

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Practice patterns of Ontario physicians working in 'boutique' medical clinics

Priority 1 (Research Category)

Economic or policy analysis

Presenters

Eliot Frymire, MA, BEd, Richard Glazier, MD, MPH, Paul Nguyen, PhD, MSc, Emma Mcilveen-Brown, MD, CCFP, Danielle Martin, MD, MPP, CCFP, FCFP, Lynn Roberts, BA, Refik Saskin, Liza Abraham, MD, MPH, FRCSC, Michael Green, MD, MPH

Abstract

Context: In Ontario, multiple organizations operate under a 'boutique' medicine model where patients pay a block or annual fee to access primary care services. Little is known about the characteristics of physicians and patients participating in boutique clinic practice models. This study offers insight into the practice patterns of boutique clinic primary care physicians, as well as the estimated public costs of this business model in Ontario.

Objective: Identify practice patterns of family physicians practicing within boutique clinics in Ontario.

Study Design and Analysis. This retrospective population-based cohort study included patients seen by physicians in boutique clinics, Toronto Central Local Health Integration Network (LHIN), and all of Ontario. Three boutique clinics in Ontario were identified using publicly available information. Provincial administrative claims data was obtained from the Ontario Health Insurance Plan (OHIP). All fee-for-service physicians who billed at least 1 OHIP claim from January 1, 2016 to December 31, 2016 and from January 1, 2023 to December 31, 2023 under their clinic group codes were included.

Results: Significant differences were seen in patient demographics, fees, and referral patterns amongst boutique clinic practices compared to Toronto Central LHIN and Ontario physicians. Patients seen in boutique clinics were more likely to be under 65 years old, from the highest income quintile and have fewer comorbidities. Physicians in these practices had lower median cost of OHIP billings, likely due to

smaller patient volumes. Boutique clinics were more likely to see patients for musculoskeletal, dermatologic, and infectious disease illnesses. Comparatively, physicians in general practice were more likely to see patients for mental health, chronic disease, and preventive care. There was a higher rate of referrals to dermatology, surgery, and family practice from boutique clinics. Rates of referrals for diagnostic investigations were higher than baseline referrals rates amongst Ontario physicians. Results from the 2023 data update will be available for the presentation.

Conclusion: This study outlined practice patterns for physicians working in boutique clinics. The results of this study demonstrates that boutique clinics serve a wealthy subset of the Canadian population and impose high costs through out-of-pocket expenses and payments from the public healthcare system.

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