

# Performance Measures amongst Primary Care Groups in Ontario

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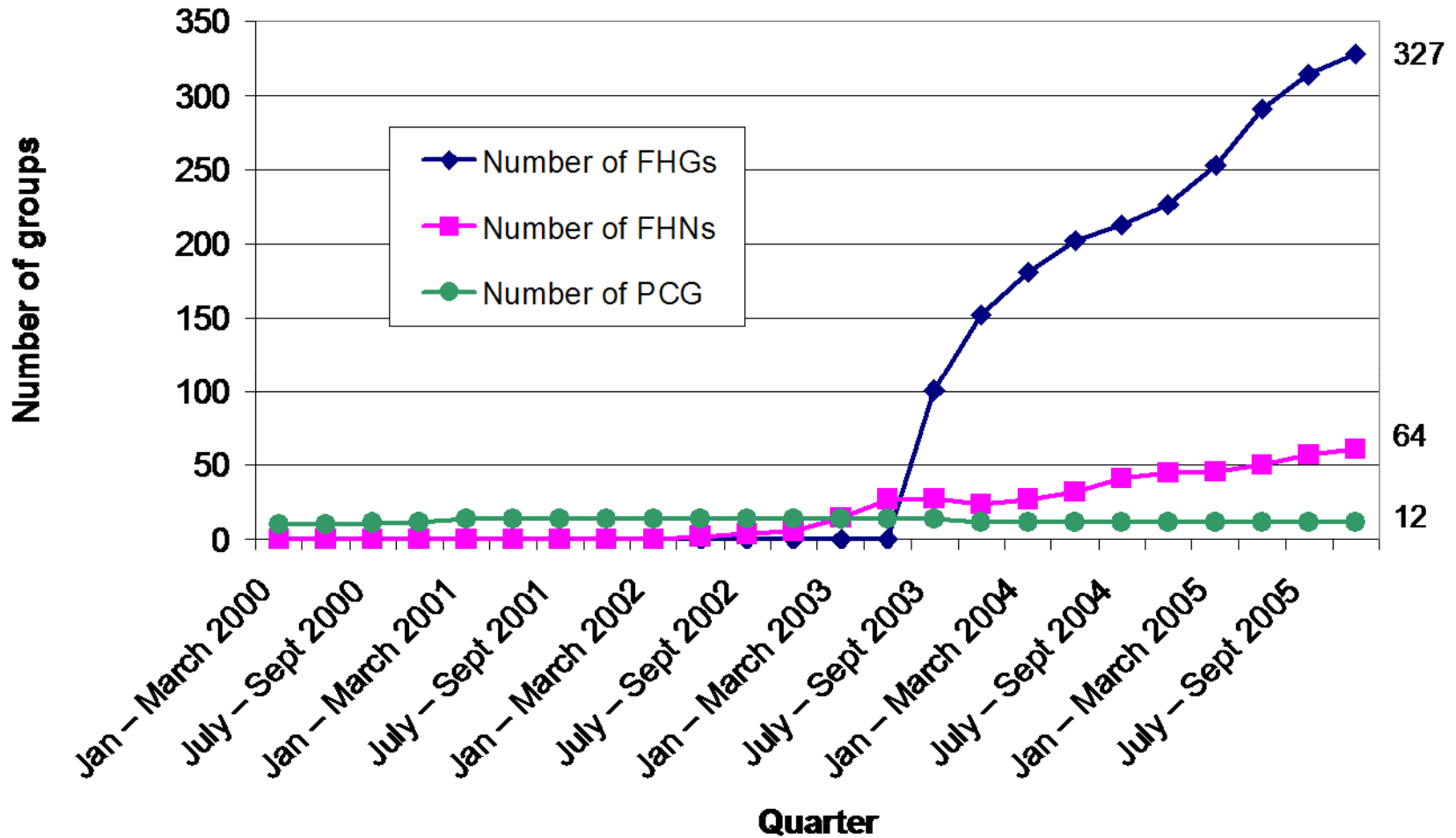
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# Background

- In 2003, Ontario introduced new primary care enrolment models, the two largest of which are Family Health Networks (FHNs) and Family Health Groups (FHGs).
- FHNs are a blended capitation-based model and FHGs a blended fee-for-service model.
- Within these models are payment incentives to improve care.

## Number of some Primary Care Network Groups in Ontario between 2000 and 2006



# Objectives

- **To provide a cross-sectional comparison of physician performance in FHNs and FHGs.**
- **To compare performance before and after physicians joined these new primary care groups.**

# Methods: Administrative Data sources

- **Physician demographic data:**
  - ▶ Corporate Provider Database and Ontario Physician Workforce Database
- **Patients demographic data:**
  - ▶ Registered Persons Database
  - ▶ Johns Hopkins ACG Case-Mix System
  - ▶ Statistics Canada Postal Code Conversion File
- **Health administrative Data:**
  - ▶ Ontario Health Insurance Plan billings
  - ▶ Ontario Drug Benefit Claims
  - ▶ National Ambulatory Reporting System (NACRS) from CIHI

# Methods: Study Cohort

- Ontario physicians who belong to their first FHG or a FHN for at least 2 years
- Patients selected who were rostered to the physician in the 2 years AFTER they joined the first FHN or FHG
- Patients included who were rostered in the post period AND had contact with the physician in the 2 year pre-period.

# Administrative Data Performance Measures

- **Preventive Care**
  - ▶ Cervical, Breast, Colorectal Cancer Screening
- **Chronic Disease Management**
  - ▶ Diabetes, Heart Failure, Asthma
- **Acute Care Management**
  - ▶ Acute Back Pain

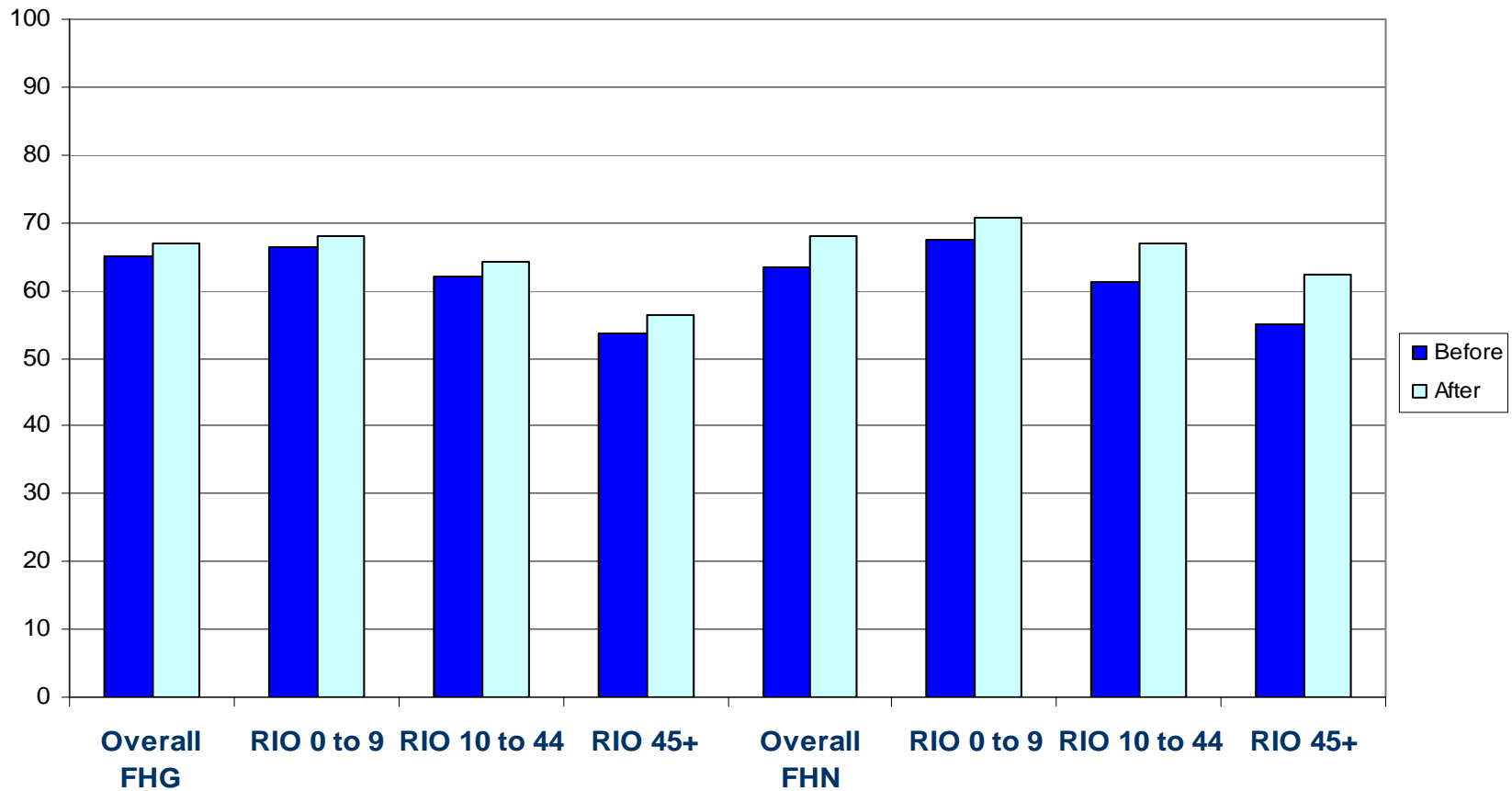
# Characteristics of study physicians practicing in a Family Health Group (FHG) patient enrolment model

Measure	Overall	Major Urban Centres (RIO 0 to 9)	Non-Major Urban Centres (RIO 10 to 44)	Rural Centres (RIO 45+)
Study Physicians (n)	<b>3466</b>	2586	684	196
Groups (n)	<b>295</b>	185	78	32
Male (n, %)	64.6	62.8	69.3	70.9
Age (mean, SD)	48.3 (9.5)	48.6 (9.4)	47.2 (9.4)	47.4 (10.1)
Years since graduation (mean, SD)	25.4 (9.8)	25.7 (9.7)	24.3 (9.8)	23.9 (10.4)
Foreign graduation (n, %)	18.8	20.2	13.7	16.8
Median RIO score (IQR)	4.7 (7.6)	4.2 (3.5)	27.8 (17.1)	55.1 (11.2)
Total number of patients enrolled (mean, std)	957.0 (543.8)	974.3 (541.4)	971.9 (559.2)	676.4 (435.6)
100-299	335	241	57	37
300-649	774	544	155	75
650-999	922	701	180	41
1000-1499	909	689	187	33
1500+	526	411	105	S
Median Months in Group	41.5 (17.6)	40.5 (18.3)	45.0 (13.7)	42.9 (15.5)

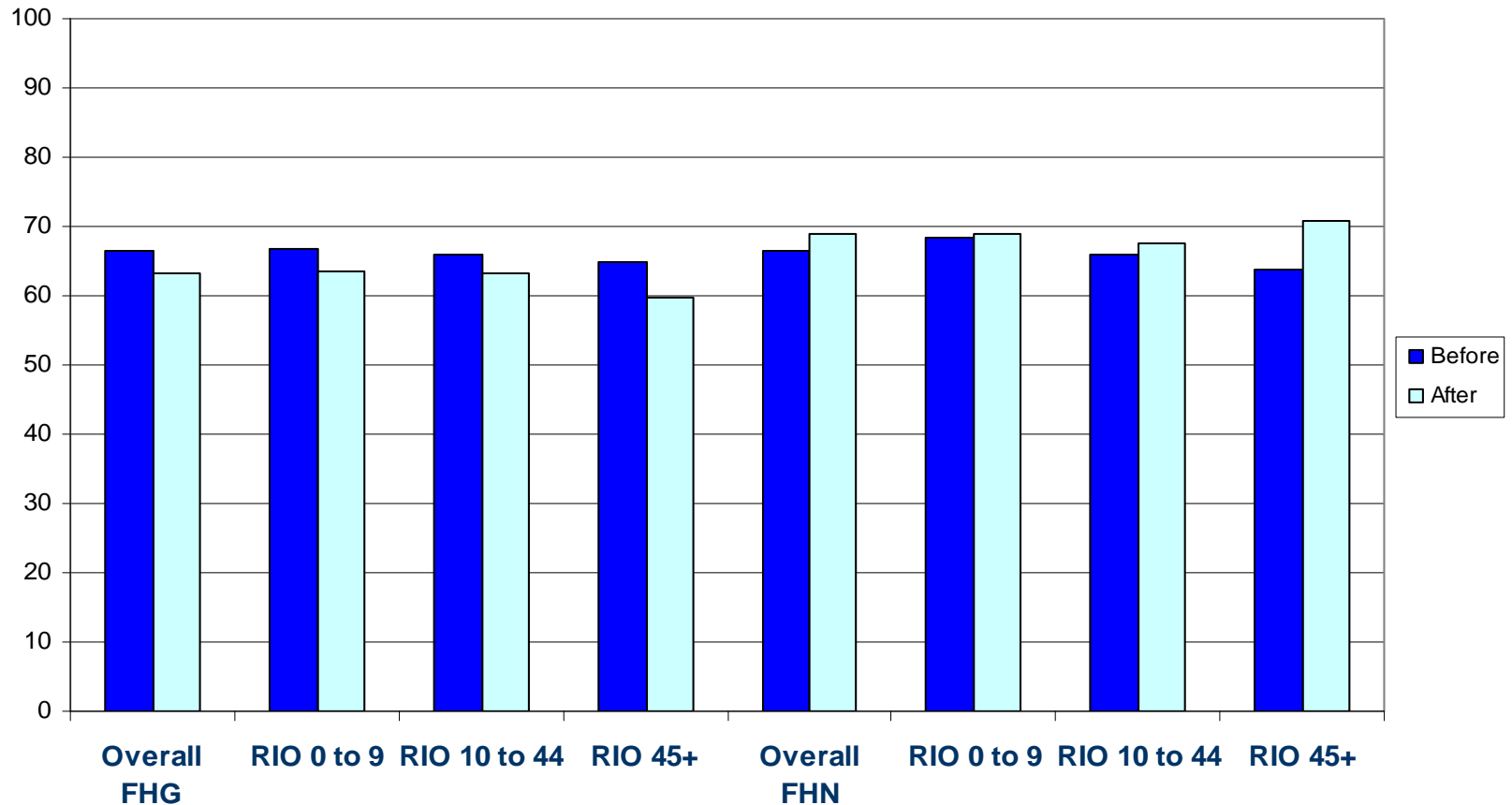
# Characteristics of study physicians practicing in a Family Health Network (FHNs) patient enrolment model

Measure	Overall	Major Urban Centres (RIO 0 to 9)	Non-Major Urban Centres (RIO 10 to 44)	Rural Centres (RIO 45+)
Study Physicians (n)	<b>474</b>	212	147	115
Groups (n)	<b>55</b>	22	19	14
Male (n, %)	66.0	59.4	70.1	73.0
Age (mean, SD)	46.3 (8.7)	46.8 (8.1)	45.4 (9.2)	46.5 (9.3)
Years since graduation (mean, SD)	23.6 (9.1)	24.2 (8.5)	22.6 (9.6)	23.8 (9.2)
Foreign graduation (n, %)	9.7	12.3	7.5	7.8
Median RIO score (IQR)	16.7 (39.2)	4.9 (2.2)	30.2 (22.4)	58.9 (18.3)
Total number of patients enrolled (mean, SD)	995.4 (461.5)	1093.1 (506.9)	1000.1 (435.6)	809.2 (335.0)
100-299	32	16	S	S
300-649	81	27	23	31
650-999	141	51	45	45
1000-1499	148	73	47	28
1500+	72	45	23	S
Median Months in Group	43.0 (11.0)	43.0 (12.5)	46.0 (17.0)	45.0 (7.0)

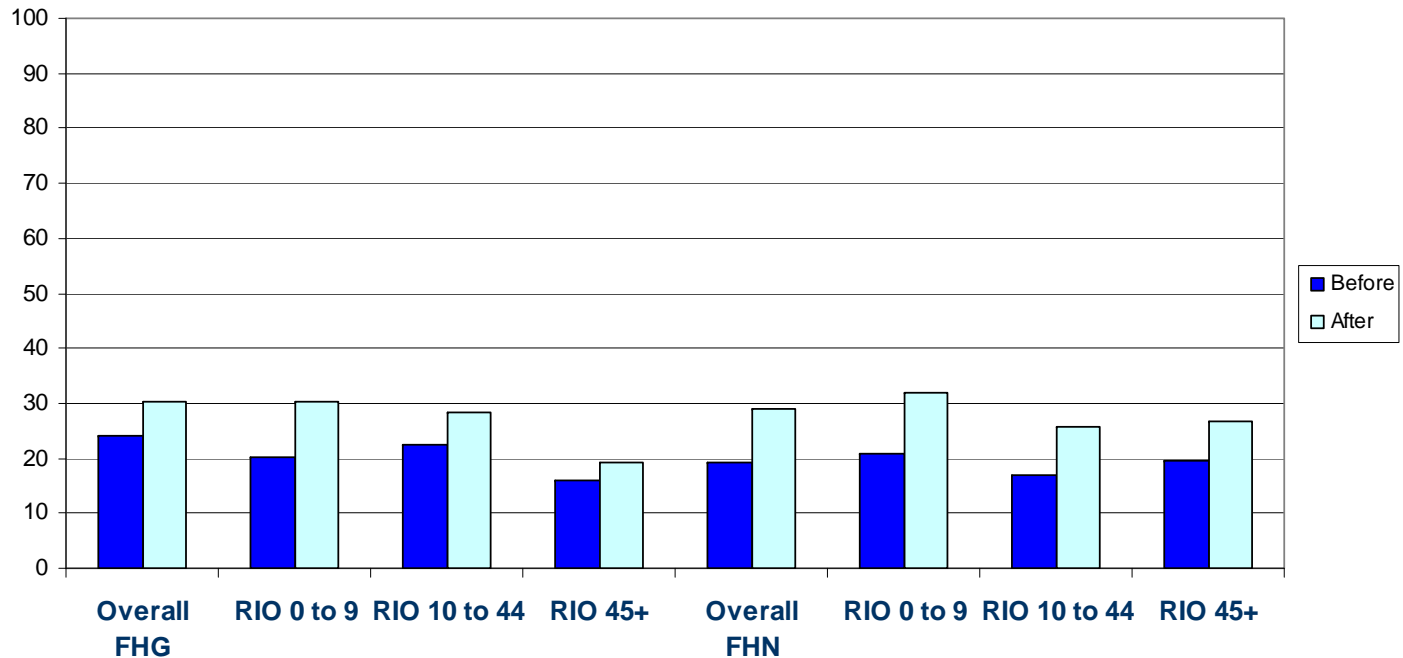
# Cervical screening (Pap test) for women aged 20 to 69 years before and after their physician joined a FHG or FHN



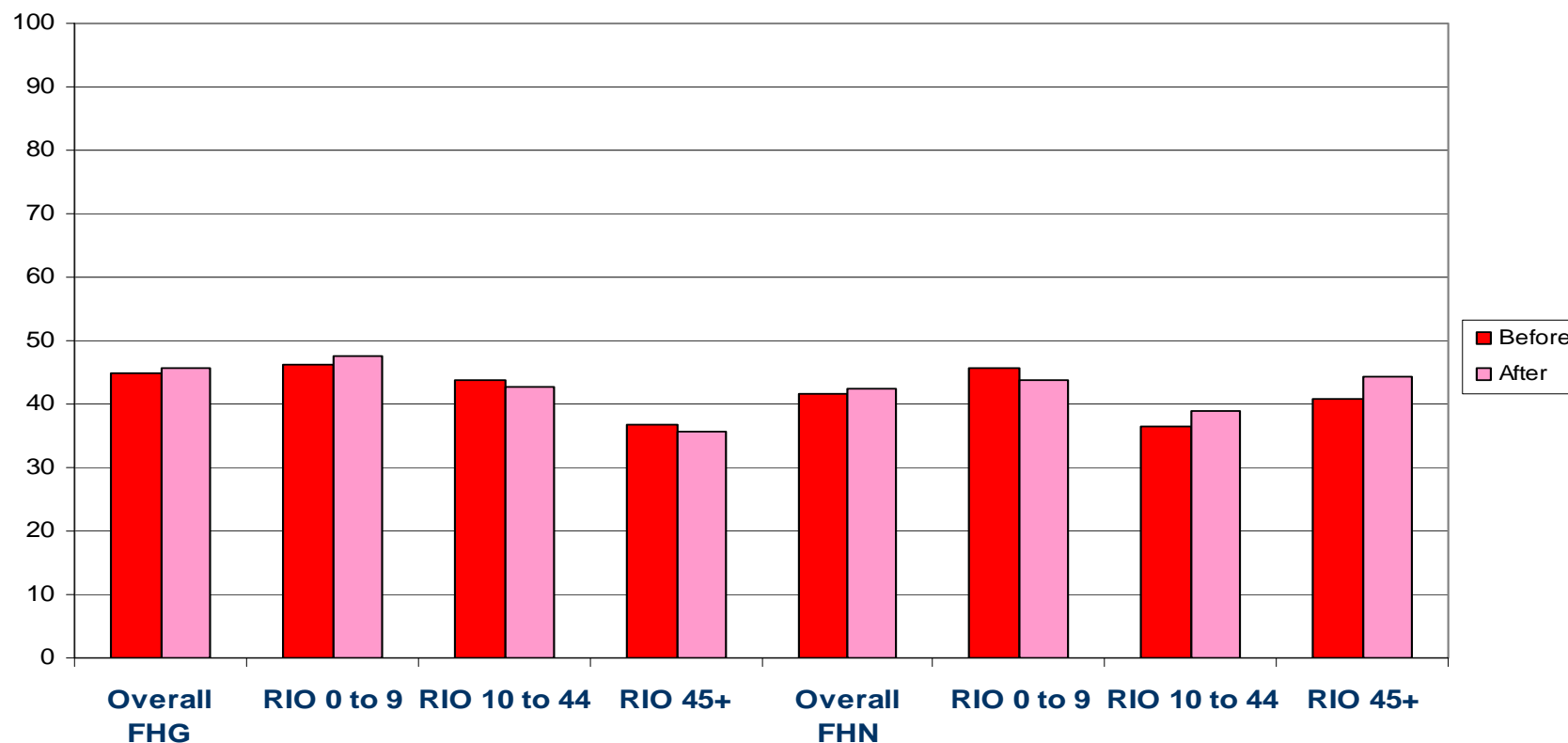
# Breast cancer screening (mammography) for women aged 50 to 79 years before and after their physician joined a FHG or FHN



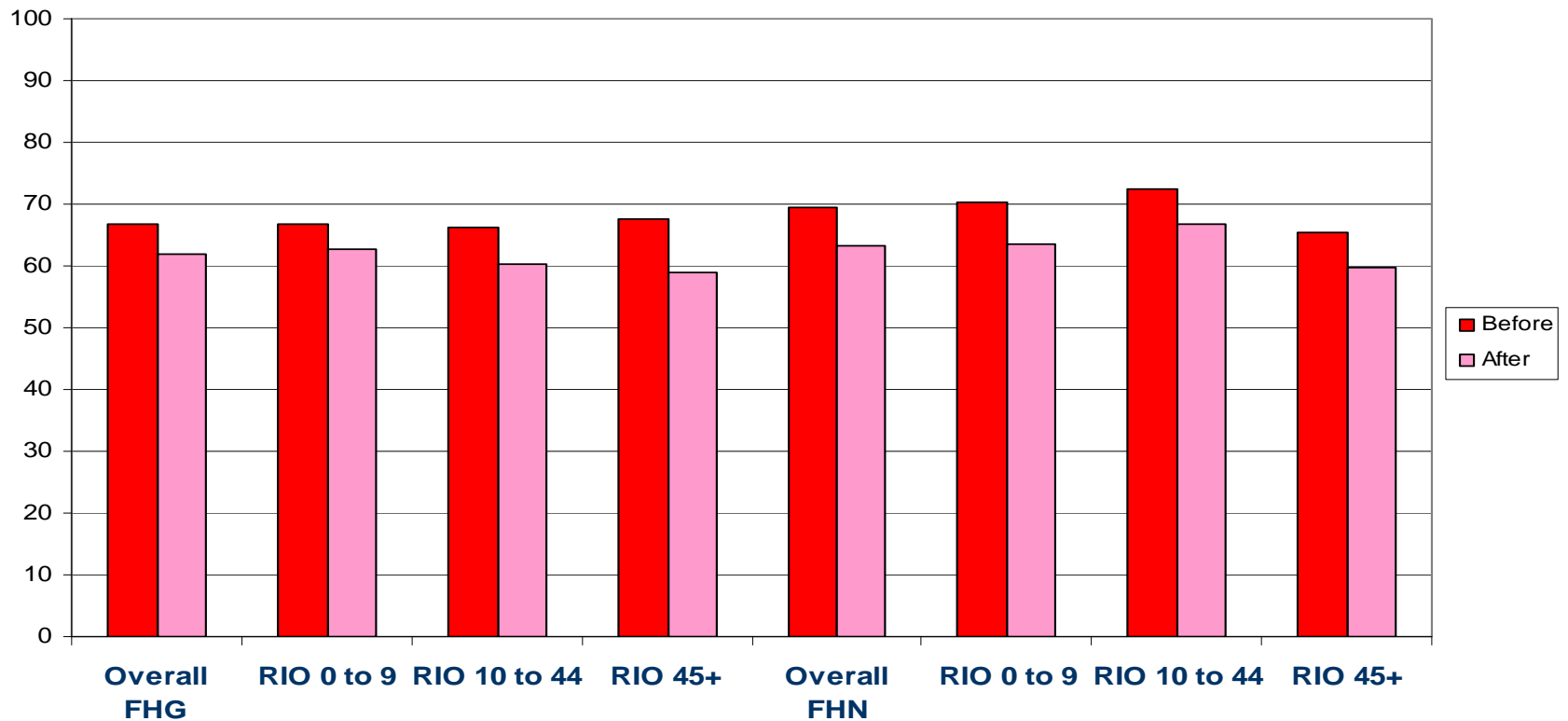
# Colorectal cancer screening (FOBT, colonoscopy, sigmoidoscopy, barium study) for people aged 50 to 69 years before and after their physician joined a FHG or FHN.



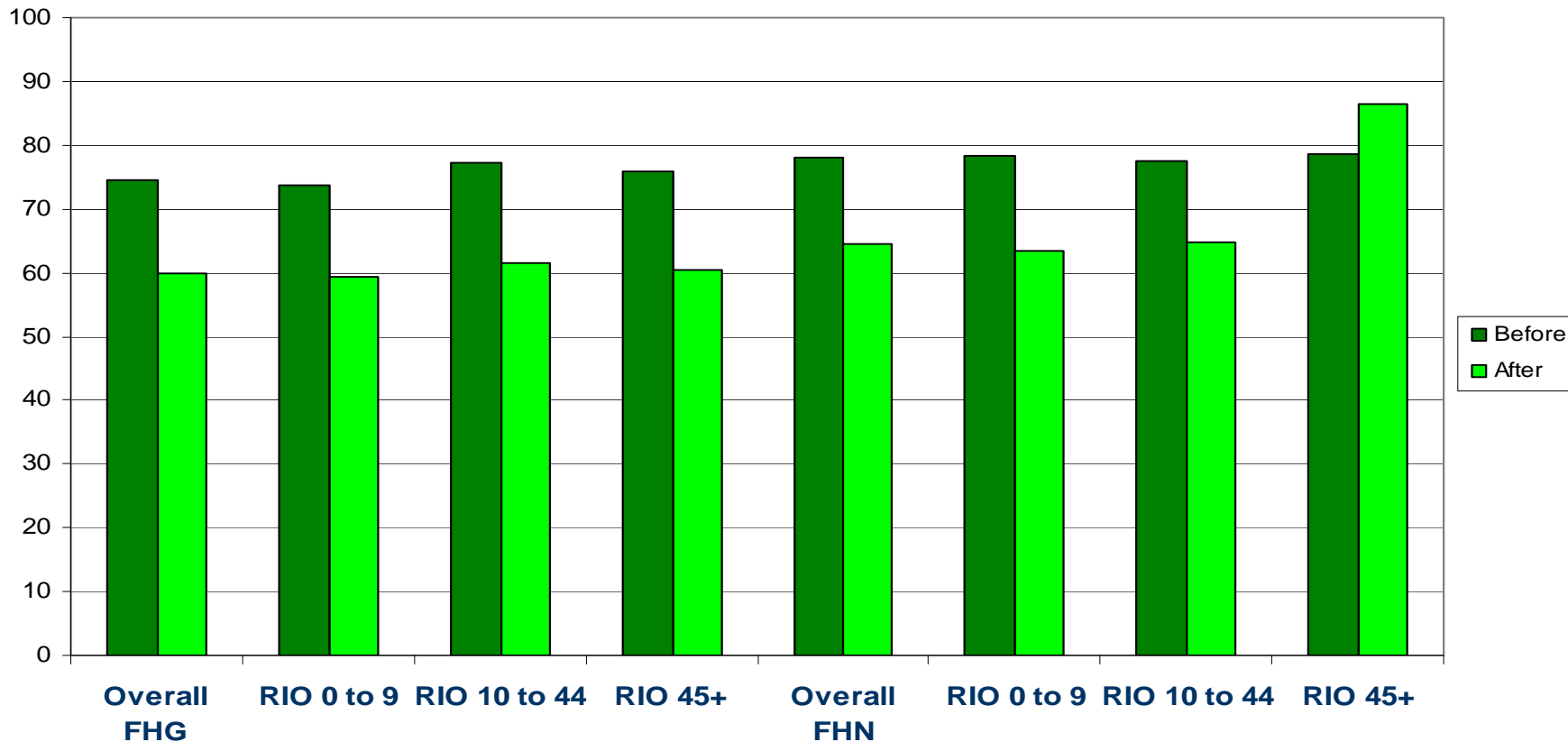
# Heart Failure management (echocardiogram testing) for newly diagnosed patients 20 years and older before and after their physician joined a FHG or FHN



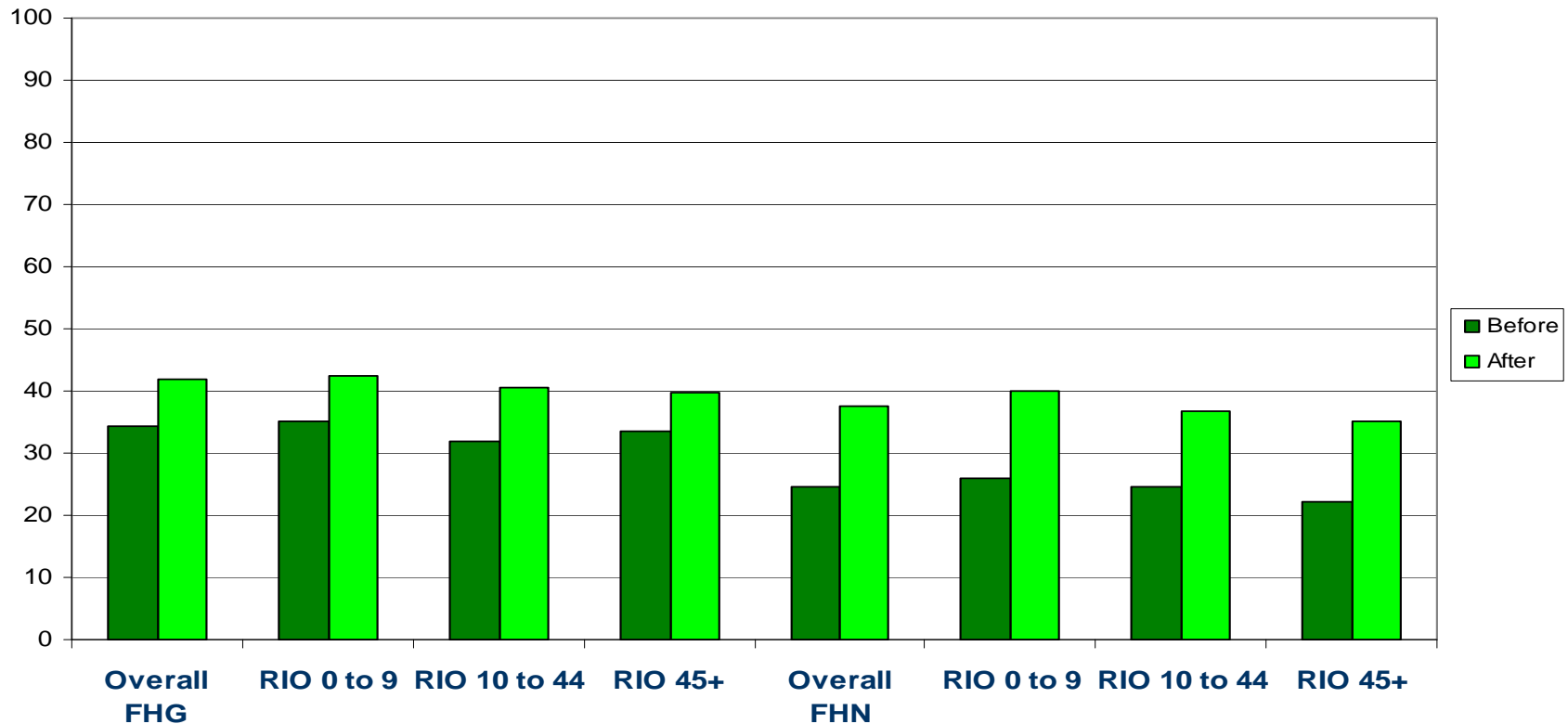
## Heart Failure management (ACE inhibitor or an ARB prescription) for newly diagnosed patients aged 65 years and older before and after their physician joined a FHG or FHN



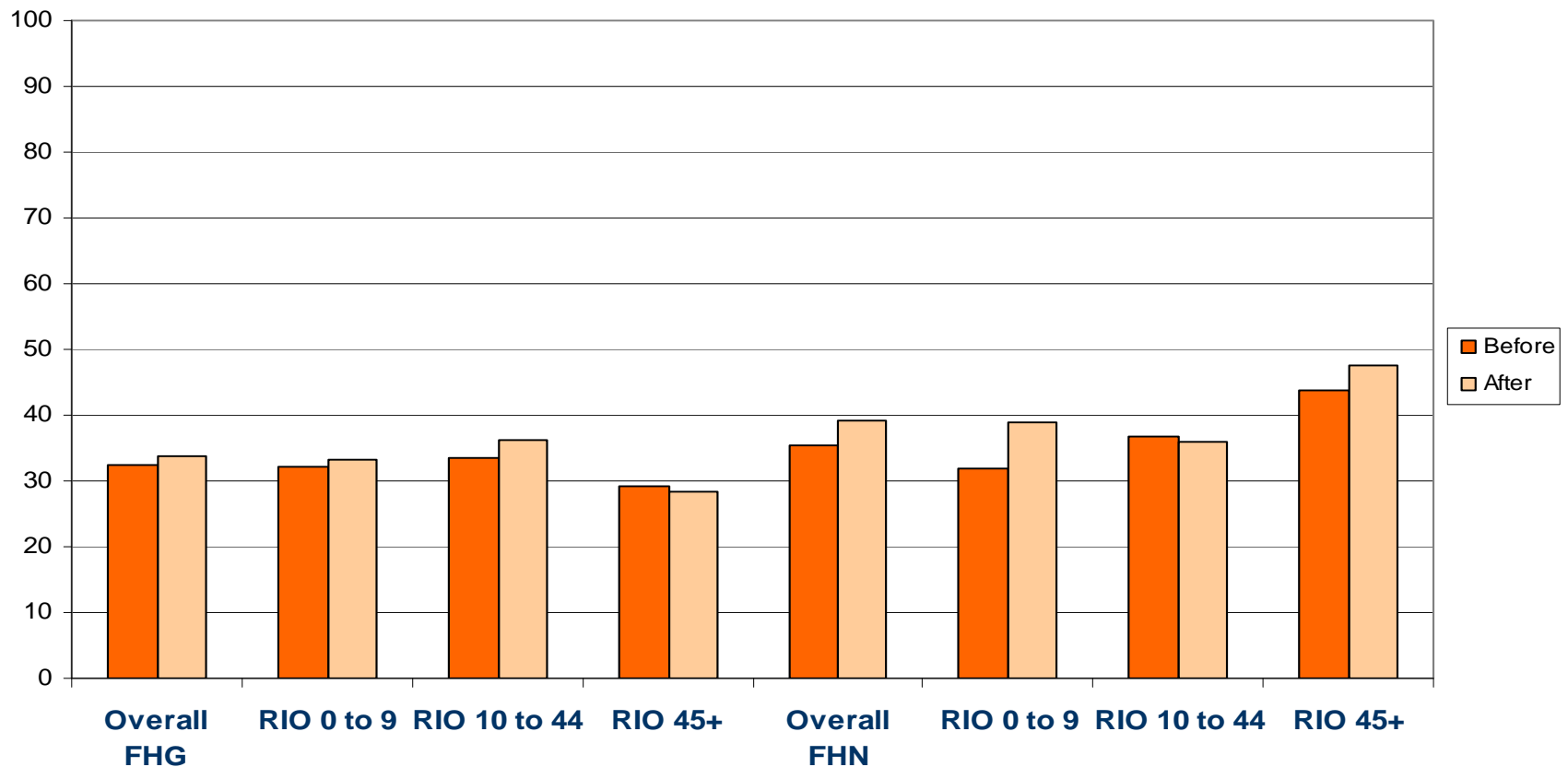
## Diabetes management (eye examination) for patients aged 30 years and older before and after their physician joined FHG or FHN



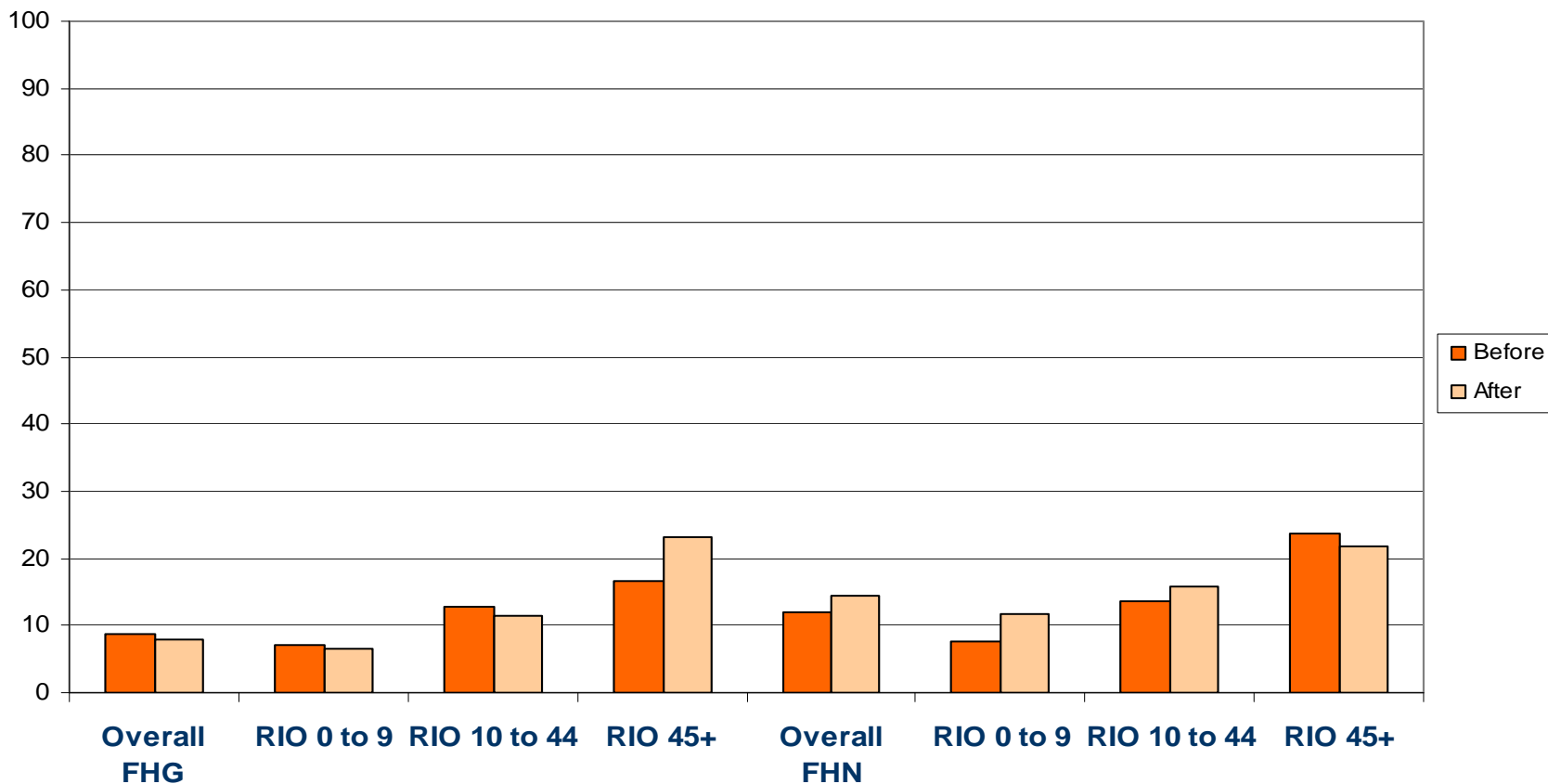
## Diabetes management (received an antihypertensive agent and a lipid lowering agent) for patients aged 65 years and older before and after their physician joined a FHG or FHN



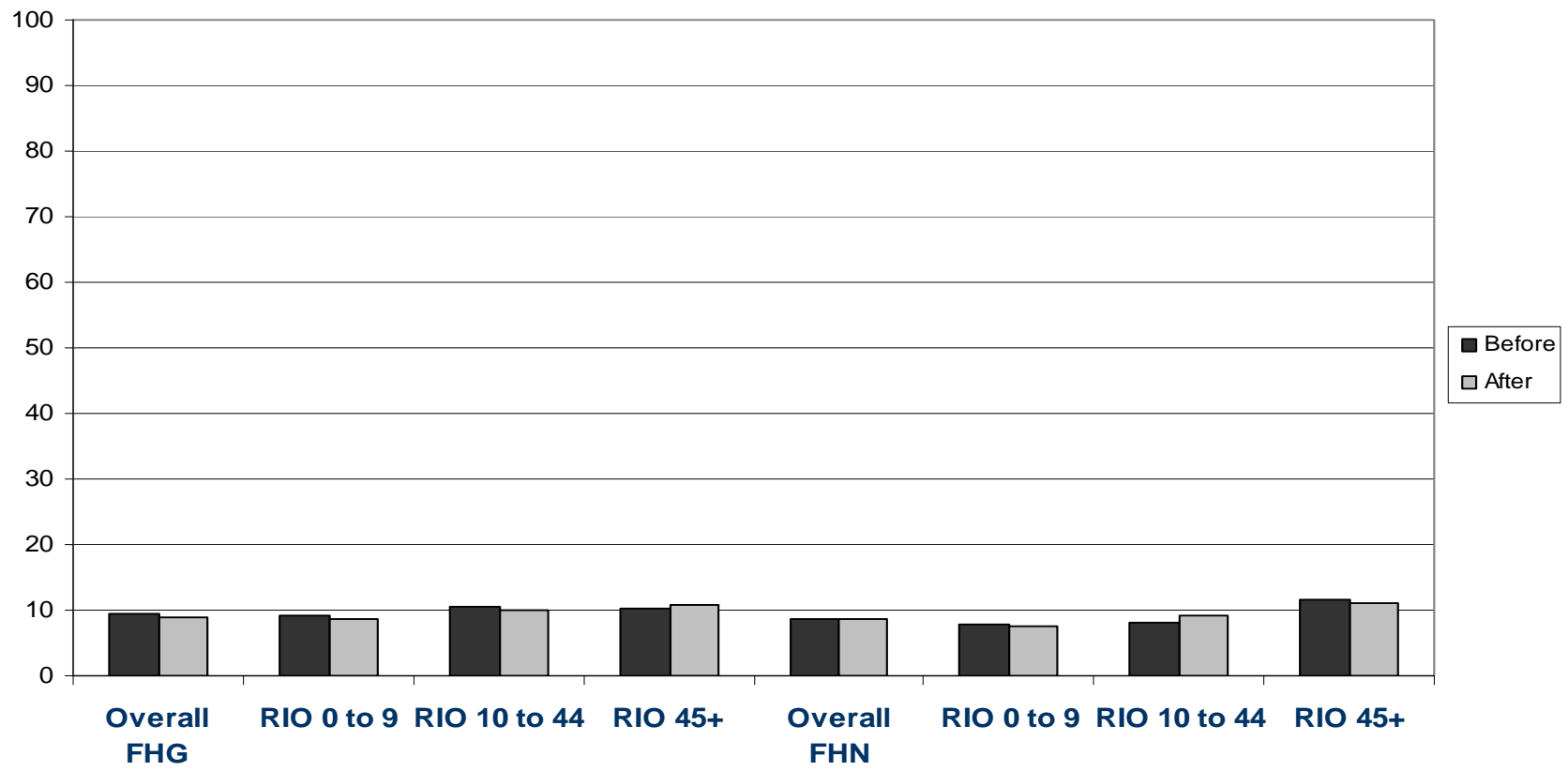
## Asthma management (spirometry testing) for newly diagnosed patients aged 11 to 40 year of age before and after their physician joined a FHG or FHN



## Asthma management (emergency department visits) for newly diagnosed patients aged 11 to 40 years before and after their physician joined a FHG or FHN



## Acute back pain management (received an x-ray within six weeks of a FP/GP visit) for patients having acute back pain before and after their physician joined a FHG and FHN



# Conclusions: Cross-Sectional Comparisons

- Performance appears to be similar in FHNs and FHGs.
- Performance was approaching current benchmarks for cervical and breast cancer screening.
- Improvements in both models for colorectal cancer screening compared to earlier measures.
- Still lower than desirable benchmarks for prescribing for chronic disease, spirometry testing for asthma and echocardiogram testing for heart failure.

# Conclusions: Before and After Comparisons

- **No** changes in screening for cervical cancer or breast cancer after joining either a FHN or FHG.
- Colorectal cancer screening increased in both FHNs and FHGs, with the largest increase seen in fecal occult blood testing in FHNs.
- After enrolling in either a FHG or a FHN, prescribing performance measures for diabetes care improved.
- However, annual eye examinations decreased for younger people with diabetes after joining a FHG or FHN.
- There were **no** changes in performance measures for heart failure management or asthma care after enrolling in either a FHG or FHN.
- There were **no** changes in test ordering for acute back pain after enrolling in either a FHG or FHN.

# Policy Implications: Are Incentives working?

- Maybe!
- Mammography and pap smear testing at approaching benchmark levels already.
- Colorectal screening improving with incentives.
- Incentives for diabetes prescribing may be helping, but not ophthalmology screening for younger patients.
- Too early to tell for heart failure.
- Need other chronic disease incentives

# Future Directions

- Examine other models including Family Health Organizations, Family Health Teams and Community Health Centres and traditional fee for service.
- Expand performance measures to include EMR based measures.
- Include measures which evaluate the impact of interdisciplinary care.