PRIMARY CARE COMPARISON

Fee for Service, Comprehensive Care Model, Family Health Groups, Family Health Networks and Family Health Organization.
Updated as of July 2024

Elements	Fee for Service (FFS)	Comprehensive Care Model (CCM)	Family Health Group (FHG)	Family Health Network (FHN)	Family Health Organization (FHO)
Type of Model	FFS	Enhanced FFS		Blended Capitation	
Group Size	No minimum	1 Physician	Minimum 3 Physicians		Minimum 6 physicians
Availability	Unrestricted				Managed Entry as per the 2021 PSA • 20 per month in a prioritized stream for those seeking to practice in an area with a RIO score of 30 or above, for FHOs with less than 6 physicians, or involved in Ministry supported activities such as Ontario Health Teams subject to ministry discretion; • 20 physicians per month in the regular stream (all applications not prioritized)
2021 PSA Co-Location Guidelines	N/A				New FHO Groups or new locations to existing groups: • If all physicians in a group cannot be in the same location, there should be no less than 3 physicians in each location. • Close proximity is defined as the FHO's locations being within a 5km radius of one another, where a RIO score is 0. • In areas with a RIO score of 1 or more, consideration will be given to applications from groups who cannot locate within 5 km due to infrastructure limitations or any other relevant factors.
Payments	Directly to physician			The option to have all payments except for the Access Bonus, GMLP and Administrative Support funding made directly to each physician.	
Enrolment/ Registration		Patient Enrollment occurs when a Q200 is submitted to the Ministry of Health. The patient must also sign an Enrollment and Consent Form which is to be kept at the physician's office for record keeping. Required to receive applicable premiums.			
FFS Billing	Per SOB for all services provided.		FFS billings at current SOB rate. Plus Comprehensive Care Incentive (see below).	The FFS limit for the group's services is currently $56,947 (x # of doctors in the group) for non-rostered patients and 'in-basket' services.	
Basket of Services			Comprehensive Care Incentive applies to all Ministry rostered and formally enrolled patients. 10% premium on	Base rate plus 19.41% applicable to 76 Codes for enrolled patients.	Base rate plus 19.41% applicable to 154 Codes for enrolled patients.

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			A001, A002, A003, A007, A008, A888, A900, A902, C010, C882, G365, G538, G590, G840, G841, G842, G843, G844, G845, G846, G847, G848, K005, K013, K017, K022, K023, K030, K130, K131, K132, K133.		
Comp Care Management (CCM) Fee*		PEM Physicians receive an average monthly capitation payment of $2.88. Effective April 1st, 2013 the CCM fee will be reduced by 50% for each patient a physician enrolls above 2,400.			
Annual Cap/Base Rates				2020 Age and Sex Adjusted, Average Annual Base Rate is currently set at $149.60. Effective April 1, 2024, physicians in an FHN and FHO capitation model will receive an additional payment based on the acuity of patients enrolled, as measured by the CIHI Population Grouper.	2020 Age and Sex Adjusted, Average Annual Base Rate is currently set at $164.93. Effective April 1, 2024, physicians in an FHN and FHO capitation model will receive an additional payment based on the acuity of patients enrolled, as measured by the CIHI Population Grouper.
Access Bonus				Calculated at 20.65% of the base rate, paid semi-annually.	Calculated at 18.59% of the base rate, paid monthly.
Negation				The Access Bonus is reduced if an enrolled patient receives in-basket services from a GP outside of the group. A group's Access Bonus cannot go below zero dollars.	
Term of Contract		Indefinite		3 years from Commencement Date (renewable)	
Roster Size		No roster limit.			Effective July 1, 2022 average FHO roster sizes should generally be no greater than 2400 patients on average per physician.
Withdrawal/ Termination by Physicians		90 days written notice to the Ministry to terminate. As the CCM is a solo physician agreement, termination is the same as withdrawal.	90 days written notice to the Ministry to terminate. No notice requirement for an individual physician to withdraw (should be considered for group governance).	60 days written notice to the Ministry to terminate. 60 days notice is required to be provided to the Lead Physician, Ministry, and OMA for an individual physician who withdraws from the FHN / FHO.	
Income Stabilization				Guaranteed Income for new grads entering a FHN / FHO. Current Base Rate Payment*: • FHN/FHO Urban (RIO <40) $204,773 • FHN/FHO Rural (RIO >=40) $224,590 *Does not include the temporary 2.8% year 3 increase	

*__Comprehensive Care Management Fee__: This fee is a key component that led to the stabilization of primary care. It's an on-going comprehensive care management fee per month to provide for the co-ordination and management of patients' overall care. This management fee is age/sex adjusted in recognition that the management of the care of the elderly has become increasingly complex, due to numerous diagnostic tests, procedures, allied health professional/social service communications and associated unremunerated forms required from family physicians acting in the care coordinator role.

INCENTIVES

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<tr><th>Incentives / Premiums</th><th>Fee for Service (FFS)</th><th>Comprehensive Care Model (CCM)</th><th>Family Health Group (FHG)</th><th>Family Health Network (FHN)</th><th>Family Health Organization (FHO)</th></tr>
<tr><td>After Hours & Enhanced After Hours</td><td></td><td>One 3-hour block of after-hours coverage per week (Must agree to provide within 6 months of signing contract or contract ends).</td><td colspan="2"><table><tr><th>Number of Physicians in a Group</th><th>Total Number of After-Hours Service Blocks</th></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5-9</td><td>5</td></tr><tr><td>10 – 19</td><td>7</td></tr><tr><td>20 – 29</td><td>8</td></tr><tr><td>30 – 74</td><td>10</td></tr><tr><td>75 – 99</td><td>15</td></tr><tr><td>100 – 199</td><td>20</td></tr><tr><td>200 +</td><td>25</td></tr></table></td><td><table><tr><th>Number of Physicians in a Group</th><th>Total evening and weekend</th></tr><tr><td>7 or less</td><td>5</td></tr><tr><td>8-9</td><td>6</td></tr><tr><td>10-14</td><td>8</td></tr><tr><td>15-19</td><td>9</td></tr><tr><td>20-24</td><td>10</td></tr><tr><td>25-29</td><td>11</td></tr><tr><td>30-39</td><td>14</td></tr><tr><td>40-49</td><td>15</td></tr><tr><td>50-59</td><td>16</td></tr><tr><td>60-74</td><td>17</td></tr><tr><td>75-99</td><td>22</td></tr><tr><td>100-199</td><td>30</td></tr><tr><td>200+</td><td>35</td></tr></table>
Evening is defined as Monday to Thursday starting at or after 5 pm but no later than 7 pm and weekend is Friday evening, Saturday or Sunday.</td></tr>
<tr><td>After-Hours Exemption</td><td>N/A</td><td>None</td><td>If more than 50% of the group provide public hospital emergency room coverage or public hospital anaesthesia services on a regular, ongoing basis, then the obligation to provide Evening and Weekend Hours may be waived by the Ministry at the written request of the Family Health Group.</td><td>If more than 50% of the group provide hospital emergency room coverage, hospital anaesthesia services on a regular, ongoing basis, obstetrical deliveries outside of regular office hours, or any combination of services then the obligation to provide Evening and Weekend Hours may be waived by the Ministry, at the written request of the Lead FHN Physician.

Northern and Rural FHN groups that are required to have 50% of their physicians maintain active in-patient hospital privileges do not have to provide more than 5 After Hour blocks per week.</td><td>There will be a prorated exemption from after-hours coverage where more than 50% of physicians in a group provide the following "Exemption Services" after 5 pm weekdays and/or on weekends:

• Hospital emergency room coverage; and/or
• Hospital anaesthesia on-call services on a regular basis; and/or
• Obstetrical deliveries outside of regular office hours; and/or
• After-hours care of hospital in-patients; and/or
• Provision of palliative and/or
• Provision of services in an LTC/nursing home (for non-enrolled patients)</td></tr>
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Incentives / Premiums	Fee for Service (FFS)	Comprehensive Care Model (CCM)	Family Health Group (FHG)	Family Health Network (FHN)	Family Health Organization (FHO)
					• Complex continuing care on-call as established by a call schedule in a complex continuing care facility. Northern and Rural FHN groups that are required to have 50% of their physicians maintain active in-patient hospital privileges do not have to provide more than 5 After Hour blocks per week.
After Hours Premium		Same as FHG, FHN, FHO but submitted with Q016A.	Q012: Additional 30% for services to virtually rostered and formally enrolled patients. Applies to the basic office visit codes (A001, A003, A004, A007, A008, A888, K005, K013, K017, K030, K130, K131, K132, K133, K033, Q050, Q888).		
Group Management and Leadership Payment				$1/enrolled patient/year (max $25,000)	
Geriatric Premium	15% automatic premium for A003, C003, C903, W102, W109, W903, A004, C004, W004, A007, A917, A927, A937, A947, A957, A967 and K132 for patients over 65 years of age.			Physicians receive an additional 15% payment for Base Rate and CC Capitation Payments for enrolled patients 65 years of age and older. Rates are automatically adjusted.	
Out of Office Bonus	Level 'A' & 'B' from any of: Home Visits, Palliative Care, Labour and Delivery, and Long-Term Care.	Levels 'A', 'B', 'C' and 'D': Home Visits, Palliative Care, Labour and Delivery, and Long-Term Care. Payment is depending on service level. Up to $8000 for Home Visits, $6000 for Palliative Care, $8000 for Labour & Delivery and $6000 for LTC Visits.			
House Call Bonus & Premium			In addition, a new bonus is created that will pay physicians in the CCM, FHG, FHN and FHO models a 20% premium on the value of claims for house visits, and full fee for service value in the FHO model, in excess of the level C threshold (17 distinct patients and 68 or more encounters) if at least 75% of the house calls performed in the year were for Complex House Call Assessments (A900A).		
Cumulative Preventive Care Bonus		For pap smears, mammograms, childhood immunizations, flu shots and colorectal cancer screening on formally enrolled patients. Repurposing of Preventive Care Bonus as of April 1, 2024 for Colorectal Cancer, Mammography and Pap Smear for FHN and FHO (with Proration of Influenza and Childhood immunizations preventative care bonuses for FHN and FHO physicians with rosters less than 1,000 patients). No change for CCM or FHG physicians.			
Newborn Care Episodic Fee				Q014A: $15.05 paid to physicians for each of up to 8 A007 (well-baby care) visits in the first year of life for enrolled patients.	Q015A: $13.99 paid to physicians for each of up to 8 A007 (well-baby care) visits in the first year of life for enrolled patients.
Primary Health Care of Patients with Serious Mental Illness (Q020/Q021)			$1,200 per year for 5-9 registered patients with bipolar disorder or schizophrenia. $2,400 per year for 10 registered patients and over.		
Unattached from Hospital Fee (Q023)		A one-time fee of $150 payable to physicians who roster acute care patients previously without a family physician, following discharge from an inpatient hospital visit. The patient must be rostered by the physician within three months, and primary care services provided. This fee is not payable in addition to existing "new patient fees."			
Diabetes Management Incentive (Q040)	Annual $60/patient for coordinating, providing and documenting all required elements of diabetic care. Q040 is only eligible for payment if the physician has rendered a minimum of three K030 services for the same patient in the same 12 month period to which the Q040 service applies.				
Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee (Q042)		Available to physicians who initiate dialogue with their enrolled patients who smoke, and provide dedicated subsequent counselling sessions. 2/year, $7.50. Add on to K039.			
New Patient Fee Abnormal/Increased Risk CRC (Q043)		Available to physicians for enrolling a new unattached patient through the Colon Cancer Check program; new patients with an abnormal FIT result or at increased risk of colorectal cancer (CRC)			

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		$150 (for patients up to and including 64 years of age) $170 (for patients 65 to 74 years of age) $230 (for patients 75 years of age and older)			
Heart Failure Management Incentive (Q050)		Annual $125/formally enrolled patient for coordinating, providing and documenting all required care of heart failure patients.			
New Unattached Patient Fee – HCC Complex/Vulnerable Patient (Q053)		Q053A is a one-time payment of $350 for enrolling a complex/vulnerable patient through the Health Care Connect Program. This code requires the patient to be registered with Health Care Connect as a complex/vulnerable patient. Fee: $350			
Colorectal Screening Bonus (Q150)		Available for preventive screening using Fecal Immunochemical Test (FIT) on eligible enrolled patients between the ages of 50 – 74.			
Weekend Access for FHO Patients (Q888)					When providing weekend/holiday after-hours blocks, FHO physicians should bill Q888 for their unscheduled rostered patients. At least three scheduled visits for each three-hour Q888 block on Saturday, Sunday, or holiday must be offered.

Resources for OMA Members

If you have any Primary Care questions, please contact the following:
Steve Nastos, OMA Economics, Policy and Research. Steve.nastos@oma.org
Kate Damberger, OMA Economics, Policy and Research. kate.damberger@oma.org

For additional information related to the 2021 Physician Services Agreement, please visit: https://www.oma.org/member/negotiations-agreements/negotiations/psa/

For more information around the Primary Care related items in the PSA, including Aspirational Targets, Q888, Modernized Booking, Complexity Modifier and Enhanced FHO Group Coverage, please visit:
https://www.oma.org/member/negotiations-agreements/physician-services-agreements/2021-Physician-Services-Agreement/2021-psa-implementation/primary-care/

For additional information applicable to physicians in Primary Care models, please visit: https://www.oma.org/member/practice-professional-support/primary-care/