College of Physicians & Surgeons of Alberta

ADVICE TO THE PROFESSION

Continuity of Care

Related Standard of Practice: Continuity of Care

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

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CPSA Advice

The *Continuity of Care* standard of practice applies to **all** regulated members: those who practice as primary care physicians or Royal College specialists, those in solo or group practice, those in walk-in clinics through to long-term care environments. The intent of the standard is to enhance the care of patients while respecting the needs of regulated members to develop work-life balance, avoid burnout and minimize risk to their own health.

1. Regulated members are expected to manage their practice (workload) to balance the best interests of their patients and their own health and well-being. The College acknowledges these interests may sometimes compete, but both need to be managed.
2. While **primarily** for triage purposes, assuring continuity of care through after-hours does, at minimum, require regulated members to manage some problems and conditions over the phone, even if just to triage to the right care environment.
3. Regulated members are required to have a system in place to assure continuity of care. Options include:
    - Participation in a call rota (on-call rotation). Solo practice is still an acceptable alternative; practice in isolation is not. Collaborating with colleagues to develop a call rota not only addresses patients' needs for 24/7 access to care (unreasonable for any one member to fulfill), it also creates the opportunity for increased collegiality, greater engagement by all physicians and better patient care.
    - An agreement between a regulated member or practice group and healthcare provider or service. Evidence of this agreement (e.g., an email) must be provided to the College on request.

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- An arrangement with Health Link. Before considering an agreement, Health Link requires regulated members to:

  i. Organize into a large clinical group (e.g., a PCN, specialty group provincially or by zone).

  ii. Identify and standardize across the clinical group:

  - a centralized point of contact for Health Link (e.g., single phone/fax number)
  - after-hours services the group will provide and the hours available
  - broad categories of calls the group will receive from Health Link after-hours

  iii. Have physician(s) identified to take after-hours calls from patients referred by Health Link nurses (Note: an arrangement with Health Link does **not** relieve regulated members of the requirement to ensure their patients have access to care by a physician after-hours, for example through an on-call rota or after-hours clinic).

  iv. Specialists only: Be prepared to work collaboratively with Health Link on the development and application of evidence-informed assessment, triage and referral protocols to support Health Link nurses in providing effective advice to their patients.

  v. Have a system in place for receiving and responding to critical diagnostic test results. (Health Link is **not** able to manage diagnostic test results, and Health Link nurses do not have access to Netcare or other EMRs.)

  Contact Health Link at healthlink@albertahealthservices.ca to inquire.

Important note: Health Link and AHS emergency services are available to all Albertans at all times, and the *Continuity of Care* standard is not intended to create a barrier to patients accessing these services. A regulated member who refers patients to Health Link or an AHS emergency service after-hours with no agreement in place must also provide direct contact information to him/herself or an on-call physician to ensure timely response to urgent medical needs or critical test results.

4. When on-call for a group of colleagues during the day and/or after-hours, a regulated member is expected to be reasonably available and clearly communicate contact information to all those who might be expected to have a need to contact the member in this role.

5. Good communication is paramount to continuity of care. Regulated members are responsible for informing patients of after-hours care arrangements and to differentiate for them the types of medical issues for which they should seek after-hours care or when another means is more appropriate (e.g., timely follow-up). Providing clear guidance will help patients and all those involved in their care.

6. "Extended period of time" (clause 3 of the standard) is contextual. When a regulated member will be away from practice for a length of time that reasonably requires incoming information to be addressed in his/her absence, the member needs to make arrangements – verbal is acceptable, written ideal – with a colleague to review and triage the information (e.g., the results of an urgent radiological investigation).

   Coverage arrangements also need to be communicated to any patient who has a reasonable expectation of care during the period of absence (e.g., the patient undergoing the urgent radiological investigation or a patient with

an acute condition that requires close monitoring). For a stable patient who typically seeks care only once or twice a year, the requirement to communicate coverage arrangements might reasonably apply only if the member's absence will exceed six months.

7. Regulated members are expected to collaborate with colleagues in developing evidence-informed triage guidelines to help patients understand how best to access after-hours care.
8. The College will proactively enforce this standard with a quality improvement focus.

CPSA Perspective

The College perspective informs the advice and flows from these sections of the *Code of Ethics*:

1. Consider first the well-being of the patient.

Continuity of care enables the best care in both primary and consultant environments. Both the patient and system benefit when the patient can access the right provider at the right time. Long waits in emergency rooms are reduced, patients worry less and the frustration of ER physicians is alleviated by the context provided by the primary provider or a colleague covering their practice. Patients are also likely to receive better care from a system that accommodates their care needs and is integrated with their 'medical home'.

The ethical responsibility of regulated members is fiduciary to one patient at a time. To suggest that extending this responsibility to after-hours care reduces the number of patients that can be seen, thereby increasing wait lists, is not an acceptable reason to set limits on the care provided to an individual patient. While regulated members are encouraged to participate in strategies to address population health needs, this does not deflect their primary duty of care to the individual patient with a quality focus.

Regulated members have a role advocating for and taking reasonable steps to inform patients about how to access the healthcare system in relation to the care they provide.

19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.

Responsibility for continuous availability is contextual. It does not apply to every regulated member who has ever had contact with a given patient, but only to those physician-patient relationships where there is a reasonable expectation of ongoing care (e.g., where there has been recent direction, a procedure performed or investigation). Starting a patient on a new medication, providing a therapeutic service, recent assessment, evaluation or treatment adjustment for a chronic condition are all relevant. For example, a regulated member who sees a patient for the first time at a walk-in clinic and provides the patient with a new medication must be available to respond to the patient about any concerns arising from the new medication. However, a regulated member who has not seen a patient for a prolonged period of time or who sees a patient for a diagnostic consult during which no medication is changed, no investigations ordered, nor any procedure provided is not expected to be continuously available to the patient.

After-hours availability is primarily for triage purposes. It may be met directly (i.e., face-to-face) or indirectly (i.e., by phone). Particularly when addressing a colleague's patient through indirect means, if in doubt as to whether the concerns can be safely managed without patient contact, the regulated member should direct the patient to a location where full evaluation is available, either by the regulated member or a colleague. There will be times when it is best to direct the patient to an emergency service; this **does not** require a formal agreement. All regulated members have unique skills and experiences – a family physician in community practice has a different perspective on the need for acute interventions for a patient with chronic disease than an ER physician used to seeing more acute presentations; regulated members should take whatever action they feel is in the best interests of their patients, informed by their medical knowledge and experience.

An option – not a requirement – of the standard is for a large group of regulated members to form a relationship with a service agency such as Health Link (this would be separate from and in addition to Health Link's availability to the public as a resource). Many groups have already identified Health Link as a valuable partner in facilitating timely triage and continuity of care. While the College considers Health Link an exemplar of this type of service in Alberta, this does not preclude the development of innovative alternatives. Indeed, Health Link does not have unlimited capacity and may not be the best option for all practice groups.

The College views these types of services not as an opportunity for regulated members to download their responsibilities, but rather as partnerships where the parties collaborate to develop evidence-informed triage protocols and mechanisms for enhancing continuity of care that meet the expectations of both patients and regulated members. The acceptance of **mutual responsibilities** is key to a partnership that benefits both parties and, consequentially, patients as well.

Formalizing the relationship in a written agreement is best practice, to ensure responsibilities are clear and transparent. If there is no written agreement, documentary evidence to confirming the agreement must be provided upon request (e.g., an email between colleagues, or a letter from the other party outlining coverage details).

52. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

While the allocation of medical service fees and healthcare system resources are both outside the scope of the College, we expect our members to collaborate with each other and the system. Working together as a collective focused on patient care allows for optimal distribution of resources in a fair and just manner.

Govern your actions by what you would want to know if you were your colleague. For example:

- When handing over to a colleague providing coverage, let your colleague know of any special circumstances involving your patient population that might be expected to result in a patient requiring continuity of care. Also, ensure your patients know when and how to contact your colleague; this shows respect for both your colleague and patients while ensuring excellent care.

- When requesting a lab test, if you expect a "normal" result for your patient will likely be outside the reported normal range (e.g., potassium 5 to 6 in a patient with chronic renal failure, elevated WBC in a

patient with CML), identify this on the requisition. A colleague covering for you or another provider assessing the patient will appreciate having this information.

- When directing patients to the ER or another facility such as an after-hours medical clinic, provide a courtesy notification to your colleagues to not only enhance care, but relationships and professional respect as well.

Collaborating with colleagues offers a secondary opportunity for quality improvement arising from respectful feedback, shared experiences and mutual support, while the use of a service enables collaboration on the development of evidence-informed triage protocols. The time invested will pay dividends in time saved – both in process and enhanced patient care – and also assist the continued development of the shared patient record, as the IT infrastructure needed to support this will be dependent on such protocols.

As noted earlier, adequately informing patients about how to appropriately access healthcare services is part of the role of a regulated member. If a patient in your practice consistently abuses reasonable processes to access care, it is your responsibility to inform the patient of his/her responsibility to be an accountable user of the healthcare system; such direction to a patient should be documented in the medical record.

54. Protect and enhance your own health and well-being by identifying those stress factors in your professional and personal lives that can be managed by developing and practicing appropriate coping strategies.

The College considers participating in a call rota with colleagues to be an appropriate coping strategy to address the expectation of continuity of to care. A regulated member in solo practice is expected to identify colleagues to set up a call rota and assure after-hours availability is sustainable. While 24/7 availability is unreasonable for any individual member and also not good for patients, deferral to "the system" is also unacceptable.

A solo specialist practitioner in a rural setting is expected to identify reasonable coverage alternatives for the unique circumstances of his or her practice. Options may include an identical specialist in a geographically separate location, a similar but not identical specialist nearby or a local family physician with a practice interest in the specialist's discipline. Other members of the care team, such as nurse practitioners or physician assistants, may also be involved where relevant. When geographically separated, the expectation is individual practitioners will identify for colleagues the resources available locally; maintaining this information will also benefit the regulated member and his/her staff. Good communication is essential.

CPSA Commitment

The College recognizes that expecting regulated members to form call rotas with colleagues to address the need for continuity of care may be perceived as an affront to solo practitioners that does not respect unique environments. This is not the case. Rather, the intent is to encourage collaborative relationships that help our members balance the needs of patients with their own personal health.

The College is committed to working with members to support a level of awareness and implementation that finds the right balance. The College understands that physicians want to provide the best care for their patients, and the

Continuity of Care standard is part of this understanding. College staff is available to discuss individual circumstances and help members identify how to adhere to the spirit of this standard.

As with all College standards, failure to comply with this standard will be considered unprofessional behavior under Section 1(1)(pp)(ii) of the *Health Professions Act (HPA)* and any complaint will be managed as per *HPA* requirements. The College is primarily focused on quality improvement in managing complaints; however, repeated violations could result in a complaint being directed to a disciplinary hearing.