THE LFP PAYMENT MODEL & PREVENTATIVE MEDICINE

Health Data Coalition

The Longitudinal Family Physician (LFP) Payment Model was developed by the BC Ministry of Health in consultation with BC Family Doctors and Doctors of BC. An alternative to the fee-for-service model, the LFP payment model is a blended model to support physicians in family practice who provide longitudinal family medicine care.

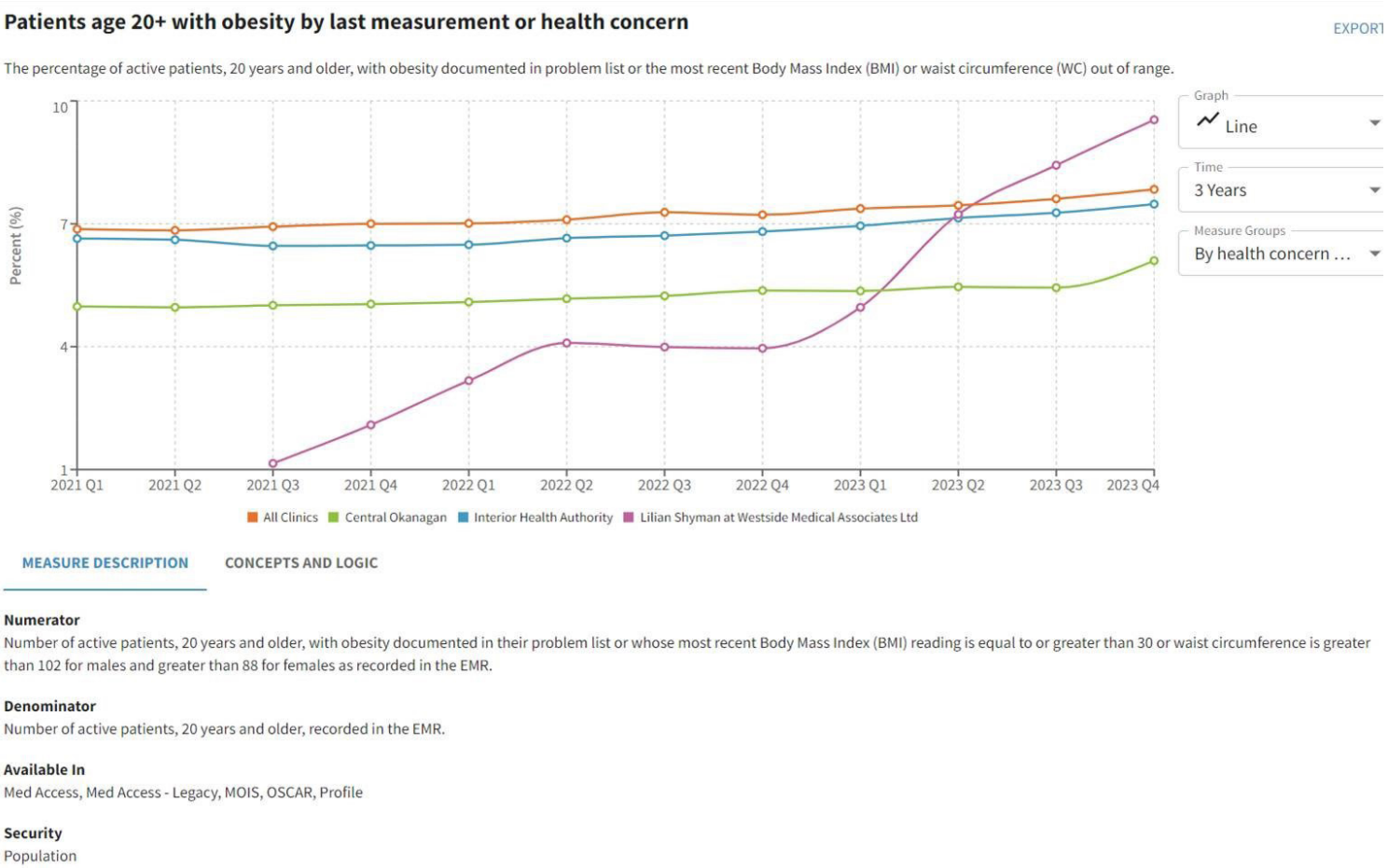
When HDC Clinical Services Manager, David Chan, met with Dr. Lilian Shyman (Westside Medical Associates, West Kelowna), Dr. Shyman had been practicing under the LFP payment model for approximately six months. Since switching to the LFP payment model, Dr. Shyman has a newfound satisfaction in her ability to care for her patients proactively and ensure their well-being. Specifically, she has been spending more time on preventative medicine including obesity screening.

Dr. Shyman is a huge proponent of preventative medicine but had difficulty finding time to incorporate these screening tests in the old fee-for-service model. With a compensation model that didn't consider the additional time required for proactive medicine, Dr. Shyman was often left feeling like her days were spent entirely on episodic concerns that could have been prevented. Time constraints can hamper our best intentions with communication, particularly with complex topics like obesity.

> **"The LFP Payment Model has enabled me to practice Family medicine as I see it, with focus on prevention as a treatment."**
> ***– Dr. Lilian Shyman***

Communicating about weight is a sensitive topic that deserves to be addressed with care and consideration, and for most, this takes time. As per the CMAJ's Obesity in Adults: a clinical practice guideline, the suggested approach begins with asking permission. The LFP Payment Model has given Dr. Shyman some much needed time to focus on medical conditions that previously may not have received the attention they require.

After logging into the HDC Discover application, Dr. Shyman reviewed the Obesity screening measure, as she was curious whether her practice changes would be reflected in the data. As can be seen in the graph below, Dr. Shyman's percentage of patients with obesity has steadily increased starting in Q1 2023, the same time the LFP Payment Model was introduced. Obesity has always been present in



Dr. Shyman's medical practice, but she now has the time to broach these sensitive conversations and, more importantly, time to help her patients manage it. Furthermore, the added documentation will provide more accurate aggregate datasets that will help our province identify communities in need.

The LFP Payment Model has allowed Dr. Shyman to practice Family Medicine in the manner she has always hoped for, with more time so she can consider the whole patient, and her data in HDC Discover affirms this.

"Just 5 minutes makes a big difference in what I can do for my patients. The LFP Payment Model has enabled me to practice Family Medicine as I see it, with focus on prevention as a treatment. I'm glad to see the data in HDC Discover reflects my hard work and affirms my decision to sign onto the LFP."

Dr. Shyman's next project, and personal pet peeve, is to tackle the unnecessary medications her patients might be taking.

"I deprescribe many medications. When working in the hospital, I see patients who don't have a family physician who are on medications they no longer need, a PPI started 20 years ago or HRT in an 85-year-old lady. Working under the LFP payment model allows me to have more compensated time with my patients to reassess each refill carefully and make sure my patients are on the right and absolutely necessary medications."

How has the LFP Impacted your Medical Practice?

Are you interested in viewing how your practice paradigms have changed after signing on with the LFP? Contact a HDC Clinical Services Manager to discuss further at info@hdcbc.ca.

Contact Us

Learn more about how your data can empower your practice:

hdcbc.ca | info@hdcbc.ca