

Contribution of Primary Care Services to Increasing Value for Money in the Canadian Health Care System

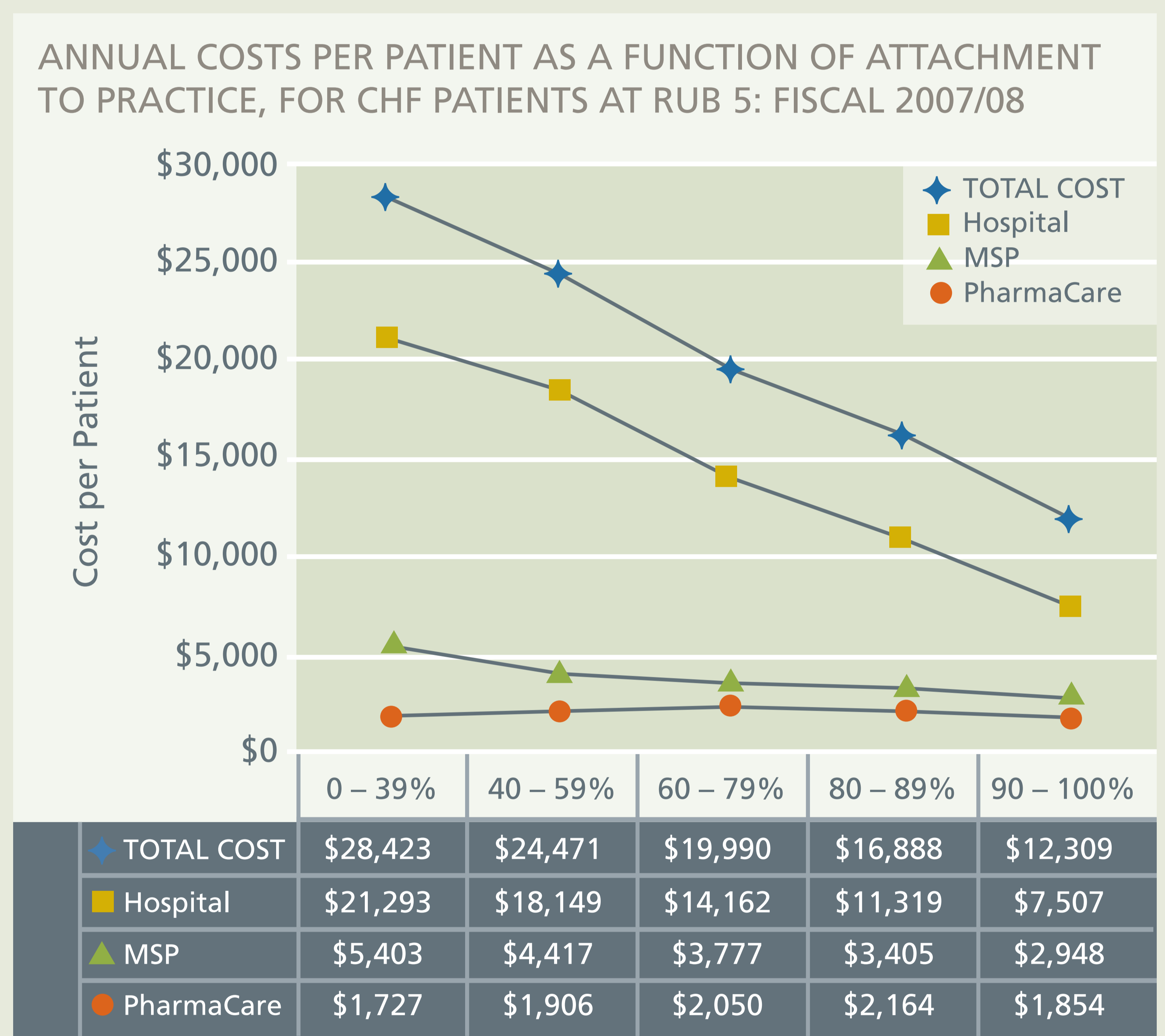
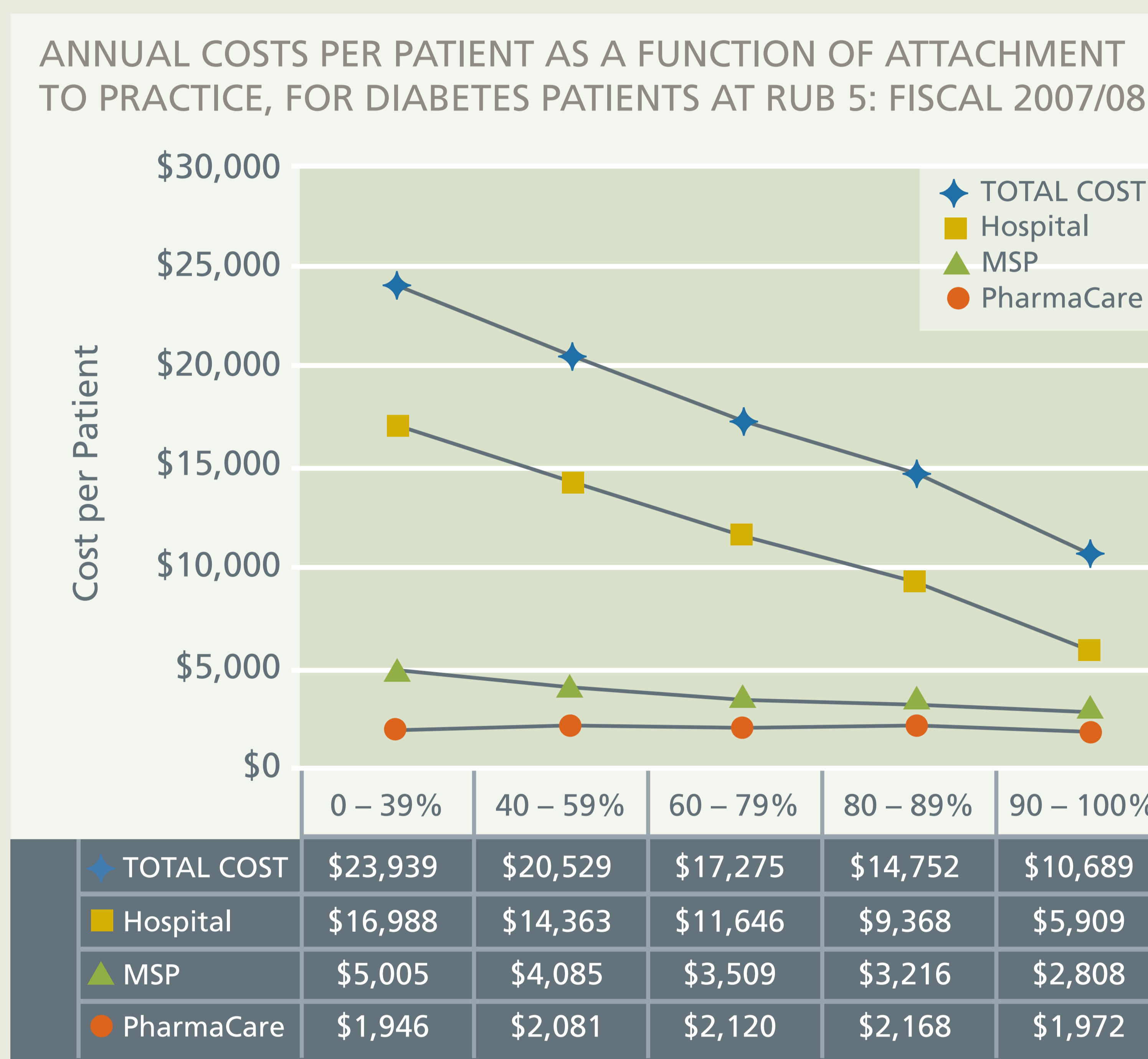
— Dr. Dan MacCarthy, Ms. Valerie Tregillus

INTRODUCTION: A system-wide transformational change in primary health care is taking place in British Columbia (BC), Canada, involving community-based family physicians, the government payer, and the medical association. BC has a population of 4.5 million people, greater than 25 states in the United States.

PROBLEM: Decline in the number of family physicians providing full-service primary care resulted in gaps in evidence-informed care for patients with chronic conditions.

STRATEGY FOR CHANGE: To support primary care, new targeted physician payments aligned to gaps in care, training, ongoing evaluation, and practice support were initiated. Incentive payments have allowed physicians to spend more time with their chronic and complex care patients, and practice support training programs were provided in areas such as advanced access and chronic disease management.

Key Findings Regarding Continuity of Care and Costs



Source: British Columbia Ministry of Health Services, Primary Care Data Repository, June 2009. RUBs are resource utilization bands which are aggregations of Adjusted Clinical Groups (ACGs) in a classification system developed by Johns Hopkins University. RUBs 5 clients are the most complex patients and have very high care needs. RUB 4 patients have high care needs.

Potential Cost Avoidance of \$85 Million for an Average Increase in Attachment of 5%

Disease	RUB	\$ Decrease per 1% Increase in Attachment (per person)	\$ Decrease per 5% Increase in Attachment (per person)	Sample Size	Total Decrease in Costs for an Average of a 5% Increase in Attachment
Diabetes	4	-81.6	\$408.00	40,483	\$16,517,064
	5	-268.1	\$1,340.50	22,557	\$30,226,380
CHF	4	-124.0	\$620.00	18,697	\$11,592,140
	5	-323.4	\$1,617.00	16,299	\$26,355,483
TOTAL					\$84,691,067

^ Adapted from Hollander, M.J., Kadlec, H., R., & Tessaro A. (2009). Increasing value for money in the Canadian healthcare system: New findings on the contribution of primary care services. *Healthcare Quarterly*, 12 (4), 30–42.

> MacCarthy, D., Kallstrom, L., Gray, R., Miller, J.A., & Hollander, M.J. (2009). Supporting family physicians in British Columbia: The Experience of the Practice Support Program. *BCMJ*, 51 (9), 394–397.

Impact of Training Modules to Improve Physician Care

IMPACT OF THE ADVANCED ACCESS LEARNING MODULE

	Third Next Available Appointment			
	N	Mean	SD	Sig.
All GPs – Before Training Module	88	4.7	5.0	P<.001
All GPs – After Training Module	88	1.8	3.0	
GPs Who Reduced Wait Times – Before	64	5.5	5.0	P<.001
GPs Who Reduced Wait Times – After	64	1.4	1.6	

IMPACT OF CDM LEARNING MODULE

Attending the CDM Module has...	Agree	Neither	Disagree
Prompted the physician to develop a CDM patient register	91%	6%	4%
Enabled the physician to take better care of his/her patients with chronic diseases	89%	2%	9%
Prompted the physician to more actively consider existing CDM guidelines in the delivery of care to his/her patients	87%	6%	7%
Helped the physician to identify which of his/her patients require CDM	83%	9%	7%

Note: Numbers may not add up to 100% due to rounding (N=54)

EFFECTS OF CHANGE: There is an inverse relationship between the level of attachment to a primary care practice, and costs, for higher care needs patients. The more patients go to the same practice, the lower the overall annual costs to the health system. Most of the cost differential is due to lower hospitalization costs for the more attached patients. Training modules have made a significant impact on the quality of care provided. Quality care, in turn, can increase attachment levels, as patients respond to better care.

LESSONS LEARNED: Our program of reforms has achieved significant improvements in outcomes and professional satisfaction, while realizing significant cost-avoidance. Keys to success include a patient-centric, consensus-driven, clinically-led approach to reform with a shared commitment by government and the medical association to personal and systemic evaluation, shared financial responsibility, and a supportive infrastructure. There are similarities in the BC approach to what Americans refer to as the Medical Home. In BC this is referred to as Enhanced Primary Care.