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Landmines and Goldmines

10 Things to Consider when Contemplating Population Based funding

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Background

Alberta Health, politicians and the AMA have signaled the desire and need for a different funding model for Family Physicians.

Pilots are already underway for population based funding.

Crowfoot Village Family Practice has over a decade of experience in providing care through an alternative funding model.

Today we will summarize learning's from ten years of providing team based care to a rostered panel of patients.

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Agenda

- Crowfoot 101
- Landmines and Goldmines group activity
- Our top 10 things to consider….
- Discussion

Faculty/Presenter Disclosure

- **Faculty:** Rick Ward
- **Relationships with commercial interests:**
  - **Grants/Research Support: Pfizer, Lilly, Cortria Corp**
  - **Speakers Bureau/Honoraria:** Astra Zeneca, Bayer, Boehringer Ingelheim, BMS, Eli Lilly, Forest, Janssen, Leo Pharmaceuticals, Novartis, Merck , Pfizer, Sanofi Aventis, Schering-Plough, Shire
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  - **Other:** Nil

Disclosure of Commercial Support

- This program has received no commercial or external support

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Mitigating Potential Bias

- The information presented is about a payment models and practice organization and directly unrelated to activities which would otherwise constitute a potential for conflict.

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Crowfoot 101

- ARP Developed in partnership with AHS, AMA, AH and Ministry of Health beginning in 1996
- Have been operating under ARP since 1999
- Became a Ministerial Order in 2013
- ARP is a blended model 90% capitation 10% FFS.
- Remuneration is based on FFS structure includes a “basket” of services comprising all community based care.

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Crowfoot 101

- Achieved same day next day access for patients in 2013.
- 20% of patient encounters are provided by multidisciplinary team members
- Maintained no show rate less than 5% since 2010 for both providers and MDT
- Integrating principles of the *Wagner Model of CDM*
- Multiple ways for patients to access care: Email, Phone, Health team

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Characteristic 1 – Money

Landmines	Goldmines
A practice could ‘cherry pick’ mostly well patients or be overwhelmed by a panel of patient requiring high resource investment	Stable, predictable funding allows practice to determine resources and budget for the provision of care.
	It allows aligning clinical payment with what is valued behavior

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Characteristic 2 – patient engagement and MH management

Landmines	Goldmines
Patients may chose convenience over loyalty or simply forget to 'call us first'	Allows the Medical Home to create an accountable culture which aligns with principles of continuity of care and attachment
Many providers bill 'GP codes' for which CVFP gets negated which are not within the scope of control of the patient or CVFP. (example – Cancer Center extenders, cross referrals by specialists, Special Interest GP's)	It incents access: if CVFP can't provide timely care – patients will go elsewhere.

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Characteristic 3 – the team

Landmines	Goldmines
Requires medical and operational leadership. Management and clinical processes which require a level of expertise and sophistication required of a small business with yearly budget of 3.5M	High provider satisfaction as team is working to full scope of practice
High overhead expenses	The ability to efficiently manage a larger panel size than a 'traditional' practice
	For patients – one stop shopping for integrated and comprehensive team based interdisciplinary care

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Characteristic 4 – care provision

Landmines	Goldmines
The model 'discourages' in office visits – could lead to quality issues.	Flexible, patient centered care in the Medical Home
MD focused to team focused means a new skill for doc's: 'passing the halo'	The ability to efficiently manage a larger panel size than a 'traditional' practice
	Incredible ability to provide quality care by a talented team who embrace principles of PCMH

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Our top ten

GOLDMINES	Landmines
Ensure alignment between physicians and staff ('We-ness')	Requires a culture change: patients and providers
Strong physician and operational leadership is critical – invest in change management	The tyranny of the urgent
Invest in QI – Measurement = quality = satisfaction	Governance challenges – 'How do 15 physicians make a decision?'

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Our top ten

Goldmines	Landmines
Really being team based means focusing on team	Zombie concepts – ‘CVFP is too expensive’
Capitation allows innovation – innovate thoughtfully to avoid change fatigue	Long term viability which is not in your scope of control

Discussion