Transition into Practice
HealthForceOntario Marketing and Recruitment Agency

Laurie Nash
Regional Advisor
Health System Transformation in Ontario

2012 *Ontario’s Action Plan for Health Care*

2015 *Patients First Action Plan for Health Care*

2015 *Patients First: A Proposal to Strengthen Patient-Centred Health Care*

2016 *Bill 41 Patients First Act - Proposed*
Overview

- There are 22 different remuneration models in Ontario for Family Physicians
- Family Physicians can only belong to one type of model however they can practice fee-for-service outside of any agreement
- The fee schedule for each model is negotiated between the OMA and the Ministry of Health & Long-Term Care (MOHLTC)
- Once patients sign on with a particular physician they are considered “rostered” and the expectation is that the physician will provide all of the primary care for that patient
- Most clinical groups charge an overhead to the physicians. This is on average between 20% and 30% of the gross physician billings
Ontario’s primary health care models have been developed and modified in order to assist physicians in moving from solo practice to group based care.

**Comprehensive Patient Care:**
- Interdisciplinary teams
- Service integration
- Improved patient outcomes
  - Chronic disease Management
  - Health promotion
  - Disease prevention
Primary Care Models

FFS
Fee For Service

CCM
Comprehensive Care Model

FHG
Family Health Group

FHN
Family Health Network

FHO
Family Health Organization

BSM
Blended Salary Model

RNPGA
Rural & Northern

CHC
Community Health Centre

Managed Entry Process
Fee for Service (FFS)

Designed for solo physicians:

- Bill OHIP for each service or procedure performed
- Rewards high visit rate
- No income if sick/off
- No commitment to roster patients
Comprehensive Care Model (CCM)

Designed for solo physicians:

- Sign agreement to join
- No commitment to roster patients
- Regular hours and after-hours service
- FFS plus incentives
Family Health Group (FHG)

Designed for groups of physicians:

✓ Fee for service compensation (FFS)
✓ Group of 3 or more
✓ Incentives/bonuses
✓ Patient enrolment strongly encouraged
✓ After Hours Service – dependent on size of group.
Community Health Centre (CHC)

Inter-disciplinary Group of Providers:

- Physicians are salaried, urban or rural rates
- Physicians are employees of the CHC
- Work as part of an inter-professional team
- CHCs often provide services to specific populations (low-income, high risk, complex, culturally-sensitive, LGBTQ+)
- Provide other programs and services to support patients (dental, nutrition, literacy)
- CHC’s emphasize holistic approach
Family Health Network (FHN)

Physician paid blended capitation/blended alary/complement base remuneration

- Physician group of 3 or more
- Incentives/bonuses/premiums
- Must roster patients

54 codes – lower base rate

Base Rate based on sex and age of patient
PLUS bill OHIP for each service or procedure performed but only paid “Shadow Billing” fee of 15%.
**Family Health Organization (FHO)**

Physician paid blended capitation/blended salary/complement based base remuneration

- Physician group of 3 or more
- Incentives/bonuses/premiums
- Must roster patients

**158 codes – higher base rate**
Base Rate based on sex and age of patient
PLUS bill OHIP for each service or procedure performed but only paid “Shadow Billing” fee of 15%
## Capitation: Roster / Enrol – FHN & FHO

<table>
<thead>
<tr>
<th>Enrolled Patients</th>
<th>Non-Enrolled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Sign a Consent to Release Information form</td>
<td>✓ No Base rate or access bonus</td>
</tr>
<tr>
<td>✓ Receive Base Rate per patient</td>
<td>✓ Receive 100% FFS billing to a ceiling of $48,500 x number of MD’s</td>
</tr>
<tr>
<td>+ shadow billing</td>
<td></td>
</tr>
<tr>
<td>+ access bonus</td>
<td></td>
</tr>
<tr>
<td>+ other premiums</td>
<td></td>
</tr>
<tr>
<td>+ FFS billings from the Basket of Codes</td>
<td></td>
</tr>
</tbody>
</table>
After hours / on call commitment for FHO/FHN groups

One 3-hr session in evening/weekend per MD per week up to 5 sessions for groups with a maximum of 9 physicians

**Exemption** – northern and rural FHN and FHO’s who require active hospital privileges of 50% or more docs

Group can request a waiver from MOHLTC for after hours if >50% provides (exemptions are not automatic):
- Hospital /In patient, hospital on call, nursing home/LTC including on call, are coroners, palliative care (incl. call) coverage
Family Health Teams are models of care delivery, NOT physician funding models.
Family Health Team (FHT)

**NOT A FUNDING MODEL FOR PHYSICIANS**

- FHTs are a model of care delivery
- Provide programs and services for patients at no additional cost
- Governance
  - FHN/FHO Groups are associated with FHTs – provide the primary care for patients
- 200 capitation models (FHN/FHO) applied and were accepted for FHT funding

**Funding:**
- Inter-professional health providers (IHP) salaries
- Clerical Staff, Manager or ED
- Operational expenses related to IHP (not MD)
Discussion - Each model has PRO’s & CON’s

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
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<tbody>
<tr>
<td>1)</td>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
<td>2)</td>
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<tr>
<td>3)</td>
<td>3)</td>
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</tbody>
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## Primary Care Models – A “quick” Summary

<table>
<thead>
<tr>
<th>Model</th>
<th># of Physicians</th>
<th>Roster</th>
<th>Providers</th>
<th>Payment</th>
<th>After Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS</td>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
<td>Billing</td>
<td>Not required.</td>
</tr>
<tr>
<td>CCM</td>
<td>1</td>
<td>✓</td>
<td>Physician</td>
<td>FFS + Incentives</td>
<td>✓</td>
</tr>
<tr>
<td>FHG</td>
<td>Min 3</td>
<td>✓</td>
<td>Physicians (Nurses, NP)</td>
<td>FFS + Incentives</td>
<td>✓</td>
</tr>
<tr>
<td>FHN</td>
<td>Min 3</td>
<td>✓</td>
<td>Physicians (Nurses, NP)</td>
<td>Capitation + FFS Billings, Bonus</td>
<td>✓</td>
</tr>
<tr>
<td>FHO</td>
<td>Min 3</td>
<td>✓</td>
<td>Physicians (Nurses, NP)</td>
<td>Capitation + FFS Billings, Bonus</td>
<td>✓</td>
</tr>
<tr>
<td>CHC</td>
<td>Based on $ from LHIN</td>
<td>✓</td>
<td>Interdisciplinary Team</td>
<td>Salary + Incentives</td>
<td>✓</td>
</tr>
<tr>
<td>BSM</td>
<td>Community-Sponsored FHT $</td>
<td>✓</td>
<td>Physicians Interdisciplinary Team</td>
<td>Salary + incentives</td>
<td>✓</td>
</tr>
<tr>
<td>RNPGA</td>
<td>✓ All Community</td>
<td>Physicians Nurses</td>
<td>Base + incentives</td>
<td>Reg. Office, On-Call, ED</td>
<td></td>
</tr>
</tbody>
</table>
Managed Entry into FHN/FHOs

**June 1, 2015**: New process for entry into Patient Enrollment Models (FHNs/FHOs) effective

- 20 Physician spots available/month for new registrations in FHN/FHO groups

- Entry into FHNs/FHOs as an additional member of the group or the creation of new groups is only permitted in **High Needs Community** list ([www.health.gov.on.ca/en/pro/programs/highneed/](http://www.health.gov.on.ca/en/pro/programs/highneed/))

- Income Stabilization program only available to physicians joining groups on High Needs Community list

- High Needs Community list is updated periodically throughout the year and includes communities across the province. Not restricted to rural & remote

- List is developed and updated by the MOHLTC and includes local priority communities as identified by Local Health Integration Networks (LHINs) in consultation with stakeholders, including HealthForceOntario Marketing and Recruitment Agency (HFOMRA) Regional Advisors
Vacancy / Replacement Entry into FHN/FHOs

**June 1, 2015:** New process for entry into Patient Enrollment Models (FHNs/FHOs) effective

- Unlimited physician spots available per month for vacancy replacement
- Possible to join a FHO/FHN group in any area if you are replacing a physician who has left the group due to retirement or relocation
- FHN/FHO groups can fill any vacancies in their complement as determined by their March 31, 2012 level or the highest complement level after March 31, 2012
- In some circumstances the Ministry may consider a 2:1 replacement if the physician being replaced has a large practice. To be determined on a case-by-case basis
New Graduate Entry Program (NGEP)

**October 2015:** MOHLTC introduces New Graduate Entry Program (NGEP)

*Optional* pathway to registrations in FHN/FHO groups in communities not on the High Needs list

- Minimum three years salary (FTE rate = Yr 1: $162,000, Yr 2: $178,000, Yr 3: $207,000)
- Meet or exceed performance targets in terms of Access, Preventative Care, Patient Experience and Patient Enrollment to enter FHN/FHO
- Patient enrollment targets (FTE = Yr 1: 825, Yr 2: 1000, Yr 3: 1200)
- In year one, no additional OHIP billing beyond NGEP pay is permitted
- Program includes mentor component to support new physicians in transition into practice
The Locum Experience

Benefits of providing locum coverage:

- Diverse clinical experiences in different locations and an opportunity to pay off student debt
- Opportunity to explore new ways of practicing
- Could take a working vacation with the family or gain experience in various settings or build skills
- A way to transition into full-time practice

Opportunities:

- May be as short-term (day or # of hours) or long-term (6 months + for parental leave)
- Available in all areas across the province
- Available for any practice specialty
Locum Placements

Requirements for physicians doing locums:

- CPSO Independent Practice License
- OHIP Billing Number
- CMPA Insurance
- Hospital Privileges (depending on location)

Additional information that may be requested:
- CV
- References (typically 3)
- CCFP or RCPSC certification

Ensure you sign a locum contract.
Rural Family Medicine Locum Program (RFMLP)

Opportunity to explore communities and practices in eligible communities across the province.

Vacant shifts posted online – HFOJobs.ca

Eligibility: Locum Physician Requirements
- Valid independent CPSO license
- Active OHIP billing number
- Member of Canadian Medical Protective Association (CMPA)
- Valid ACLS and ATLS certification

Eligibility: Rural Physician
- Practice in a community with a RIO of 75 or over; or a RIO between 40 and 74 and with either 7 or fewer GP/FPs; or
- Signatory to a Rural Northern Physician Group Agreement (RNPGA)
- Must practice general/family medicine full-time in eligible community
- Must confirm eligibility with HealthForceOntario Marketing and Recruitment Agency (HFO MRA)
Preparing to Practice

Be Positive, Professional & Prepared

- **Network:** Talk to currently practicing physicians, senior residents, connections from med school & residency, recent graduates.
  - Share your interests & ask for advice.
  - Approach each opportunity with the desire to learn and contribute in a positive way.
  - Make a good impression.
  - Attend conferences & job fairs.

- **Get involved:** Leadership, committees, research, events.

- **Consider various settings and locations:** Electives or Locums.

- **Embrace the CanMEDS Framework:** Be a team player.

- **Create a job search plan:** Work with the HFO MRA Regional Advisor and search for jobs using HFOJobs.ca
HFOJobs Website:  www.HFOJobs.ca

- Comprehensive job search portal
- Free for all users
- Search by specialty or community
- Create Job Alerts
- Bookmark favourite communities
- Apply for positions directly
- Currently over 1,000 physician postings
Questions
Laurie Nash
Regional Advisor
Erie St Clair
HealthForceOntario
l.nash@healthforceontario.ca
519-350-1809

practiceontario@healthforceontario.ca
Key Links

HFOJobs
Transition into Practice Service (TiPS) – Modules
Rural Family Medicine Locum Program

College of Physicians and Surgeons of Ontario (CPSO)
CPSO Practice Guide

The Canadian Medical Protective Association (CMPA)

CMA Practice Management Modules
New in Practice Guide
Resident Timeline Tool

OMA Practice Management Resources
OMA – Physician Health Program

MOHLTC
Schedule of Benefits – Physician Services Under the Health Insurance Act

Medical Liability Protection (MLP) Reimbursement Program
Northern Rural Recruitment & Retention Initiative
Key Links (Cont.’d)

Professional Association of Residents of Ontario (PARO) (Cont.)
Career Counseling Handbook

Resident Loan Interest Relieve Program
Application (Eng)
Application (FR)
Questions: rlrp@ontario.ca or 1-877-957-5747

Return of Service for IMG (Eligible Areas)
www.healthforceontario.ca/rosmap-en
www.healthforceontario.ca/rosmap-fr
Questions: teresa.cheung@ontario.ca or 416-327-8339

Institute for Clinical Evaluative Sciences (ICES)
Local Health Integration Networks (LHINs)
Ontario Physician Human Resource Data Centre
OntarioMD
Health Quality Ontario