

The General Practice Services Committee

Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program

Final Report: Conferencing Incentives

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October 2010

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1. INTRODUCTION

The General Practice Services Committee (GPSC) has contracted with Hollander Analytical Services Ltd. to conduct an evaluation of incentive payments instituted under the Full Service Family Practice Incentive Program (FSFPIP). As part of the project to evaluate the FSFPIP, a range of analyses have been conducted on administrative health data. This report presents data on the Conferencing Incentives.

2. METHODS

With regard to the Conferencing Incentives, unlike diabetes and CHF, there are currently no comprehensive registries for people who are eligible for these types of incentive payments. Thus, it is not possible to identify a group which did not receive incentives that is similar to the group which did receive incentive based care. As a consequence, this report will primarily provide descriptive data on patients for whom GPs billed the incentive fees.

The following screens were used to delete outliers prior to the analysis. They are the standard screens used for most of our reports. In this analysis we excluded:

- People who died in the year.
- People with hospital costs greater than \$100,000.
- People with billings for more than 25 payees.
- People with less than five GP services in the year.
- People who were in a long term care facility at the end of the 2007/08 fiscal year.
- People with less than RUB 3.

3. CONFERENCING INCENTIVES

3.1 Overview

This section presents descriptive data on the number of GPs billing incentive payments, and the number of patients for whom incentive payments were billed. Table 1 presents monthly data on the number of services billed for the Conferencing Incentives, from April 2007 to March of 2009, by the type of incentive billed. The most common incentive was for the mental health and comorbidity incentive, followed by the frail elderly and palliative care incentives. Table 2 presents data on total expenditures, by month and by type of incentive payment. There are currently fairly consistent expenditures per month of some \$130,000 to \$150,000, although some months have higher or lower expenditures. Monthly expenditures were somewhat higher in the first 15 months of the initiative as GPs started to use the incentive payments. The overall expenditure for the Conferencing Incentives from April 2007 to March 2009 was \$3,609,106, or an average of \$150,379 per month for the 24 month period reported in Table 2. Overall expenditures for the community and facility conferencing fees were \$2,131,886 and \$1,477,220, respectively. Table 3 presents data on unique GPs and their patterns of billings for their practices. Thus, on a monthly basis, GPs billed some 4.6 to 5.6 incentives per month in their practices and received an income of some \$200 per month for these billings.

Table 4 presents data on a month by month basis of the number of patients who received incentive based care. Tables 5 and 6 present data, for fiscal 2008/09, on patients who received the

community and facility conferencing fees, categorized by RUBs, gender, age category, and level of attachment to practice. For the analysis in this report we include patients in RUBs 3 to 5 who received at least 5 GP services.

Table 1: Monthly Number of Paid Services for All Conference Incentives

		Conference Fee Services										
		Fee Type										
		Frail/ Elderly			Mental Health/ Co-morbidity			Palliative/ End of Life				
		Community	Facility	Total	Community	Facility	Total	Community	Facility	Total	Total Services	
Year	Month											
2007	4	626	471	1,097	1,291	619	1,910	164	100	264	3,271	
	5	778	643	1,421	1,683	817	2,500	310	157	467	4,388	
	6	893	703	1,596	1,754	813	2,567	321	140	461	4,624	
	7	611	489	1,100	1,403	555	1,958	282	125	407	3,465	
	8	624	406	1,030	1,278	609	1,887	295	103	398	3,315	
	9	598	524	1,122	1,344	716	2,060	241	129	370	3,552	
	10	745	750	1,495	1,753	834	2,587	251	134	385	4,467	
	11	693	655	1,348	1,488	782	2,270	228	141	369	3,987	
	12	572	456	1,028	1,245	671	1,916	202	102	304	3,248	
	2008	1	611	770	1,381	1,563	883	2,446	286	122	408	4,235
		2	615	738	1,353	1,500	939	2,439	227	142	369	4,161
		3	545	558	1,103	1,147	694	1,841	193	142	335	3,279
4		704	814	1,518	1,587	854	2,441	265	138	403	4,362	
5		676	890	1,566	1,462	840	2,302	209	139	348	4,216	
6		772	837	1,609	1,435	844	2,279	205	173	378	4,266	
7		601	473	1,074	1,232	538	1,770	210	125	335	3,179	
8		469	496	965	970	566	1,536	164	118	282	2,783	
9		489	718	1,207	1,296	723	2,019	188	80	268	3,494	
10		620	751	1,371	1,355	859	2,214	155	150	305	3,890	
11		574	690	1,264	1,137	778	1,915	155	99	254	3,433	
12		477	680	1,157	1,188	677	1,865	178	138	316	3,338	
2009	1	555	869	1,424	1,389	775	2,164	207	148	355	3,943	
	2	531	774	1,305	1,307	684	1,991	204	126	330	3,626	
	3	522	853	1,375	1,283	750	2,033	167	132	299	3,707	
Total		14,901	16,008	30,909	33,090	17,820	50,910	5,307	3,103	8,410	90,229	

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 2: Monthly Expenditures for All Conference Incentives

		Amount Paid for Conference Fees										
		Fee Type										
		Frail/ Elderly			Mental Health/ Co-morbidity			Palliative/ End of Life				
		Community	Facility	Total	Community	Facility	Total	Community	Facility	Total	Total Amount	
Year	Month											
2007	4	25,040	18,840	43,880	51,640	24,760	76,400	6,560	4,000	10,560	130,840	
	5	31,120	25,720	56,840	67,320	32,680	100,000	12,400	6,280	18,680	175,520	
	6	35,720	28,120	63,840	70,160	32,520	102,680	12,840	5,600	18,440	184,960	
	7	24,440	19,560	44,000	56,120	22,200	78,320	11,280	5,000	16,280	138,600	
	8	24,960	16,240	41,200	51,120	24,360	75,480	11,800	4,120	15,920	132,600	
	9	23,920	20,960	44,880	53,760	28,640	82,400	9,640	5,160	14,800	142,080	
	10	29,800	30,000	59,800	70,120	33,360	103,480	10,040	5,360	15,400	178,680	
	11	27,720	26,200	53,920	59,520	31,280	90,800	9,120	5,640	14,760	159,480	
	12	22,880	18,240	41,120	49,800	26,840	76,640	8,080	4,080	12,160	129,920	
	2008	1	24,440	30,800	55,240	62,520	35,320	97,840	11,440	4,880	16,320	169,400
		2	24,600	29,520	54,120	59,986	37,560	97,546	9,080	5,680	14,760	166,426
		3	21,800	22,320	44,120	45,880	27,760	73,640	7,720	5,680	13,400	131,160
4		28,160	32,540	60,700	63,480	34,160	97,640	10,600	5,520	16,120	174,460	
5		27,040	35,600	62,640	58,460	33,600	92,060	8,360	5,560	13,920	168,620	
6		30,880	33,480	64,360	57,400	33,760	91,160	8,200	6,920	15,120	170,640	
7		24,040	18,920	42,960	49,280	21,520	70,800	8,400	5,000	13,400	127,160	
8		18,760	19,840	38,600	38,800	22,640	61,440	6,560	4,720	11,280	111,320	
9		19,560	28,720	48,280	51,840	28,920	80,760	7,520	3,200	10,720	139,760	
10		24,800	30,040	54,840	54,200	34,360	88,560	6,200	6,000	12,200	155,600	
11		22,960	27,600	50,560	45,480	31,120	76,600	6,200	3,960	10,160	137,320	
12		19,080	27,200	46,280	47,520	27,080	74,600	7,120	5,520	12,640	133,520	
2009	1	22,200	34,760	56,960	55,560	31,000	86,560	8,280	5,920	14,200	157,720	
	2	21,240	30,960	52,200	52,280	27,360	79,640	8,160	5,040	13,200	145,040	
	3	20,880	34,120	55,000	51,320	30,000	81,320	6,680	5,280	11,960	148,280	
Total		596,040	640,300	1,236,340	1,323,566	712,800	2,036,366	212,280	124,120	336,400	3,609,106	

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 3: Unique GPs and Monthly Billing Patterns per GP for All Conference Incentives

Year	Month	No of Unique GPs	Total		Average per GP		
			Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives	
2007	4	599	3,271	130,840	5.5	218.43	
	5	806	4,388	175,520	5.4	217.77	
	6	908	4,624	184,960	5.1	203.70	
	7	750	3,465	138,600	4.6	184.80	
	8	682	3,315	132,600	4.9	194.43	
	9	705	3,552	142,080	5.0	201.53	
	10	780	4,467	178,680	5.7	229.08	
	11	714	3,987	159,480	5.6	223.36	
	12	637	3,248	129,920	5.1	203.96	
	2008	1	762	4,235	169,400	5.6	222.31
		2	770	4,161	166,426	5.4	216.14
		3	709	3,279	131,160	4.6	184.99
4		825	4,362	174,460	5.3	211.47	
5		770	4,216	168,620	5.5	218.99	
6		748	4,266	170,640	5.7	228.13	
7		658	3,179	127,160	4.8	193.25	
8		565	2,783	111,320	4.9	197.03	
9		681	3,494	139,760	5.1	205.23	
10		752	3,890	155,600	5.2	206.91	
11		667	3,433	137,320	5.1	205.88	
12		657	3,338	133,520	5.1	203.23	
2009	1	767	3,943	157,720	5.1	205.63	
	2	742	3,626	145,040	4.9	195.47	
	3	718	3,707	148,280	5.2	206.52	

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 4: Number of Patients for Whom Community or Facility Conference Incentives Were Billed by Month

		No of Patients						
		Community			Facility			
		Fee Type			Fee Type			
		Frail/ Elderly	Mental Health/ Co-morbidity	Palliative/ End of Life	Frail/ Elderly	Mental Health/ Co-morbidity	Palliative/ End of Life	
Year	Month							
2007	4	383	828	93	292	346	46	
	5	515	1,172	171	399	427	70	
	6	585	1,169	190	411	460	64	
	7	425	979	162	290	288	57	
	8	378	862	170	222	312	53	
	9	405	943	132	315	376	61	
	10	477	1,157	153	472	463	67	
	11	486	987	122	393	417	75	
	12	370	821	122	282	348	54	
	2008	1	409	1,035	162	444	434	69
		2	414	1,018	145	432	516	65
		3	378	789	117	356	392	65
4		473	1,118	135	454	502	72	
5		453	1,031	124	566	459	67	
6		484	1,014	117	526	484	72	
7		402	891	117	268	313	60	
8		314	718	94	293	304	60	
9		325	958	112	443	410	46	
10		395	984	91	473	465	66	
11		348	811	90	453	437	51	
12		312	829	101	427	389	67	
2009	1	374	1,064	122	514	411	67	
	2	353	931	114	478	367	68	
	3	364	947	102	493	411	64	

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 5: Indicators By RUB for Patients with a Community Conference Incentive: April 2008 to March 2009, Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	9,670	3,754	3,056	2,860
Client Age Group				
0 - 44	1,808	993	633	182
45 - 59	1,640	817	449	374
60 - 69	1,181	490	352	339
70 - 79	1,784	533	583	668
80 and over	3,257	921	1,039	1,297
Gender				
Females	5,754	2,263	1,928	1,563
Males	3,916	1,491	1,128	1,297
Attachment to Practice				
1. Less than 40%	434	97	141	196
2. 40% - 59%	1,715	544	496	675
3. 60% - 79%	2,389	791	779	819
4. 80% - 89%	1,719	661	577	481
5. 90% or More	3,413	1,661	1,063	689

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 6: Indicators By RUB for Patients with a Facility Conference Incentive: April 2008 to March 2009, Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	5,593	1,710	1,606	2,277
Client Age Group				
0 - 44	233	74	97	62
45 - 59	336	99	99	138
60 - 69	476	132	123	221
70 - 79	1,010	278	262	470
80 and over	3,538	1,127	1,025	1,386
Gender				
Females	3,647	1,177	1,107	1,363
Males	1,946	533	499	914
Attachment to Practice				
1. Less than 40%	240	15	59	166
2. 40% - 59%	994	165	252	577
3. 60% - 79%	1,223	271	346	606
4. 80% - 89%	886	267	255	364
5. 90% or More	2,250	992	694	564

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

3.2 The Community Conferencing Fee

Table 7 presents the cost break down for people who received care in the community. We looked at costs in several ways. In studying the data we found that there were a significant number of people who died. We also found that many of the patients who received incentive based care in regard to conferencing also received incentive based care for other incentives. Thus, Table 8 presents data on total costs for the main sample (i.e., this excludes people who died but includes people who received incentive based care for other incentives such as diabetes and chf), the main sample plus people who died, and the main sample minus people who had received another type of incentive based care.

The first column in Table 8 (the main sample) is the sum of the data presented in Table 7.

3.3 The Facility Conferencing Fee

Table 9 presents the cost breakdown for people who were in facilities and received incentive based care. Table 10 presents data for facility patients for the main sample, the main sample plus patients who died, and the main sample minus people who had received another type of incentive based care.

The first column in Table 10 (the main sample) is the sum of the data presented in Table 9.

4. DISCUSSION

It is interesting to note that costs were consistently less for females than males in both the community and facility settings. There was quite a different pattern in costs between community and facility clients with regard to age. For the community clients, costs generally increased with age, up to 79 years of age, but costs were lower for the 80+. For facility care there was an inverse relationship between age and costs, with costs decreasing as age increased.

With regard to the type of Conference Incentive, costs were typically higher for the Palliative Care/End of Life Incentive for both the community and residential settings. For the Frail Elderly Incentive costs were higher in the community, but lower in facilities, for people for who this incentive was billed.

With regard to the Mental Health/Co-Morbidity Incentive, costs for people in the main sample for whom this incentive was billed were lower in the community and higher in facilities.

Table 7: Average Annual Costs By RUB for Patients with a Community Conference Incentive: April 2008 to March 2009, Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All (n=9,670)	2,749	1,597	2,644	4,373	1,559	1,148	1,638	2,013	5,892	1,394	4,408	13,381
Client Age Group												
0 - 44	2,349	1,578	2,850	4,806	1,194	931	1,278	2,334	3,932	1,618	4,751	13,707
45 - 59	2,834	1,691	3,002	5,131	1,945	1,293	2,236	3,017	4,748	1,461	4,206	12,581
60 - 69	2,957	1,658	2,881	4,914	1,699	1,099	1,707	2,558	6,249	1,256	4,457	15,328
70 - 79	3,169	1,736	2,689	4,731	1,760	1,307	1,947	1,958	7,094	1,457	4,481	13,874
80 and over	2,623	1,420	2,259	3,767	1,406	1,188	1,401	1,564	6,768	1,132	4,230	12,803
Gender												
Females	2,648	1,599	2,632	4,186	1,598	1,160	1,643	2,177	5,518	1,390	4,457	12,806
Males	2,897	1,593	2,666	4,598	1,501	1,130	1,629	1,816	6,441	1,402	4,326	14,073
Attachment to Practice												
1. Less than 40%	4,113	2,187	3,008	5,861	1,769	1,446	1,475	2,140	12,801	3,490	7,340	21,338
2. 40% - 59%	3,309	1,657	2,894	4,944	1,616	947	1,602	2,165	9,797	1,994	6,698	18,363
3. 60% - 79%	2,922	1,623	2,808	4,285	1,531	976	1,635	1,969	7,462	2,030	5,654	14,427
4. 80% - 89%	2,661	1,704	2,603	4,046	1,560	1,153	1,624	2,041	4,995	1,718	3,877	10,838
5. 90% or More	2,217	1,487	2,382	3,722	1,522	1,277	1,685	1,860	2,404	644	2,327	6,768
Frail Elderly CF												
No	2,698	1,617	2,694	4,511	1,524	1,071	1,677	2,087	5,304	1,452	4,238	13,083
Yes	2,864	1,532	2,527	4,167	1,638	1,394	1,544	1,902	7,232	1,212	4,815	13,823
Palliative Care/ End of Life Conf Fee												
No	2,701	1,591	2,631	4,310	1,522	1,122	1,592	1,996	5,592	1,364	4,216	12,943
Yes	3,667	1,771	2,920	5,123	2,270	1,995	2,568	2,218	11,692	2,374	8,355	18,631
Mental Illness/Co-Morbidity Conf Fee												
No	2,775	1,503	2,458	4,188	1,590	1,264	1,556	1,910	6,786	1,228	4,431	13,786
Yes	2,739	1,625	2,713	4,467	1,547	1,113	1,668	2,065	5,553	1,444	4,400	13,175

*MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 8: Average Annual Costs by RUB for Patients with a Community Conference Incentive: Fiscal 2007/08

Averages	Total Costs for Main Sample (excludes people who died and includes people with other incentives)				Total Costs For Main Sample Plus People Who Died				Total Costs for Main Sample Minus People Who Had Other Incentives			
	All (n=9,670)	Resource Utilization Band			All (n=11,194)	Resource Utilization Band			All (n=9,053)	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	10,199	4,139	8,690	19,766	11,189	4,345	9,281	20,804	9,058	4,012	8,827	21,742
Client Age Group												
0 - 44	7,474	4,127	8,879	20,847	7,753	4,172	9,087	21,657	7,281	4,075	8,955	20,315
45 - 59	9,527	4,445	9,444	20,729	10,854	4,751	10,726	22,982	8,904	4,431	9,497	19,903
60 - 69	10,905	4,012	9,045	22,801	12,024	4,345	10,146	23,215	11,661	4,451	9,849	27,147
70 - 79	12,023	4,500	9,117	20,562	13,097	4,794	9,450	21,873	11,277	4,253	9,196	22,852
80 and over	10,796	3,740	7,890	18,134	11,612	3,921	8,402	18,929	9,535	2,855	7,281	20,905
Gender												
Females	9,764	4,149	8,731	19,169	10,608	4,332	9,343	20,118	8,528	3,993	8,413	21,244
Males	10,839	4,124	8,620	20,487	11,994	4,364	9,180	21,568	9,917	4,044	9,660	22,340
Attachment to Practice												
1. Less than 40%	18,683	7,123	11,824	29,339	20,390	7,465	12,441	30,025	15,661	6,394	11,780	27,235
2. 40% - 59%	14,721	4,598	11,193	25,472	15,693	5,187	11,661	25,617	11,864	4,587	10,046	25,631
3. 60% - 79%	11,914	4,628	10,097	20,681	12,827	4,961	10,788	21,355	9,897	4,316	9,429	21,160
4. 80% - 89%	9,216	4,576	8,104	16,926	10,431	4,680	8,927	18,885	8,387	4,479	8,686	18,968
5. 90% or More	6,143	3,408	6,394	12,350	6,501	3,431	6,587	13,168	5,469	3,092	6,594	15,604
Frail Elderly CF												
No	9,525	4,140	8,608	19,681	10,467	4,345	9,215	20,668	8,668	4,079	8,851	21,037
Yes	11,735	4,138	8,886	19,893	12,834	4,342	9,438	21,013	10,744	3,667	8,717	23,756
Palliative Care/ End of Life Conf Fee												
No	9,816	4,077	8,439	19,249	10,509	4,167	8,742	20,103	8,641	3,944	8,548	21,056
Yes	17,628	6,140	13,844	25,972	17,463	6,737	14,829	25,143	16,851	6,084	13,859	28,314
Mental Illness/Co-Morbidity Conf Fee												
No	11,151	3,995	8,445	19,884	12,594	4,520	9,450	21,297	10,415	3,669	8,148	24,342
Yes	9,839	4,182	8,781	19,706	10,576	4,285	9,210	20,515	8,758	4,078	8,972	20,937

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 9: Indicators By R.U.B. for Patients with a Facility Conference Incentive April 2008 to March 2009, Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All (n=5,593)	2,540	1,212	2,094	3,852	1,471	1,216	1,449	1,678	9,382	1,807	6,121	17,370
Client Age Group												
0 - 44	4,025	3,069	3,927	5,320	2,012	1,395	1,773	3,121	14,815	10,177	15,122	19,871
45 - 59	3,825	2,258	3,240	5,370	2,492	1,627	2,481	3,120	14,164	6,572	9,792	22,748
60 - 69	3,618	1,408	2,897	5,339	2,190	1,929	2,090	2,402	13,935	2,321	9,671	23,245
70 - 79	2,850	1,134	2,304	4,170	1,790	1,637	1,561	2,007	11,302	1,172	6,554	19,941
80 and over	2,087	994	1,660	3,291	1,150	981	1,213	1,242	7,409	936	4,378	14,914
Gender												
Females	2,349	1,128	2,071	3,629	1,433	1,156	1,396	1,701	8,527	1,582	5,974	16,598
Males	2,899	1,398	2,145	4,186	1,542	1,348	1,566	1,643	10,984	2,306	6,448	18,521
Attachment to Practice												
1. Less than 40%	5,051	2,991	4,034	5,598	1,827	1,164	1,594	1,969	23,780	10,506	14,789	28,175
2. 40% - 59%	3,607	1,582	2,886	4,501	1,539	1,145	1,343	1,737	16,643	4,022	11,620	22,446
3. 60% - 79%	3,087	1,711	2,425	4,081	1,586	1,240	1,653	1,703	13,284	4,455	8,235	20,115
4. 80% - 89%	2,574	1,300	2,261	3,727	1,622	1,295	1,774	1,755	9,338	2,116	6,975	16,290
5. 90% or More	1,491	963	1,416	2,511	1,281	1,201	1,254	1,455	2,535	501	2,020	6,744
Frail Elderly CF												
No	2,733	1,396	2,334	4,108	1,528	1,158	1,486	1,855	9,855	2,886	7,174	17,486
Yes	2,369	1,045	1,859	3,644	1,420	1,268	1,412	1,534	8,962	830	5,087	17,275
Palliative Care/ End of Life Conf Fee												
No	2,494	1,205	2,069	3,812	1,455	1,227	1,426	1,655	9,107	1,752	5,917	17,169
Yes	3,492	1,498	2,683	4,443	1,793	795	1,972	2,003	15,083	3,953	10,812	20,285
Mental Illness/Co-Morbidity Conf Fee												
No	2,332	1,040	1,821	3,736	1,417	1,253	1,386	1,572	8,892	923	4,963	18,091
Yes	2,716	1,375	2,307	3,947	1,516	1,181	1,498	1,764	9,794	2,646	7,023	16,784

* MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2008/09.

Table 10: Average Annual Costs by RUB for Patients with a Facility Conference Incentive: Fiscal 2007/08

Averages	Total Costs for Main Sample (excludes people who died and includes people with other incentives)				Total Costs For Main Sample Plus People Who Died				Total Costs for Main Sample Minus People Who Had Other Incentives			
	All (n=5,593)	Resource Utilization Band			All (n=7,291)	Resource Utilization Band			All (n=3,851)	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	13,393	4,235	9,664	22,900	14,261	4,249	9,919	23,634	11,612	4,048	9,109	21,559
Client Age Group												
0 - 44	20,852	14,641	20,822	28,312	21,704	14,477	20,889	30,409	20,412	13,917	21,110	28,307
45 - 59	20,481	10,457	15,513	31,238	21,586	10,000	16,670	31,584	19,415	10,965	16,198	29,301
60 - 69	19,743	5,659	14,658	30,986	20,801	6,339	15,279	31,550	16,388	5,249	12,795	27,945
70 - 79	15,942	3,944	10,419	26,118	17,591	4,528	10,530	27,834	13,824	3,199	9,052	26,104
80 and over	10,646	2,911	7,251	19,447	11,399	2,953	7,618	20,007	8,726	2,641	6,359	17,665
Gender												
Females	12,309	3,866	9,442	21,928	13,088	3,893	9,593	22,809	10,771	3,732	8,795	20,711
Males	15,425	5,051	10,159	24,350	16,285	5,006	10,582	24,765	13,279	4,741	9,808	22,936
Attachment to Practice												
1. Less than 40%	30,657	14,662	20,418	35,742	30,604	15,245	19,850	35,082	27,892	15,454	20,366	32,848
2. 40% - 59%	21,789	6,749	15,848	28,684	22,559	7,344	15,831	29,049	19,504	6,474	14,699	27,370
3. 60% - 79%	17,957	7,407	12,313	25,898	18,727	6,983	12,678	26,467	15,031	6,715	10,604	23,470
4. 80% - 89%	13,533	4,711	11,010	21,772	13,573	4,536	11,234	21,258	11,980	4,529	9,686	21,633
5. 90% or More	5,306	2,665	4,690	10,710	5,774	2,678	4,628	12,086	4,543	2,494	4,811	9,171
Frail Elderly CF												
No	14,116	5,441	10,994	23,449	15,354	5,419	11,122	24,960	12,513	5,249	10,325	22,024
Yes	12,751	3,143	8,358	22,454	13,240	3,183	8,657	22,463	10,668	2,821	7,739	21,090
Palliative Care/ End of Life Conf Fee												
No	13,057	4,183	9,412	22,636	13,595	4,044	9,402	23,220	11,270	3,984	8,836	21,172
Yes	20,367	6,246	15,467	26,731	20,096	7,367	14,858	26,302	19,655	6,474	15,883	27,850
Mental Illness/Co- Morbidity Conf Fee												
No	12,641	3,216	8,169	23,399	13,533	3,535	8,815	23,540	10,594	2,998	7,869	21,489
Yes	14,026	5,201	10,828	22,495	14,924	4,985	10,832	23,717	12,402	4,943	10,030	21,610

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, June 2009.