



Parity in Time-Based Models

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In dealing with complex, chronic illnesses, there can be many advantages in providing care in a shared care or collaborative care environment. Properly implemented, such models may facilitate communication between health professionals, promote interdisciplinary care, and foster continuity of care for patients. Such models also offer consultant specialists the opportunity to provide services in the framework of a time-based sessional model.

While psychiatrists have often been remunerated via time-based fees, even within fee-for-service systems, most other medical specialists have not typically been remunerated in time-based models. This apples-and-oranges comparison has presented a challenge in comparing the value of time-based psychiatric services with other non-time-based medical specialty services, and has made it difficult to fully address issues of fee relativity.

New time-based models provide the opportunity to make clear apples-with-apples comparisons by directly comparing the value of one specialist's time with the

value of another specialist's time. Any fee differentials in time-based models must be supported by demonstrable differences in intensity and complexity of service provision or in the level of training required to deliver the service. Differentials should not simply reflect historical differences in fees for different services as this would unnecessarily entrench historical disparities into new time-based models.

Implementing fee disparities in time-based models in the absence of clearly demonstrable differences in training and (or) service intensity and complexity has implications for patient care that extend beyond the issue of specialist remuneration. Maintaining such disparities has the potential to affect recruitment and retention in different specialties and, over time, can increase barriers to care and entrench the marginalization of different patient populations. Given the transparency of time-based comparisons, overt disparities in such models may be even more damaging than inequities embedded in other models because they openly value some patients less than

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others. In the case of mental health, disparities between time-based funding for psychiatric, compared with other medical care, may reflect institutionalized stigma that has become embedded in funding models over time.

Given that funding disparities in time-based models can raise barriers to access health care and perpetuate

the marginalization of patients with mental illness, the Canadian Psychiatric Association believes that, for comparable levels of training and intensity–complexity of care, time-based models require parity of specialty service remuneration to ensure patients with mental illness have equal access to care.