Questions&Answers

Keeping health care providers informed of payment, policy or program changes

To: All Primary Care Physicians

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Re: Supporting Areas of High Physician Need: Changes to Entry into Family Health Organizations and Family Health Networks

Changes to Managed Entry

1. ***What changes is the government making regarding entry into primary care models?***

   On Feb 1, 2015 the Ministry of Health and Long-Term Care released Ten Point Plan for Saving and Improving Service. As part of this plan, the ministry took steps to improve access to physicians in communities that have a high need for their services. Twenty new physicians per month will be eligible for entry into the Family Health Organization (FHO) and Family Health Network (FHN) compensation models in areas with high needs. Similarly, participation in the Income Stabilization program is eligible only for applicants in areas of high need.

2. ***Why is the government making these changes?***

   The distribution of doctors varies widely across the province and the ministry wants to target its scarce resources so that doctors are encouraged to go to areas of the province that have greater need.

   Family Health Organizations (FHOs) and Family Health Networks (FHNs) are just two of several different types of physician compensation models. The government is restricting the number of physicians joining these two models to those in areas of high physician need only, and here's why:

   - Doctors who join Family Health Organizations (FHOs) and Family Health Networks (FHNs) get paid considerably more as part of one of these groups, so it's understandable why some may want to join.

Ontario

- FHNs and FHOs are not the only options available to doctors. There are many other options for doctors to practice in Ontario, including Family Health Groups (FHGs), Comprehensive Care Model (CCM), locum or replacement doctors within FHNs and FHOs as well as traditional fee for service, where they would also get paid well for the work they do, and can work in the community they want to work in.
- The fact is:
  - 94% of Ontarians have a doctor, and some of those who don't have one, don't want one.
  - many areas of the province already have enough doctors – some areas are even over-served
  - In areas that already have enough doctors, residents won't benefit from adding more doctors in FHOs or FHNs
  - In areas where there aren't enough doctors, however, the high pay for being part of a FHO or a FHN is good incentive for doctors to go to these areas.

That is why there is now a priority on increasing the doctor's entry into these models only in areas of high need – 20 doctors per month that is 240 per year for areas that need doctors, not for areas that already have enough, or more than enough doctors.

3. Do these changes mean the government is placing less emphasis on the importance of primary care?

The government values the contributions of Ontario's primary care providers and regards primary care as playing a foundational role in health system transformation.

As described in Patients First: Action Plan for Health Care, the ministry is committed to bringing forward a plan to ensure our primary care sector is organized around the needs of the population. Improving access to health services is a top priority for the government as is the sustainability of our health care system. Demographics in this province are shifting and our approaches must adapt to meet these demands. This is one element of population health based primary care – to ensure high quality, comprehensive primary care is available in areas that need it most.

We are increasing the amount we spend each year on health care in this province. But in this time of fiscal constraint, any new spending must prioritize services such as home care and community care.

There is nothing preventing additional primary care physicians from establishing a practice in Ontario in any of the other primary care physician compensation models including fee-for-service practices.

Areas of High Physician Need

1. ***How were the areas of high physician need determined?***

   Areas of high physician need are those areas of the province where physician supply does not meet local demand for their services. The approach to identifying these areas was evidence based with allowance for local circumstance.

   The list was determined using a combination of:

   a) rurality (Rurality Index for Ontario (RIO) score),

   b) family physician to population ratio and

   c) input from each Local Health Integration Network (LHIN), based on their knowledge of local demographics, socioeconomic factors, service capacity, access issues and unique population health needs.

2. ***Can I expect the list of high needs communities to change?***

   Yes, the list will be updated by the ministry based on a review of the evidence and consultation with LHINs to ensure it meets the needs of Ontario communities. Quarterly updates to the list will be made as new physicians enter the FHN and FHO models and begin practicing in the high needs communities and as local situations/circumstances change.

3. ***How will I know which areas of high need are filling up based on the monthly entry of new FHN or FHO physicians? Should I be including my first, second and third choices of communities to practice in?***

   There is no requirement to include ranked options on locations to practice. Until quarterly updates are posted, the existing list of communities of high physician need will be open for applications.

Application Process

1. ***If I want to join a FHN or FHO in a high needs area, how do I do this?***

   If you are interested in applying to become a FHO or FHN physician within an area of high physician need as indicated on the attached list, please contact a Ministry Program Analyst at 416-325-3575 or 1-866-766-0266 or by mail at:

   Ministry of Health and Long-Term Care
   Blended Models Unit
   1075 Bay Street, 9th floor
   Toronto, Ontario M5S 2B1

   You will be provided with registration documents to be completed and returned to the ministry.

2. ***Who will be subject to the new managed entry process?***

Based on the applications received and existing wait list, all applications to join a FHN or FHO which were received as of February 1, 2015, and onwards, as well as any applications which were on the waiting list from previous months, will be assessed for a June 1, 2015 or later commencement date. As such, these applications will be assessed under the new criteria of 20 physicians per month, only in areas of high physician need.

Physicians that are eligible for entry into a FHN/FHO will be contacted approximately six weeks prior to their assessed commencement date to confirm their readiness to commence.

Applications that are no longer eligible for entry in the FHN/FHO models will be returned to the applicant following the assessment process in May. At that time, applicants will be advised on the range of other practice model options available to them.

3. ***How long does the application/registration process take for entry into the different primary care models?***

The normal processing time to complete registration in a primary care model is eight to twelve weeks from the date completed paper work is received by the ministry. FHN and FHO registrations are always made effective on the first day of a month.

If there is a wait list for entry into the FHN and FHO models, this timeframe could increase.

4. ***What are my options during the waiting period between submission of my application to be a FHN/FHO physician and my commencement date with the FHO?***

There are a number of options for physicians who have made a successful application to join an existing FHN/FHO and are awaiting their commencement date into the group. Some of the options are outlined below, however physicians should contact their Program Analyst in the Primary Health Care Branch at 416-325-3575 or 1-866-766-0266 to discuss the options and impacts.

Possible Options:

a) Join the group as a FHO contract or locum physician, and/or

b) Register as a Comprehensive Care Model (CCM) physician and/or

c) Develop partnerships and/or co-locate with the FHO and bill fee for service (FFS)

5. ***What is a FHN/FHO locum or contract physician? How are they paid and what relationship do they have with an existing FHO or FHN?***

   A locum or contract FHN/FHO physician is one who has signed agreements confirming their affiliation with a particular group and provides services to the group's enrolled patients. The contract physician is compensated by the physician group based on terms negotiated between the group and the contract physician. There is also a shadow billing fee (a fee paid for submitting service encounter information) paid through OHIP. Contract/locum physicians do not enrol patients.

Note: *The number of locum/contract physicians in a group cannot exceed the number of signatory physicians in the group.*

New Graduate Physicians

1. ***Is the government restricting the number of physicians that can practice primary care in Ontario?***

   The ministry is not restricting entry to family practice. While entrance into FHN and FHO compensation models has been limited to twenty per month only in areas of high physician need, there continues to be a range of practice model options available to family physicians which are not subject to the managed entry process. These options include:

   a) Replacement physicians in FHN/FHOs
   b) Family Health Group (FHG)
   c) Comprehensive Care Model (CCM)
   d) A variety of Salaried Models including Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), Rural and Northern Physician Group Agreements (RNPGA) and/or Blended Salary Models (BSMs) within Family Health Teams, (where physician vacancies exist),
   e) Locum or contract physician for an existing group, and/or
   f) Fee for Service (FFS) practice

2. ***How do the changes impact new graduate physicians' choices on establishing primary care practices?***

   One of the outcomes of primary care reform in Ontario is that newly graduating family physicians have many choices with respect to practice options: CCM, FHG, FHN/FHO if they want to practice in an area of high need or traditional fee for service. New graduates can also replace physicians who are leaving a FHN/FHO.

   With the approval of the ministry or LHIN and/or subject to available FTE positions within the model, the newly graduated physicians can also join one of the many specialized models that provide comprehensive care to targeted groups, populations or regions. These models include Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), Rural and Northern Physician Group Agreements (RNPGAs).

3. ***I am a recent family medicine graduate and have been trained to work in an interprofessional team, such as a Family Health Team. Does this change mean that I am no longer able to do this?***

   These changes still allow new family medicine graduates to work in interprofessional teams.

   While it is at the discretion of each FHN or FHO within the Family Health Team (FHT) and the FHT Board to accept a new physician or physician group (respectively) into their teams, new graduates can join FHTs in areas of high physician need. For areas that are not considered in high need, new graduates can join as replacement physicians.

   With the approval of the ministry or LHIN and/or subject to available FTE positions within the model, newly graduated physicians can also join one of the many specialized models that provide comprehensive care to targeted groups, populations or regions. These models include Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), Rural and Northern Physician Group Agreements (RNPGAs).

4. ***Will a newly graduated physician joining a FHO/FHN in an area of high physician need have more weight to their application than physicians that are already practising?***

   At this point the focus is on prioritizing applications based on alignment with areas of physician high need. Prioritizing applications beyond this is currently under review.

Income Stabilization

1. ***What will happen to physicians who are already in the IS program? Will they be terminated on the effective date of the changes to the physician contracts?***

   Physicians currently on Income Stabilization can remain in the program for their one year period, subject to the terms of the IS undertaking.

2. ***Are enrolment fees going to be "grandparented" for physicians who are already on IS?***

   Physicians who began the Income Stabilization program between June 1, 2014 and May 1, 2015 are entitled to payment for any applicable enrolment fees (Q200A/Q201A) and any eligible new patient fees (Q013A, Q023A, Q033A, Q043A, Q053A, Q054A, Q055A, Q056A and Q057A) for patients they enrolled on or before May 31, 2015. For patient enrolments effective June 1, 2015 or later, the new patient fees and per patient rostering fee codes as listed in INFOBulletin #11125 will no longer be payable.

3. ***When is the final date for physicians to join a group under the IS program?***

   The income stabilization program remains an ongoing program. The only change to the program is its eligibility. Effective June 1, 2015 Income Stabilization is available only for new physicians commencing in FHNs/FHOs through the managed entry process as well as for replacement physicians in areas of high physician need.

Replacement Physicians

1. ***What is the definition of a replacement physician?***

   A replacement physician is one who is added to a FHN/FHO whose physician complement has decreased as a result of signatory physicians departing the group. FHNs/FHOs can add a physician as a replacement to their group to bring their complement back to their March 31, 2012 level (or the highest complement level after March 31, 2012).

2. ***How does replacement work?***

   Replacement physicians will be added to the group on a one physician out/one physician in (1:1) ratio. These registrations occur outside of the managed entry process.

   The ministry understands that there may be unique circumstances where a 1:1 replacement may not be feasible, as such, this policy is currently under review. In the interim, while the policy review is undertaken, the ministry will consider exceptions to the 1:1 replacement policy based on the ability of the replacement physician(s) to deliver comprehensive, continuity of care. Please contact your Program Analyst in the Primary Health Care Branch at 416-325-3575 or 1-866-766-0266 to discuss this further.

3. ***I know of a retiring doctor in a FHO and would like to spend a year getting to know her patients before taking on the entire roster. Is this change prohibiting me from doing this?***

   No, in this situation, you can consider a contract or locum arrangement with the retiring physician's group. A contract/locum physician is one who has signed agreements confirming their affiliation with a particular group and provides services to the group's enrolled patients.

   The contract physician is compensated by the physician group based on terms negotiated between the group and the contract physician. There is also a shadow billing fee paid to the contract physician through OHIP. Once the FHO physician retires, you would be considered a replacement physician to the FHO, and therefore outside of the managed entry process.

4. ***I am a new family physician and, along with another family physician, would like to replace one retiring FHN physician. How would these changes affect me?***

   Currently replacement physicians are added to a group on a one physician out/one physician in (1:1) ratio, outside of the managed entry process. Should two physicians be considering replacing one retiring physician's roster, only one would be considered a replacement physician.

   The ministry understands that there may be unique circumstances where a 1:1 replacement may not be feasible, as such, this policy is currently under review. In the interim, while the policy review is undertaken, the ministry will consider exceptions to

the 1:1 replacement policy based on the ability of the replacement physician(s) to deliver comprehensive, continuity of care. Please contact your Program Analyst in the Primary Health Care Branch at 416-325-3575 or 1-866-766-0266 to discuss this further.

General

1. ***Are Family Health Teams (FHTs) subject to the managed entry process?***

   FHTs which have FHNs and FHOs affiliated to them will be impacted by the new managed entry process. Only FHTs (and their affiliated FHNs/FHOs) that are in areas of high physician need will be eligible to add new physicians to their groups. FHTs' whose practice models are the Rural and Northern Physician Group Agreement (RNPGA) and Blended Salary Model (BSM) will not be impacted by the new managed entry process.

2. ***Can I join a FHN/FHO as a locum or contract physician?***

   Yes, subject to approval by the FHN/FHO and the ministry policy on the maximum number of contract/locum physicians allowable per group (no greater than the number of FHO/FHN physicians), physicians can join a FHN/FHO as a contract or locum physician. Locum or contract physicians are not subject to managed entry.

3. ***If 20 new physicians are not added to FHNs/FHOs in a given month, do unused spots carry over to subsequent months?***

   Yes, unused spots for entrance into FHNs/FHOs will carry forward to subsequent months.

4. ***I am a physician that currently works in a FHO of 8 physicians. Two of my colleagues and I are planning to split from the FHO and establish a new FHO down the street. We will be taking our enrolled patient rosters with us to the new FHO. Does the establishment of our new FHO fall under the Managed Entry process?***

   Yes the establishment of a new FHO, regardless of the status of the physicians who make up the new FHO, would fall under the Managed Entry Process

5. ***I am currently a physician working in a FHO. I would like to leave the FHO I am currently with and join a new FHO. Would my registration to the new FHO fall under the Managed Entry process?***

   Unless you are replacing a departing physician in the new FHO, your application to join the new FHO would fall under the Managed Entry Process.

6. ***When will the ministry review whether the limit of 20 new physicians per month is adequate to meet the needs of the identified communities?***

   Together with our partners the ministry will continuously review the managed entry process to ensure we are meeting our policy objective of addressing the needs of Ontario communities within the current fiscal environment.