Mission Division of Family Practice
A GPSC initiative

GPSC
General Practice Services Committee

Case Study:
Mission Division of Family Practice

Converting to Population Based Funding: Development and Transition Stages

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Publication date:

November 2020

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EXECUTIVE SUMMARY

This report presents findings from a case study evaluation of the transition phase for the Mission Oaks family practice clinic's conversion from a fee-for-service (FFS) compensation model to population-based funding (PBF), which launched in August 2017. This report summarizes the factors influencing the conversion, and the lessons learned during the initial stages. Its primary purpose is to provide information to the General Practice Services Committee (GPSC) and to physicians who may be considering converting to a PBF model in the future.

Mission Oaks PBF Clinic

The PBF model is an initiative that aligns with the PMH model's goal of creating an enhanced, integrated system of care. Mission Oaks, consisting of eight GPs, is the first clinic in BC to transition from a FFS to a PBF model in over a decade. The PBF model at Mission Oaks involves sharing payments across a group of providers who are accountable for managing the care of a defined patient panel within a specific geographic catchment area. The PBF model at Mission Oaks is a blended funding model, with block payment for a basket of core and extended services.

The implementation of the PBF model at the Mission Oaks clinic was accompanied by the implementation of a nurse-in-practice model to facilitate team-based care.

The Evaluation

The evaluation of the Mission Oaks PBF clinic used a case study design to report on the transition phase of the initiative as well as some early findings related to the first-year outcomes.

Figure 1. Mission PBF Case Study Timeline

The following questions directed the evaluation:

- How has the Mission PBF program (including the nurse-in-practice component) been implemented?
- What practical and contextual factors have facilitated success or challenged progress to the development and transition of the PBF model at the Mission Oaks clinic?
- To what extent are the intended outcomes of the Mission PBF program being achieved?
- What lessons have emerged through the implementation of the Mission PBF program?

To answer these questions, the evaluation team worked closely with the Mission Division of Family Practice, the physician lead, GPSC, and Ministry of Health to ensure that the findings are valuable for both local and provincial stakeholders.

The evaluation collected both quantitative and qualitative data to provide information about the preparation and launch of the PBF model at Mission Oaks. Methods included key informant interviews (n=31), as well as a review of project documents and relevant literature.

Summary of Findings

Planning and Preparation

Transition to the PBF model at Mission Oaks was initiated and led by a physician who engaged his physician partners to adopt the model. The group of physicians worked with the Ministry of Health to guide them through the FFS to PBF conversion process. Although the initiative was undertaken primarily by the physician lead and his physician partners, the Mission Division of Family Practice has provided ongoing support and played a role in sharing early learnings.

Prior to the launch of PBF at Mission Oaks, both the clinic and the MOH had to plan and prepare for the conversion, including: discussions with the MoH and existing PBF clinics; a review of financial forecasts and templates for internal allocation of funding between physician partners; and the development of privacy and secure data sharing strategies. Additionally, the GPSC Practice Support Program (PSP) provided a consultant specializing in PBF to support team members at the clinic. The consultant supported the transition process by holding a series of meetings around details of the PBF model (such as encounter coding), assisting with panel clean up and management, and liaising with the clinic's electronic medical record (EMR) vendor, *Wolf*. Panel management and clean-up were essential, forming the cornerstone of the PBF model. Having an accurate patient panel allowed the MOH to create patient complexity and panel size baselines, from which the PBF compensation model at Mission Oaks was built. Prior to launch, the clinic also hired two nurses and additional Medical Office Assistant (MOA) staff. They moved to a new location at the Mission Community Health Centre (CHC) in order to be co-located with other services. Finally, they created and deployed patient education materials informing patients of changes to how they access and receive medical care.

Implementation and Operations

The PBF model launched at Mission Oaks in August 2017. Under the model, each physician maintains a register of patients, which is updated on a monthly basis. Although physicians are not submitting fee codes for each patient visit under the PBF model, they submit encounter codes for services they deliver and record diagnostic codes (ICD-9 codes) for each patient. This process aids in determining the complexity of their patient population, and subsequently their quarterly payments. When there are outflows from the clinic, such as when a patient accesses care from a walk-in clinic or the ED for a primary care issue, the physician's billings are reduced accordingly.

The conversion to PBF was accompanied by the creation of multiple teams at the clinic. Currently, teams consist of two to four physicians and two MOAs. In the new model physicians now delegate more tasks to MOAs, tasks that would previously been completed by physicians in the FFS model. In tandem with the conversion process an online 'patient portal' has been developed, allowing patients to book appointments, view test results and communicate directly with their family physician. During the first year of implementation, nurses at the clinic performed a variety tasks including patient intake and assessments, health promotion and outreach, chronic disease management, treatments and exams, and injections and immunizations.

Preliminary Outcomes

The evaluation captured preliminary outcomes after the first year of implementation for patients, physicians, and clinic staff.

Benefits for Patients	• Increased access to primary care – Patients can access next day appointments for urgent care and have the convenience of communicating with their family physician through the patient portal. • An enhanced experience of care, including improved continuity and comprehensiveness of care – Family physicians have more freedom to choose the "best approach to care for patients". • Increased attachment – The clinic has been able to take on new patients since converting to PBF.
Impact on Physicians	• Improved predictability and security of physician income – Physicians focus on providing care for patients without worrying about activities that generate income. • Physicians are now able to participate in initiatives outside of the clinic. • Improved teamwork and communication between physicians and staff. • Improved integration of care between family physicians and community providers as a result of co-location. • Improved flexibility within the clinic to expand services and absorb new patients • All physician interview respondents reported being satisfied with PBF and indicated that they would most likely not go back to practicing in FFS.
Impact on Clinic Staff	• Increased responsibility and autonomy • Increased job satisfaction for nurses as a result of increased autonomy and improved ability to work to their full scope of practice

Challenges

- Reviving the PBF onboarding process after 10 years led to miscommunication with MoH around inconsistent information, unclear guidelines around income estimates, timelines, and billing information.
- Onboarding and training nurses and staff were difficult. There was a lack of training and clear communication around expectations for nurses and staff, which resulted in nurses being under-utilized and high staff turnover during the conversion process.
- Ongoing challenges with the clinic's EMR, *Wolf*, and its PBF functionality.
- Initial challenges (later resolved) with billing adjustments due to outflows, such as visits to the Emergency Department (ED) and specialist services being categorized as an outflow even if they were appropriate. (Note: Mission family physicians work in the ED and provide specialist services, potentially leading to this issue.)

Enablers of success

The following contributed to the success of the model within the first year:

- Physicians' previous experience with alternate payment plans and the nurse in practice model
- Leadership and mentorship of the physician lead
- Transition funding provided by the Fraser Health Authority to co-locate to the CHC and hire staff
- Practice support and training provided by PSP
- Panel cleanup and management
- Co-location with other health services at the CHC
- Alignment of PBF with current governmental priorities

Next Steps

Below are recommendations directed to decision makers at the levels of the clinic, Division, and Province. They are aimed at improving the process of transitioning to the PBF model. As the Mission Oaks clinic continues to operate under a PBF model, these recommendations may be useful to enhance their processes and procedures. They may also be valuable for other Divisions or clinics interested in transitioning to a PBF model. Expanded versions of all the recommendations are included in the full case study.

Clinic Level Recommendations

- Facilitating discussions with the entire clinic team before converting to a PBF model
- Ensuring diagnostic coding is accurate and up to date before converting to PBF
- Establishing clear expectations regarding the roles and responsibilities of nurse-in-practice
- Enhancing patient education regarding expectations of care within PBF model
- Providing education to allied health providers and specialists who support the clinic around practice changes and expectations under PBF

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Division Level Recommendations

- Facilitating the synthesis and distribution of learnings from the PBF model
- Integrating the PBF model within the larger visions of PMH and PCN

Province Level Recommendations

- Improving communication with clinics during the planning and preparation phase
- Enhancing support and training for clinics during the planning and preparation phase
- Providing practice support during the first year of implementation
- Timely MOH patient registration recommendations
- Creating a promotional package for potential clinics considering converting to PBF