

# FHO+ Webinar

# The history of the FHO

The FHO model was originally created to support family physicians who were practicing comprehensive family medicine to have:



Income predictability



Increased revenue



Ensure patient retention



Flexibility; and



Long-term patient-physician relationships

However, the FHO model has failed to keep pace with the needs of family physicians and patients.

# Evolving the FHO



Ontario Family  
Medicine is in a  
different starting  
point than other  
provinces

Challenges and  
solutions are  
unique to each  
province

Capitation in  
Ontario is  
higher than  
anywhere else

# Interprovincial Primary Care Comparison

	FHO Ontario	BC	MAN	NS	NFLD	SASK	PEI	AB
Main Source of Income	Capitation	Hourly Sessional	FFS	Blend Capitation/Hourly	Capitation	FFS	Salary / Hourly	Blended Capitation / Hourly
Announced	2004	2023	2024	2024	2023	2024	2024	2024
Shadow billing	19.41%	N/A	N/A	30%	25%	N/A	N/A	68.5%
Hourly Rate	N/A	\$130.00/h	\$171.05/h Max 0.5h per 250 per week	\$92.70/h day \$139.05/h night	N/A	N/A	\$202 (April 1 2025)	\$105/h
Base Capitation Rate	\$175/pat adjusted	\$53.52/pat adjusted Max \$134K	\$75/pat adjusted	\$103/pat adjusted	\$180/pat adjusted	Max \$144K based on visits and roster	\$325,455 salary (April 1 2025) Incentives to hold higher roster	\$70.25/pat adjusted
Comprehensive Capitation Rate	\$35/pat adjusted	n/a	n/a	n/a	n/a	n/a	n/a	n/a
After-Hours	Yes - required 30% Premium	Not required	Not required 20% Premium	Not required 25% Premium on FFS Hourly rate is 1.5x	Yes - required In-basket \$10 AH add-on (\$2.50)	Not required Pilot Program \$12 AH add-on	N/A	\$87.72/h
Negation	Yes	No	No	No	No	No	No	No
Admin / Overhead Funding	No	Yes – hourly rate	Yes - \$3.50 per visit	Yes - \$20 per patient, AHP funding, 30 days locum funding	Yes – Startup Funding, EMR Funding,	Yes – CME Funding, non-MD tracking, Innovation Funding	No (only FFS receive Overhead funding)	Yes- 10%

# Time for Change

# What we heard from Family Doctors

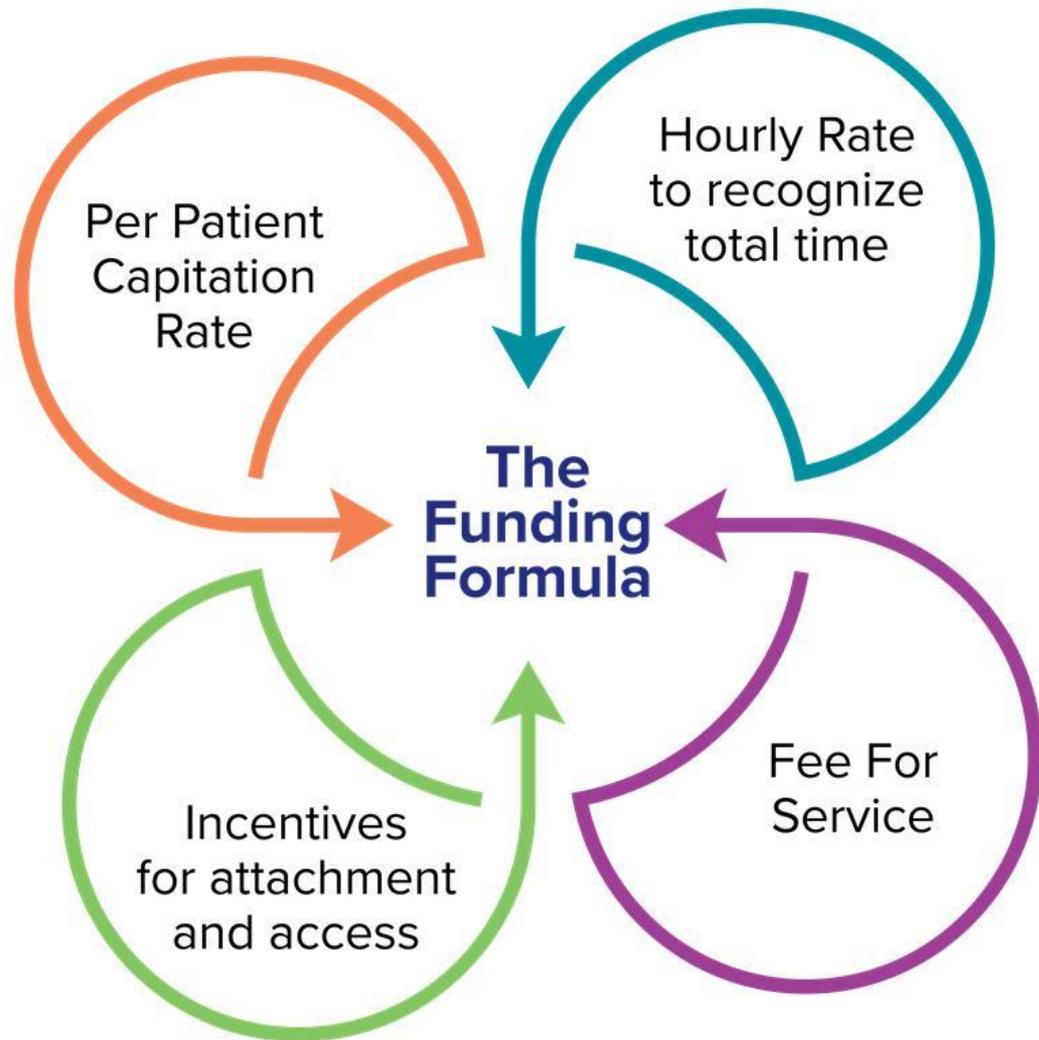
- Remove negation
- Increase shadow billing
- Maintain capitation rate
- Time-based payment for direct/indirect care
- Incentives for attachment and access
- Fair compensation



# Engagement process

- Input from SGFP, OCFP, COFM during negotiations consultations – spring 2023
- Co-design on future of FHO in Ontario with SGFP Tariff team – beginning in August 2024
- Family doctors (including SGFP) at the table during negotiations & mediation – NTF Expert Reference Group

# Elements of reform

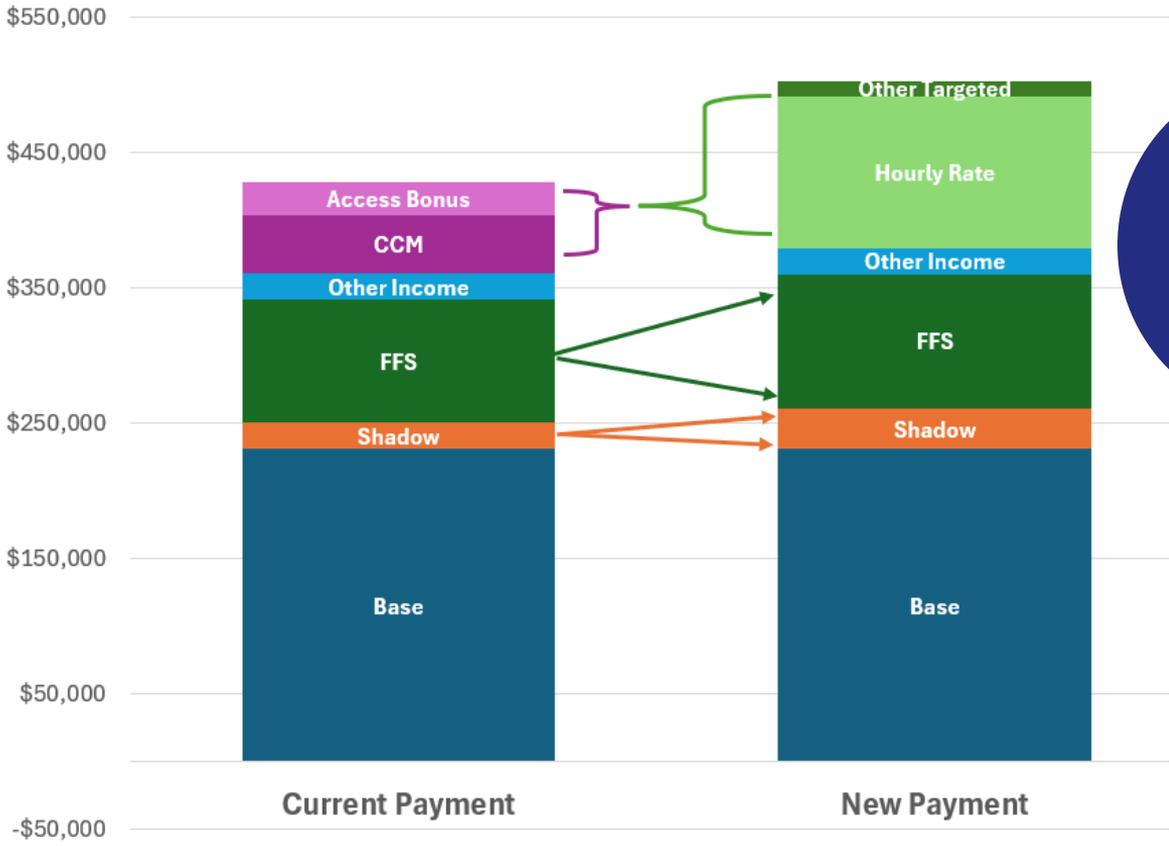


# What does that mean for Ontario?

- Eliminate negation
- Add time-based billing at \$80/hr
  - Reinvest CCM Fee
  - Reinvest Access Bonus Payment
  - Over \$200M+ in targeted funds
- Increase shadow billing
- Add attachment bonuses
- Enhance GMLP

START DATE





18% overall average increase

■ Base ■ Shadow ■ FFS ■ Other Income ■ CCM ■ Access Bonus ■ Hourly Rate ■ Other Targeted

# Time based billing – What can you bill?

## Direct patient care

Includes time teaching at bedside, concurrently with patient care

## Indirect patient care

Charting, documentation, referrals, review reports, forms, care coordination

Can be up to 1/3rd of direct patient care hours

## Clinical administration

EMR, proactive patient management, quality improvement planning

Can be up to 5% of total hours

Total Indirect + Clinical Administration time can be up to 25% of total time billed.

# Patient Attachment Bonus

July 1, 2025  
START

Applicable to all Patient Enrolment Models

## Existing PEM Doctor

Newly Enrolled Patient	RIO < 40	RIO >= 40
Age 0 - 64	\$100	\$150
Age 65+	\$120	\$180

## New Grad PEM Doctor

Newly Enrolled Patient	RIO < 40	RIO >= 40
Age 0 - 64	\$150	\$225
Age 65+	\$180	\$270

*Implementation details for the new codes are being developed, and the codes are not yet ready for billing. Please continue to bill the Q200A enrollment code until further information is available.*

# Patient Attachment Bonus - HCC

July 1, 2025  
START

Health Care Connect attachment of complex patient up from \$350 to \$500

## Health Care Connect (HCC) Upgrade Patient Status \$500

- Where a physician accepts an HCC referred as a non-complex/vulnerable patient that the physician in his/her clinical opinion assesses to be complex and/or vulnerable - the physician is eligible to bill the HCC Upgrade Patient Status

# Additional changes



## Shadow billing

Shadow billing for all in-basket services will be **30%** except for certain procedures which will now be **50%**



## After Hours Premium

Increased from 30% to **50%** for applicable services and procedures to enrolled patients



## Group Management Leadership Payment

Existing GMLP is maintained

New Enhanced GLMP – Up to \$100,000 for group leadership activities

# Additional changes – cont'd



## FHO FFS Limit

The Group Limit will continue to apply. There will be no shift to individual fee for service billing limits for FHO/FHN.



## FHO Hospital Services

In-patient services are considered out-of-basket and paid at 100%

# Additional changes – cont'd



## IMPROVED RULES RE FHO Co-location

All at one location; or  
no less than 2 physicians  
in each location.

Close proximity:

- RIO = 0:** 5 km radius
- RIO 1 - 5:** 10 km radius
- RIO > 5:** 30 km radius

Dispute Mechanism:  
Now send to referee  
for final determination.

# Additional Accountability - not agreed

- ◆ The ministry has proposed that there be an adjustment to capitation rate where continuity of care measure falls below 80%
- ◆ OMA position is that this accountability measure is not needed or appropriate, and that if an accountability measure is imposed, it should be at a lower threshold
- ◆ We are confident that even if awarded, the vast majority of doctors who see their patients regularly will not be impacted by the measure

# Other items not agreed to

## ◆ Managed Entry for Years 2 to 4

- The parties are agreed to the elements regarding the increase to the FHO complement although they disagree regarding duration. The OMA proposes April 1, 2024, to March 31, 2025, and for each year thereafter. However, the parties have agreed that the managed entry restrictions will not apply to physicians entering the FHO model from the FHG model.

## ◆ After Hours Exemption and Hospital On-Call services

- The parties have agreed that the arbitration board will remain seized with respect to this OMA proposal, since the parties are continuing to work together to resolve this issue.

# Financial Examples



# Dr. Small Roster

## Current Practice

Roster Size	600
Weeks per Year	44 - 46
Clinical Hours/Week	10 - 15

## Current Income

Capitation	\$114,901
Shadow Billings	\$10,915
Access Bonus	\$12,838
CCM	\$23,249
<b>Total</b>	<b>\$161,903</b>

## New Income

<b>Total</b>	<b>\$178,705 - \$205,371</b>
Change (\$)	\$16,802 to \$43,468
Change (%)	<b>10% to 27%</b>



## Dr. Average Roster

### Current Practice

Roster Size	1,300
Weeks per Year	44 - 46
Clinical Hours/Week	20 - 30

### Current Income

Capitation	\$235,995
Shadow Billings	\$18,530
Access Bonus	\$25,287
CCM	\$47,475
<b>Total</b>	<b>\$327,287</b>

### New Income

<b>Total</b>	<b>\$358,502 - \$411,835</b>
Change (\$)	\$31,215 to \$84,548
Change (%)	<b>10% to 26%</b>



# Dr. Large Roster

## Current Practice

Roster Size	1,600
Weeks per Year	44 - 46
Clinical Hours/Week	27 - 35

## Current Income

Capitation	\$280,186
Shadow Billings	\$22,832
Access Bonus	\$30,789
CCM	\$57,195
<b>Total</b>	<b>\$391,002</b>

## New Income

Total	\$442,195 - \$487,208
Change (\$)	\$51,193 to \$96,206
Change (%)	<b>13% to 25%</b>



# Dr. Very Large Roster

## Current Practice

Roster Size	2,400
Weeks per Year	44 - 46
Clinical Hours/Week	35 - 40

## Current Income

Capitation	\$405,889
Shadow Billings	\$30,596
Access Bonus	\$42,793
CCM	\$85,129
<b>Total</b>	<b>\$564,407</b>

## New Income

Total	\$617,445 - \$649,445
Change (\$)	\$53,038 to \$85,038
Change (%)	<b>9% to 15%</b>

# Interactive FHO+ Calculator

## Payment calculator

You can use this calculator to estimate what changes you may experience with this model



## Payment calculator

You can use this calculator to estimate what changes you may experience with this model.

### Please enter monthly amounts from your RA

Capitation payment

Access bonus payment

CCM payment

Shadow billings

### Please enter your roster and clinical hours

Roster size

Weeks per year

Direct clinical hours per week<sup>2</sup>

### Your expected change in income

Current annual income

New annual income

Change (\$)

Change (%)

# In summary

- **There are multiple benefits to the FHO+, including:**
  - Average increase of 18%
  - Hourly rate for indirect/direct care + administration
  - Incentives for attachment and access
  - Remove negation
  - Maintains cap rate
- **As part of this FHO model, there are elements that remain outstanding and require further consideration, including those related to accountabilities, timing and transition**
- **The OMA will continue to keep system partners engaged during the summer and following the formal decision in the fall**
  - Additional resources being prepared following consultations

Want to get involved in FHO+?

# Have ideas for how to best support physicians with this change? Want to help your colleagues?

We are seeking a diverse group of family doctors to provide input on:

- Areas of support needed
- Drafts of support materials



This work will be compensated at the standard OMA hourly rate.

## Interested?

Contact [info@oma.org](mailto:info@oma.org) with:

1. Subject line: Family Medicine PSA Resource advisors
2. Your practice type (FHO, FFS, FHG, part-time FHO, etc.)
3. Any other relevant practice details (e.g., rural)

Thank you.

[oma.org](https://oma.org)

