

Funding models not associated with better preventive care delivery

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Female physicians, smaller patient loads and electronic reminders are associated with better delivery of preventive health care to patients, rather than the way in which primary care practices are funded, states an article in *CMAJ (Canadian Medical Association Journal)*.

Although there is significant interest around the world in improving primary care delivery -- that is, first-line general health care -- and disease prevention, there is a lack of evidence about which [payment model](#) is associated with superior delivery of primary care.

Researchers looked at different funding models in [family practices](#) in Ontario, Canada -- fee-for-service, salaried, new and established capitation practices -- to determine whether there was an association between a particular model and superior preventive care. The study included 137 primary care practices, with 35 fee-for-service, 35 community health centres (salaried model), 35 in family health networks (new capitation model) and 32 in family health networks (the older capitation model).

Although it appeared that fee-for-service practices and those in the established capitation model scored lower on the prevention score, the type of funding model was not a significant factor after the authors accounted for patient characteristics, organizational structure and physician characteristics.

"We observed important differences in the prevention activities between

primary care practices in the four funding models in Ontario," states Dr. Simone Dahrouge, University of Ottawa, with coauthors. "However, when organizational factors were considered, we found that practice structure rather than funding arrangements was the primary determinant of the delivery of evidence-based preventive health care."

"No funding model was clearly associated with superior preventive care," write the authors. "Factors related to physician characteristics and practice structure were stronger predictors of performance."

Provided by Canadian Medical Association Journal

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