

CONSULTATION OUTCOMES

Continuity of Care Episodic Care Virtual Care

Consultation 021

Consultation: Sept. 20 – Oct. 20, 2021

Reissued: Jan. 1, 2022: Virtual Care

March 1, 2022: Continuity of Care & Episodic Care

CONSULTATION

At their September 2021 meeting, CPSA Council approved the formal consultation of draft standards of practice on *Continuity of Care, Episodic Care* and *Telemedicine*. [Consultation took place](#) Sept. 20 to Oct. 20, 2021, and sought feedback from physicians, and partner organizations and Albertans. Initial feedback indicated the need for substantive changes to the drafts, which resulted in a reconsultation period from Nov. 2 to 15, 2021, engaging with those who initially provided input during the formal consultation.

CONSULTATION RESULTS

Continuity of Care

We received 42 responses during the consultation, consisting of comments from 20 physicians, four partner organizations and 19 survey responses.

Main themes (based on consultation version):

- Physicians should not be held accountable for patients who fail to take a physician's advice to complete an investigation.
- Tracking all investigations is impractical and onerous.
- Physicians should be able to charge for uninsured services provided after-hours.
- Prohibiting physicians from ordering investigations under another physician's name was identified as impractical in the context of locums, residents, fellows and some specialties (e.g., pathologists).
- The standard needs to better reflect team-based care.

At the time of the consultation, there was no ability to copy another healthcare provider within Connect Care; however, a "copy" feature has since become available.

Episodic Care

We received 41 responses during the consultation, consisting of comments from 16 physicians, four partner organizations and 22 survey responses.

Main themes (based on consultation version):

- There are challenges in communicating to patients about the difference between episodic and established care, as well as associated expectations.
- Sharing a copy of the encounter with the family physician raised potential concerns about patient privacy and autonomy. We heard feedback that requiring a physician to do this for every encounter is impractical and has potential budgetary implications for AHS.
- Feedback on this standard also highlighted concerns with prohibiting a physician from ordering investigations under others' names:
 - It was noted it can take weeks for an EMR provider/AHS to set up a new profile and that sometimes a locum is gone before the profile is set up
 - There is risk of results being lost if locums order under their own name, but have moved on from the clinic before results come back

Virtual Care

We received 103 responses during the consultation, consisting of comments from 50 physicians, four partner organizations, one Albertan and 48 survey responses.

Main themes (based on consultation version):

- Requiring all out-of-province physicians to register with CPSA:
 - Creates barriers to care for both Albertans and out-of-province patients in underserved/rural areas; and
 - Is not patient-centred—it should be easier for patients to access care.
- Several called for national physician registration:
 - Virtual care requirements are inconsistent across the country.
- Requests for clarification on cross-border care versus care within Alberta:
 - Flexibility is needed for out-of-province physicians to provide care to their patients who may be in Alberta temporarily.
- There were concerns about enforcing the standard in the context of virtual healthcare apps and corporations with business interests:
 - How does the standard apply to these businesses or the physicians working for them?

SUMMARY OF CHANGES

Continuity of Care

- Language added to preamble to address benefits of continuity of care, as well as to acknowledge team-based systems.
- Clause 1(b) modified to require tracking results only for patients with a risk of clinically significant outcomes.
- Clause 2 added to address team-based care.
- Clause 4(c) added to ensure transfer of care is communicated to the patient.
- Clause 6 reworded to address critical test results, as many results may be abnormal but not critical with regard to after-hours availability.
- Clause 8 clarified to allow billing for uninsured services.

Episodic Care

- This standard underwent no significant changes. Ensuring continuity of care between episodic patient interactions remains paramount to patient safety.
- Subclauses of 2(c) removed to simplify requirement.
- Clause 3 rewritten for clarity.

Virtual Care

- Entire standard reorganized for clarity.
- Improved alignment with the Federation of Medical Regulatory Authorities of Canada's (FMRAC) draft Virtual Care Framework.
- Clause 3 modified to clarify expectations of Alberta physicians providing care to out-of-province patients.
- The limitation of five encounters per year has been removed, as there is no way to track or enforce this requirement. No other medical regulatory authority in Canada has a similar numeric limitation.
- Clause 5 rewritten to ensure appropriate in-person care is available when necessary.
- Considering technology available to patients and determining patients' location included.
- Former clauses 5 and 6 removed, as these are addressed in other documents.
- Clause 12 rewritten for simplicity and directness.

REVIEW UPDATED STANDARDS

- [Continuity of Care](#)
- [Episodic Care](#)
- [Virtual Care](#)

To see the consultation and marked comparison versions of these standards, please contact CPSA Standards of Practice Advisor [Chantelle Dick](#).

IMPLEMENTATION

The updated *Virtual Care* standard will replace the current [Telemedicine](#) standard and will take effect Jan. 1, 2022. The current [Advice to the Profession](#) and [Advice to Albertans](#) documents will be updated accordingly to complement the standard.

The updated *Continuity of Care* and *Episodic Care* standards will take effect March 1, 2022, to allow time to implement any necessary process changes. The current versions of the [Continuity of Care](#) and [Episodic Care](#) standards remain in effect until that time. Advice to the Profession and Advice to Albertans documents are being developed and will be published when the updated standards take effect.

QUESTIONS?

We're here to help. Please contact Chantelle Dick, Standards of Practice Advisor, at Chantelle.Dick@cpsa.ab.ca.