



**January 10, 2017**

## ***Continuity of Care* Preliminary Consultation**

### **Online Survey Report and Analysis**

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#### **Introduction:**

The College is currently undertaking the development of a Continuity of Care policy. As a part of the development process, an external consultation on Continuity of Care was undertaken from June 13 to August 12, 2016. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the developed policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including the entire College membership as well as key industry organizations. In addition, a general notice was posted on the College's website, Facebook page, and announced via Twitter.

Feedback was collected via regular mail, email, an [online discussion forum](#), and an online survey. In accordance with the College's [posting guidelines](#), all feedback received through the consultation has been posted [online](#).

**This report summarizes the stakeholder feedback that was received through the online survey.**

#### **Caveats:**

52 respondents started the survey, but of these, 8 did not complete any of the substantive questions, leaving a total of 44 surveys for analysis. The results reproduced below capture the responses for both complete and partially complete surveys.

The purpose of the online survey was to collect feedback from physicians, organizations, and the public regarding the development of the Continuity of Care policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

The *quantitative* data shown below are complete and the number of respondents who answered each question is provided.

The *qualitative* data captured below are a summary of the general themes or ideas conveyed through the open-ended feedback.

### Respondent Profile:

As shown in *Table 1*, the vast majority of the respondents were from Ontario (95%).

**Table 1**

Do you live in...	n=44
Ontario	42
	95%
Rest of Canada	1
	2%
Outside Canada	0
	0%
Prefer not to say	1
	2%

As shown in *Table 2*, the majority of respondents were physicians (70%), although a notable proportion of members of the public (23%) also responded to the survey.

**Table 2: Respondents (cont'd)**

Are you a....?	n=44
Physician (including retired)	31
	70%
Medical Student	0
	0%
Member of the public	10
	23%
Other health care professional (including retired)	1
	2%
Organization	1
	2%
Prefer not to say	1
	2%

## Physician Demographics and Provision of After-Hours Care

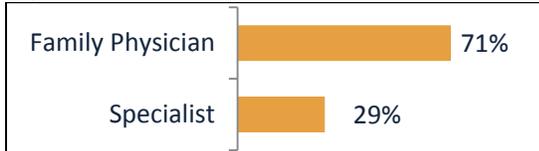
Please note that the following questions were only asked of the physician respondents.

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### Q4. “What kind of physician are you?”

Most (71%) of the physician respondents identified themselves as family physicians (*Figure 1*).

**Figure 1:**

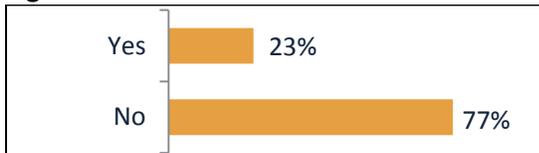


Base = 31

### (Asked of Family Physicians) Q5: “Does your family practice have a particular focus?”

Among the family physicians, about three-quarters (77%) indicated that their practice did not have a particular focus (*Figure 2*). Among those with a focus, they included working with homeless patients, to walk-in clinics, to hospital based family practice.

**Figure 2:**



Base = 22

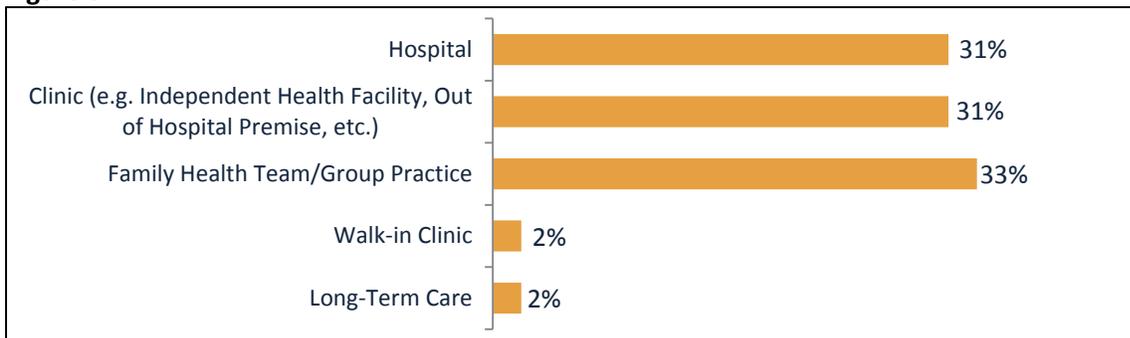
### (Asked of Specialists) Q6: “What is your area of specialty?”

Among the specialists, reported areas of specialty were varied and included, radiation oncology, psychiatry, geriatric medicine, respirology, plastic surgery, rheumatology, aesthesia, and surgical assistant.

### Q7: “Do you practice in a: (Select all that apply)”

As shown in *Figure 3* below, physician respondents practiced in a variety of settings.

**Figure 3:**

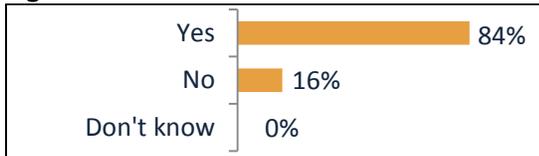


Base = 31

**Q8. “Do you have any practices in place to help coordinate patient care after-hours (including weekends and holidays) or during short-term absences (e.g. vacation)?”**

84% of the physician respondents indicated that they have a practice in place to help coordinate patient care after-hours. (Figure 4)

**Figure 4:**



Base n=31

**Q9. “What practices do you have in place to help coordinate patient care after-hours or during short-term absences?”**

All those physician respondents who have practices in place for after-hours or short-term absence coverage provided an explanation of their practice. Examples included: agreement with the local emergency department (with physicians contact number), a group of on-call physicians sharing rotations, mandated coverage as a part of a family health team (or similar). Some indicated utilizing EMR to facilitate this coverage (i.e., shared access to EMR).

**Q10. “Have you experienced any specific challenges that have made it difficult to implement practices to help coordinate patient care after-hours or during short-term absences?”**

Only three physician respondents provided feedback regarding challenges they’ve experienced with implementing these practices. Lack of funding or lack of community physicians were identified as the notable challenges experienced.

**Experiences with Breakdowns in Continuity of Care:**

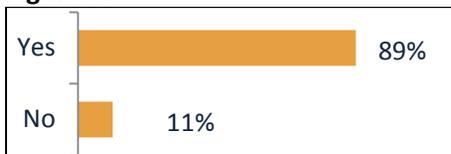
Please note that the following questions were asked of all respondents, including both members of the public and physicians.

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**Q11. “Do you have a family physician?”**

89% of the respondents indicated that they have a family physician (Figure 5).

**Figure 5:**

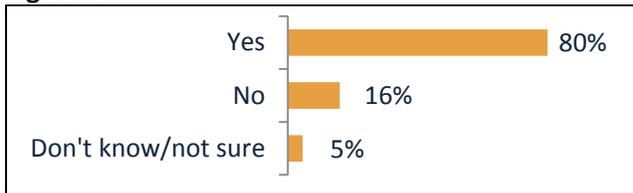


Base n= 44

**Q12. “We've heard that patients sometimes experience breakdowns in care. This might include delays in receiving important test results, difficulties contacting treating physicians, confusion regarding how to book appointments, challenges that arise when transitioning between physicians and/or other healthcare providers (both from hospital to community and within a hospital), inadequate communication between the treating physician, yourself, and other healthcare professionals, as well as a number of other experiences. Have you or someone you were caring for ever experienced a breakdown in care such as those listed above?”**

Most respondents (80%) indicated that they or someone they were caring for have experienced a breakdown in care such as those listed in the above question (*Figure 6*).

**Figure 6:**



Base n= 44

**Q13. “Please describe what you or the person you were caring for experienced and how it impacted the care provided.”**

31 respondents provided open-ended feedback regarding an experience with a breakdown in continuity of care. Examples of those breakdowns experienced include: a lack of timely access to care, lack of physician availability, practice closures without an appropriate plan in place, challenges with consultation/referral process (including, breakdowns in communication, long wait times for appointments, lost information).

**Q14. “Based on your experience, how could this breakdown in care have been prevented or how could the care provided have been better?”**

Solutions were offered by 28 of the respondents and included: the adoption of electronic medical records and/or a province wide electronic health record, improved information exchange, and improvements to the referral and consultation process (i.e., acknowledging receipt of referral, providing estimates of wait times, etc.).

## Perception and Expectations

Please note that the following questions were asked of all respondents.

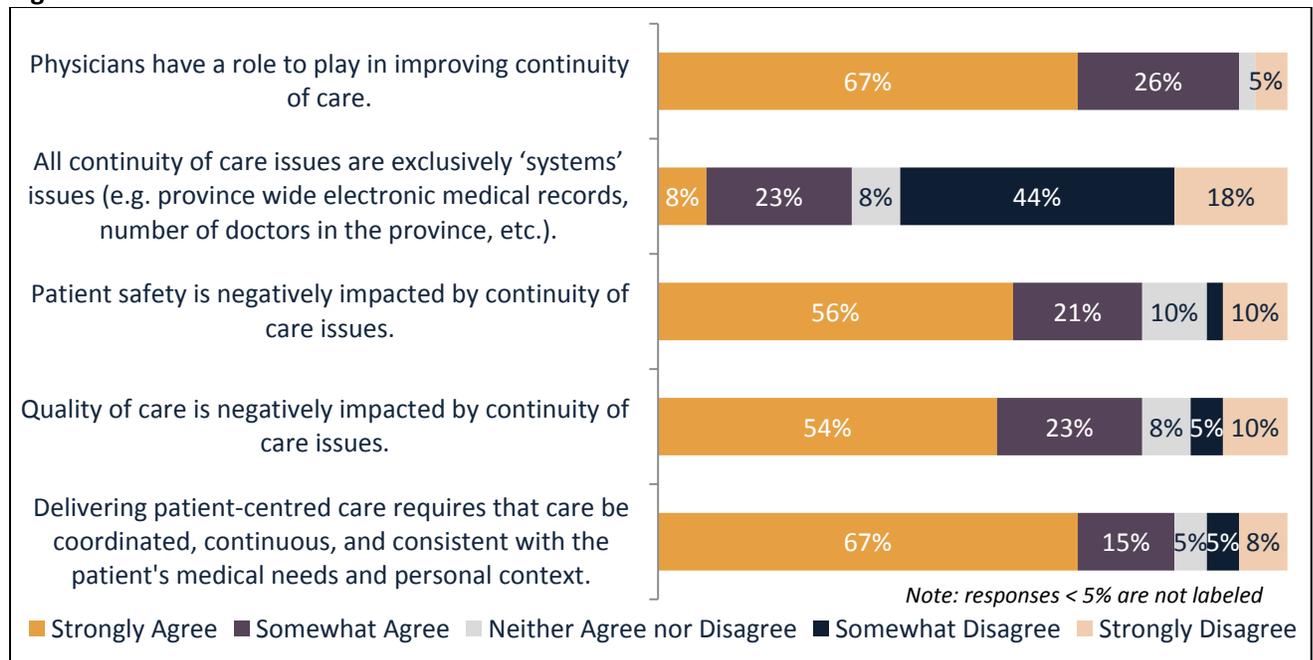
**Q15. “Continuity of care” is often understood to mean a patient experiencing individual healthcare events or interactions as being coordinated, continuous, and consistent with their medical needs and personal context. What does “continuity of care” mean to you and/or how would you define it?”**

Most of the 39 respondents who answered this question supported the proposed definition, although some identified additional elements that they felt should be captured by the definition. These include: emphasizing the importance of communication and availability (to both the patient and other health care professionals), ensuring that care is easily accessible, of high quality, and coordinated, and emphasizing that continuity may involve stability in terms of the physician most responsible for the patient’s care.

**Q16. “While many factors that contribute to or frustrate continuity of care may be beyond the control of physicians and the College, physicians may also have a role to play in helping to enhance continuity of care. Please indicate whether you agree or disagree with the following statements:”**

As shown above in *Figure 7* below, most agree (either strongly or somewhat) that physicians have a role to play in improving continuity of care (93%) and that patient safety and quality of care are negatively impacted by continuity of care issues (77%). Most disagreed (either strongly or somewhat) that all continuity of care issues are exclusively ‘systems’ issues (62%).

**Figure 7:**

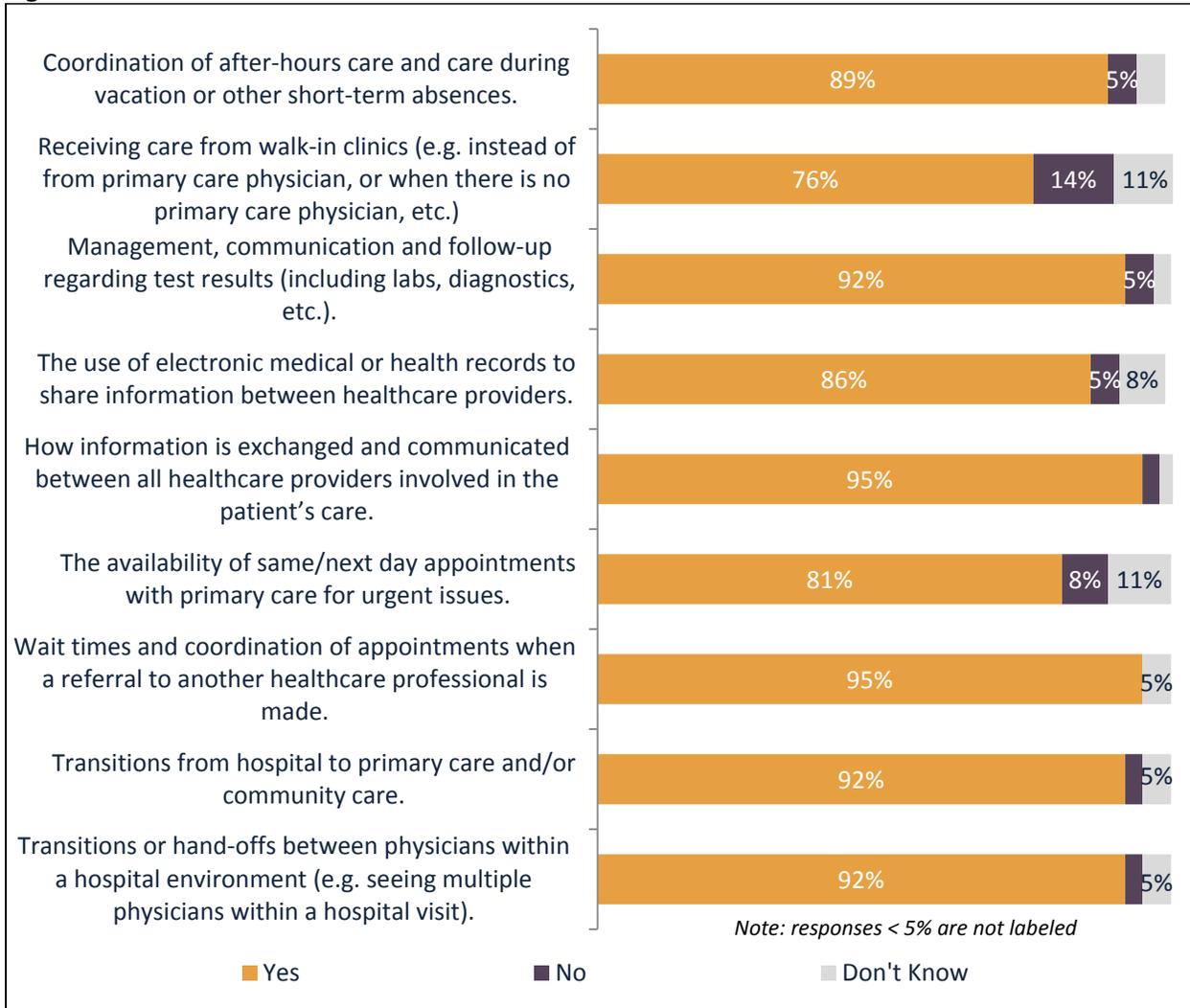


Base: n=39

**Q17. “We've identified a number of issues that we believe relate to continuity of care and that should be explored as a part of this project. Do you think each of the issues below relate to continuity of care?”**

As shown in *Figure 8* below, a large majority of respondents believed that all of the issues identified by the survey question do in fact related to continuity of care.

**Figure 8:**



Base: n=37

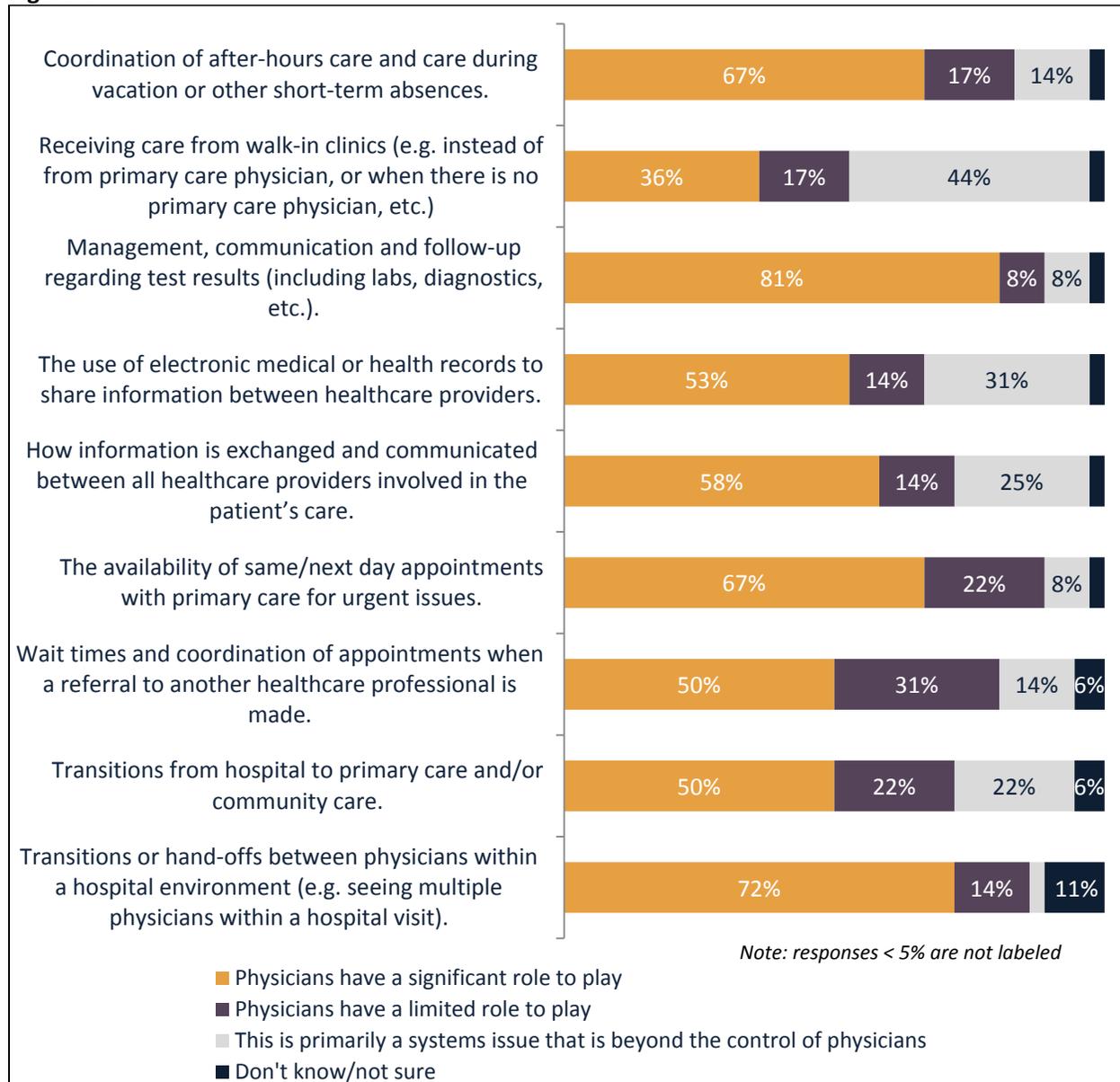
**Q18. “Please feel free to elaborate on your answers above. (Optional)”**

Among the 18 respondents who provided feedback, some opted to again reflect on the importance of an interoperable electronic health record that could follow the patient. Others emphasized the importance of physicians ensuring the appropriate information is exchanged with the professional assuming responsibility for the patient.

**Q19. “And do you think physicians can play a role in helping to improve continuity of care as it relates to each of the following, or do you think that these are primarily systems issues beyond the control of physicians?”**

As shown in *Figure 9* below most respondents indicated that physicians have a role to play in improving a variety of continuity of care issues. Most notably, a large majority of respondents thought that physicians have a significant role to play in: the coordination of after-hours care and care during vacations or other short-term absences (67%); in the management, communication and follow-up regarding test results (81%); in the availability of same/next day appointments with primary care for urgent issues (67%); and, in transitions or hand-offs between physicians within a hospital environment (72%).

**Figure 9:**



Base = 36

**Q20. “Please feel free to elaborate on your answers above. (Optional)”**

Among the 12 respondents who provided feedback, many reflected on the intersection between the system, physicians and patients and how they all have an impact on continuity of care.

**Q21. “What issues, if any, have we missed in this list that you consider to be an element of continuity of care that we should explore? (Optional)”**

Among the 19 respondents who provided feedback, patient responsibility was again mentioned by a number of respondents. A couple of respondents reflected on the challenges of obtaining appropriate home care and how this may over-burden physicians with responsibility for aspects of care that should be managed elsewhere.

**Q22. “For any of the issues that we've identified or that you've provided, how should they be addressed and what role can the College play in helping to address them? (Optional)”**

Among the 20 respondents who provided feedback, some encouraged the College to be an advocate for change and to work with the Ministry, the Ontario Medical Association, other regulatory Colleges and the Royal College to improve continuity of care across the system.

**Q23. “If you have any additional comments that you have not yet provided, please provide them below, by email, or through our online discussion forum. (Optional)”**

Among the 6 respondents who provided feedback, most took the opportunity to thank the College for soliciting feedback and/or working on these important issues.