



## BACKGROUND

### Select Alberta Models of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Edmonton  The Capital Health Authority	Comprehensive Home Option of Integrated Care (CHOICE)	Model developed because of concerns that frail elderly in the region were making frequent use of hospital emergency services and/or were frequently admitted to hospital. The program was designed provide a well-coordinated and integrated service for the elderly in the region.	<p>Elderly &amp; Individuals with mental health disorders</p> <p>Inappropriate utilization of scarce resources (e.g., emergency room, hospital beds)</p> <p>Cost control through a form of capitation and discontinuance of fee-for-service for individuals in the program.</p>	<p>Program involved a major process change from perspective of both health care providers and clients (patients).</p> <p>Involves the provision of well coordinated and integrated service for frail elderly and individuals with complex mental health disorders.</p>	<p>Established program</p> <p>Was the first program of all-inclusive care for the elderly to be implemented in Canada</p> <p>Has been expanded to include individuals with mental health issues as well as the elderly</p> <p>Strengthening skills of GPs who provide services with respect to care of the elderly</p> <p>Decreased demands on referring physicians as medical care transferred to program physicians</p> <p>Some impact on other health care professionals</p> <p>Some evaluation of model done.</p> <p>Model believed to be both feasible and sustainable in this region and in other areas</p>
Calgary, but implications for the province  Calgary Regional Health Authority	Shared Care Models	Three models, all of which are designed to: a) increase the quality, efficiency and cost-effectiveness of primary care services; b) increase collaboration between family physicians and other health professionals; and c) improve care of individuals with chronic illness	<p>Shared care with other health care professionals.</p> <p>Family physicians receiving support from specialists (psychiatrists).</p> <p>Three different models all designed to use physicians' resources more effectively.</p> <p>Partnership between primary care providers and regional health authority.</p>	<p>Prior to the models, the physicians were independent practitioners. The models allow the region to deliver improved primary care in a structured way through a collaborative mechanism.</p>	<p>Good involvement of physicians in all models.</p> <p>Good involvement of other health care professionals.</p> <p>Two of the models have some evaluation.</p> <p>Models are acceptable to physicians and considered to be sustainable.</p>

### Select British Columbia Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
Prince George	Family Medicine Residency Program	The program provides training in all aspects of family medicine in order to prepare students for family medicine practice in small communities.	<p>Training of Physicians</p> <p>Care delivery in smaller communities</p> <p>Collaborative effort of a health region and the only medical school in the province</p>	The program focuses on community based family practice training for residents. The training is provided by local family physicians in private practice rather than in a tertiary care setting in a large academic hospital.	<p>Established program.</p> <p>Prince George site one of six sites residency sites established by the only medical school in the province.</p> <p>Prince George site established to focus on family medicine practice in smaller communities and rural areas.</p> <p>Approximately 85% of program participants choose to practice in small communities upon completion of their residency.</p> <p>Physicians and nurses in the site work together to support their colleagues and enhance the teaching goals of the program.</p>

### Select Manitoba Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
<p>Winnipeg, but with provincial focus</p> <p>Winnipeg Health Sciences Centre</p>	Manitoba Telehealth Network	The model uses information technology to provide health care information and knowledge to health care providers, health administrators, and patients.	<p>Use of information technology.</p> <p>Provision of specialized clinical services through information technology.</p> <p>Provision of continuing education for physicians and nurses throughout the province.</p> <p>Provision of communication and networking among health administrators.</p> <p>Enables visiting among family and friends for long-term patients who have had to leave their homes/communities in order to obtain health care.</p>	Use of latest advances in information technology to provide access to specialist services in small communities.	<p>Funding for project from federal, provincial and local levels.</p> <p>Uses information technology to provide services for four groups of individuals.</p> <p>Physicians are happy patients are able to receive services in their own communities.</p> <p>Family physicians feel supported by specialists who provide supervision for complex procedures.</p> <p>Access to continuing medical education via this approach has been well received.</p>

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Winnipeg  Klinik Community Health Care	Klinik Community Health Care	Community based health clinic designed to meet the holistic needs of an inner city clientele.	Provides innovative health, counseling and education services.  Serves as a voice for equality, social justice and social change.  Salaried physician positions allow for competitive reimbursement, facilitating physician recruitment and retention.  Opportunity to deliver innovative, comprehensive, healthcare using a team approach  Stable predictable funding for the organization's budget planning  Service quality, accessibility and reliability	Addresses physical health problems of clients as well as economic and social problems that are related to poor health.	Established model  Model covers more than health.  Targeted at a group which is not always explicitly recognized.  Model originally developed by physicians.  Physicians almost treated as tertiary resource, thus skills are optimized for most complex situations.  Attractive for physicians who are interested in providing holistic care for high risk, inner city population.

### Select National Model of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
National (Calgary)  University of Alberta	Western Canada Waiting List Project	The model was designed to improve access to appropriate and effective medical services by prioritizing on the basis of need and the potential to benefit.	Effective use of scarce resources (e.g., specialists, hospital beds).  Reduced waiting times for some types of treatments.  Improved access to care for patients.	Extensive collaboration among many health organizations and provincial governments to develop ways to effectively manage waiting lists for specific treatments.	Good involvement physicians.  Collaborative initiative of 19 organizations including provincial and regional health authorities, medical associations and health research centres in four (western) provinces.  Good evaluation. Model has continued to develop.

## Select New Brunswick Models of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
St. John Atlantic Health Sciences Corporation	Hospitalist Model in St. John, New Brunswick	The model ensures that quality in-patient care is available for individuals who are administered to hospital when family physicians are not available, when they do not feel competent to provide the required care or when they do not wish to provide care to individuals in hospital.	<p>Provision of acute care.</p> <p>Enhanced expertise of family physicians.</p> <p>Collaboration between family physicians and specialists (internists).</p> <p>Collaboration between physicians and nurses.</p> <p>Effective use of limited resources (physicians who are willing to provide care in hospitals).</p> <p>Effective delivery of service.</p>	Ensures that physicians are designated for in-patient care but that they are also able to maintain their own practices.	<p>Good focus on physicians, both family practitioners and specialists (internists).</p> <p>Ongoing evaluation.</p> <p>Ensures patients get quality care while in hospital.</p> <p>Reduces admission time for emergency department patients.</p> <p>Reduces length of hospital stay for patients.</p> <p>Reduces rate of readmission of patients to hospital.</p> <p>Model well accepted by physicians, patients, an health authorities.</p> <p>Hospitalist approach is broadly used in Atlantic Canada, but is quite rare in other areas of the country.</p>
Fredericton River Valley Health Region	Nephrology Telehealth Clinic	The model enables individuals who require specialized medical treatment to obtain that treatment close to home through the use of telehealth videoconferencing technology and an automated information system	<p>Effective utilization of scarce resources (e.g., specialists).</p> <p>Provision of patient care within their own community.</p> <p>Use of information technology to provide health care.</p> <p>Collaboration between physician specialists and nurses and other health care professionals</p>	The model involves the provision of specialized treatment under the direction of physicians from a distance using information technology.	<p>Physician specialists were involved in planning and developing the model.</p> <p>Allows patients in one community to access specialists in another through the use of information technology, thus improving access to care and reducing demands on physicians.</p> <p>Allows patients to obtain treatment closer to their home community.</p> <p>Good use of information technology.</p> <p>Some evaluation done</p>

### Select Newfoundland/Labrador Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
St. John's  TETRA - Telehealth and Educational Technology Resource Agency, Faculty of Medicine, Memorial University of Newfoundland	Telehealth Applications in Clinical Diagnosis, Care and Education	The model uses information technology and telecommunication to improve access to health services for individuals in smaller communities and to provide educational opportunities for physicians and patients.	Use of telehealth technology.  Improved access to care for patients in smaller communities.  Increased educational and networking opportunities for health care providers in smaller communities.	Use of technology to enhance the efficacy and effectiveness of health care delivery.	Good model for physicians who are treating patients who come from a distance.  Also a good model for physicians who are practicing in smaller communities.  Some written material also available
Goose Bay, Labrador  Labrador Health Centre Health Labrador Corporation	Northern Family Medicine Program	The model provides intensive training to family medicine residents so they can practice in smaller communities.	Training of physicians.  Increased access to health services for individuals living in smaller communities.	Family medicine residents are placed into smaller communities to enhance their expertise and interest in practicing in such communities.	Established program.  Good involvement of physicians.  Collaboration with other health care professionals (nurses).  Some evaluation data.

### Select Yukon and Northwest Territories Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
Yellowknife  Department of Health and Social Services, Government of the Northwest Territories	Salaried Physicians in the Northwest Territories	The model was designed to ensure that family physicians and specialists are available to provide health care to individuals in the Northwest Territories.	Recruitment of physicians (family physicians and specialists).  Retention of physicians.  Improved access to care for patients in the Northwest Territories.  Collaboration between physicians other health professionals.  Cost containment through the use of salaries.	Use of an attractive funding package that enables and recognizes a comprehensive mix of clinical duties and other responsibilities which has resulted in increased recruitment and retention of physicians in the territory.	Model has been very successful in recruiting and retaining physicians (including specialists) in the territory.  Good recognition of wide range of duties physicians perform.  Good recognition of need to meet health needs of patients, but also need of physicians to have a good quality of life, both professionally and personally.

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Whitehorse  Ministry of Health, Yukon Territory	Faro/Mayo Project	In order to stabilize availability of physician services in small communities in Yukon, contractual arrangement between physician and primary health care nurses in the community were established.	Collaborative approach between physicians and nurses.  Cost control through contractual arrangement with physicians.  Stability of physician resources in small communities  More efficient use of scarce resources.	Collaborative arrangement between nurses and physicians.  Contractual arrangement with physicians facilitates recruitment and retention of physicians.	Established program  Improved availability of physicians, thus improving patient accessibility to health care.

### Select Nova Scotia Models of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Halifax  Capital District Health Authority	Shared Care Family Physician/ Psychiatric Specialist Care in Mental Health	The model is designed to increase the ability of family physicians to management mental health issues in patients, through the use a team approach involving psychiatrists and other mental health care professionals.	Effective use of limited resources (psychiatrists).  Collaboration between family physicians and specialists (psychiatrists).  Increased patient access to mental health services.	Collaborative approach between family (primary care) physicians and psychiatrists and other mental health professionals resulting in an increased capacity for family physicians to provide appropriate care to individuals requiring mental health services.	Good involvement of physicians (family physicians and psychiatrists) in the model.  Psychiatrists are able to deal with more complex cases.  Improved access for patients.

### Select Ontario Models of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Toronto  The Hospital for Sick Children	Electronic Child Health Network	The model was designed to expedite, improve, coordinate and standardize transition from one care provider to another for children and adolescents.	Effective use of scarce resources (physicians, and health services such as laboratory/ diagnostic tests).  Improved effectiveness and efficiency of care delivery for children and adolescents.  Use of computer technology to bridge diverse array of information systems to allow the creation of a single electronic record.	Use of information technology to improve the coordination and quality of care to children and adolescents across the health care system.	Physicians have patient information and treatment protocols at their fingertips – which results in more timely referrals and better follow-up care.  Family physicians and specialists (pediatricians) share a common knowledge base.  Reduction in duplicate diagnostic testing.  Model well received by physicians, patients and families.

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Hamilton  Maternity Centre of Hamilton	Maternity Centre of Hamilton	Model designed to train family physicians to provide obstetrical care, and to provide quality integrated maternity care.	Effective use of scarce resources (e.g. obstetricians, money).  Recruitment and retention of family physicians in maternity care.  Collaboration of family physicians and other health care professionals (e.g., nurse practitioners, midwives, dietitians).	Use of collaborative, multidisciplinary health care team to expand and enhance maternity care provided by physicians.	Good opportunities for professional development for family physicians.  Improved quality of life for family physicians because of changes in on-call duties.  Collaboration among wide variety of health care professions.

### Select Prince Edward Island Models of Care

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Prince Edward Island  Department of Health and Social Services, Prince Edward Island	Family Health Centre	The model is designed to improve recruitment and retention of family practitioners and ensure that patients receive care from the most appropriate providers	Recruitment of family physicians.  Retention of family physicians.  Effective utilization of scarce resources.  Improved patient care.  Cost containment through salaries/contracts.	The conversion of fee-for-service solo or group practices to contracted and shared care health centres.	Good involvement of physicians.  Improved on-call demands on physicians.  Increased time to provide comprehensive care and to focus on other professional interests.  Collaboration with other health professionals (e.g., nurses).
Charlottetown Queens Health Region  Mental Health Services, Department of Health and Social Services	Shared Care for Patients with Mental Health Disorders	The model is designed to enhance access to community based mental health services and resources and reduce inappropriate admissions to acute care hospitals by individuals with mental health needs.	Effective utilization of scarce resources (psychiatrists, hospital beds).  Increased access to appropriate services for individuals with mental health needs.	Increased collaboration between family physicians and psychiatrists, and increased use of other community based health services.	Good impact on physicians – family physicians have direct access to psychiatrists for consultation, psychiatrists are spending more time in the community and less time in hospital settings.  Some supporting written documentation on the model.

### Select Quebec Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
Ormstown Barrie Memorial Hospital	Capitation Project in the Haut Saint-Laurent Regional County Municipality	The model was intended to improve the quality and efficiency of primary, secondary and tertiary services in a small region.	<p>Effective use of scarce resources (money, health services, human resources) to meet the needs of individuals living in the region</p> <p>Improved health care delivery in an area with a relatively small population</p> <p>Cost containment through capitation of funding</p>	Changes in how services were funded in order to enhance service integration, increase quality of care and reduce duplication of efforts	<p>Physician participation in the restructuring of services</p> <p>Recognition of clinical and other duties performed by physicians</p> <p>Improved collaboration between physicians and other health care professionals (e.g., nurses)</p> <p>Improved service delivery for patients</p> <p>Good evaluation of model</p>

### Select Saskatoon Models of Care

Location	Model	Description	Issues Addressed	Nature of Innovation	Advantages
Saskatoon College of Physicians and Surgeons of Saskatchewan	Primary Health Service Initiative	Number of projects developed with goal of improving health of population and ensuring a sustainable health system in the future.	<p>Collaborative approach between physicians and variety of other health professionals.</p> <p>Client-centred</p> <p>Individual and Population Health focused</p> <p>Integration and coordination of services</p> <p>Continuity of care</p> <p>Citizen participation in program development and planning</p> <p>Link health services with other community services</p> <p>Provide services based on evidence</p>	Uses nurse practitioners and multidisciplinary teams to increase coordination and efficient use of knowledge and skills of all health professionals, including physicians.	<p>Good impact on physicians, particularly in smaller communities.</p> <p>Nurse practitioners share workload with physicians, thus allowing physicians to have improved quality of life, and to focus on more complex patient needs. Has resulted in greater retention of physicians in the smaller communities.</p> <p>Good evaluation data for at least one of the projects</p> <p>Projects were seen to be practical and effective and were supported by administrators, care providers (including physicians) and patients.</p>

<b>Location</b>	<b>Model</b>	<b>Description</b>	<b>Issues Addressed</b>	<b>Nature of Innovation</b>	<b>Advantages</b>
Saskatoon Saskatoon District Health	Client/Patient Access Service	The model is designed to improve patient access to available acute care facilities and to facilitate movement of individuals from acute care services to other health services as appropriate.	Effective utilization of limited resources (e.g., hospital bed and acute care services).  Coordination of patient care both inside and outside of acute care.	Nurses ensure case management for acute care patients as many family physicians no longer play this role.	Optimal use of scarce resources by using a team approach to ensure coordination of patient care.  Access to resources is increased, so physicians can be more efficient with their time.  Decreased demands on physicians' time as they no longer need to schedule and coordinate services for their patients in acute care.

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For learn more about Task Force Two or to read the latest summary report entitled “Assessing New Models for the Delivery of Medical Services: Inventory and Synthesis,” go to [www.physicianhr.ca](http://www.physicianhr.ca).

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