*Family Medicine in Ontario*

# Analysis of Proposed Quotas for Services in FHOs

The Ontario Government and Ontario's doctors have essentially been in constant negotiations for most of the last decade. Most recently, the Ontario Government and the Ontario Medical Association (OMA) have been in negotiations since the last contract expired on April 1st, 2021. On March 2nd 2022, a proposed mediated contract was announced, called the "Proposed Physician Services Agreement."

Within the proposed agreement are changes to the "Family Health Organization" (FHO) model, the payment model and contract by which at least half of Ontario's Family Doctors practice. Some of these proposed changes will have a significant impact on the way Ontario's Family Doctors provide care for their patients, especially the part that specifies quotas for the number of services doctors for which doctors bill OHIP.

**PHYSICIAN ACCOUNTABILITY IS REQUIRED:**

Under the FHO model, the family doctor is mainly paid a 'flat rate' per patient per year. One of the criticisms is that this is subject to abuse by the physician, whether intentionally or not. That is, a physician may take on a huge roster of patients, get paid a lot of money to do so, but not truly provide enough appointment spots or work enough clinic days to actually see all the patients she/he is getting paid to care for.

The Ontario Medical Association has data showing that the number of doctors who abuse the system is very small. The vast majority of Ontario's Family Doctors are providing exceptional quality and accessible care. Still, one can appreciate the Government's perspective and why it may be important to mandate accountability here.

**THE PROPOSED QUOTAS:**

As a potential solution to foster physician accountability, in the proposed agreement, quotas are being introduced to suggest a minimum number of services that should be provided by FHO doctors.

It is being suggested that for every 1300 patients a family doctor has, she/he should be provided 88 visits with patients per week (either in person visits or video/telephone visits). The official wording is shown as follows:

**4. Aspirational Parameters for FHO Weekly Patient Access and for Virtual/In-person Split for FHO and Other Primary Care Physicians**

Effective three months after ratification, for FHOs, for every 1300 enrolled patients (i.e., on a pro-rated basis), FHO physicians are encouraged to meet or exceed the following parameters:

- 88 face-to-face and virtual patient encounters weekly, with 60 per cent or more being face to face patient encounters.
- Since this is a group endeavor, the averaging would be measured quarterly (over a three-month period) for the entire group

Services to be provided by the enrolling physician or another physician (including contracted physicians and physician residents) in the enrolling group.

Services are those provided to the FHO's enrolled patients, including shadow billing (in-basket) and out of basket services.

Patient encounters provided as above (including virtual encounters that are medically indicated) to be rendered to the patient or patient representative

Includes enrolled patients of the group only

At first glance, this may seem reasonable and appropriate. However, as will outlined below, quotas like this, at least with these thresholds, will undoubtedly have negative consequences.

**THE QUOTAS ARE MERELY "ASPIRATIONAL":**

For the time being, these quotes are purely "aspirational." It is explicitly stated in the agreement that "*The failure to meet these aspirational parameters will form no part of any decision which has any economic or other contractual consequence for any group listed above, including contract termination*."

However, it is clear which direction the government is headed and this is likely to become a precedent-setting stepping stone for future contracts. Even in previous negotiations, the Ontario Government wanted to introduce strict mandatory quotas. In 2018, they wanted to impose a mandatory number of working hours on family doctors.

So, while quotas may be aspirational, it is imperative to have realistic, appropriate thresholds.

**THE PROPOSED QUOTAS ARE UNREALISTICALLY HIGH:**

The proposed quota of 88 weekly services per 1300 patients is much too high.

This is not a subjective statement. It is objectively true as per actual physician billing data.

Actual, objective OHIP billing data from 2018-2019 range (pre-COVID) shows the following:

### All Ontario FHG/FHO Family Doctors

| Model | Roster Size | Services per Patient |
|---|---|---|
| FHG | 1,244 | 1.63 |
| FHO | 1,272 | 1.49 |

### Just the Top 50% of Billers

| Model | Roster Size | Services per Patient |
|---|---|---|
| FHG | 1,687 | 1.72 |
| FHO | 1,632 | 1.51 |

As above, historical data shows that the average patient only needs to be seen in the range of **1.5 to 1.7 times per year**.

And this includes FHG ("Family Health Group") doctors who practice in a Fee-For-Service based model!

**However, the proposed 88 weekly visits per 1300 patients amounts to an average of 3.52 visits per patient per year.**

**That's DOUBLE what obejective data shows is necessary.**

**WHAT ACTUALLY COUNTS AS A "VISIT" or "SERVICE?**

In the past, only face-to-face in-person visits with the doctor were allowed to be billed to OHIP. In the proposed agreement, physicians may now also bill OHIP for telephone or video visits.

Still, none of the following will be recognized by the Ontario Government. None of these services will be counted towards meeting the proposed quotas:

- Emailing advice to a patient
- Messaging with a patient via a secure portal
- Relaying advice to a patient via a secretary
- If a doctor has a Nurse, Nurse Practitioner, or Physician Assistant who provides a service or advice.
- Care provided by a Dietitian, Mental Health Counsellor, etc.

**The only visits and services that can be counted are those provided *personally* by the doctor via in-person, telephone, or video visits.**

**Nothing can be appropriately delegated and still count.**

**THIS WILL IMPEDE INNOVATION AND ECONOMIES OF SCALE:**

We are in the midst of a health care crisis where demand vastly exceeds supply. This is a time when innovations are needed. It is a time to develop economies of scale.

Family Doctors should be encouraged and enabled to hire more staff, hire their own Nurses, hire their own Nurse Practitioners, etc in order to be able to appropriately delegate tasks, increase their practice capacities, and care for larger rosters of patients. However, these proposed quotas disincentivize and even restrict doing so.

Furthermore, Family Doctors should be encouraged and enabled to improve efficiencies via technology and also empowering patients to be healthy and self-manage their concerns. However, these proposed quotes disincentivize doing so.

This is all very much a déjà vu to the situation I wrote about in 2018 regarding the governments proposed FHO quotas at that time: *The Care by FHO Physicians is not captured by OHIP billings, Nor is Care Improved by Mandated Draconian Quotas*.

**THIS WILL CAUSE A REGRESSION BACK TO FEE-FOR-SERVICE VOLUME BILLING:**

The 'flat rate' payment model of the FHO has many aligned benefits for both patients and doctors. It incentivizes doctors to spend more time with a patient and address multiple issues in a single visit. It encourages doctors to keep patients healthy and enable self-care so that the patient does not have to see a doctor in the first place (thereby also improving accessibility for other patients in need).

As shown above with objective billing data, the average patient only needs to see their family doctor about 1.5 to 1.7 times per year. However, the proposed quotas suggest that doctors will need to see patients TWICE as often.

**The proposed agreement will require doctors to see patients**

**MORE THAN NECESSARY**

**just to meet the quotas.**

This will undoubtedly result in:

- Discouraging prescribing repeats on medications so patients will require more frequent (unnecessary) visits per year.
- Doctors needing to recall patients more frequently who are otherwise stable and might actually prefer not to have to come in for a visit.
- Limiting visits to only one or two issues per visit, so that the patient must return for multiple visits to address multiple concerns.

*Note:*

- *this is a regression back to volume-incentivized fee-for-service billing practices.*
- *these are NOT the preferences of patients.*
- *these are NOT the preferences of doctors.*

Paradoxically but foreseeably, this will result in:

- clogging up access with unnecessary visits.
- Increased billing to OHIP because of unnecessary visits.

**THE SOLUTION:**

As acknowledged from the beginning, it is indeed reasonable to introduce physician accountability mandates into the FHO model.

The current proposed quotas are flawed and inappropriate, though.

Fortunately, there are very feasible solutions:

(1) Reduce the proposed quota thresholds to more appropriate numbers, and/or

(2) Allow tracking codes (even if paid at $0) to track patient care and advice giving via email, secure messaging, or relayed via physician staff, and have these services be included in the service quotas, and/or

(3) Allow physicians to bill for care provided their privately hired Allied Health Care Professionals (even if at a reduced percentage), and have these services be included in the service quotas.

*by Dr. Adam Stewart*