

Kingston doctor showcases Ontario plan in U.S. journal

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From Thursday's Globe and Mail

Published Wednesday, Mar. 16, 2011 2:02PM EDT

Last updated Wednesday, Mar. 16, 2011 6:10PM EDT

An Ontario doctor has written a summary of the province's experience in setting up Family Health Teams, for the benefit of Americans trying to come up with models of their own.

Walter Rosser of Queen's University in Kingston, Ont., says Ontario currently has close to 200 FHTs providing care to 2.5 million to three million people in an experiment that got under way in 2005.

“The Americans have been looking at what they call a patient-centred medical home. But it's exactly the same as the FHT; there's no real difference between it,” he said in an interview, describing the reason for the article published in the March-April edition of the journal *Annals of Family Medicine*. “And this is the largest experiment in North America by a long, long way in terms of the number of people that are involved. It's really sort of testing this system out.”

Ontario still has a distance to go in providing this kind of care to its entire population, he said, noting that similar projects are under way in British Columbia and Alberta.

Each Ontario team comprises seven to 10 doctors, as well as other professionals who, depending on the patient load, might include a nurse practitioner, a pharmacist and a social worker, he said.

Dr. Rosser said the model seems to have contributed to more medical students choosing to be family doctors – up to 39 per cent last year from 25 per cent in 2004.

The model is intended to provide more preventive care, with monetary incentives for doctors when certain goals are met. In addition, the teams are

set up to allow patients to see doctors at evening and weekend clinics if necessary, instead of going to hospital emergency departments.

“We have a number of small evaluations that have been done on patient satisfaction and things like that,” Dr. Rosser said. “But we don't have the full evaluation to say, ‘Is this really cost-effective or not?’ and that's what we're waiting for right now.”

His paper, co-authored with Jack Colwill of the University of Missouri, said the average net income after expenses of a physician with 1,400 patients was \$180,000 in 2004. Annual income subsequently rose to \$250,000 for physicians in Family Health Teams, whereas annual income in fee-for-service practices showed little increase, the article said.

Dr. Rosser explained that cost savings will occur at the hospital level as patients access care at the physicians' facility on weekends and evenings instead of at more expensive hospital emergency departments. It's also hoped there will be cost savings due to preventive care, for instance, by having pharmacists review patients taking multiple prescriptions and by having electronic records flag potential drug interactions.

Flow sheets remind doctors to perform routine checks on kids as they reach developmental milestones, or alert team members to inspect the feet and eyes and monitor glycated hemoglobin levels in patients with diabetes.

“As a result, we should be reducing hospital admissions,” Dr. Rosser said. “And of course, you don't have to reduce very many hospital admissions to have a fairly big impact on the system.”

His co-author, Dr. Colwill, is keen to implement FHTs in Missouri, Dr. Rosser said.

“And I think he's having some difficulty because ... you have so many different insurance companies in the U.S. whereas we just have one in Ontario. And so that makes a very big difference, because what you have to do is get co-ordination of all the different insurance companies and have

them work together, and I guess they're not used to doing that.”

An editorial on patient-centred care also appeared in the journal, written by Ronald Epstein of Rochester, N.Y., and Richard Street of Texas. System changes that unburden primary-care doctors from the drudgery of productivity-driven, assembly-line medicine can diminish the cognitive overload and exhaustion that makes medical care anything but caring or patient-centred, they wrote.

“Simply implementing an electronic health record in itself is not patient-centred unless it strengthens the patient-clinician relationship, promotes communication about things that matter, helps patients know more about their health and facilitates their involvement in their own care,” they noted.

They also wrote about a hypothetical situation in which a patient might be satisfied with a doctor's listening skills, but the patient's chronic disease gets worse. “Has patient-centred care been accomplished?” they asked.

“Researchers are only beginning to model pathways through which patient-centred care behaviours contribute to better outcomes.”

The Canadian Press