

## **The Improved Delivery of Cardiovascular Care Program: Comparison of Chronic Disease Care amongst Primary Care Models in Ontario**

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**Background:** As a growing body of evidence continues to illustrate the important role that family doctors play in the health of those patients suffering from chronic conditions, many countries have initiated plans to reform and optimize their delivery of primary care. In Ontario, promotional initiatives and reforms have been put in place to support the development of new approaches to primary care delivery, which place greater emphasis on the development of inter-professional collaborative health care teams that operate using a capitation payment model. To date, only a few studies have compared the quality of care amongst the various primary care model types operating in Ontario.

**Research Question:** How does the quality of cardiovascular disease care vary amongst three different primary care payment models operating within Ontario (i.e. Fee-For-Service, Capitation, Salary)?

**Method:** This is a cross-sectional evaluation of the baseline data collected through the Improved Delivery of Cardiovascular Care (IDOCC) program ([www.idocc.ca](http://www.idocc.ca)), a study which aims to increase the use of established care guidelines in the treatment of those patients who have or are at high risk of developing heart disease, stroke, and diabetes. The IDOCC program is currently serving 84 primary care practices in the Eastern Ontario Champlain health region. For this analysis, each practice was divided into one of three groups, 1. Fee for Service (FFS) (traditional FFS and Family Health Groups (FHG)); 2. Capitation (Family Health Networks (FHN), Family Health Organizations (FHO) and Family Health Teams (FHT)); 3. Salary (Community Health Centres (CHC)). Data examining each practices adherence to established guidelines for cardiovascular care were collected through medical chart audits performed on randomly selected patients who have or at high risk of developing cardiovascular disease. A generalized estimating equation was used to model and compare guideline adherence across the three payment groups and to account for the clustering of patients within practices.

**Results:** There were significant differences in the level of care provided across practice type, particularly in the areas of smoking cessation care, lipid profile monitoring, diabetes care, and waist circumference management.

Since the results of this study have not yet been published, specific conclusions could not be publicly reported at this time. If you are interested in learning more about this study and its results, please contact Dr. Clare Liddy ([cliddy@bruyere.org](mailto:cliddy@bruyere.org)).