Patient’s Medical Home
Frequently Asked Questions
What is the Patient’s Medical Home?

The College of Family Physicians of Canada™ (CFPC)’s Patient’s Medical Home (PMH) vision is an evidence-backed model of primary care in which family physicians—supported by a team of dedicated health care professionals—provide accessible, high-quality care for their patients. Physicians operating in a PMH are supported by a team of health care professionals and therefore spend less time on burdensome administrative tasks. As a result, family physicians practising in the PMH are better equipped to offer accessible, high-quality care to their patients, contributing to system-wide savings through the reduction of emergency department visits and better management of chronic disease.

What are the advantages of the PMH?

Some high-level benefits of the PMH include:

• Timely, accessible, and high-quality care for patients and their families
• Professional support for family physicians in clinical and administrative work
• An improved work-life balance for physicians and greater professional satisfaction
• The reduction of downstream costs due to fewer emergency department visits and better management of chronic diseases

For a more detailed summary of the benefits of the PMH, please visit the Evidence section of the PMH website.

What are some key practical differences between the PMH and older models of primary care?

For patients:

• Patients treated in a PMH might not necessarily see a physician during every visit, depending on the nature and severity of their health issue(s)
• Patients often benefit from improved access to care in a PMH because of extended hours of operation and the greater availability of a team of health care providers

For physicians:

• In a PMH, physicians and patients alike benefit from greater access to a network of other health care resources and providers. For example, a physician in a PMH who wishes to refer a patient to another health care provider may already have an established a relationship with that provider, helping streamline the referral process. The familiarity with other providers also helps family physicians provide continuous care to patients.
• Physicians practising in a PMH benefit from the expertise and support of a diverse team of health care professionals. This team supports the family physician in providing treatment and executing administrative tasks.
• Physicians practising in PMHs typically use interoperable electronic medical records (EMRs) to share information with other providers and health networks. This streamlines the exchange of information between providers.
• Two recently conducted surveys suggest that family physicians practising in a PMH may benefit from better well-being and professional satisfaction when compared to a general cohort of family physicians.

» The recently published 2021 CMA National Physician Health Survey, based on the answers of a general cohort of more than 4,000 doctors, residents, and medical students found that:
Seventy-nine per cent of physicians and medical learners surveyed lacked professional fulfillment

Fifty-seven per cent of respondents reported increased workload, a lack of work-life integration, and worsening mental health

By contrast, a survey conducted by the General Practice Services Committee in British Columbia of family physicians practising in PMH-aligned practices indicated that:

Seventy-five per cent of family physicians surveyed were somewhat or very satisfied with their profession

Seventy-four per cent of family physicians surveyed were somewhat or very satisfied with feeling a part of a group of colleagues

Nearly half of family physicians surveyed were somewhat or very satisfied with their personal-professional balance

How are physicians remunerated within a PMH?

To best incentivize team-based care, the CFPC recommends that PMHs adopt blended remuneration models for family physicians. Blended capitation models are better suited for team-based care because, unlike fee-for-service models, they do not incentivize volume.

Research has also found that blended capitation models can lead to small improvements in meeting preventive care quality targets and can be especially useful for supporting the management and prevention of chronic diseases

What about upfront/start-up costs?

For the moment, most provinces considering PMHs are funding the upfront costs of transitioning existing practices into PMHs, usually in non-continuing, pilot, or trial type funding arrangements.

However, to help with transitioning costs the CFPC, in collaboration with the Canadian Nurses Association and the Canadian Medical Association, recommended the adoption of a Primary Care Integration Fund of $3.2 billion over four years to the Standing Committee on Health on April 4, 2022. The Primary Care Integration fund would:

• Fund the establishment of care models aligned with the PMH vision and Indigenous values and traditions for Indigenous communities
• Support the integration of primary care with community and social services
• Support the administrative costs associated with team-based practice set-up

Although the Primary Care Integration fund was not included in the April 2022 federal budget, the CFPC continues to lobby for it and other forms of primary care funding.

How is a PMH funded?

PMH pilot programs or trials have been supported by special funding arrangements that may not be widely available in every province or territory. PMH practices tend to be better suited to operating under alternative payment plans for physicians and other health care providers, which are still rare compared to the predominant fee-for-service model. Moving to widespread uptake of the PMH concept in Canada requires a more thorough re-organization of how primary care funding is allocated and spent.

To help advocate for funding for the PMH in your province or territory, please visit our Digital Advocacy page.
As a family physician, how will practising in a PMH affect my scope of practice?

Family physicians, by virtue of their training, are best positioned to provide care for more complex issues, particularly those involving multimorbidity or challenging social determinants of health. However, in a PMH practice, having a range of potential care providers improves overall accessibility of care and quality of care.

PMH practices better allow for all health care providers in the team to work within and to the top of their respective scopes of practice. Determining which team member sees a patient depends on the nature and severity of the issue in question.

More information

For more information, please visit the Patient’s Medical Home, or contact Rei Tanaka, our PMH Liaison Officer, at rtanaka@cfpc.ca.