

# Ontario Patient Rostering

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# the essence of primary care reform

Patient enrolment is a key element of the models introduced through the government's Primary Care Reform initiatives, and *formalizes a relationship* between the physician and the patient.

Although *patient enrolment is voluntary*, it involves a dual *commitment* from the patient and physician:

- ✓ patients commits to seek treatment from their enrolling physicians or group to which the family physician belongs unless they are traveling or find themselves in an emergency situation
- ✓ physicians agree to provide comprehensive care to there patients

**This dual commitment establishes a relationship that benefits the patients and providers.**

# transforming the way health care is delivered

Ontario's primary care models reward physicians for providing comprehensive primary health care services to their patients.

Models are based upon alternative funding contracts which set out physician obligations of care and requirement to provide a formal patient enrolment process.

Compensation is based on blended payments and a blend of financial incentives, premiums and other types of payments.

*Patient rostering improves the efficiency by which provincial funding and physician compensation are administered.*

- ✓ Funding and compensation are linked to the number of patient enrolled and focus on the comprehensive care needs of the patient not the number of services performed by a physician.
- ✓ compensation can be adjusted in response to demographic or population characteristic changes
- ✓ funding can be allocated based on populations needs and requirements

# current status in Ontario

## *In Ontario, there are 10 Patient Enrolment Models (PEMS):*

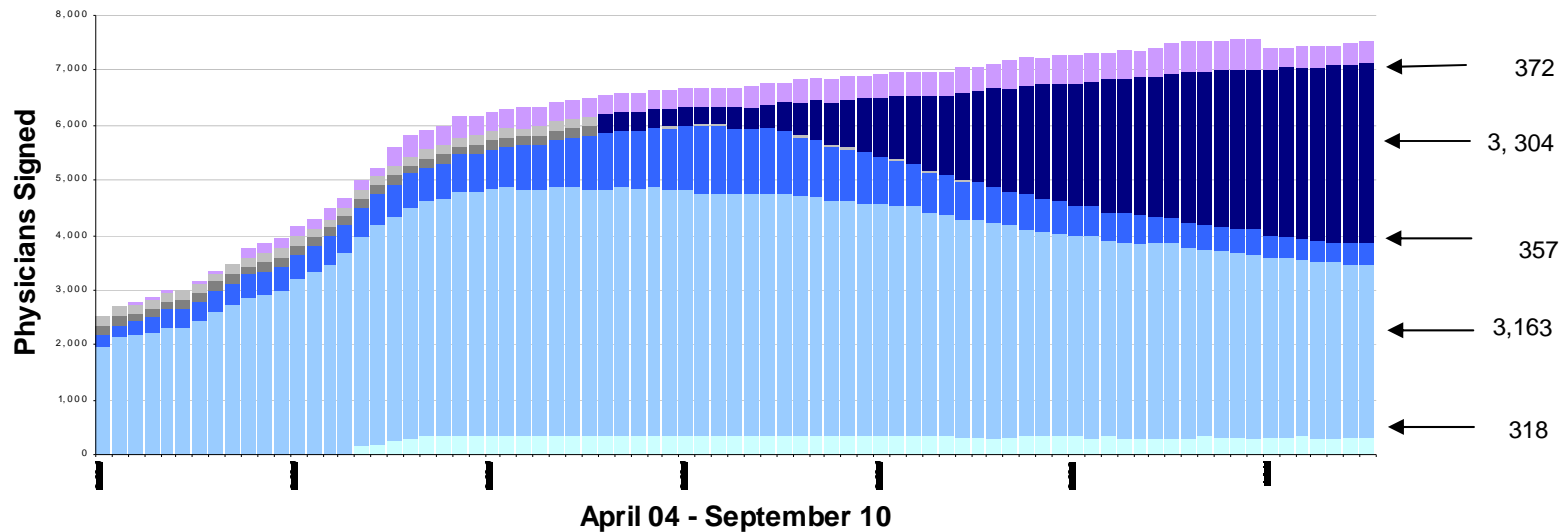
- Comprehensive Care Model (CCM)
- Family Health Group (FHG)
- Family Health Network (FHN)
- Family Health Organization (FHO)
- Blended Salary Model (BSM)
- South Eastern Ontario Academic Medical Organization (SEAMO)
- Rural and Northern Physicians Groups Agreement (RNPGA)
- Group Health Centre (GHC)
- St. Joseph's Health Centre (SJHC)
- Weeneebayko Health Ahtuskaywin (WHA)

The number of primary care physicians practicing in PHC models has grown from 2,034 in January 2004 to ***7,514 physicians as of October 2010.***

More than ***9.35 million patients are enrolled*** to a PHC physician representing approximately 70% of the population in Ontario.

# current status in Ontario

physicians registered – 7,514



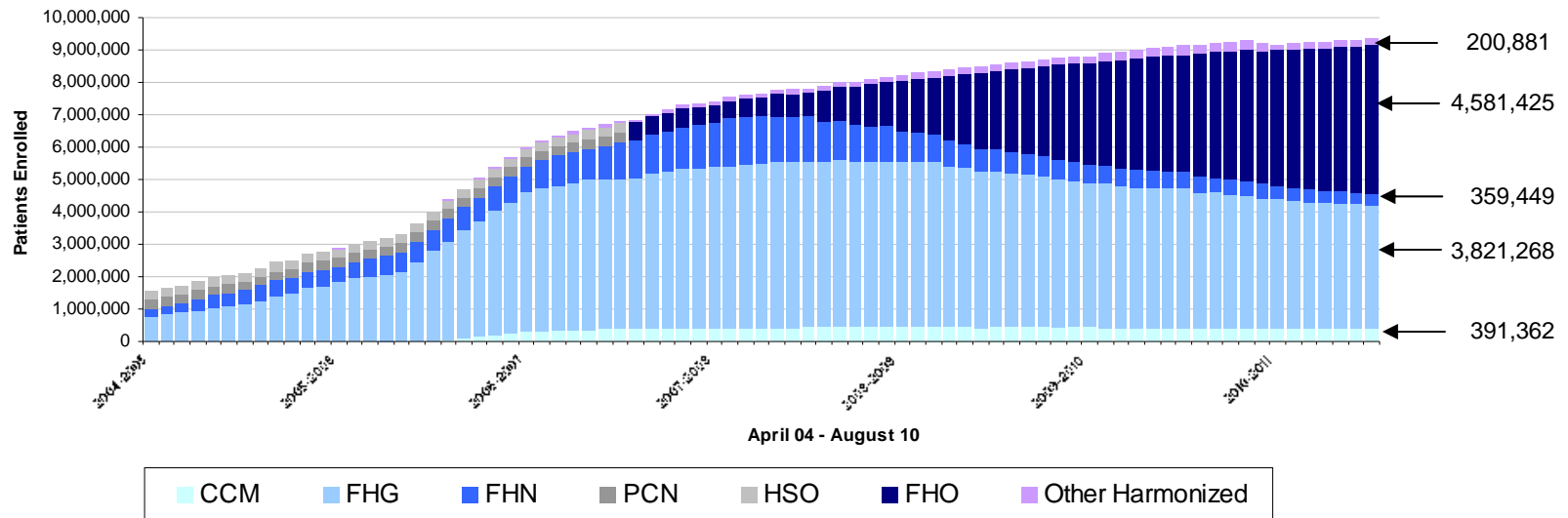
■ **Other Harmonized:** This category began being tracked by the monthly status report starting January 1, 2005. Included in this section is: GHC (Group Health Centre), RNPGA (Rural Northern Physician Group Agreement), BSM (Blended Salary Model), SJHC (St. Joseph's Health Centre-Toronto), WHA (Weeneebayko Health Ahtuskaywin), ICHA (Inner City Health Association), GP Focused-HIV Groups, Sherbourne Physician Group and Hamilton Shelter Health Network.

\* PCN and HSO amalgamated to the FHO model effective Nov 1, 2006.

\* Information based on PHC Monthly Status Reports

# current status in Ontario

patients enrolled – over 9.35 million



**Other Harmonized:** GHC (Group Health Centre), RNPAG (Rural Northern Physician Group Agreement), BSM (Blended Salary Model), SJHC (St. Joseph's Health Centre-Toronto), WHA (Weeneebayko Health Ahtuskaywin), ICHA (Inner City Health Association), GP Focused-HIV Groups, Sherbourne Physician Group and Hamilton Shelter Health Network.

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# patient enrolment benefits

continuity of care

information sharing

access to care

accountability

Rostering to a primary care physicians provides the first level of care, and usually the *first point of contact*, that people have with the health care system.

Primary care physicians *support individuals and families* to make the best decisions for their health including health promotion, disease prevention and chronic disease management.

Patients are able to access healthcare with and through the same health care provider over time benefiting from the *continuity of care* received from providers working in partnership with patients and facilitating their use of other health-related services, when required.

Primary care services are provided by health care professionals who have *the right skills* to meet the needs of individuals and the communities being served.

# patient enrolment benefits

continuity of care

information sharing

access to care

accountability

- Rostering patients to a primary care physician and group permits the *sharing of health data and health information*.
- The delivery of preventive care services and targeted information around specific *disease management* is now possible, as exemplified by the diabetes baseline information recently distributed to primary care physicians.
- The accessibility of health care information through electronic health records supports not only patient continuity of care but also assists physicians in their goals to deliver *evidence-based preventive care* that is responsive to patients needs.



# patient enrolment benefits

continuity of care

Patient access to health care is expanded beyond the primary care physician during regular business hours.

information sharing

Patients have access to all primary care members in the enrolling group, *after hour* clinics and *Telephone Health Advisory Service*.

access to care

Through *Health Care Connect* Ontarians are able to access health care providers in their community who are accepting new patients.

accountability

# patient enrolment benefits

continuity of care

The enrolment of patients increases physician / patient *accountability* and encourages physician accessibility to patients.

information sharing

For physicians, this means the financial consequence of negation are reduced as patients are not seeking care outside their primary health care group

access to care

As the number of physicians participating in primary increases so does accessibility for patients

accountability

Enrolment is a means for more predictable funding for the province as most payments are based on the number of people and not the number of services

# patient enrolment challenges

Over the last decade, primary care reform has encountered a number of challenges and developed mitigation strategies:

- physician compensation to encourage enrolment
- acknowledged that a small percentage of the population is unlikely to enrol, therefore, provided compensation within the model
- physicians changing compensation models prior to having sufficient number of enrolled patients or the alternative, physician reluctance to change models

# Family Health Care for All

## Key Outcomes

improved access

improved care coordination

improved quality

**Health Care Connect**  
Identify and Refer Unattached Patients  
to Family Health Care

Increased Capacity in Family Health Care

**Family Health Care  
and  
Primary Care Models**

200  
Family  
Health  
Teams

25  
Nurse  
Practitioner-  
Led Clinics

Improved early  
diagnosis,  
management  
&  
Prevention of  
diseases and  
other  
conditions

Additional  
& more  
effective  
use of  
Health  
Human  
Resources

**9000 Nurses**  
**IMGs**  
**100 New Medical**  
**School Spaces**

Expanded In-Office Care to reduce ER Visits

**Access to Care & ER Wait Times**  
**Reduce ER Demand**  
**Increase ER Performance**  
**Faster Discharge**

**CDPM & Diabetes**  
**Integrated Cancer Screening**  
**Aging at Home**

# patient enrolment and consent form

*A sample of the Patient Enrolment and Consent to Release Personal Health Information form is available in the Processing Enrolment/Consent Reference Manual for Primary Health Care Groups*

Processing Enrolment/Consent Forms Reference Manual for Primary Care Groups

APPENDIX A (1)

Ontario Ministry of Health and Long-Term Care

Patient Enrolment and Consent to Release Personal Health Information

Section 1 - I want to enrol myself with this family doctor/clinic in Section 4

Section 2 - I want to enrol my child(ren) under a family doctor/clinic in Section 4

Section 3 - Signature

Section 4 - Family doctor

March 2005

Processing Enrolment/Consent Forms Reference Manual for Primary Care Groups

Appendix A (2)

Patient Enrolment and Consent to Release Personal Health Information

Patient Information

Section 1 - I want to enrol myself with this family doctor/clinic in Section 4

Section 2 - I want to enrol my child(ren) under a family doctor/clinic in Section 4

Section 3 - Signature

Section 4 - Family doctor

March 2005

[http://www.health.gov.on.ca/english/providers/pub/primarycare/proces\\_enrolment/proces\\_enrolment\\_mn.html](http://www.health.gov.on.ca/english/providers/pub/primarycare/proces_enrolment/proces_enrolment_mn.html)

questions?