

Toward a Policy Framework to Improve the Health Care of Homeless Individuals

Description

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ABSTRACT

Homeless (and otherwise displaced) individuals in Canada commonly experience inadequate access to healthcare services. This article considers policy options to incentivize family physicians to prioritize the healthcare needs of this vulnerable population. Typical policy responses seek to link enhanced compensation to the provision of services to homeless people. Various models for structuring physician compensation have been proposed or are already in use. Less attention has been paid to the overall difference in the value associated with any particular compensation model and how this could affect incentives. Using internal rates of return to measure the impact that policy changes have on family doctors' investment considerations in the health care profession from medical school onward, this research explores the impact that alternative compensation structures, both in terms of time and money, have on the age-earnings profiles of family doctors. Findings show that policies designed to alleviate financial burdens (such as medical school tuition) earlier in the life-cycle have a much larger impact and can be done with a zero-net cost to public spending when enacted in conjunction with contractual obligations to provide direct patient care to homeless individuals, than similar policies that phase in benefits towards retirement; although, all such policies are preferred to the status quo and can be seen as making a Pareto improvement.

Keywords: Physicians, Family; Public Health; Homeless Persons; Emergency Service, Hospital.

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