

Appendix 3

Methodology to identify study population

Additional skills or focused practice organization in the care of older adults among family physicians (FPs) is enabled through additional training, including the Certificates of Added Competence (CAC) program accredited by the College of Family Physicians of Canada (CFPC),^{1,2} and by funder arrangements such as the focused practice designation or salaried fee agreements offered by the Ontario Health Insurance Plan (OHIP).³

“Care of the Elderly” Certificate of Added Competency Holders

Canadian FPs can complete formal training directed by the CFPC to earn a CAC in “Care of the Elderly.”^{4,5} FPs certified in “Care of the Elderly” (CCFP (COE)) exhibit a defined level of competence in caring for older adults, which is complementary but distinct from geriatricians and geriatric psychiatrists.⁶ The CFPC has outlined 18 priority topics to guide assessment efforts of physicians pursuing COE CAC training over time to infer their overall competence.⁷ There is much diversity in how CCFP (COE) structure some or all of their medical practice to care for older patients,^{2,8} as the CFPC does not mandate practice expectations for CAC holders.⁴

We identified CCFP (COE) using the validated list imported from the CFPC Membership Database. The data set contained information about FPs who responded to the CFPC’s annual membership survey, including the type(s) of CACs and the date(s) they were earned.

Focused Practice Billing Designation in “Care of the Elderly”

In Ontario, FPs can obtain a focused practice designation in “Care of the Elderly” as an alternative patient enrolment model, which recognizes specialized services provided by some FPs and their possible impact on the Access Bonus.^{9,10} The Access Bonus is an Ontario payment incentive for FPs participating in harmonized payment models to focus and prioritize providing primary care services to enrolled patients.¹⁰ To be eligible for focused practice billing designations, FPs must demonstrate a need

within their community, have relevant training or qualifications, and dedicate a portion of their medical practice to the area of focus.¹⁰ Despite an expectation for focused practice FPs to allocate at least 20% of their practice time to care for older patients, the focused practice designation does not intend to reflect the skills or abilities of physicians in the focused area.¹⁰

Physicians with a focused practice designation are eligible and incentivized to perform services relevant to their area of focused practice for attached patients and those within their group practice. Five OHIP fee codes pertain to focused practice activities: “Care of the Elderly” focused practice assessments (A967), geriatric outpatient case conference (K703), geriatric telephone support (K077), geriatric home visit premium for first person seen (B988), and geriatric home visit travel premium (B986).¹¹ We classified physicians as COE focused practice FPs if they submitted at least one A967, K703, K077, B988, or B986 billing in 2019. Some focused practice FPs may be CAC holders, but not all CAC holders pursue a Focused Practice Designation.^{10,12}

Taken together, we classified FPs skilled in the care of older adults as those with additional competence **and/or** focused practice organization in “Care of the Elderly.”

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