

# Family physician remuneration patterns in 2010

Physician remuneration methods and their effect on health outcomes have been the focus of considerable research. Recent studies suggest that implementing a blended method of payment in favour of the traditional fee-for-service (FFS) model might result in a more integrated approach to care and, ultimately, better quality of care and health outcomes<sup>1</sup>; a more even geographical distribution of physicians; and better recruitment and retention rates.<sup>2</sup> The 2007 National Physician Survey (NPS) data indicated that 52% of Canadian FPs preferred to be paid for their services using the blended remuneration approach.<sup>3</sup>

The 2010 NPS data show that the proportion of physicians who are paid mostly through FFS is decreasing. Forty percent of FPs reported receiving 90% or more of their income through FFS remuneration compared with 48% in 2007 and 52% in 2004. The blended payment model is on the rise—in 2010, 35% of FPs reported not having a single-source account for 90% of their income. This number is

up from 31% in 2007 and 28% in 2004 (Figure 1). Among younger FPs (<35 years of age), a substantially higher proportion are paid through blended mechanisms (45%) than are paid through primarily FFS (30%).

Canadian provinces vary in terms of adoption of non-FFS remuneration models. Prince Edward Island and New Brunswick have the highest proportion of physicians receiving blended payments (52% and 44%, respectively), while the proportion of physicians remunerated through FFS models is highest in Alberta, British Columbia, and Saskatchewan (58%, 48%, and 47%, respectively) (Figure 2).

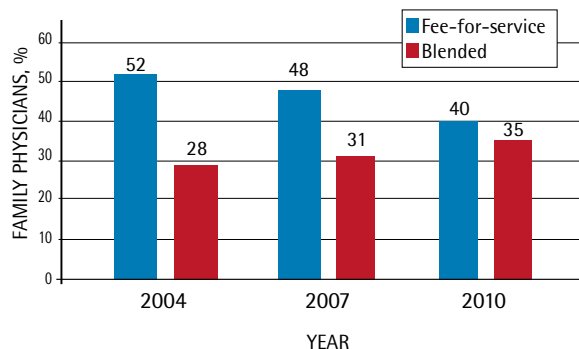
Further research is required to fully understand the effects of blended payment methods, as well as their role in the larger scheme of improving Canadian health care, in conjunction with policy changes in other areas.

The NPS is a collaborative project of the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada. Additional results are available at [www.nationalphysicianssurvey.ca](http://www.nationalphysicianssurvey.ca). If you would like the opportunity to develop and write a future Fast Fact using the NPS results, please contact **Artem Safarov**, National Physician Survey Project Manager, at 800 387-6197, extension 242, or [artem@cfpc.ca](mailto:artem@cfpc.ca).

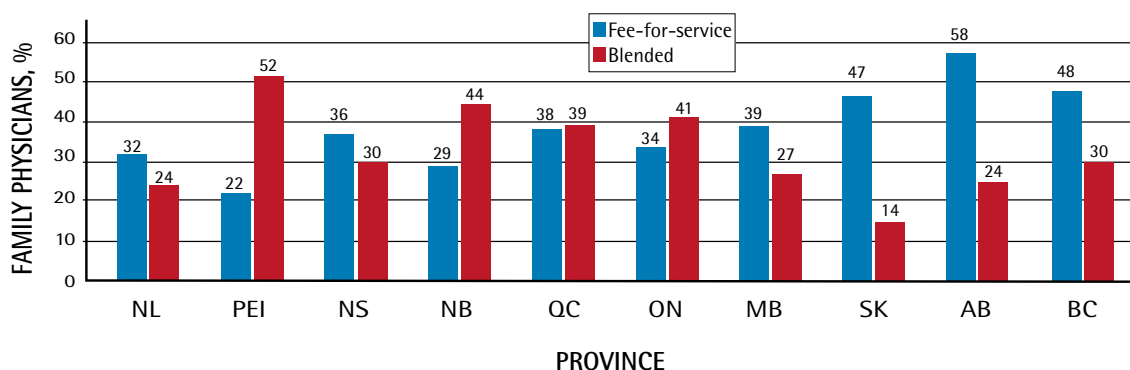
## References

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2. Wranik DW, Durier-Copp M. Physician remuneration methods for family physicians in Canada: expected outcomes and lessons learned. *Health Care Anal* 2009;18(1):35-59.
3. College of Family Physicians of Canada, Canadian Medical Association, Royal College of Physicians and Surgeons of Canada. *National Physician Survey, 2007. National results by FP/GP or other specialist, sex, age, and all physicians*. Mississauga, ON: College of Family Physicians of Canada; 2007. Available from: [http://nationalphysicianssurvey.ca/nps/2007\\_Survey/Results/ENG/National/pdf/Q33/Q33bi\\_NON.CORE.1.pdf](http://nationalphysicianssurvey.ca/nps/2007_Survey/Results/ENG/National/pdf/Q33/Q33bi_NON.CORE.1.pdf). Accessed 2011 Sep 1.

**Figure 1. Proportion of family physicians in Canada using blended and fee-for-service remuneration methods, by year**



**Figure 2. Proportion of family physicians using blended and fee-for-service remuneration methods in 2010, by province\***



\*Results for the Territories not included because of small cell counts.