

How do FHTs compare? Characterizing family health teams and their performance in Ontario

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Road Map

- Background
- Objectives
- Approach
- Key findings
- Take home messages

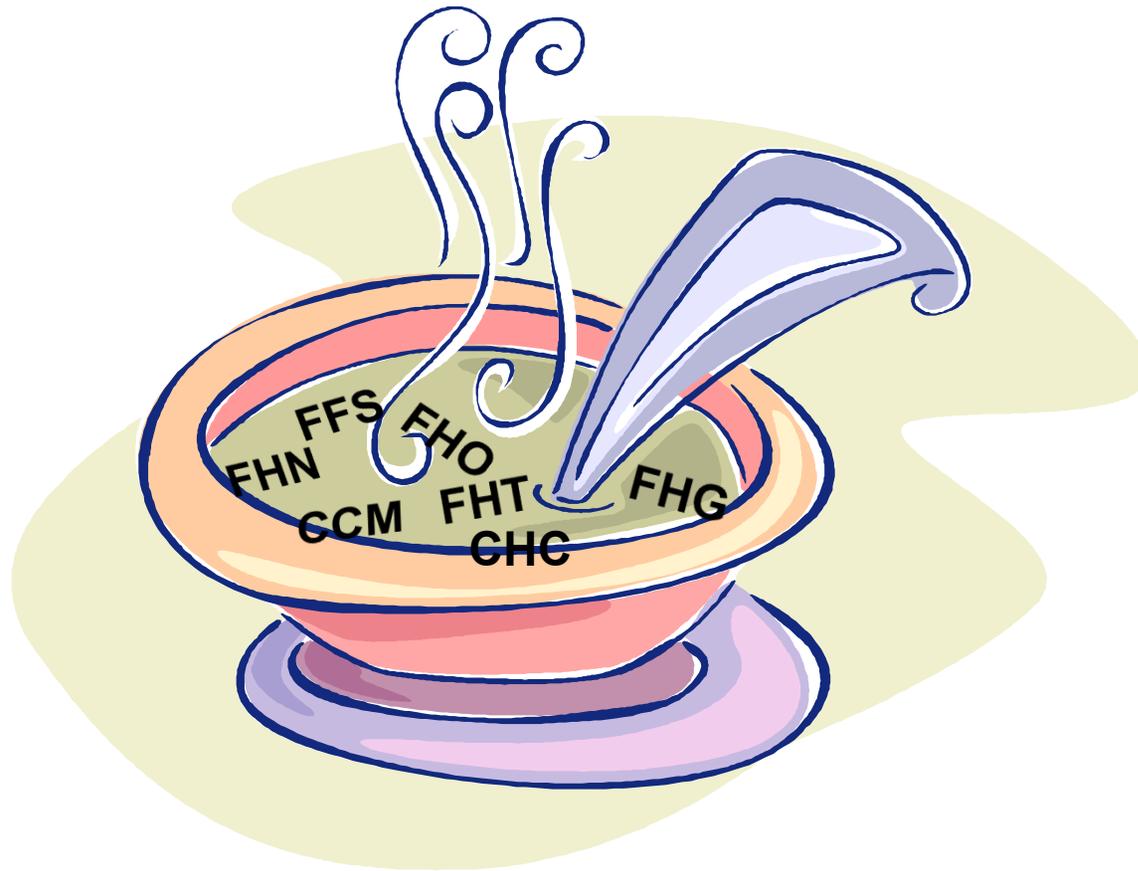


Background

- Significant primary care reform in Ontario over the past decade
- Ontario has implemented numerous models
- Focus: interprofessional health care teams, physician remuneration
- Family Health Teams (FHTs) introduced in 2005-2006



'Primary Care Alphabet Soup'



- Few studies have compared performance of FHTs to other models

Objective

Compare the performance of FHTs to two other primary care models in Ontario: fee-for-service and blended capitation

Primary Care Models

Fee for Service (FFS)

- Traditional FFS, Family Health Groups, Comprehensive Care Model
- Payment on a per service basis
- Single disciplinary

Blended Capitation: Non-FHT

- Family Health Networks, Family Health Organizations
- Base payment for each enrolled patient
- Some practices receive government support for other health professionals

FHT

- Blended capitation or salaried
- Large multidisciplinary health care teams
- Health promotion, prevention and chronic disease management



Study I

**Accessibility, Continuity, Comprehensiveness &
Preventive care**

METHOD

- **Design:** Cross sectional analysis of administrative data
- **Sample:** All primary care physicians actively practicing in Ontario from April 1st, 2007 to March 31st, 2008
- **Outcomes:**
 - Access:** Number of non-urgent emergency room visits per patient
 - Continuity:** % of visits to own provider
 - Comprehensiveness:** % of services provided/20 assessed
 - Prevention:** % of eligible cancer screening tests performed

Model Profiles

Characteristic	FHT	Capitation: Non-FHT	FFS
Providers (N)	673	1241	5555
Rural (%)	21.7	9.7	2.9
Male (%)	60.6	61.8	64.3
Age (mean)	47.7	49.4	51.3
Foreign Trained (%)	11.1	12.2	22.4
Patient (N)	908,684	1,902,195	7,883,965
Age (mean)	40.0	40.4	39.4
Male (%)	46.8	47.0	47.7
Aggregated Diagnosis Group (mean)	4.7	4.8	5.3

Results

Indicator	FHT	Capitation: Non-FHT	FFS
Access			
# of non-urgent ER visits/patient/year	0.68	0.54*	0.34*
Urban	0.30	0.29	0.24
Small Urban Area	0.67	0.64	0.65
Rural	1.50	1.50	1.48
Continuity			
% of visits to own doctor	67	70	68
Comprehensiveness			
% of services performed	66	66	57*

*P<0.001 (Compared to FHTs)

Results

Indicator	FHT	Capitation: Non-FHT	FFS
Prevention			
Cervical Cancer (%)	63	62	57*
Breast Cancer (%)	70	69	60*
Colon Cancer (%)	39	40	34*
Overall (%)	57	57	51*

*P<0.001 (Compared to FHTs)

Summary: Study I

- FFS had the lowest rate of non-urgent ER use
 - Due in part to differences in rurality
- FHT and capitation (non-FHT) higher rates for comprehensiveness and prevention than FFS



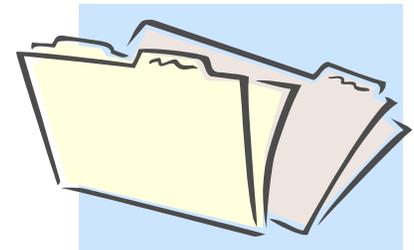


Study II

Quality of Preventive CVD Care

METHOD (Study II)

- **Context:** Secondary analysis of baseline data collected from the Improved Delivery of Cardiovascular Care (IDOCC) study
- **Design:** Cross sectional review of randomly selected medical charts
- **Location:** Champlain region
- **Sample:** 4,120 Patients with or at high risk of developing CVD
- **Breakdown:** 7 FHTs, 20 Non-FHTs, 43 FFS
- **Outcome:** Adherence to evidence-based manoeuvres across 6 areas of care related to CVD



RESULTS

Condition	Recommended Care (over 1 year)	% Receiving Care		
		FHT	Capitation Non-FHT	FFS
High Cholesterol	Lipid Profile	82%	81%	78%
	Lipid lowering drug	95%	91%	92%
Hypertension	2 blood pressures	86%	77%	78%
	Antihypertensive drug	97%	92%	95%
Chronic Kidney Disease	Estimated globular filtration rate (egfr)	90%	94%	91%

RESULTS

Area of Care	Care Manoeuvre (over 1 year)	% Receiving Care		
		FHT	Capitation Non-FHT	FFS
Diabetes	2 Hemoglobin A1c	62%	62%	45%
Weight	Waistline measure	28%	16%	5%
Smoking	Cessation advice	76%	64%	42%
	Referral to program	25%	7%	5%
	Smoking cessation drug therapy	42%	30%	19%

Summary: Study II

- Blood pressure, cholesterol and care for kidney disease high across all models
- Diabetes, waistline and smoking care poor across models
- FHTs appear to provide better smoking care and waistline management



Take Home Messages

- There are important differences in quality of care across primary care models in Eastern Ontario
- FHTs and blended-capitation had stronger preventive care and more comprehensive care than FFS
- FFS practices had biggest gaps in care

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