $165.41/pt*
** Therefore, Average Daily Cap Rate is $0.4532*

- CANDI then takes all the <u>individual physician</u> daily Capitation Rates and then excludes to the Top and Bottom Quartiles:



Doctor	Daily Capitation Pay
A	$271.92
B	$362.56
C	$362.56
D	$407.88
E	$589.16
F	$1,087.68
G	$589.16
H	$679.80
I	$679.80
J	$725.12
K	$1,087.68
L	$566.50
M	$906.40
N	$1,087.68
O	$616.35
P	$725.12
Q	$271.92
R	$453.20
S	$407.88
T	$362.56

Doctor	Capitation Pay
F	$1,087.68
K	$1,087.68
N	$1,087.68
M	$906.40
J	$725.12
P	$725.12
H	$679.80
I	$679.80
O	$616.35
E	$589.16
G	$589.16
L	$566.50
R	$453.20
D	$407.88
S	$407.88
B	$362.56
C	$362.56
T	$362.56
A	$271.92
Q	$271.92

- Once the Top and Bottom Quartiles are excluded, that leaves the following:

Doctor	Daily Capitation Pay
P	$725.12
H	$679.80
I	$679.80
O	$616.35
E	$589.16
G	$589.16
L	$566.50
R	$453.20
D	$407.88
S	$407.88
Average =	**$571.49**

The average Daily Capitation Payment for FHO doctors is $571.49

- As per a revision to CANDI that the OMA Board approved in October 2017, Capitation Payments are divided by the average number of days that FHO physicians bill OHIP per year (based on Fee-For-Service billings).

- Here is the same picture and data shown initially on Page 6:

	Daytime Billings (Not Including After-Hours) ($)						
	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
Doctor	*9-Jan-17*	*10-Jan-17*	*11-Jan-17*	*1-Dec-17*	*13-Jan-17*	*14-Jan-17*	*15-Jan-17*
A	0	250	0	750	0	0	0
B	0	1000	0	750	1000	1500	1500
C	0	2000	1000	1500	0	0	0
D	750	2500	1300	1000	0	0	0
E	0	5000	1300	1300	250	0	0
F	0	5000	1000	1000	0	0	0
G	250	2500	1250	1250	0	0	0
H	0	1750	0	1750	250	2500	0
I	250	750	250	750	750	250	0
J	5000	5000	5000	5000	5000	5000	0
K	1500	750	750	250	250	1250	1500
L	2500	250	1250	0	1000	2500	0
M	0	250	750	1000	750	0	0
N	0	1000	2000	1750	1250	2500	2500
O	0	1250	1250	1500	1750	0	0
P	250	250	250	250	250	0	0
Q	5000	5000	10000	10000	5000	0	0
R	0	250	2500	5000	0	1250	0
S	0	0	2500	2500	0	0	0
T	0	0	0	0	0	10000	500
# Billing Doctors	8	18	16	18	12	9	4
Total Billings ($)	$15,500	$34,750	$32,350	$37,300	$17,500	$26,750	$6,000
Avg $ per BILLING doctor	$1,938	$1,931	$2,022	$2,072	$1,458	$2,972	$1,500

Doctor	# Days Billed/Week	# Days Billed/Year *(avg 48 wks/yr)*
A	*2*	*96*
B	*5*	*240*
C	*3*	*144*
D	*4*	*192*
E	*4*	*192*
F	*3*	*144*
G	*4*	*192*
H	*4*	*192*
I	*6*	*288*
J	*6*	*288*
K	*7*	*336*
L	*5*	*240*
M	*4*	*192*
N	*6*	*288*
O	*4*	*192*
P	*5*	*240*
Q	*5*	*240*
R	*4*	*192*
S	*2*	*96*
T	*2*	*96*
Avg =	*4.25*	*204*
Total =	*85*	

- The number of billing days is sorted. Then, top and bottom quartiles are excluded:

Doctor	# Days/Year
A	96
B	240
C	144
D	192
E	192
F	144
G	192
H	192
I	288
J	288
K	336
L	240
M	192
N	288
O	192
P	240
Q	240
R	192
S	96
T	96

Data is sorted Greatest to Least

Doctor	# Days/Year
K	336
I	288
J	288
N	288
B	240
L	240
P	240
Q	240
D	192
E	192
G	192
H	192
M	192
O	192
R	192
C	144
F	144
A	96
S	96
T	96

Top 25% of data is excluded

Middle 50% of data is included

Bottom 25% of data is excluded

- **Once the Top and Bottom Quartiles are excluded, that leaves the following:**

Doctor	# Days/Year
L	240
M	240
P	240
Q	192
D	192
E	192
G	192
H	192
O	192
R	192
Average =	**207**

According to this method, the average number of days that FHO physicians bill OHIP (based on Pure FFS or Shadow FFS billing) is 207 days per year.

NOTE:

- The exact same methods are used to calculate the CCM and Access Bonus Payments for FHOs.
- Further, the exact same methods are used to calculate the FFS and CCM fees for the **FHG and CCM Payment Models**.

Putting it all together, the following table shows how Gross Daily Income (GDI) is calculated for Family Medicine as a whole *(including the changes to CANDI that the OMA Board approved in October 2017)*:

		Blended Capitation (FHN, FHO)	Enhanced FFS (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual days	207	230	145
G	% After-Hours	14.60%	11.70%	7.9%
H	Adjusted CCM Daily Rate (1-G)*(365/F)*C	$180.77	$155.27	
I	Adjusted Base Capitation (1-G)*(365/F)*D	$860.58		
J	Adjusted Access Bonus (1-G)*(365/F)*E	$92.19		
K	Gross Daily Income A+B+H+I+J	$1,380.09	$1,136.66	$537.66
	Weights	45.9%	28.9%	25.3%
	GDI for Family Medicine		$1,097	

Average Gross Daily Income for Family Medicine is $1,097

IMPORTANT POINT:

The CANDI calculations for each of:

- Fee-For-Service Billings
- Capitations Payments
- Number of Days Worked

… Do **NOT** necessarily use the same population of doctors.

Doctor	*Included in Calculation* FFS	Capitation	Days Billed	Roster Size	Days/Week Worked	Projected Annual Income FFS + Cap *(Including Weekends)*
A	X			600	2	$108,851
B	X			800	5	$187,534
C	X			800	3	$175,534
D	X	X	X	900	4	$202,156
E	X	X	X	1300	4	$290,403
F	X			2400	3	$464,203
G	X	X	X	1300	4	$265,443
H	X	X	X	1500	4	$308,127
I	X	X		1500	6	$276,927
J				1600	6	$552,669
K	X			2400	7	$457,003
L	X	X	X	1250	5	$278,773
M	X		X	2000	4	$357,236
N	X			2400	6	$502,603
O	X	X	X	1360	4	$280,168
P		X	X	1600	5	$276,669
Q			X	600	5	$435,251
R		X	X	1000	4	$251,818
S	X	X		900	2	$196,876
T				800	2	$233,134