to be rostered, they are allowed to change their minds twice and they can always seek service from outside doctors without penalty. This is an important difference from the rostering systems found in the US and the UK, where patients have far less flexibility.

One of the more visible results of rostering is the use of telephone triage. The physician network in each of the 5 pilot sites is supposed to develop an after-hours telephone advice line for rostered patients. This is to enhance contact with them and reduce costs to the system by limiting visits to emergency wards and walk-in clinics.

In the past, some physicians have offered this kind of service without being compensated. These, and additional services provided by nurses or nurse practitioners within a practice, would be funded directly under the pilot projects.

Gasparelli says Wawa, which has 6 physicians, has long been at the forefront of medical innovation. Local doctors have always taken a group-practice approach, and they already offer telephone triage and employ a nurse-practitioner, and cover all on-call work at the local hospital.

Years ago the province launched an initiative called the comprehensive health organization (CHO), which called for a local body to manage all local health care needs and not just primary care services. However, it had limited success.

"What we're into now is interesting and certainly a move in the right direction," says Gasparelli, "but it's not nearly as far reaching as the original CHO plan. This is basically a physician-funding model. I think it offers advantages over fee for service but I think it will have a limited impact on the quality of service delivered.

"The most important factor in the quality of service is the physician himself, not the method of payment."

Adams stresses that PCR is "revenue neutral" and will not increase physicians' incomes. However, Graham says additional money will have to be spent at the outset to cover start-up costs for new computers and rostering procedures. On top of this, additional billing codes will allow physicians to charge for new services mandated under these reforms.

The expanded use of computers and electronic networks is key to PCR because it will allow for the electronic transfer of the files of rostered patients and improved access to current clinical information. Improved technology will also let the government track rostered patients' use of the medicare system accurately so that any services delivered by family doctors outside the pilot projects are accounted for.

100 FPs, 300 000 patients?

Graham said PCR poses tricky questions that these pilot projects would help answer. Are patients willing to have their use of the health care system tracked this closely? More important, are patients willing to take on some responsibility for the health care system?

"I'm a firm believer in a tripartite accountability model," said Graham. "Governments must fund the system adequately, doctors must provide the service adequately and defend individual rights in the context of population health, and patients must consume health care services in a responsible fashion."

If the PCR experiments eventually do get off the ground, Graham says more than 100 family physicians and 300 000 patients are expected to volunteer to participate.

After working on the project, Graham is convinced that Canadians want medicare to prosper. "After spending the last couple of years really examining other systems around the world, I am more convinced than ever that we have something special here." ?

Primary care reform: the doctor's perspective

As far as doctors are concerned, the key aspects of Ontario's reforms are:

- voluntary enrolment
- payment based on a capitation model, either as a direct payment or via a reformed fee-for-service model
- expanded delivery of on-call services
- increased emphasis on prevention services
- evening and weekend office hours
- improved use of technology, including computerized patient records, with the government paying two-thirds of the cost of new equipment and software

Primary care reform: the patient's perspective

As far as patients are concerned, the key aspects of Ontario's reforms are:

- voluntary enrolment
- expanded access to on-call services
- enhanced prevention services, such as reminders about regular tests and immunizations
- primary mental health care, including crisis intervention and referral services
- 24 hour, 7-day-a-week access to primary care services through a telephone advisory line staffed by registered nurses
- overall service coordination with a physician group, hospitals, specialists and others