



PRIMARY CARE COMPARISON:

Fee for Service, Comprehensive Care Model, Family Health Groups and Family Health Networks

ELEMENTS	Fee for Service	COMPREHENSIVE CARE MODEL (CCM)	FAMILY HEALTH GROUP (FHG)	FAMILY HEALTH NETWORK (FHN)	FAMILY HEALTH ORGANIZATION (FHO) [NOT INCLUDING CERTAIN EXEMPTIONS FOR GRANDFATHERED PCN AND HSO GROUPS]
Group Size	No minimum	1 Physician	Minimum 3	Minimum 3	Minimum 3. (Note: A 'Grand Parenting' provision is in place for existing HSO/PCNs where the physician compliment is less than 3.)
Payments	Directly to physician	Directly to physician	Directly to physician except for THAS funds	The option to have all payments except for the Access Bonus, THAS, GMLP, and Administrative Support funding made directly to each physician.	The option to have all payments except for the Access Bonus, THAS, GMLP, and Administrative Support funding made directly to each physician.
Enrolment/ Registration	None	Required Patient Enrolment Incentive: \$5.00 will be paid per patient for the initial enrollment of patients for 12 months following the signing of the CCM contract	Optional; Ministry generated patient roster with opportunity to augment with formal enrollment Patient Enrolment Incentive: \$5.00 per enrolled patient available for 1 year after signing the FHG contract .Rostered = Patient on assigned roster list provided by Ministry. Not eligible for all premiums Formally Enrolled = Patient who has signed the Enrollment Form. Eligible for all premiums	Required; Active enrolment with formal enrolment form Enrolment Funding - \$5.00 per enrolled patient available for 1 year after commencement.	Required; Active enrolment with formal enrolment form Enrolment Funding - \$5.00 per enrolled patient available for 1 year after commencement.
Telephone Health Advisory Service	Not available	Not available – No On-Call requirement	On-call requirement On-call Payment \$1000 payment per month to FHG of fewer than 10 doctors; \$2000 payment to FHG of 10 or more	On-call requirement On-call Payment \$2,000 payment per month to FHNs with 5 or more physicians, or \$400 per month per doctor for FHNs with 3 or 4 physicians.	On-call requirement On-call Payment \$2,000 payment per month to FHOs with 5 or more physicians, or \$400 per month per doctor for FHNs with 3 or 4 physicians.
Basket of Services; FFS Billing	Per Schedule of Benefits for all services provided	Per Schedule of Benefits for all services provided	FFS billings at current SOB rate plus Comprehensive Care Incentive (see Incentives/Premiums below). Applies to all Ministry rostered and formally enrolled patients	Base rate plus 10% applicable to 56 Codes for enrolled patients Network FFS there is no FFS limit for a FHN in the FHN's first year. After the FHN's first year, the FSS limit for FHN Services is currently \$48,500 (x # of doctors in the FHN). There is no limit for FFS billings for the provision of non-FHN Services.	Base rate plus 10% applicable to 119 Codes for enrolled patients Network FFS there is no FFS limit for a FHO in the FHO's first year. After the FHO's first year, the FSS limit for FHO Services is currently \$48,500 (x # of doctors in the FHO). There is no limit for FFS billings for the provision of non-FHO Services.
Annual Cap/ Base Rates	None	Not applicable	Not applicable	Age and Sex Adjusted, Average Base Rate is currently set at \$112.94	Age and Sex Adjusted, Average Base Rate is currently set at \$124.64
Access Bonus/ Negation	Not applicable	Not applicable	Not applicable	Calculated at a rate of 0.2065.. The bonus will be paid semi-annually. The FHN's total Access Bonus is reduced if an enrolled patient receives included services from a non-specialist outside of the FHN, over each semi-annual period.	Calculated at a rate of 0.1859. The bonus may be paid monthly, estimated on the group's historical outside use. This amount will be reconciled semi-annually based on the group's actual outside use over the six-month period.
Term of Contract	Not applicable	Until March 31, 2012	Until March 31, 2012	3 years from Commencement Date (renewable)	3 years from Commencement Date (renewable)
Withdrawal/ Termination by Physicians	Not applicable	90 days written notice to the Ministry to terminate. As the CCM is a solo physician agreement, termination is the same as withdrawal.	90 days written notice to the Ministry to terminate. No notice requirement for an individual physician to withdraw (should be considered for group governance).	60 days written notice to the Ministry to terminate. 60 days notice is required to be provided to the Lead Physician, Ministry, and OMA for an individual physician who withdraws from the FHN.	60 days written notice to the Ministry to terminate. 60 days notice is required to be provided to the Lead Physician, Ministry, and OMA for an individual physician who withdraws from the FHO.

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Roster Size	Not applicable	No roster limit	No roster limit	No roster limit Base capitation rate is reduced by 50% for each patient enrolled beyond an average of 2,400 patients per physician	No roster limit Base capitation rate is reduced by 50% for each patient enrolled beyond an average of 2,400 patients per physician
Extended Hours/On Call	No requirement	Extended hours required; on call not required One 3-hour block of after hours coverage per week (Must agree to provide within 6 months of signing contract or contract ends)	One 3-hour session in evening/weekend per physician per week up to 5 sessions FHG physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays. There is an exemption if > 50% of the FHG group provide emergency, anesthesia coverage, or obstetrics coverage.	One 3-hour session in evening/weekend per physician per week up to 5 sessions FHN physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays. There is an exemption for after hours coverage if more than half the FHN group provides emergency department, anesthesia or obstetrics coverage.	One 3-hour session in evening/weekend per physician per week up to 5 sessions FHO physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays. There is an exemption for after hours coverage if more than half the FHO group provides emergency department, anesthesia or obstetrics coverage.
Income Stabilization	Not applicable	Not applicable	Not applicable	Guaranteed Income for new grads entering a FHN; \$155,000 for General Template; \$170,000 for Rural/Northern Template *(NOTE: currently being revised)*	Guaranteed Income for new grads entering a FHN; \$155,000 for General Template; \$170,000 for Rural/Northern Template *(NOTE: currently being revised)*
Incentives/Premiums	Complex Care Premium: 15% premium for A003, C003, W102, W109, A903, C903, W903 and A007 for patients over 70 years of age. Extends to patients 65 years of age on January 1, 2008. Applies to all physicians — fee for service and in models. (E070/E071).	Patient Registration Incentive. See Enrolment/Registration Comprehensive Care Management Fee – Physicians who provide after hours block coverage receive an average monthly capitation payment of \$1.50 per enrolled patient. After 12 months of signing the CCM Agreement and to \$2.15. Those who do not choose to immediately provide block coverage are eligible to receive an average capitated payment of \$1.00 per enrolled patient for up to 6 months After Hours Care: Additional 20% for services to enrolled patients. Applies to 9 basic office visit codes (A001, A003, A004, A007, A008, A888, K005, K013, K017) Diabetes Management Incentive (Q040) – Annual \$60/formally enrolled patient for co-ordinating, providing and documenting all required elements of diabetic care. (increasing to \$75 April 1/09) Heart Failure Management Incentive(Q050) - Annual \$125/formally enrolled patient for co-ordinating, providing and documenting all required for the care of heart failure patients. Cumulative Preventative Care Management Payment (Bonus): Pap smears, mammograms, childhood immunizations, flu shots Colorectal Screening Bonus – Available for preventive screening using Fecal Occult Blood Testing on eligible enrolled patients between the ages of 50 – 74	Patient Registration Incentive: See Enrolment/Registration Comprehensive Care: On April 1, 2006, the group of 13 FHG comprehensive codes which allow a 10% premium was expanded to include supportive care (C010), HIV care (K022), Diabetic Management (K030), palliative care (K023 and C882), immunization (G539), mini-assessment [WSIB related] (A008) and home visits (A901 and A902). These apply to Ministry-rostered and formally enrolled patients. Comprehensive Care Management Fee: Physicians who provide after hours block coverage receive an average monthly capitation payment of \$1.50 per enrolled patient. After 12 months of signing the CCM Agreement and to \$2.15. Those who do not choose to immediately provide block coverage are eligible to receive an average capitated payment of \$1.00 per enrolled patient for up to 6 months. Palliative Care: \$2,000 per year for palliative care after billing K023 for 4 or more enrolled patients. After Hours Care: Additional 20% for services to virtually rostered and formally enrolled patients. Applies to 9 basic office visit codes (A001, A003, A004, A007, A008, A888, K005, K013, K017) Diabetes Management Incentive (Q040)– Annual \$60/formally enrolled patient for co-ordinating, providing and documenting all	Comprehensive Care Management Fee: Physicians who provide after hours block coverage receive an average monthly capitation payment of \$1.50 per enrolled patient. After 12 months of signing the CCM Agreement and to \$2.15. Group Management and Leadership Payment: \$1/enrolled patient/year Cumulative Preventative Care Management Payment (Bonus): for Pap smears, mammograms, childhood immunizations, flu shots Preventative Care Management Service Enhancement Fee (Reminder Fee): to contact patient to obtain preventative services Targeted Medical Education (CME): \$100/hour for 24 hours Special Payments (Premiums): eligible for all premiums in any fiscal year for: Obstetrical Deliveries, Hospital Services, Palliative Care, Office Procedures, Prenatal Care, Home Visits (other than Palliative) Newborn Care Episodic Fee: Additional \$12.50 paid to physicians for each of up to 8 A007 (well baby care) visits in the first year of life for enrolled patients Diabetes Management Incentive (Q040)– Annual \$60/formally enrolled patient for co-ordinating, providing and documenting all required elements of diabetic care. (increasing to \$75 April 1/09) Heart Failure Management	FHO bonuses and premiums will be paid at the same rate as the FHN, with the exception of the Newborn Care Episodic Fee, with will be \$13.53

		<p>Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee – Available to physicians who initiate dialogue with their enrolled patients who smoke, and provide dedicated subsequent counselling sessions.</p> <p>Unattached Patient Fee: A one-time fee of \$150 payable to physicians who roster acute care patients previously without a family physician, following discharge from an inpatient hospital visit. The patient must be rostered by the physician within three months, and primary care services provided. This fee is not payable in addition to existing “new patient fees.”</p> <p>New Graduate–New Patient Incentives During first year of practice in a PEM (commenced within three years following graduation), new graduates will be allowed to bill a new patient declaration fee of \$100. This per patient fee is available for rostering up to 300 persons who qualify as new patients and have completed the prescribed “New Patient Declaration Form.” New graduates include International Medical Graduates (IMGs).</p>	<p>required elements of diabetic care. (increasing to \$75 April 1/09)</p> <p>Heart Failure Management Incentive(Q050) - Annual \$125/formally enrolled patient for co-ordinating, providing and documenting all required for the care of heart failure patients.</p> <p>Cumulative Preventative Care Management Payment (Bonus): Pap smears, mammograms, childhood immunizations, flu shots on formally enrolled patients</p> <p>Colorectal Screening Bonus: Available for preventive screening using Fecal Occult Blood Testing on eligible formally enrolled patients between the ages of 50 – 74</p> <p>Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee: Available to physicians who initiate dialogue with their enrolled patients who smoke, and provide dedicated subsequent counselling sessions.</p> <p>Primary Health Care of Patients with Serious Mental Illness: \$1,000 per year for 5-9 registered patients with bipolar disorder or schizophrenia. \$2,000 per year for 10 and over</p> <p>New Patient Premium: \$100 each for up to 60 “formally enrolled new patients, without a physician” per year; \$120 for new patients 65-74; and \$180 for age 75 and over.</p> <p>Unattached Patient Fee: A one-time fee of \$150 payable to physicians who roster acute care patients previously without a family physician, following discharge from an inpatient hospital visit. The patient must be rostered by the physician within three months, and primary care services provided. This fee is not payable in addition to existing “new patient fees.”</p> <p>New Graduate–New Patient Incentives During first year of practice in a PEM (commenced within three years following graduation), new graduates will be allowed to bill a new patient declaration fee of \$100. This per patient fee is available for rostering up to 300 persons who qualify as new patients and have completed the prescribed “New Patient Declaration Form.” New graduates include International Medical Graduates (IMGs).</p>	<p>Incentive(Q050) - Annual \$125/formally enrolled patient for co-ordinating, providing and documenting all required for the care of heart failure patients.</p> <p>Colorectal Screening Bonus –Preventative screening using Fecal Occult Blood Testing on eligible enrolled patients between the ages of 50 – 74</p> <p>Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee – Available to physicians who initiate dialogue with their enrolled patients who smoke, and provide dedicated subsequent counselling sessions.</p> <p>After Hours Care, Primary Health Care of Patients with Serious Mental Illness: as per FHG provisions</p> <p>New Patient Premium: \$100 each for up to 60 “formally enrolled new patients, without a physician” per year; \$120 for new patients 65-74; and \$180 for age 75 and over.</p> <p>Unattached Patient Fee: A one-time fee of \$150 payable to physicians who roster acute care patients previously without a family physician, following discharge from an inpatient hospital visit. The patient must be rostered by the physician within three months, and primary care services provided. This fee is not payable in addition to existing “new patient fees.”</p> <p>New Graduate–New Patient Incentives During first year of practice in a PEM (commenced within three years following graduation), new graduates will be allowed to bill a new patient declaration fee of \$100. This per patient fee is available for rostering up to 300 persons who qualify as new patients and have completed the prescribed “New Patient Declaration Form.” New graduates include International Medical Graduates (IMGs).</p>	
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Resources for Members

For changes applicable to physicians in Primary Care models, including copies of Ministry communications to physicians, please visit: <http://www.oma.org/PC/index.asp>

To view the OMA Video Update on Primary Care, please visit: <http://www.oma.org/PC/video/video.asp>

If you have any Primary Care questions, please contact Adam Farber, OMA Legal Services Department, at 1-800-268-7215, ext. 2894, 416-340-2894, or e-mail: adam_farber@oma.org

For additional information related to the OMA-MOHLTC Agreement, please visit: <https://www.oma.org/members/negotiations/index.asp>