Ontario shift to family health teams leads to improved diabetes care for patients

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Paying doctors differently and adding other professionals to the health team has improved diabetes care for patients in Ontario, according to a new study by researchers at St. Michael's Hospital.

Health systems in Canada, the United States and elsewhere are exploring how to deliver better primary care by changing the way doctors are paid and organized. Many are moving away from fee-for-service payment toward salaried or capitation payment. Capitation means paying physicians an annual fee per patient, rather than payment for each service provided, regardless of the number of patient visits. Capitation is thought to better support chronic disease care.

Since 2002, 45 per cent of primary care physicians in Ontario have moved to capitation payment. About half of these physicians are part of a family health team where they deliver care together with other health professionals.

A 10-year study involving more than 10 million patients looked at whether the shift to capitation models for physicians in a health care team improved patient outcomes.

The study, published today in the *Canadian Medical Association Journal*, used data from the Ontario Health Insurance Plan and the Institute for Clinical Evaluative Sciences.

"We know that only about 1 in 5 Ontarians receive primary care from a

family health team," said Dr. Tara Kiran, a family physician at the St. Michael's Hospital Academic Family Health Team. "Our study suggests that Ontarians might be healthier if everyone had access to team-based care"

Patients who had physicians in a family health team were more likely to be monitored for diabetes (40 percent) compared with those in a fee-for-service practice (32 percent). Family health team patients also experienced greater improvements in diabetes care between 2001 and 2011 than patients in a fee-for-service practice.

The findings for cancer screening were mixed. In 2011, patients in family health teams had higher rates of mammography (77 per cent vs. 72 per cent) and colorectal cancer screening (63 per cent vs. 61 per cent) than patients in a fee-for-service practice. However, these differences in care seemed to be present for patients in 2001, before family health teams were introduced.

"Our findings suggest that the shift to capitation payment and the addition of non-physician health professionals to the care team have led to modest improvements in diabetes care," said Dr. Tara Kiran. "However, there does not appear to have been much of an effect on cancer screening."

The researchers note there are large differences in the characteristics of physicians and patients in family health teams compared with those who are not in family health teams. For example, patients in family health teams were more likely to be Canadian-born, live in rural areas, and have fewer health problems. These differences may have influenced the findings despite the authors' attempts to account for these differences.

The authors suggest that changing the way physicians are paid and adding other health professionals to the team has the potential to

improve quality of care, although this needs to be weighed against the cost of reforms within the system.

More information: *Canadian Medical Association Journal*, www.cmaj.ca/lookup/doi/10.1503/cmaj.150579

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