Alberta's Physician Compensation Comparison Table

This resource provides a high-level overview of Alberta's physician compensation models for family physicians and rural generalists.

Disclaimer: This chart is for informational purposes only and does not include all cARP models. Physicians and teams who are interested in exploring physician payment models should refer to more comprehensive resources from the Alberta Medical Association or Alberta Health.

		clinical Alternative Relationship Plans (cARP) These plans empower physicians to tailor their compensation models to align with their individual practice styles, community priorities and patient care goals, beyond the traditional Fee-for-Service (FFS) model		
	Fee-For-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
PRE-REQUISITES	None - default compensation model	500-person panel 400 total hours of direct/indirect care spread over at least 40 weeks per year Clinic-based practice for longitudinal care On CII/CPAR	Clinic-based practice for longitudinal care	At least 80% of clinic physicians committed to participate Clinic-based practice On CII/CPAR
	Fee-For-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
MODEL ENTRY REQUIREMENTS	None - default compensation model	Complete the PCCM Attestation Form Obtain PCCM Business Arrangement Number (PCCM BA) Resolve CPAR Panel Conflicts Review PCCM Technical Manual Review Ministerial Order	Alberta Health approval of application submitted by family physician or collective family physician group; joining of an already established annualized clinical ARP	Completed panel validation and BCM financial modeling for clinic Alberta Health approval of submitted application
EXITING THE MODEL	N/A	With 30 days written notice to the Minister	With 30 days written notice to the Minister and AH	With 30 days written notice to the Minister and AH
	Fee-For-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
FOCUS & DESIRED OUTCOMES	Provision of health services Service-based compensation	A new compensation option within the suite of cARP models Appointment count with more focus on continuity of care (Patient's Medical Home) Flexibility in how a physician practices due to time-based and panel payments	Provision of program service hours Flexibility in how a physician practices due to funding being time-based Can focus on continuity of care (Patient's Medical Home) May enhance team-based approach	Continuity of care (Patient's Medical Home) with a component of service-based compensation Financial stability of the model depends on size of clinic patient roster Encourages team-based care Flexibility in how a physician practices
	Fee-for-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
PAYMENT LEVEL	Physician	Physician	Physician (sole practitioner ARP) or at the program level	Clinic
PATIENT VISIT SERVICE PAYMENT	100% FFS Payments made the following Friday after claims have been assessed (one week after Thursday 4 p.m. cut off)	Billed at reduced rate of 68.5% of FFS value for in-basket services Paid on the same schedule as FFS.	N/A	Affiliated Patients: 15% FFS (up to 100% of capitation rate) for in-basket services 100% FFS for out-of-basket services Unaffiliated Patients: 100% of the FFS rates for the first two visits every two years and 100% for out-of-basket billings services Paid on same schedule as FFS
	Fee-for-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
TIME-BASED PAYMENT	Time Modifiers for extended patient care visits (e.g. CMGP at $19.19 per 10 mins) Indirect Care Time on same day as visit (e.g. CMGP at $19.19 per 10 mins) Payments made the following Friday after claims have been assessed (one week after Thursday 4 p.m. cut off)	Direct and Indirect Patient Care: $105 per hour After-hours Premium for Direct Patient Care: $105 per hour + $87.72 per hour = $192.72 per hour Indirect care can be renumerated on a separate day of patient visit Paid shortly after claim is submitted	1,928 Program Service Hours equates to $380,522.54 in compensation (ie $197.37 per hour) Paid monthly in 12 equal payments with reconciliation based on FTE reporting	N/A
	Fee-for-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
PANEL PAYMENT	N/A	Per patient rates range from $32.87 - $136.73. The average annual per patient payment is $70.25 and will vary based on patient complexity. Paid Quarterly at program start (will move to monthly within year of launch)	N/A	Upfront capitation payment (85%of capitation rate) based on complexity (age, sex, CIHI Health Profile Grouper) based on clinic of roster Paid in in 24 equal payments per fiscal year [April-March]
PRACTICE MANAGEMENT		Additional 10% of total hours billed for direct and indirect care multiplied by a rate of $105 per hour. This is paid automatically based on time claimed.		
	Fee-for-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
BUSINESS COST PROGRAM	Service provision within community office-based setting eligible for Business Cost Program e.g. additional $3.59 per select office visits and consult codes	N/A	Overhead component included in rates Eligible for Business Cost Program	Eligible for Business Cost Program
RRNP	FFS billings in eligible communities	Encounter component in eligible communities* *under Alberta Health review	For eligible communities	For eligible communities
INSURED OUT-OF-BASKET SERVICES	N/A	100% FFS	100% FFS	100% FFS billed outside ARP
	Fee-for-Service (FFS)	**Physician Comprehensive Care Model (PCCM) for primary care**	**Annualized ARP**	**Blended Capitation Model (BCM)**
FINANCIAL COMPARATOR TOOLS	N/A	PCCM Financial Calculator Tool: daily and weekly estimates	Direct calculation from Provincial Base Payment Rate (PBPR)	Clinics can request AH BCM financial modeling through the BCM Implementation Team
CONSIDERATIONS	Least flexibility to make changes to practice due to funding being based on quantity of services provided Does not incentivize physicians to provide longitudinal comprehensive care Payments have not kept up with inflation	Incentive for increasing panel size could mean panels grow too large, impacting access for patients Change management due to moving from a funding model physicians know to something different	Physician group is responsible to distribute program funding to its participating physicians Change management associated with shift from FFS to cARP Less appealing in areas (e.g. urban centres) where volume-based services drive compensation	Physician group is responsible to distribute program funding to its participating physicians Financial incentive to increase roster size could impede patient access Patients seeking in-basket services from non-BCM clinic provider may impact clinic finances via negation Change management associated with shift from FFS to cARP

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