

LETTERS ♦ CORRESPONDANCE

In any publicly funded medical system, enforcement is concentrated on the number of services, but in a totally different fashion for fee-for-service models and for capitation models. In a fee-for-service system, number of services is monitored to ensure that the fewest possible services are provided. In a capitation system, number of services is monitored to ensure that the largest number are being provided. That tells you all you really want to know about the two payment systems. I think most patients would rather decide which services they do not want than find out what services are available to them.

—Kenneth Kolotyluk, MD
Executive Director
Society of General Practitioners of
British Columbia
Vancouver, BC
by e-mail

Reference

1. Mulligan PK. Capitation: the wrong direction for primary care reform [editorial]. *Can Fam Physician* 2002;48:233-5 (Eng), 244-7 (Fr).
2. Rosser WW, Kasperski J. Argument for blended funding [editorial]. *Can Fam Physician* 2002;48:236-7 (Eng), 247-9 (Fr).

...

I was intrigued to read the article on capitation¹ by Pamela Mulligan in the February issue, which followed publication of Benjamin Chan's research findings² in the *Canadian Medical Association Journal*. Chan's study documents the declining comprehensiveness of primary care in Ontario.

It is my understanding that capitation, as a cornerstone of proposed primary care networks, is proving to be a hard sell for many of the reasons outlined by Dr Mulligan. To these reasons must now be added the evidence that comprehensive primary care is also becoming a hard sell. Any group of family physicians contemplating becoming a primary care network must now be very concerned about the long term, in addition to the immediate implications of primary care networks.

What are the legal implications of not being able, as a primary care network, to continue to provide comprehensive services to a group of rostered patients? In the light of Chan's disturbing findings, this would be my main concern.

—John Biehn, MD, CCFP
London, Ont
by mail

References

1. Mulligan PK. Capitation: the wrong direction for primary care reform [editorial]. *Can Fam Physician* 2002;48:233-5 (Eng), 244-7 (Fr).
2. Chan BTB. The declining comprehensiveness of primary care. *Can Med Assoc J* 2002;166(4):429-34.

...

Congratulations, Dr Pamela K. Mulligan. You have managed to insult every health service organization (HSO) physician practising in the province of Ontario. I have practised in Kitchener for 30 years, and, in that time, have delivered care under the fee-for-service system, the "opting out" system (patient is billed for services and reimbursed by the Ontario Health Insurance Plan), and—for the last 13 years—the fully capitated "HSO system."

Under all these payment methods, the quality of medical care I provide has not changed: no "cream skimming," no "providing poor service to high-risk patients, thereby encouraging them to withdraw from the roster." If Dr Mulligan came to my office, she would see a preponderance of elderly, diabetic, and cardiac patients—hardly the HSO milieu that she predicts for me. In my call group, all HSO physicians are available 24 hours, 7 days a week. An average weekday evening has eight to 10 calls and two to three patients seen back at the office. Weekends average 30 to 40 calls and 10 to 15 people seen per 24-hour day.

My partner holds the call group record of 100 patients seen in 1 day on call, 2 years ago during an influenza outbreak over Christmas—certainly a novel interpretation of underproviding services (called "skimping" or "stinting"). The main advantage to the capitated system

for me is that I can take a holiday and still have an income to cover my office expenses while I am away. I hope this does not sound too radical to Dr Mulligan.

I deeply resent the implication that family doctors in this province cannot be trusted to separate the medical care they deliver from the payment system under which they operate. We have, unfortunately, far too many people making a living studying health care and far too few providing it.

—Brian S. Traviss, MD
Kitchener, Ont
by fax

Reference

1. Mulligan PK. Capitation: the wrong direction for primary care reform [editorial]. *Can Fam Physician* 2002;48:233-5 (Eng), 244-7 (Fr).

Correction

In the March 2002 issue of *Canadian Family Physician* (*Can Fam Physician* 2002;48:550), Dr Mélissa Mailhot's byline was inadvertently omitted from the French version of Residents' Page.

Canadian Family Physician apologizes for any embarrassment or inconvenience this might have caused Dr Mailhot.

...