

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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Definition of episodic care

CPSA defines “episodic care” as a single encounter with a patient focused on a presenting concern(s), an identified medical condition(s) or a referred consultation, where neither the regulated member nor the patient have the expectation of an ongoing care relationship.

This type of medical service is typically provided by emergency physicians and specialists where the episodic nature of the physician’s role is generally clear to both the patient and the physician.

Physicians in the community may also provide episodic care, a valued service for people who don’t have a Family Physician/GP (primary care provider) or are unable to get a timely appointment with their primary care provider. In this type of practice, it’s important for the episodic care physician to help patients understand their role and ensure appropriate follow-up to the episodic care encounter.

Good clinical practice

Episodic care physicians are sometimes challenged to provide optimal services in the limited time they have with patients. The [Episodic Care](#) standard of practice can be summarized in five steps that build safety and effectiveness into episodic care practice, including good documentation:

1. Know the patient.
2. Discuss the service.
3. Document the service.
4. Agree on plans for follow-up.
5. Support continuity of care.

Of these five steps, physicians often report having the greatest difficulty with meeting the first and the last. Given the complexity and time constraints of the healthcare system, careful planning, teamwork and effective communication are essential to success.

KNOW THE PATIENT

Consider a patient who comes to see you with significant swelling and pain after an injury. As an episodic care physician, you might prescribe a high-dose NSAID. But what if, unknown to you, the patient has chronic kidney disease? The prescription could have significant negative consequences for the patient's health. This is not a far-fetched scenario, but a cautionary example of what can happen when treating a patient you don't know.

Taking a medical history and understanding the patient's presenting concerns are critical to effective patient care. Chronic medical conditions, previous diagnoses, allergies, use of prescription medications and other drugs, alcohol consumption and social history can all have a powerful influence on clinical reasoning and decision-making.

While knowing the patient's history is indisputably important, finding the time to gather and document this information can be difficult. Enlisting others to help can be a good solution for episodic care physicians. Patients, staff and pharmacists may all be able to contribute critical information prior to the office visit. For example:

- Patients (or their agents) can complete medical history forms while waiting to see the physician. The physician can then review the forms with the patient rather than starting the visit with a blank history sheet.

- Authorized staff members or a pharmacist can pull information from Netcare and the Pharmaceutical Information Network (PIN) to help complete the patient's profile.
- Staff can inquire whether the patient has a primary care provider and add contact information to the patient's record.

Physicians can often find other opportunities to tap resources in their practices, leaving more time to provide the patient care that can only be done by a physician.

DISCUSS THE SERVICE

Clear communication is key to any physician-patient interaction. Describe to the patient the nature and scope of any exam or procedure in advance. While patient consent may be implied, asking for explicit consent is recommended if the exam is of a sensitive nature or if the physician is at all uncertain that the patient clearly understands the reasons for the exam and agrees to proceed. It may be helpful to employ an ongoing narrative to explain the exam, while allowing the patient the opportunity to comment or ask questions.

DOCUMENT THE SERVICE

[Patient records](#) are key in allowing healthcare professionals to understand the patient while providing a valuable communication tool with other members of the patient's medical team. They are also paramount in allowing continuity of care, ensuring patients don't "fall through the cracks."

Visit notes should be accurate, complete, legible, in English, compliant with legislative and institutional expectations, and completed as soon as reasonable to ensure accuracy. In an episodic care encounter, the documentation should provide a summary of presenting concern, relevant findings during the assessment and details of the management plan, prescriptions, investigations, or referrals issued and follow-up instructions given to the patient.

AGREE ON FOLLOW-UP CARE

If care is not expected to continue beyond the episodic encounter, identify the importance of investigations to be completed and what the next steps are to ensure the patient clearly understands what they need to do, where investigation results will go and with whom to follow up.

SUPPORT CONTINUITY OF CARE

Episodic care can either disturb the [continuity of care](#), or provide an opportunity to establish/maintain it and thereby substantially benefit patient outcomes. As such, episodic care physicians have a responsibility to take all reasonable measures to protect and preserve continuity of care for their patients:

1. First and foremost, physicians are expected to **inform their patients** about the limitations of their services. This is most easily accomplished with a handout, describing the practice. Information could also be posted within the clinic and on the clinic website, and discussed with the patient at their appointment.
2. The episodic care physician must **confirm if the patient has a primary care provider** and discuss with the patient the importance of communicating the details of the episodic care encounter with that practitioner. Providing a copy of the encounter notes, along with information about any investigations or referrals, will help the patient better understand the role of the episodic care physician and help preserve continuity of care by ensuring their medical information gets to the right practitioner.
3. If the patient **does not have a primary care provider**, the episodic care physician is responsible for any follow-up care until either another healthcare provider formally assumes care of the patient, or the acute episode ends.
4. If the patient **does have a primary care provider**, a record of the visit should be shared with the patient's physician, concurrent with the follow-up instructions given to the patient. For example, if the patient is advised to follow up with their family physician in two days, the notes from the episodic care encounter should be available to the family physician within that timeframe. If there is no planned follow up, notes should be forwarded to the family physician within 30 days. **Best practice** involves taking a standard approach of sending the information to the primary care provider regardless of whether a copy of the visit note is taken by the patient; this ensures the episodic care physician's responsibility under the standard is fulfilled.

The episodic care physician remains responsible for follow-up unless the patient's primary care provider or other physician formally accepts responsibility.

5. Upon receiving communication about the visit from the episodic care physician, the primary care physician must accept responsibility for their patient (e.g., ongoing care of a patient with an acute issue). The episodic care and primary care physicians should work together in the best interest of the patient to determine who will order investigations and manage follow-up care based on what is in the best interest of the patient.

When episodic care becomes primary care

As an episodic care provider, it's important to identify when a patient's expectations for care differ from the physician's and resolve those differences in the best interests of patient care. For example, it's not uncommon for a patient to consider an episodic care physician (or clinic) to be their only source of primary medical care. In that situation, CPSA would consider the episodic care physician the patient's primary care provider and expect the physician to fulfil duties related to screening, health promotion and care for chronic diseases.

RELATED STANDARDS OF PRACTICE

- [Continuity of Care](#)
- [Episodic Care](#)
- [Establishing the Physician-Patient Relationship](#)
- [Patient Record Content](#)
- [Patient Record Retention](#)
- [Prescribing: Administration](#)
- [Transfer of Care](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - [Continuity of Care](#)
 - [Physicians as Custodians of Patient Records](#)
 - [Prescribing: Administration](#)
- CMPA's [The Most Responsible Physician](#)