

The Primary-Specialty Care Interface in Chronic Diseases: Patient and Practice Characteristics Associated with Co-Management

Interrelation entre services de première ligne et soins spécialisés dans les cas de maladie chronique : caractéristiques des patients et des cliniques associées à la cogestion

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Appendix D. Definition of Primary Healthcare Practice Arrangements

Characteristics	Practice arrangement				
	Solo	Conventional group practices	Family medicine groups (FMGs)	Community health centres (CHCs)	Hospital-based family medicine units
Particularity	Only one physician	Conventional group practice	Emerging model oriented on access and continuity of care	Emphasis on provision of community services and home care	Teaching orientation of undergraduate family physicians
Reimbursement by provincial health plan	Yes	Yes	Yes	Yes	Yes
Predisposition for team work	Less likely	More likely	More likely	More likely	More likely
Sharing of clinical activities with nurse	Less likely	Less likely	More likely	More likely	More likely
Networking with other healthcare facilities/community	Less likely	Less likely	More likely	More likely	More likely
Information technology	Less likely	Less likely	More likely	More likely	More likely
Increased timely access	Less likely	Less likely	More likely	More likely	More likely
Population responsibility	Less likely	Less likely	More likely	More likely	More likely
Governance	Private	Private	Private	Public	Public
Remuneration mode	Fee-for-services	Fee-for-services	Fee-for-services	Salary/mixed	Salary/mixed
Potential empowerment for management of CDs	Lower	Lower	Higher	Higher	Higher
Potential need for co-management by a specialist	Higher	Higher	Lower	Lower	Lower

CDs = chronic diseases.

- ✦ Hospital-based family medicine units consist of PHC practices located in hospitals. They have a teaching orientation and therefore train undergraduate family physicians.
- ✦ Community health centres (CHCs) indicate PHC practices located in CHC which provide community services and home care (e.g., physical therapy, occupational therapy and social work).
- ✦ Family medicine groups (FMGs) are emerging PHC practice models, implemented since 2002 by the provincial government to increase access and continuity of primary health-care. FMGs require that a team of at least eight family physicians share clinical activities with at least one nurse, have contractual agreements for the provision of services with other healthcare facilities, implement information technology such as electronic medical records and provide increased timely access and extended hours of services to a registered population. The government provides technical support and economic incentives for family physicians willing to implement such practices.
- ✦ All other PHC practices can be categorized as physician group or solo practices depending on whether there is one or more physician affiliated to the practice.
- ✦ CHC and hospital-based family medicine units are publicly owned and administered. PCPs working in these practices are paid at salary. Due to this important commonality, they were grouped together.
- ✦ The remaining practices' arrangements are mainly owned and administered by the private sector and PCPs are paid at fee-for-services. Regardless of the type of arrangement, all medical visits are insured under the provincial health plan.