

Alberta Doctors' Digest

Primary Care Physician Compensation Model rewards good family medicine care

When the Primary Care Physician Compensation Model (PCPCM) officially launched on April 1, 2025, family physicians across Alberta were hopeful that it would offer a way to address some of the shortcomings in existing payment models, particularly for those providing longitudinal family medicine. Dr. Cassandra Hoggard, a family physician based in Okotoks, was one of the first to join. She offers comprehensive primary care, as well as care of the elderly, and reports that so far, the PCPCM is working as hoped.

“I’ve been on almost every payment model you can imagine,” laughs Dr. Hoggard, “and fee-for-service worked okay for me, but what I like about the PCPCM is that it rewards you for doing the care that is important for a healthy patient population.”

Compensation under the PCPCM includes patient encounters, time spent on direct patient care, indirect care and practice management, and complexity-adjusted panel payments. “Those elements reward continuity and reward relationship-building, in part because the model covers tasks that aren’t covered under FFS. Tasks that are important to do as a physician and a human being,” explains Dr. Hoggard.



Dr. Cassandra Hoggard: “Primary Care Physician Compensation Model elements reward continuity and reward relationship-building, in part because the model covers tasks that aren’t covered under Fee for Service. Tasks that are important to do as a physician and a human being,”

She shared a recent example of a patient who passed away, and she was able to spend time to debrief a family member who was not part of her practice. “I was able to speak with them on the phone and provide the information they needed to understand what

happened. While that isn't traditionally supported under FFS, it is under the PCPCM, and I think that kind of aftercare is important and really at the heart of family medicine. It gives families closure and gives me closure too."

Dr. Hoggard currently has a panel of more than 750, which she has been able to grow because of the PCPCM. "The PCPCM rewards you for taking on extra patients and the time it takes to onboard and manage these patients. The PCPCM even allows me to go through the file my team created before the meet and greets with new patients, which I couldn't do before. I can give them a higher quality, more efficient meeting when they come in."

PCPCM is living up to its promise

Before signing up for the PCPCM, Dr. Hoggard looked at the pros and cons to determine if it was right for her and was particularly impressed with the financial calculator that had been developed to provide an estimate of earnings under the new model.

"The calculator was genius," she recalls.

Given the substantial volume of unpaid time and services that family physicians have been providing in the pre-PCPCM world, initial compensation projections for the new model estimated that it would result in an approximately 25% increase in compensation for the average full-time family physician practicing longitudinal care. Physicians who were considering the model were encouraged to use the calculator to do their own estimates based on their practice's characteristics.

"When I sat down with it and ran the numbers, it told me I was going to make a substantial amount more due to the amount of unpaid work I was doing. Initially, I didn't believe it, so I had some colleagues run it too, and they came back and said, 'yes, it's accurate.'"

Eight months into working under the PCPCM, it has not only increased Dr. Hoggard's compensation, but it has also incentivized physicians to do more comprehensive pre-work before seeing the patient, and follow-up care. "It's also allowed me to spend time improving my clinic processes and my quality improvements, which has actually changed how my practice operates and makes my clinic more efficient."

Ways to improve the PCPCM

Dr. Hoggard has spoken at length with colleagues about the PCPCM and knows that there are some who would like to join, but haven't been able to reach the required 500-panel minimum.

"I know a younger physician who is new to practice and desperately wants to be on the PCPCM, but it takes time to build a practice from scratch. She's almost there but it's been a gruelling slog for her for about six months. I would love to see it not be such a struggle for new docs coming on, and if they are committed to building a comprehensive, longitudinal practice, it would be great if they could join the PCPCM and commit to having their panel reach 500 in a specified time frame. When we are trying to encourage young physicians to choose comprehensive family medicine, we shouldn't make them jump through so many hoops to do that work."

There are other issues that Dr. Hoggard knows physicians on the PCPCM will have to contend with, including challenges associated with shared panels and panel conflicts. She also expects there will need to be more defined rules about continuity of care within patient panels, to account for times when a patient is seen by different members of the team.

“There will need to be a better definition of continuity to a physician, continuity to a team and continuity to a clinic. If I have a patient with wax in his ears who needs to be seen while I am away, my nurse can deal with that. But does that mean I didn’t provide continuity? I would argue that he has seen a member of my team. He's getting access. But currently we don’t measure time with teams, and we need to figure out what the metric of access will be.”

Recognizing the importance of longitudinal comprehensive care

Despite whatever challenges exist, for Dr. Hoggard the PCPCM has worked as hoped.

“In part it’s about the increase in compensation, but also because it recognizes the work that goes on outside of the actual patient encounter,” she explains. “It finally acknowledges that in order to keep this specialty going, which is the foundational bedrock of our health care system, we need to recognize that work.”

In addition, the PCPCM has helped address physician burnout.

“It’s a game-changer when it comes to addressing physician burnout. When colleagues go away for whatever reason and I am covering their labs, I don’t know their patients as well, and it does take some time to review patient charts and notes. I know it was a barrier for me when I went away before, and I often felt like I had to apologize for asking colleagues to cover for me or to just do it myself while I was supposed to be on vacation. That is really bad for your mental health. You could never really unplug. What the PCPCM does is recognize the effort that’s required to cover for my colleagues, and then for me, so we can actually get a break. And that will help all of us stay in practice longer.”

Dr. Hoggard encourages eligible physicians to consider joining a model that she says rewards high-quality primary care. “It recognizes and incentivizes good family medicine care, and that benefits both physicians and patients.”