

FHO+ in Plain English in 1 Page. FHO+ starts April 1, 2026.

Verified against current OMA, DoctorCare, OHIP bulletin sources - sources on page 2.

I built this to help FHT EDs, CEOs, and Boards cut through the noise. Here is the plain-English reality of FHO+ and the hidden operational tension it creates for team-based care.

TOP 10 BENEFITS FOR PHYSICIANS

- 1. Paid for Administrative Work:** Reviewing labs, forms, messages, phone calls — now billable at ~\$80/hour. Previously unpaid.
- 2. No More 'Walk-In Penalty':** Dollar-for-dollar negation is gone.
- 3. Higher Per-Patient Funding:** \$100–\$180 more per newly rostered unattached patient via attachment payments. New grads get \$150–\$270.
- 4. Better After-Hours Premium:** Jumps from 30% to 50%.
- 5. Attachment Bonuses:** Up to \$500 (Q053) for rostering complex unattached patients.
- 6. Easier FHO Formation:** Minimum drops from 3 physicians to 2.
- 7. Looser Co-Location Rules:** Distance requirements relaxed — helps rural and multi-site groups.
- 8. More FHO Spots:** 240 new positions annually.
- 9. Simplified Access Bonus:** Old tracking system eliminated, folded into hourly payments.
- 10. Overall Raises:** 5–13% increase depending on practice patterns, with more in later years.

TOP 10 CONCERNS FOR PHYSICIANS / FAMILY HEALTH TEAMS

- 1. The 75% Rule:** Starting April 1, 2026, 75% of in-basket visits must be with the MRP or another FHO physician. Below 75% for two quarters? 15% capitation cut.
- 2. No IHP Visits Count — None:** NP, RN, RPN, social worker, dietitian, pharmacist, PA, OT, PT, RT, chiroprapist, psychologist, MH clinician — none count toward 75%. Only physician visits count.
- 3. Comprehensive Care Excluded:** Many palliative care, chronic disease, and some after-hours services are billed 'out-of-basket' and don't count toward 75%.
- 4. 'Shell Game' Concerns:** New money added in some areas; funds reallocated from eliminated bonuses elsewhere.
- 5. The Real Math:** In many analyses, net income increase may be closer to 4–8%, not headline figures.
- 6. Rural Disadvantage:** Already at capacity — attachment bonuses don't help if you can't take more patients.
- 7. Preventive Care Bonuses Gone:** Pap, mammography, colorectal screening bonuses eliminated for FHO/FHN.
- 8. Caps on Non-Rostered Patients:** Ministry can now limit volume of non-rostered visits.
- 9. Shorter De-Rostering Window:** 3 months vs. 6 months to identify outside-use patterns.
- 10. Works Against Team Model:** Continuity metric only rewards physician visits. Implicit signal: be cautious shifting in-basket care to IHPs.

THE TENSION

FHO+ delivers real wins for physicians — recognition for non-visit work, better after-hours pay, improved attachment incentives. But the continuity metric doesn't see your team.

Every visit with an NP, social worker, dietitian, or pharmacist — the care your FHT was built to provide — is invisible to the 75% calculation.

You're the one keeping physicians supported, IHPs valued, and your Board informed — while managing a metric that structurally ignores a large portion of your workforce.

I don't have a clean solution. But if your Board or leadership team needs an objective third party to help navigate this tension in your upcoming strategic planning or risk management documentation, let's talk.

EXTRA NOTES

- **\$80/hour billing:** Covers direct care, indirect care, and clinical administration related to rostered patients, billed in 15-minute increments.
- **Attachment bonuses:** The \$100–\$180 (established) and \$150–\$270 (new grad) figures vary by patient age and Rural Index of Ontario (RIO) score.
- **Q053/Q054:** Q053 increases to \$500 for complex unattached patients via Health Care Connect. Q054 provides \$350 for mother & newborn joint enrollment.
- **Acceptable providers:** Only physician-billed in-basket visits count — including focused-practice GPs, HIV/COE GPs, and certain ED/hospital physicians using in-basket codes.
- **Preventive bonuses retained:** Influenza and childhood immunization bonuses continue (with changes).
- **Shadow billing changes:** In-basket services now pay 30% (up from 19.4%); key procedures pay 50%. Hospital visits pay 100% FFS with no shadow-billing deduction.

SOURCES

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