



Family Physician Remuneration for Substance Use Disorders Care

Key Messages

- Substance use disorders should be recognized and treated as chronic health conditions.
- The fee-for-service payment model used by many family physicians in Canada does not support the range of care needed by people with substance use disorders.
- System improvements are needed to better support people with substance use disorders: new billing codes and incentives, alternative remuneration models, and better training and support around billing practices.

Introduction

Canadian family physicians provide important care for persons with substance use disorders. Evidence suggests that the compensation models of family physicians shape the services they provide to their patients. Most Canadian family physicians work with the fee-for-service remuneration model, using service-based codes to assess, diagnose, treat and refer patients. These codes are negotiated with the provinces. Consequently, there is variability in how they deliver care to their patient populations.

To date, we have little understanding of how fee-for-service remuneration shapes the delivery and quality of primary care to patients with substance use disorders, or how family physicians in different provinces manage care for these patients using available billing codes. Understanding how fee-for-service family physicians use provincial billing codes to care for this patient population and where they encounter challenges can generate opportunities to strengthen care.

The results of this study are intended to provide policy makers and physician organizations with a portrait of how Canadian family physicians deliver care to patients with substance use disorders within fee-for-service remuneration models. The results also identify challenges to this care and provide options to support improved management of substance use disorders in primary care.

Objectives and Method

The purpose of this study was to understand how family physicians working in primary care settings within a fee-for-service model use provincial billing codes and incentives to care for patients with substance use disorders. Two other chronic healthcare conditions, diabetes and schizophrenia, were included to generate comparative data. Diabetes was chosen because physicians' remuneration for patient treatment is well supported by chronic disease management incentives. The team included schizophrenia because it is chronic mental health condition.



The specific objectives were:

- To understand family physicians' awareness, interpretation and use of billing codes and incentives for the care of substance use disorders across Canada;
- To understand physicians' perceptions of current billing codes and incentives to assess whether they are adequately designed to provide comprehensive care to patients with substance use disorders;
- To identify cross-cutting thematic issues within the fee-for-service system raised by physicians' narratives, both within each province and across Canada; and
- To generate options to improve remuneration for the care of substance use disorders and encourage more family physicians to take on this care.

The team developed a qualitative interpretative design with purposive sampling and recruited 22 family physicians from ten provinces. Using an interview guide with 11 questions in five domains, one team member conducted one-on-one telephone interviews with each key informant physician. Interviews were conducted between October 2017 and March 2018, and lasted 32 minutes on average. Three team members analyzed interview transcripts using NVivo software, and performed inductive analysis to identify themes and options for change.

Findings and Options for Change

Participants delivered five strong messages from the interviews:

1. Patients with substance user disorders have medical and social complexity.
2. The work of caring for patients with substance use disorders is invisible and not always billable.
3. Formal education and ongoing support for billing are weak.
4. Fee-for-service is not structured in a way that fully supports substance use disorders care.
5. Fee-for-service generates tensions and ethical dilemmas.

They also made explicit suggestions to address the dual challenges of improving care for patients with substance use disorders and compensating physicians fairly for their time and acquired expertise with this population. These suggestions are summarized below.

1. Fee-for-service remuneration: New billing codes and incentives

Participants recommended three types of changes to billing codes and incentives:

- (1) Introduce a chronic disease management incentive and supplemental codes for substance user disorders;
- (2) Introduce codes to incentivize and compensate patient intake, initial assessment and consulting; and
- (3) Introduce codes to support the ongoing management of patients with substance use disorders.

2. Proposal for an alternative remuneration model: A blended model

Participants recommended the introduction of a blended remuneration model to encourage more physicians to provide care for substance use disorders and to sustain physicians currently delivering



this care for these patients. Specifically, they proposed a base pay with supplemental billing codes to offer physicians predictable revenue that is independent of service-based codes, while incentivizing them to provide comprehensive care to patients with substance use disorders. A blended model could also compensate physicians for off-site work.

3. Other changes

Participants made three additional recommendations to improve billing practices and care for this patient population from a health systems perspective:

- (1) Improve formal training in medical school or residency to adequately prepare physicians for the work of billing as soon as they begin to practice, and strengthen provincial billing resources to support physicians in their ongoing billing practices;
- (2) Provide funding for allied health professionals so that physicians can deliver team-based clinic care to their patients, instead of providing it on their own; and
- (3) Strengthen community psychosocial services so that physicians can refer their patients to experts who can provide specialized treatment, and increase anti-stigma education to challenge attitudes that create barriers for patients seeking primary care.

Conclusion

This study is the first to solicit Canadian physicians about their experiences and perspectives on using fee-for-service billing codes to care for patients with substance use disorders. The family physicians interviewed for this study are deeply committed to providing comprehensive care to this patient population.

By acknowledging that substance use disorders are chronic diseases, the provinces can support family physicians in their work. A major step forward is to make incentives and adequate compensation available to family physicians in each of the provinces, so that they can provide comprehensive, evidence-based care within their clinics. It is also vital for the provinces to strengthen the infrastructure and systems around family physician care.

