Dear Family Physician,

**Blended Capitation Model...an alternative to fee-for-service?**

Are you and other family physicians in your clinic looking for alternatives to fee-for-service? Do you want to enhance your ability to practice comprehensive primary care, maximize the skills and knowledge of your team, be remunerated for your panel size and complexity of patients rather than by how many patients you see in a day? Do you want to practice a medical home model that incents the right kind of practice? Then the Blended Capitation Model may be for you.

**We are looking for a few clinics**

In our previous agreement, and continuing through our second amending agreement, Alberta Health, AHS and the AMA have committed to working on a blended capitation model for family physicians. The result was the Blended Capitation Model Pilot introduced last year. We’re grateful to the Sylvan Family Health Centre for being the first clinic in the province to fully adopt the model, and for working with the implementation team to sort through some of the challenges and uncertainties related to being the first clinic to test this model.

The Section of General Practice, the AMA and our government partners are now looking for more clinics who are interested in practising under this model and in helping us to further refine it prior to a provincial wide roll-out.

**Characteristics for success**

We recognize that physicians and clinics are at different stages in their progression toward the full Patient's Medical Home model of care. At this point, we’re seeking physician leaders and clinics who:

- embrace change
- practice team-based care (looking to enhance the roles of the team)
- support continuity
- have participated in previous quality improvement initiatives
- have taken action toward improving access
- have strong administrative support (clinic manager)
- are motivated to examine a different payment model that allows for the freedom to practice innovative family medicine

**The good and the bad**

All practice models have their own advantages and disadvantages, including fee-for-service. This new model requires a reasonable level of patience and motivation to work through new concepts such as negation, process re-design, re-defining roles and responsibilities, administrative / financial management, as well as overarching change management as a new way of practicing and being paid evolves at your clinic.

While it won’t match everyone’s practice style, we’re confident that some physicians will find that the transition is well worth the effort and ultimately rewarding for your professional career, patient care management and personal life.

Rather than thinking of this as a financial model of payment, think of it as a new practice delivery model with the proper financial supports.

**Not going alone**

Participating clinics will be provided expert resources to support them throughout the first year of transition. Financial modelling and facilitation support for process redesign (administrative and clinical) are key areas being supported by Alberta Health and the AMA. As more clinics come on board and more experience is gained, greater insight and sharing can be achieved together.

If you and your clinic identify with what I have mentioned above and would like more information, please contact:

Rebecca Gibeault at Rebecca.Gibeault@gov.ab.ca or Christine deMontigny at Christine.deMontigny@albertadoctors.org

As always, please feel free to get in touch with your SGP Executive at: gppres@albertadoctors.org.