

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



PATIENT'S
MEDICAL
HOME

EVIDENCE SUMMARY

PATIENT'S MEDICAL HOME 2019:
A NEW VISION FOR FAMILY
PRACTICE IN CANADA

JUNE 2020

© 2020 The College of Family Physicians of Canada

All rights reserved. This material may be reproduced in full for educational, personal, and non-commercial use only, with attribution provided according to the citation information below. For all other uses permission must be acquired from the College of Family Physicians of Canada.

How to cite this document: College of Family Physicians of Canada. *Evidence Summary: Patient's Medical Home 2019 - A new vision for family practice in Canada*. Mississauga, ON: College of Family Physicians of Canada; 2020.

For the PDF version of this document, please visit:
patientsmedicalhome.ca/evidence

CONTACT US

Health Policy and Government Relations
College of Family Physicians of Canada
(905) 629-0900
healthpolicy@cfpc.ca



INTRODUCTION

The Patient's Medical Home (PMH) is the College of Family Physicians of Canada (CFPC)'s vision for the future of family practice in Canada. To assess how aligning with the PMH vision affects the provision of care in family practices, a comprehensive literature review was performed using various databases such as PubMed, MEDLINE, and Global Health covering September 2000 through September 2019.*

For this literature review, the search used both general terms related to interprofessional health care reform in Canada and specific terms about proximal measures of health—such as visits to the emergency department, access to care, quality of care, and health care costs—to narrow the search results. A hand-search of references cited in the studies was also conducted.

The results indicate that aligning with PMH principles enhances access to care and increases patient and provider satisfaction without raising health care costs.¹⁻³

*The full list of references the literature review produced is available upon request.

ENHANCED ACCESS TO AND COORDINATION OF CARE

Team-based care models enhance patient access to primary care through:



OPEN/SAME-DAY SCHEDULING



EXTENDED HOURS



TECHNOLOGICAL INNOVATION INCLUDING TELEMEDICINE¹⁻⁵

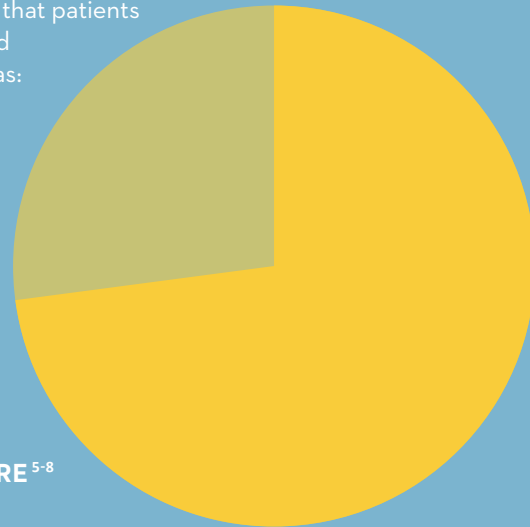
In the review, 73 per cent of the relevant articles (22 out of 30) found that patients cared for by a team reported benefits of team care, such as:

GREATER ACCESS TO CARE

REDUCED WAIT TIMES

ENHANCED CARE COORDINATION

BETTER DELIVERY OF PATIENT-CENTRED CARE⁵⁻⁸



79%

of Ontario Family Health Team patients surveyed reported they would probably or definitely be able to schedule same-day appointments.⁸

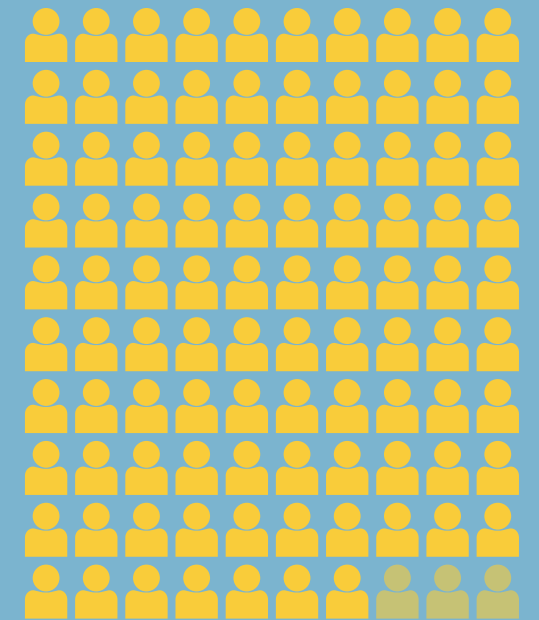
In a study of TIP—Telemedicine IMPACT (Interprofessional Model of Practice for Aging and Complex Treatments) Plus—in Toronto, Ontario:

97%

of patient survey participants reported that active collaboration with physicians made them hopeful that their chronic conditions would improve.

97%

of team members surveyed said the collaborative approach provided an effective way to develop care plans for patients with complex needs.⁵



DATA FOR CANADA FROM THE 2019 COMMONWEALTH FUND INTERNATIONAL HEALTH POLICY SURVEY OF PRIMARY CARE PHYSICIANS FOUND THAT COMPARED WITH SOLO PRACTICES,

GROUP PRACTICES ARE MORE LIKELY TO:



Offer weekend appointments



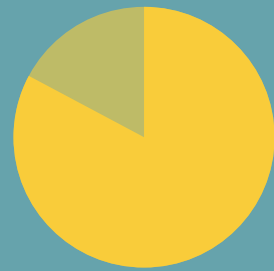
Have interprofessional teams manage patients with chronic conditions



Allow patients to book appointments online⁹

INCREASED PATIENT AND PROVIDER SATISFACTION

In team-based care, physicians can shift tasks to other health professionals to optimize a team's capacity and produce greater satisfaction for both care providers and patients.^{6,8,10-14}



SATISFIED WITH CARE COORDINATION:

83%

of the articles (40 out of 48 relevant studies) reported high levels of patient and provider satisfaction with the coordination of care in an interprofessional health care model.^{6,10,15}



RECEIVED CONSISTENT CARE FROM DIFFERENT PROVIDERS:

89%

of patients in an Ontario survey reported receiving consistent information from different providers within the interprofessional team and 96 per cent felt their medical records would probably or definitely be available to their providers for review during appointments.⁸



VIEWED PRACTICE TRANSFORMATIONS POSITIVELY:

60%

of community-based physicians in a New York survey reported being somewhat or very satisfied with their practice transformations that were designed to align with PMH principles.¹⁶

TOP FOUR BENEFITS OF TEAM-BASED CARE

DESCRIBED BY PATIENTS IN A SURVEY CONDUCTED IN FIVE FAMILY MEDICINE ACADEMIC TEACHING CLINICS IN ALBERTA:



Having access to a wide range of health professionals
(72 per cent)



Gaining a better understanding of their medical conditions
(68 per cent)



Improving their ability to manage their own conditions
(64 per cent)



Having enough time with their providers to discuss health questions during their visits
(55 per cent)⁶

REDUCED HEALTH CARE COSTS

In 61 per cent of the articles (19 out of 31 relevant studies), PMH-aligned practices were found to lower health care costs. This is achieved by:


-  PROVIDING HIGHER QUALITY OF CARE WITHOUT INCREASING COSTS
-  SUPPORTING PATIENT SELF-MANAGEMENT
-  REDUCING EMERGENCY DEPARTMENT VISITS AND HOSPITAL READMISSIONS ^{5,6,17-20}



TWO PMH-ALIGNED CLINICS USING A MOSTLY CAPITATION-BASED ALTERNATIVE FUNDING MODEL

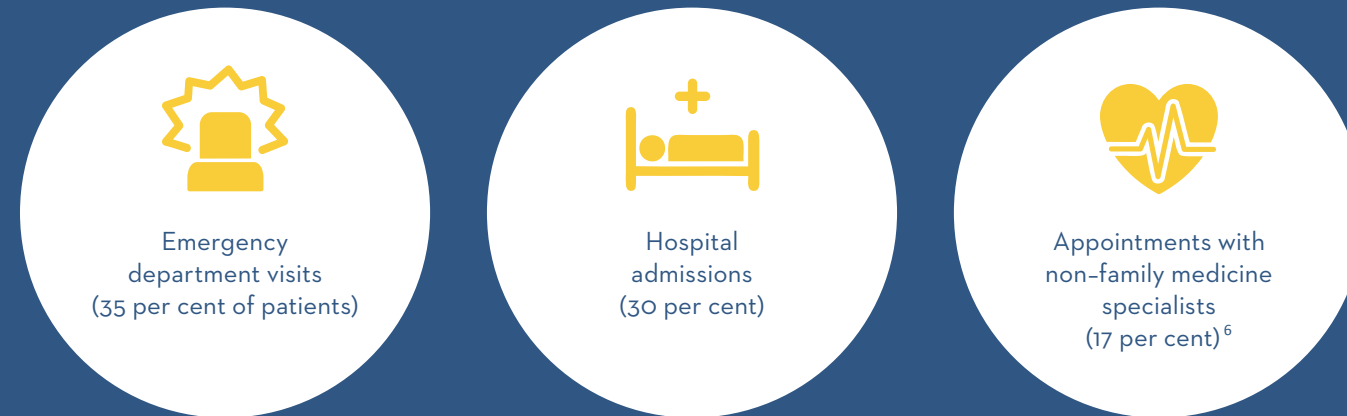
SAVED THE ALBERTA HEALTH CARE SYSTEM \$120 MILLION

OVER THE PAST 10 YEARS ²⁰




INTERPROFESSIONAL TEAMS

PATIENTS REPORTED THAT RECEIVING CARE FROM PHYSICIANS AFFILIATED WITH INTERPROFESSIONAL TEAMS IN ALBERTA LED TO FEWER:




The average cost for 40 patients in the TIP intervention in Toronto was 22 per cent less than a one-day hospital admission of one patient (\$854 versus \$1,088).⁵



\$854 vs **\$1,088**

Patient interactions with family physicians working in Patient Centered Medical Home settings in Connecticut (43 physicians) resulted in four fewer patient visits to the emergency room per year on average, compared with peers working in control practices (24 physicians), which saved the health care system about USD \$1,900 in lower emergency department costs, per physician, per year.¹⁹



EMERGENCY ROOM

REFERENCES

1. Gocan S, La Plante MA, Woodend AK. Interprofessional collaboration in Ontario's Family Health Teams: A review of the literature. *J Res Interprof Pract Educ.* 2014;3(3):1-19. Available from: jrpe.org/jrpe/index.php/journal/article/viewFile/131/84. Accessed November 1, 2019.
2. Stalker CA, Hallman LS. *How Have Physicians and Patients at New Vision Family Health Team Experienced the Shift to a Family Health Team Model? A Pilot Study.* Waterloo, ON: Wilfrid Laurier University; 2010. Available from: www.researchgate.net/publication/324088372. *How Have Physicians and Patients at New Vision Family Health Team Experienced the Shift to a Family Health Team Model. A Pilot Study.* Accessed November 1, 2019.
3. Dinh T, Stonebridge C, Theriault L. *Recommendations for Action: Getting the Most Out of Interprofessional Primary Health Care Teams.* Ottawa, ON: Conference Board of Canada; 2014. Available from: neltoolkit.rnao.ca/sites/default/files/Recommendations%20for%20Action_Getting%20the%20Most%20Out%20of%20Health%20Care%20Teams%20March%202014.pdf. Accessed November 7, 2019.
4. Canadian Health Services Research Foundation. *Picking up the Pace: How to accelerate change in primary healthcare.* Ottawa, ON: Canadian Health Services Research Foundation. 2010;15:2011. Available from: www.cfhi-fcass.ca/Libraries/Picking_up_the_pace_files/CasebookOfPrimaryHealthcareInnovations.sflb.ashx. Accessed November 6, 2019.
5. Pariser P, Pham TN, Brown JB, Stewart M, Charles J. Connecting people with multimorbidity to interprofessional teams using telemedicine. *Ann Fam Med.* 2019;17(Suppl 1):S57-S62. Available from: www.annfammed.org/content/17/Suppl_1/S57.short. Accessed October 27, 2019.
6. Szafran O, Kennett SL, Bell NR, Green L. Patients' perceptions of team-based care in family practice: access, benefits and team roles. *J Prim Health Care.* 2018;10(3):248-257. Available from: www.publish.csiro.au/HC/HC18018. Accessed November 5, 2019.
7. Kiran T, Kopp A, Moineddin R, Glazier RH. Longitudinal evaluation of physician payment reform and team-based care for chronic disease management and prevention. *CMAJ.* 2015;187(17):E494-E502. Accessed from: www.ncbi.nlm.nih.gov/pubmed/26391722. Accessed November 6, 2019.
8. Conference Board of Canada. *Final report: An External Evaluation of the Family Health Team (FHT) Initiative.* Ottawa, ON: Conference Board of Canada; 2014. Available from: www.researchgate.net/profile/Dale_Mcmurphy/publication/273866011_An_External_Evaluation_of_the_Family_Health_Team_FHT_Initiative/links/5514098a0cf283ee0834a0f2/An-External-Evaluation-of-the-Family-Health-Team-FHT-Initiative.pdf. Accessed October 31, 2019.
9. Canadian Institute for Health Information. *How Canada Compares: Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians – Accessible Report.* Ottawa, ON: Canadian Institute for Health Information; 2020. Available from: www.cihi.ca/sites/default/files/document/cmwf-2019-accessible-report-en-web.pdf. Accessed May 5, 2020.
10. Xin H, Kilgore ML, Sen BP. Is access to and use of primary care practices that patients perceive as having essential qualities of a patient-centered medical home associated with positive patient experience? Empirical evidence from a U.S. nationally representative sample. *J Healthc Qual.* 2017;39(1):4-14. Available from: journals.lww.com/jhqonline/Abstract/2017/01000/Is_Access_to_and_Use_of_Primary_Care_Practices.3.aspx. Accessed November 6, 2019.
11. Schottenfeld L, Petersen D, Peikes D, Ricciardi R, Burak H, McNellis R, et al. *Creating Patient centered Team-based Primary Care.* Rockville, MD: Agency for Healthcare Research and Quality; 2016. Available from: pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care. Accessed November 5, 2019.
12. Helfrich CD, Dolan ED, Simonetti J, Reid RJ, Joos S, Wakefield BJ, et al. Elements of team-based care in a patient-centered medical home are associated with lower burnout among VA primary care employees. *J Gen Intern Med.* 2014;29(Suppl 2):659-666. Available from: link.springer.com/article/10.1007/s11606-013-2702-z. Accessed 2019 November 7, 2019.
13. Stockdale SE, Rose D, Darling JE, Meredith LS, Helfrich CD, Dresselhaus TR, et al. Communication among team members within the patient-centered medical home and patient satisfaction with providers. *Med Care.* 2018;56(6):491-496. Available from: www.ncbi.nlm.nih.gov/pubmed/29683867. Accessed November 6, 2019.
14. Day J, Scammon DL, Kim J, Sheets-Mervis A, Day R, Tomoia-Cotisel A, et al. Quality, satisfaction, and financial efficiency associated with elements of primary care practice transformation: preliminary findings. *Ann Fam Med.* 2013;11(Suppl 1):S50-S59. Available from: www.annfammed.org/content/11/Suppl_1/S50.short. Accessed November 6, 2019.
15. Willard-Grace R, Hessler D, Rogers E, Dubé K, Bodenheimer T, Grumbach K. Team structure and culture are associated with lower burnout in primary care. *J Am Board Fam Med.* 2014;27(2):229-238. Available from: www.jabfm.org/content/27/2/229.short. Accessed November 6, 2019.
16. Richardson JE, Kern LM, Silver M, Jung HY, Kaushal R, HITEC investigators. Physician satisfaction in practices that transformed into patient-centered medical homes: A statewide study in New York. *Am J Med Qual.* 2016;31(4):331-336. Available from: www.ncbi.nlm.nih.gov/pubmed/25877964. Accessed November 5, 2019.
17. Friedberg MW, Rosenthal MB, Werner RM, Volpp KG, Schneider EC. Effects of a medical home and shared savings intervention on quality and utilization of care. *JAMA Intern Med.* 2015;175(8):1362-1368. Available from: www.ncbi.nlm.nih.gov/pubmed/26030123. Accessed November 6, 2019.
18. Strumpf E, Ammi M, Diop M, Fiset-Laniel J, Tousignant P. The impact of team-based primary care on health care services utilization and costs: Quebec's family medicine groups. *J Health Econ.* 2017;55:76-94. Available from: www.sciencedirect.com/science/article/pii/S0167629617305969. Accessed November 6, 2019.
19. Fifield J, Dauser Forrest D, Burleson JA, Martin-Peele M, Gillespie W. Quality and efficiency in small practices transitioning to patient centered medical homes: A randomized trial. *J Gen Intern Med.* 2013;28(6):778-786. Available from: link.springer.com/article/10.1007/s11606-013-2386-4. Accessed November 5, 2019.
20. Health Quality Council of Alberta. *A Case Study Evaluation of Crowfoot Village Family Practice and the Taber Clinic.* Calgary, AB: Health Quality Council of Alberta; 2019. Available from: hqca.ca/studies-and-reviews/crowfoot-and-taber-clinics-case-study-evaluation. Accessed December 18, 2019.

