

# Community Health Centre Approach in Haliburton, Kawartha, Pine Ridge Region (HKPR)

## Background

A Community Health Centre (CHC) is an alternative model of primary health care, promoted as a means of de-stigmatizing the health care system for vulnerable individuals who do not have access to a primary care provider (PCP), or who have traditionally faced barriers in accessing health services. A CHC provides health care & community program services designed specifically for their community. CHCs provide their services free of charge. CHCs primary care providers are salaried as opposed to the more traditional fee-for-service model.

## Purpose

Help secure funding for a CHC in the HKPR region. Investigate the significance of the CHC model & its implementation across Canada.

## Research Questions

1. What are the best practices for the recruitment & retention of PCPs to rural Ontario communities with high populations of marginalized patients?
2. Does the quality of care differ when PCPs are paid according to a fee-for-service or capitation model?

Payment Model	Fee-For-Service	Capitation	Salary
How it works	Submit 'invoices' of who you saw + what you did.	Amount paid is determined in advance before service is provided.	Paid in time-based payments.
Pros	Flexible hours. Greater incentive to be productive. Income increases with volume of services.	No uncertain workload. More incentives to practice in various geographic regions.	Pay will not fluctuate. No worry about late payments. Regular benefits.
Cons	"Overtreatment." Physicians may be more readily available in urban areas.	"Undertreatment" Encourage physicians to take on too many patients. Increase in specialist referrals.	No incentives or extra bonuses. No motive to bring new patients. Minimal control over work environment.

Factors Influencing Practice	Incentives to Practice
Type of practice Spousal interest	Financial incentives Adaptation of medical student selection criteria
Opportunity for teaching	Rural placements and learning-based programs for students
Training in a region	Type of position/practice
Workforce planning	Support network
Quality of life	Flexible schedule
Rural placement	

## Methods

1. Literature review on recruitment/retention methods used in health care.
2. Interviewed PCPs to learn about payment models they are paid on, & factors they consider for recruitment/retention.
3. Analyzed data for themes of payment models, quality of care, & recruitment/retention factors.

## Preliminary Findings

- 4 out of 5 PCPs had primary care experience in rural Ontario.
- 5 out of 5 said quality of care provided is different based on PCP payment model.
- 2 out of 5 said patient types are different based on PCP payment model.
- 4 out of 5 said it was challenging working with marginalized patients.
- All PCPs work over 35 hours weekly.
- 2 out of 5 PCP's considered type of patients in community when looking for new position.
- PCPs may be paid on multiple payment models at once.

## Discussion

Findings suggest that there are differences in quality of care based on primary care provider's payment model. However this research has not considered a blended payment model, which may complicate the association between quality of care and patient type. Further research into available payment models & their influence on quality of primary health care is needed.