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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Episodic 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.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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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 in accordance with the *Establishing the Physician-Patient Relationship* standard of practice.

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/ primary care provider (PCP) or are unable to get a timely appointment with their PCP. In this type of practice, it's important for the regulated member to help patients understand their role and ensure appropriate follow-up to the episodic care encounter.

In accordance with the *Continuity of Care* standard of practice, regulated members are responsible for the episodic care provided and any follow-up care needed unless another healthcare provider has formally agreed to assume that responsibility. Ultimate responsibility for appropriate continuity of care and follow up of medical care and investigations lies with the ordering regulated member.

Good clinical practice

Regulated members providing episodic care 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 thorough 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, regulated members 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 in with significant swelling and pain after an injury. A regulated member providing episodic care might prescribe a high-dose NSAID. But what if 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. 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 be seen. The regulated member 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 PCP and add contact information to the patient's record.

Regulated members can often find other opportunities to tap resources in their practices, leaving more time to provide the patient care.

DISCUSS THE SERVICE

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

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 must 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

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, regulated members providing episodic care have a responsibility to take all reasonable measures to protect and preserve continuity of care for their patients:

1. First and foremost, regulated members must **inform their patients** about the limitations of the service and ensure the patient understands the care is episodic in nature. This is most easily accomplished with a handout, describing the practice. Information could also be posted within the clinic and on the clinic website, then confirmed with the patient at their appointment.

2. The regulated member providing episodic care must **confirm if the patient has a PCP** 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 with the patient to share with their PCP, will help the patient better understand the role of the regulated member providing episodic care and help preserve continuity of care by ensuring their medical information gets to the right practitioner.

3. If the patient **does not have a PCP**, the regulated member providing episodic care 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 PCP**, a record of the visit must be shared with the patient's PCP, 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 PCP regardless of whether a copy of the visit note is taken by the patient; this ensures the regulated member providing episodic care is fulfilling their responsibility under the standard.

> The regulated member providing episodic care 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 PCP must acknowledge their acceptance of responsibility for their patient (e.g., ongoing care of a patient with an acute issue) in order to hand over the responsibility for follow up. Otherwise, the regulated member providing episodic care remains responsible for following up on any outstanding investigation. The episodic care and primary care regulated members should work together in the best interest of the patient to determine who will order additional investigations and manage follow-up care based on what is in the best interest of the patient.

THE PATIENT'S BEST INTEREST

The standard requires regulated members provide a patient's PCP with a record of the encounter if it is in the patient's best interest. "Best interest" will differ from patient to patient and will depend on the regulated member's clinical judgment, but the default expectation is to provide the PCP with the record of the encounter to ensure they have the information necessary to ensure continuity of care for their patient.

The concept of disclosing health information without consent or contrary to the patient's wishes is a challenging area. There are legitimate situations where the patient may not want their PCP to know they have seen another healthcare provider for a second opinion. However, there are also situations where it would be improper to follow the patient's directions, such as when the patient is seeking drugs with the risk of substance-

related harms. In that situation, it would be in the best interest of the patient for their PCP to know about the drug-seeking behaviour.

When a record of the encounter is not shared with the PCP, the member should thoroughly document the rationale behind their decision to withhold the information in the patient's record.

Thorough documentation

When providing episodic care, it is imperative the encounter is documented accurately and thoroughly, particularly with a patient with whom the regulated member is not familiar. The encounter notes are a historical representation of what occurred: it can be challenging to demonstrate the care provided and prove what was said to the patient if documentation is inadequate. Record the specific advice provided to the patient as soon as possible to preserve accuracy.

Responsibility for follow up

Regulated members providing episodic care are responsible for following up on any procedure performed requiring follow-up, making a referral, or ordering an investigation, regardless of whether the patient has a PCP. Copying another healthcare provider does not negate this: responsibility only transfers if the PCP agrees to take over care. If another healthcare provider agrees to follow up with the patient, this must be documented in the patient's record.

EMERGENCY DEPARTMENT CARE

CPSA regulated members practising in emergency departments are required to follow the *Episodic Care* standard: patients must be given clear instructions on next steps (e.g., completing investigations, returning to emergency if the healthcare concern worsens, follow up with their primary care provider, etc.).

Where patients do not have a primary care provider, they need to be instructed to visit a walk-in clinic for follow up care. Patient should be provided with encounter notes (see "Thorough Documentation") or similar instructions so the walk-in clinic healthcare provider has the necessary information to provide follow-up care.

After-hours care

While most people do not expect to contact an episodic care provider after hours, episodic care does not absolve a regulated member from being available for critical test results, adverse medication reactions, etc. All members, whether family physicians or specialists, must have an after-hours service to triage patients effectively to the appropriate services and before being sent to ER. Patients cannot be sent to ER as the default without an agreement with the ER: members would need to send patients in accordance with the *Referral Consultation* standard (i.e., call ahead with pertinent information).

For guidance on how to manage after-hours availability, please refer to the Continuity of Care Advice to the Profession document.

Resources

Questions? CPSA team members are here to help. For more information, please email standardsofpractice@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- *Continuity of Care*
- *Episodic Care*
- *Establishing the Physician-Patient Relationship*
- *Patient Record Content*
- *Patient Record Retention*
- *Responsibility for a Medical Practice*
- *Transfer of Care*

COMPANION RESOURCES

- Advice to the Profession documents:
  - Episodic Care
  - Continuity of Care
  - Physicians as Custodians of Patient Records
  - Responsibility for a Medical Practice

Review Date	Revision/Change
Dec. 2023	Clarified expectations in emergency department settings.
Apr. 2022	Full-scale update to align with standard of practice.
Sep. 2019	Clarified situations based on availability of a primary care provider.
June 2019	Formatting; links added.