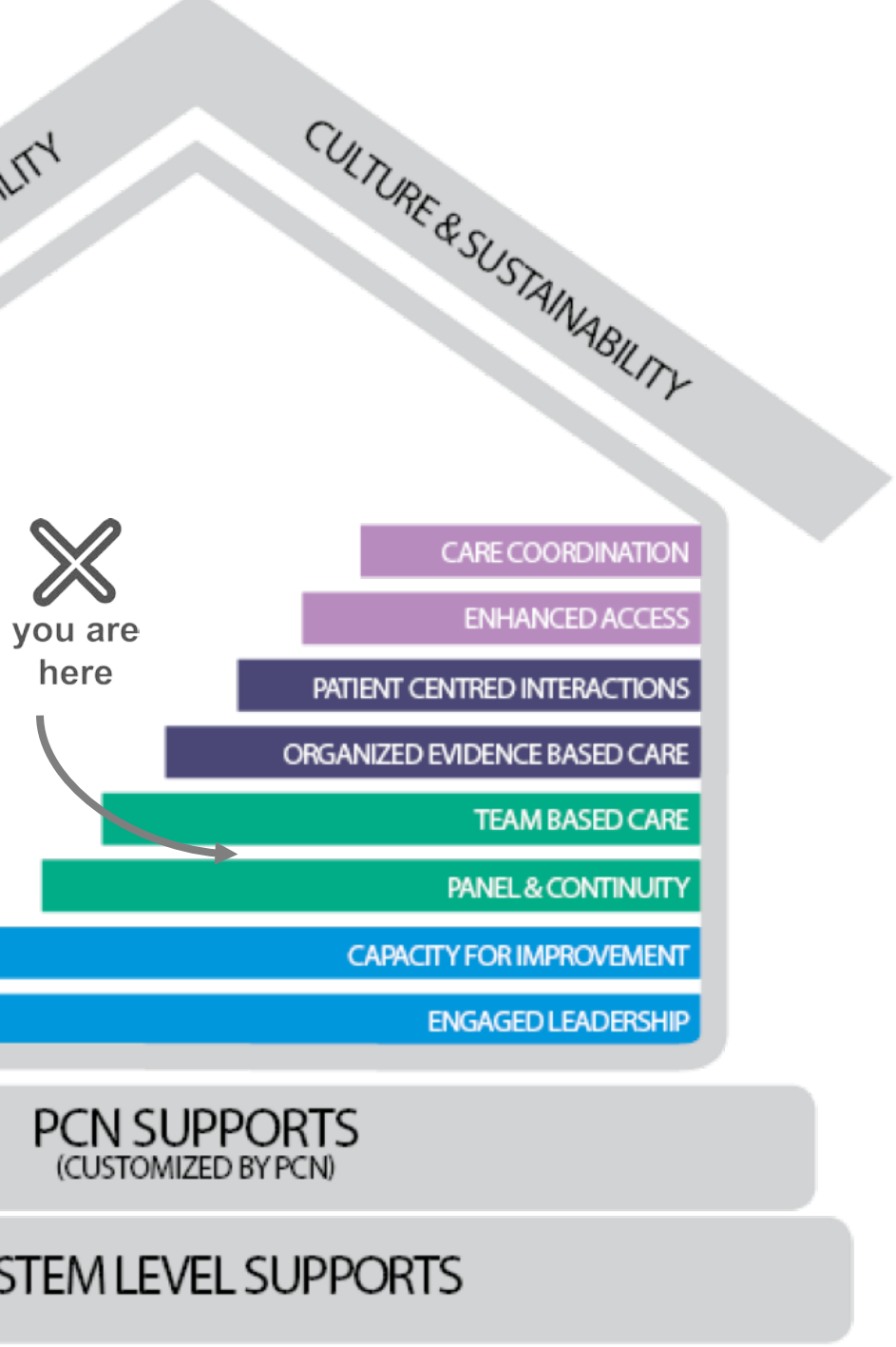
PCN
STRATEGIC LEADERSHIP
FORUM

Blended Capitation Model - Update



Blended Capitation Model

Demonstration Project - Model Objectives

Model objectives developed based on guiding principles outline in Alberta Health's Alberta's Primary Health Care Strategy and Alberta Medical Associations Primary Care Compensation Strategy

- Improved Access
- Enhanced continuity of care
- System sustainability
- Encouraged health promotion and wellness
- Comprehensive care provision
- Enhanced collaboration and team-based care
- Program accountability

Myths vs. Facts

Myth

- BCM will be how all doctors will be paid in future
- CPAR is a precursor to BCM

Fact

- Not at all – it is being explored as a possible option, with FFS continuing to be an option
- BCM clinics will use CPAR to manage affiliation (defined panel of patients via signed agreement) but not all clinics who participate in CPAR will be part of BCM – it will continue to be a choice

BCM - Built on CRAP Values

C – Control

- autonomy in ability to redesign to your values

R – Remuneration

- Regular divided payments based on panel size and demographics

A – Access to Services

- no more “whites of eyes”
- maximize your team

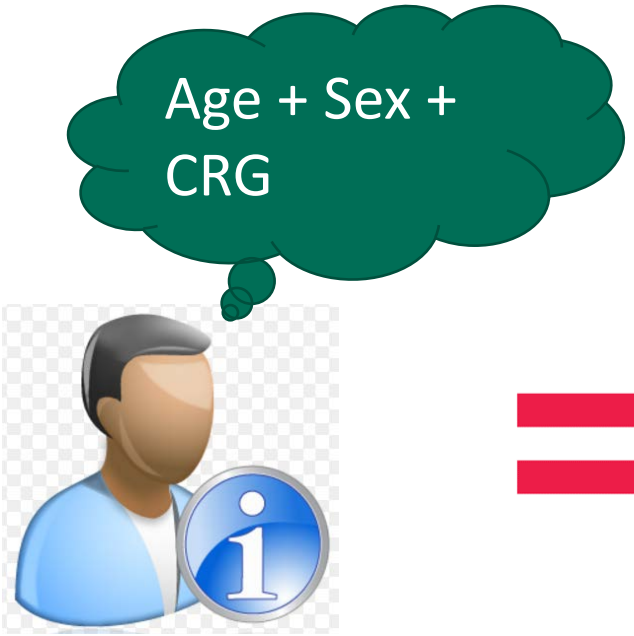
P – Patient relationships (continuity)

- with you, your team
- ability to provide the care you really want to

Supports Are Built In

- **AMA**
  - Dedicated specialist support during pre-implementation phase and 1st year
    - Process re-design
    - Interdisciplinary team development
    - Access and continuity improvement
  - Business support for
    - Facilitation of Practice Agreement development
    - Formulating financial distribution at clinic level (based on your wishes, your context)
- AH
  - Financial modeling to compare current FFS to potential under BCM
  - Support for learning to upload and keep track of ongoing affiliation data and analysis of reports, understanding payments

How is Capitation Rate Determined



Annual capitation rate per patient based on age, sex and Clinical Risk Grouper

What's the "Blend"?

- 85% capitation payments
- 15% all fee-for-service billings
- All services must be "in-basket"

Getting Paid Differently

- Capitation payments will divided across the year; received whether you see the patient or not
  - In some cases you will receive $'s even when pt. does not present for care
  - In some cases patients will need services that exceed cap payments
- FFS payments continue to be received weekly at the 15% rate
- Clinics have the freedom to increase panel sizes as they have capacity and can utilize team members to meet clinical need while still getting paid

Negation?

Year 1

- Shadow negation report
- Interactive dashboard
- Alberta Health support

Year 2

Full Negation

On Basket of Services
(basket doesn't include Emergency Department codes or Special Interest Consults)

Current State

- Phase I
  - 8 EOIs received, 6 accepted, 5 opted not to proceed
  - Sylvan Family Heath Centre in month 8 of BCM (went live June 1, 2017)
- Phase II
  - 3 EOIs received, no clinics have proceeded
- Currently BCMC reviewing processes, potential changes to increase uptake
- Phase III pending

SYLVAN FAMILY
HEALTH CENTRE
Forge a path. Change a life.

Our Stated Values

“Forge a Path, Change a Life”

- agreed to by all physicians at the clinic

- values we live by…we strive to
  - Be a leader in Alberta
  - Be team focused
  - Be a resource to meet the need in our community
  - Be patient centred
  - Distribute leadership and be mindful, to include our staff in redesign and change
  - Achieve a balance of cost / quality and patient and provider experience

How we decided - BCM

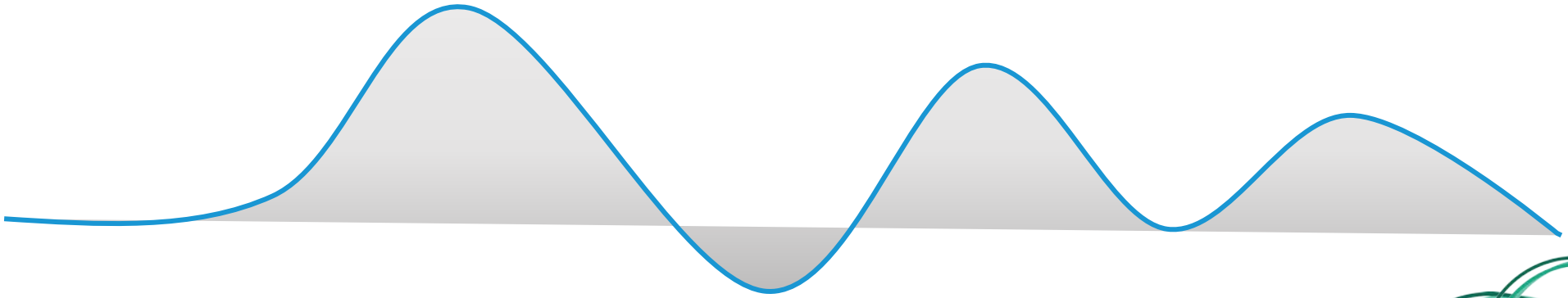
- Reflected on possibilities that lay within the model to achieve our stated values
- Examined financial feasibility
- Deep and thoughtful discussions that lead to a defined and document Practice Management Agreement
- Aligned to current improvement work

Sylvan Family Health Centre

- Affiliated 700+ net new pts since starting BCM
  - monitoring system effects and stress to team, no notable negative affect on TNA to date
- Tracking negation - working with pts to decrease
  - negation free period ends Aug. 31, 2018
  - financials appear to be on track with projected modelling
- Positive acceptance of BCM by community
- Focusing on maximizing Interdisciplinary Team capacity, processes
- Phone appts and secure email use for pt. care increasing

Roller Coaster of Change

- BCM can mean many changes
  - Clinical processes
  - Financial processes (how we get paid)
  - Team member roles and responsibilities
  - New processes
- Change is hard work and can be emotional
- Challenges remain, changes continue but are settling out over time



Moving Forward

- Foundationally BCM potential to support PMH continues to exist
  - Access and attachment
  - Continuity
  - Comprehensive care via team coordination
  - System capacity and resource utilization
  - Pt. satisfaction and better outcomes
  - Provider health and satisfaction
- Continuing to work in with partners to adapt model and deliver to meet physician needs

For More Information

Section of General Practice

gppres@albertadoctors.org