Primary Care Remuneration Models for Substance Use Care: A review of the literature

Executive Summary

What is this report about?

Building on work from a previous study,* the Canadian Centre on Substance Use and Addiction and the Canadian Executive Council on Addictions have partnered to look more deeply at different available levers and remuneration models to inform recommendations for how to best increase access to and quality of substance use care within primary care settings. The partnership also seeks to identify opportunities for innovation in substance use care within the current health systems landscape in Canada.

As a starting point for this work, the Social Research and Demonstration Corporation was engaged to conduct a review of the literature on remuneration models for primary care physicians providing care to patients with substance use disorders (SUDs). The aim of the review was to identify remuneration models, mechanisms or processes that could be recommended to improve access to quality substance use care and physician engagement.

What are the main findings?

Results of the literature search revealed a small, emerging evidence base (n = 80 articles total) on the topics of primary substance use care, analogous conditions, and quality of care in general. There was little focus in the literature on physician engagement, and little more on patient perspectives. Most of the literature with regard to primary care for patients with SUDs confirmed the shortcomings of the fee-for-service (FFS) model that were identified in the Childerhose et al. (2019) study, given the complexity of SUDs and the time and coordination required for substance use care. Expanding the search to analogous conditions and chronic

* Childerhose, J., Atif, S., & Fairbank, J. (2019). *Family physician remuneration for substance use disorders care.* Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

disease management in general permitted comparison of different remuneration models and inferences with respect to care quality and access.

While there appears to be consensus that FFS is not aligned with quality primary care for patients with SUDs, there is insufficient evidence for a "best" primary care remuneration model for either quality care or equitable access. That said, blended payment models appear to be the most promising. In particular:

- Salary + capitation for more collaboration, prevention and quality of care
- Salary + FFS for better access for high-risk patients

These payment models correspond generally with the recommendation in Childerhose et al. (2019) to introduce base pay with supplemental billing codes to offer physicians predictable revenue — independent of service-based codes — while incentivizing them to provide comprehensive care to patients with SUDs. However, the literature on physician incentives is rife with warnings about unintended consequences, so it is important to proceed with caution, especially since what works for one health condition may not translate to another.

What are the implications?

The literature suggests that the effectiveness of any remuneration model depends on characteristics of the care organization or practice, provider, context, patient population, health condition, and the degree to which quality care is amenable to performance measurement. In particular, it is important to consider the different needs and goals with respect to compensation, access and quality care that physicians with a dedicated practice in addictions medicine may have, for instance, compared to those in general practice. In other words, remuneration models may need to be nuanced and customized for particular purposes. Another key consideration is how to facilitate more coordination between primary care and the rest of the healthcare system, especially community and speciality care. Overall, much more research is needed, especially on salary models and patient and provider perspectives.

The full report, *Primary Care Remuneration Models for Substance Use Care*, will be available on the website of the Canadian Executive Council on Addictions (ceca-cect.ca) in early 2022.

For more information about this report or any of CECA's projects, please contact the CCSA secretariat at (**ceca@ccsa.ca**).