Accepting New Patients: Online Survey Report

From the General Consultation on the Draft Policy

December, 2016 – February, 2017

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

QUALITY PROFESSIONALS • HEALTHY SYSTEM • PUBLIC TRUST

Introduction

The College's draft *Accepting New Patients* policy was released for external consultation between December, 2016 and February, 2017. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final 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 to a broad range of stakeholders, including the entire CPSO membership, and a general notice was posted on the CPSO website and social media platforms.

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 is posted online.

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

Caveats

67 respondents initiated the survey, however, 19 did not provide responses to any substantive questions (*see Table 1*). For the purposes of this report, these surveys have been excluded as "incomplete".

Note: *Participation in this 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 of participants is "representative" of any sub-population, and no statistical analyses have been undertaken.*

Table 1: Survey status

Summary of surveys received	n = 67
Complete or partially complete	48
	72%
Incomplete	19
	28%

- The ***quantitative*** data captured in this report are complete, and the number of respondents who answered each question is provided.
- The ***qualitative*** data captured in this report are a summary of the general themes or ideas conveyed through the open-ended feedback.

Profile of respondents

Three quarters of survey respondents were physicians *(Table 2)*.

Nearly all respondents were residents of Ontario *(Table 3).*

Table 2: Respondent demographics

Are you a…?	n = 48
Physician (incl. retired)	36
	75%
Medical Students	0
	0%
Member of the Public	7
	15%
Other health care professional (incl. retired)	3
	6%
Organization	2*
	4%
Prefer not to say	0
	0%

Table 3: Respondent location

Do you live in…?	n = 48
Ontario	46
	96%
Rest of Canada	2
	4%
Outside Canada	0
	0%
Prefer not to say	0
	0%

** The organizational respondents were: The College of Physicians & Surgeons of Alberta; and North Simcoe Muskoka Community Care Access Centre.*

Familiarity with the draft policy

Survey questions were based on the content of the draft policy. As such, respondents were asked if they had read the draft policy and were given the opportunity to do before completing the survey. Only those who had read the draft policy were able to proceed through the survey.

Q1. We'd like to understand whether the draft policy is clear. Please indicate whether you agree or disagree with each of the following statements:

89% of respondents agreed that it is clear to whom the policy applies. Overall, the majority of respondents agreed (either *strongly* or *somewhat*) that the draft policy clearly articulated physicians' professional obligations (69%), was easy to understand (74%), was well organized (74%), and clearly written (71%) *(Figure 1)*.

Figure 1: Clarity

Base: n = 48

Note: results <4% not labelled

Q2. Are there any other ways in which we can improve the clarity of the policy?

15 respondents provided feedback with respect to how the clarity of the draft could be improved. Below is a representative sample of the key feedback received:

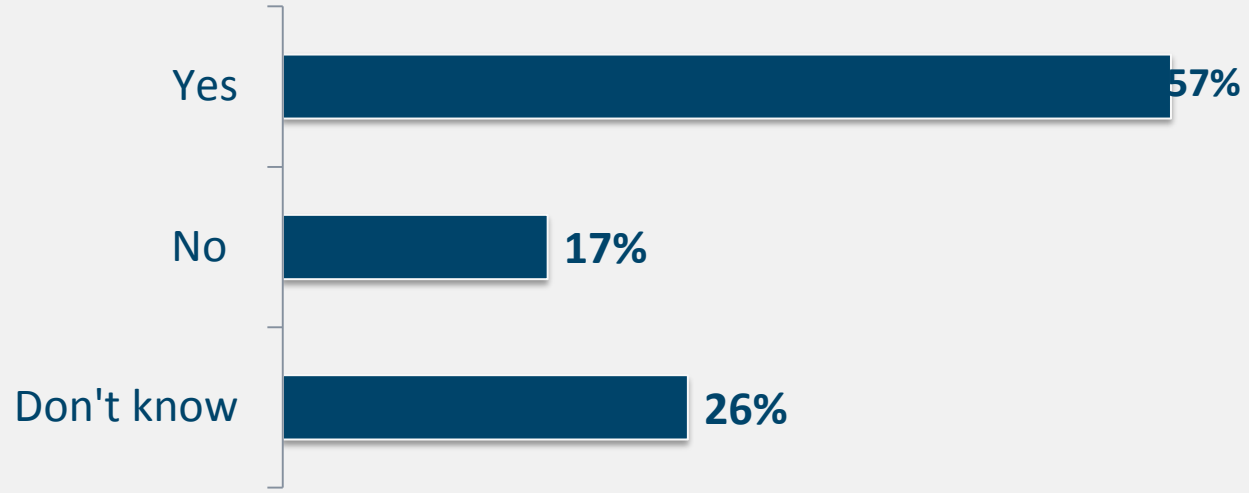
- The policy should clarify how the first-come, first-served approach applies to physicians providing specialty care.
- The policy should take into account and address how referrals are triaged.
- The policy should clarify that a physician cannot discriminate against someone based on the medication they take (e.g. narcotics and/or controlled substances).
- The policy should clarify obligations of physicians who work in walk-in clinics with respect to accepting new patients.
- The policy should provide examples of what would be considered “outside of a physician’s scope of practice”.
- The policy should clarify the appropriate use of meet and greet appointments.

This is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

Q3. We are particularly interested to know whether it is clear how the draft policy applies to physicians who provide specialist care. Is it clear how the draft policy applies to these physicians?

Just over half of respondents felt it was clear how the draft policy applied to physicians who provide specialist care (57%). A small number of participants (17%) felt it was not clear how the draft policy applied to physicians who provide specialist care *(Figure 2).*

Figure 2: Clarity with respect to specialists



Base: n = 47

Q4. Please feel free to elaborate on your response.

11 respondents elaborated on their response regarding the application of the draft policy to specialists. A representative sample of the feedback is set out below:

- A number of respondents felt that the draft policy didn't take into account that specialists must triage their patients based on clinical need.
- Respondents argued that the first-come, first-served approach set out in the policy should not apply to specialists given that specialists are often required to accept new patients in a manner that prioritizes those with urgent health-care needs.

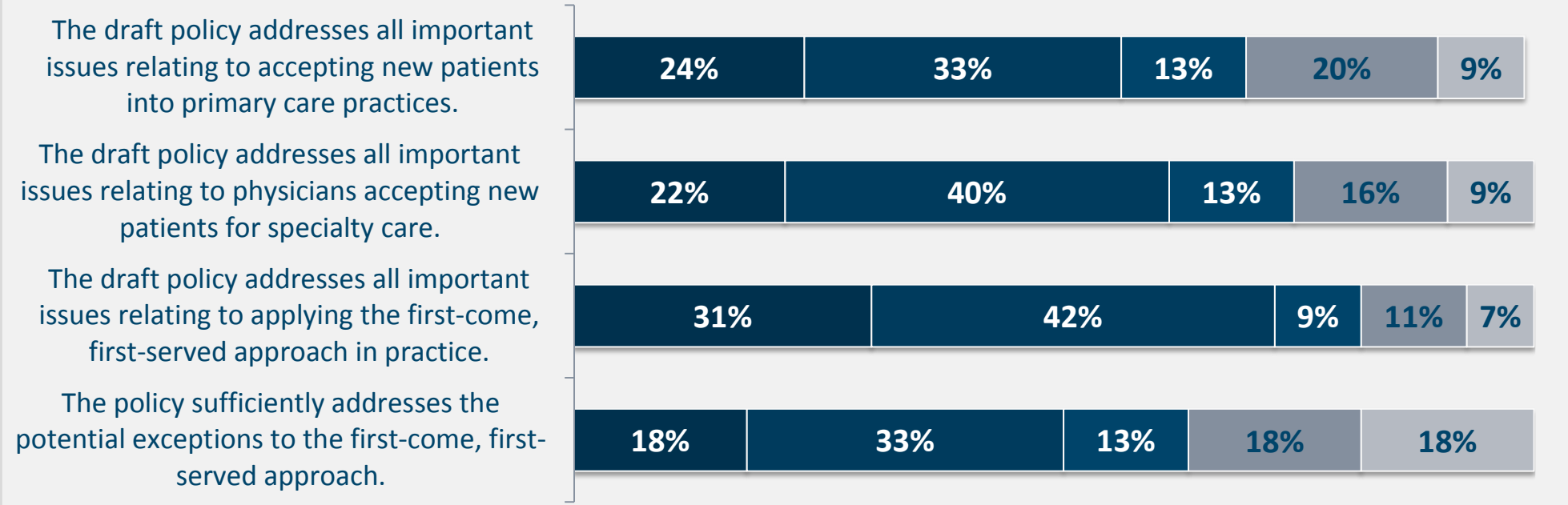
This is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

Q5. We'd like your thoughts on whether the draft policy is comprehensive. Please indicate whether you agree or disagree with the following statements.

Just over half of respondents agreed (either *strongly or somewhat*) that the draft policy sufficiently addresses all important issues related to accepting new patients into primary care practices (57%), and the potential exceptions to the first-come, first-served approach (51%).

A majority of respondents agreed that the draft policy addresses all important issues related to accepting new patients for speciality care (62%), and to applying the first-come, first-served approach (73%) (*Figure 3*).

Figure 3: Comprehensiveness



Base: n = 45

Q6. What issues or topics did we miss? How can we ensure the draft policy is helpful to both physicians and the public?

27 respondents provided suggestions for additional topics that could be addressed in the final policy. A representative sample of the topics suggested are set out below:

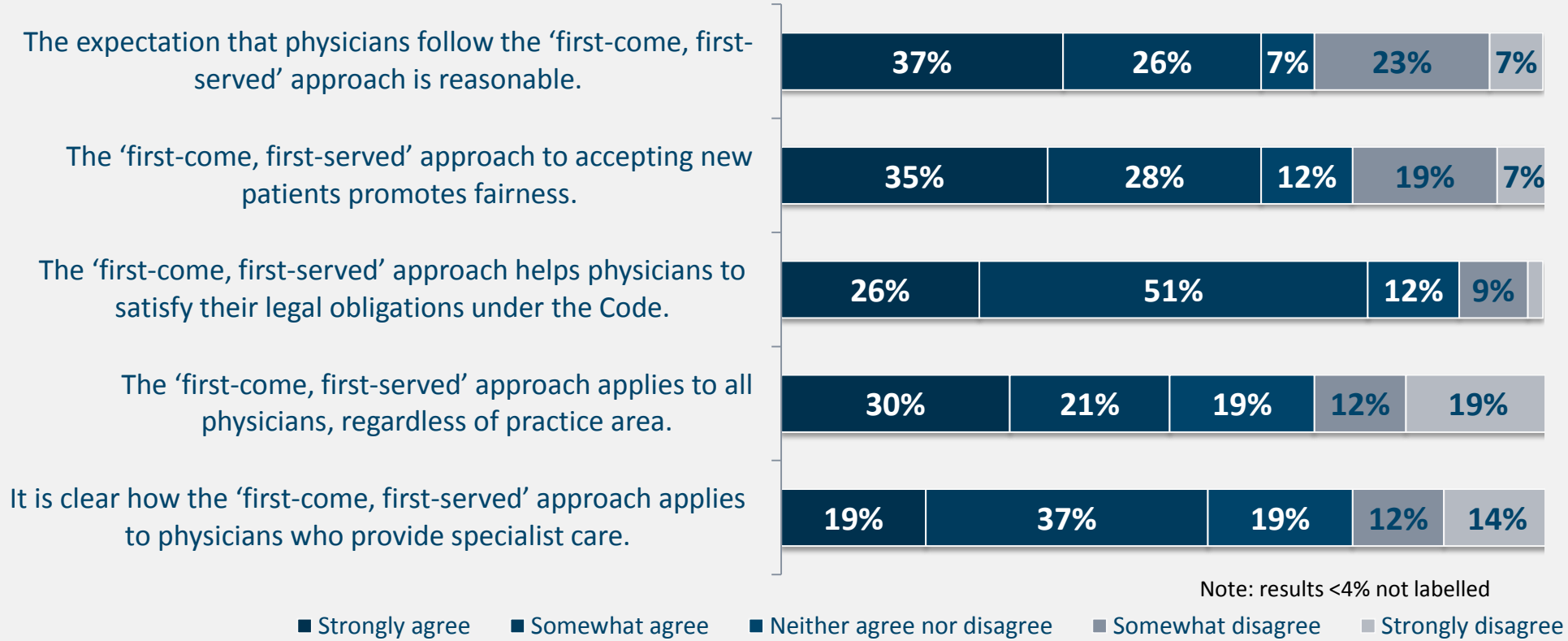
- Accepting patients into group practices where there are multiple care providers
- Refusal of patients with a history of prescribed opioids
- New grads who have a desire to lessen their caseloads to balance their practices
- Triaging patients based on clinical need
- Accepting patients who already have a family physician
- Accepting patients who exhibit inappropriate behavior, including abusive or threatening language
- Physician autonomy and the right to refuse patients

This is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

Q7. Please indicate whether you agree or disagree with the following statements with respect to the 'first-come, first-served' approach.

Over half of respondents agreed (either *strongly* or *somewhat*) that the first-come, first- served approach is reasonable and promotes fairness (63%). Over ¾ agreed that this approach helps to satisfy physicians' legal obligations under the Ontario *Human Rights Code* (77%). Respondents were more divided about whether the first-come, first-served approach should apply to all physicians (51%), and whether it is clear how it applies to those who provide specialist care (56%) *(Figure 4).*

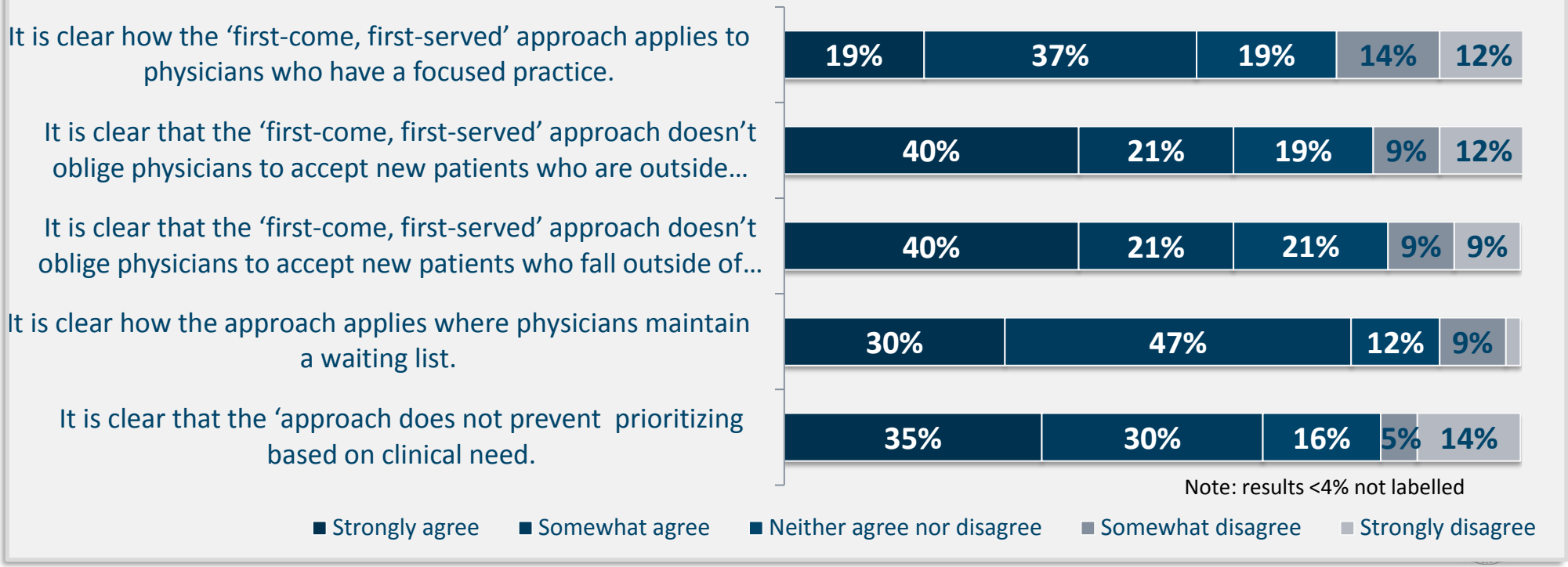
Figure 4: First-come, first-served approach



Cont'd Q7. Please indicate whether you agree or disagree with the following statements with respect to the 'first-come, first-served' approach.

Over half of respondents agreed (either *strongly* or *somewhat*) that it is clear how the first-come, first-served approach applies to physicians with a focused practice (61%). Further, the majority of respondents agreed that the first-come, first-served approach doesn't oblige physicians to accept new patients who fall outside of their focused practice area (65%), or prevent prioritization based on clinical need (65%). Over 75% agreed that the draft clearly articulates that the first-come, first-served approach doesn't oblige physicians to accept new patients who are outside of their scope of practice, and clearly sets out how the approach applies where physicians maintain a waiting list (77%).

Figure 5: The First-Come, First-Served Approach Cont'd



Q8. Please feel free to elaborate on your responses .

17 respondents provided open-ended feedback regarding the first-come, first-served approach. A representative sample of the key feedback is set out below:

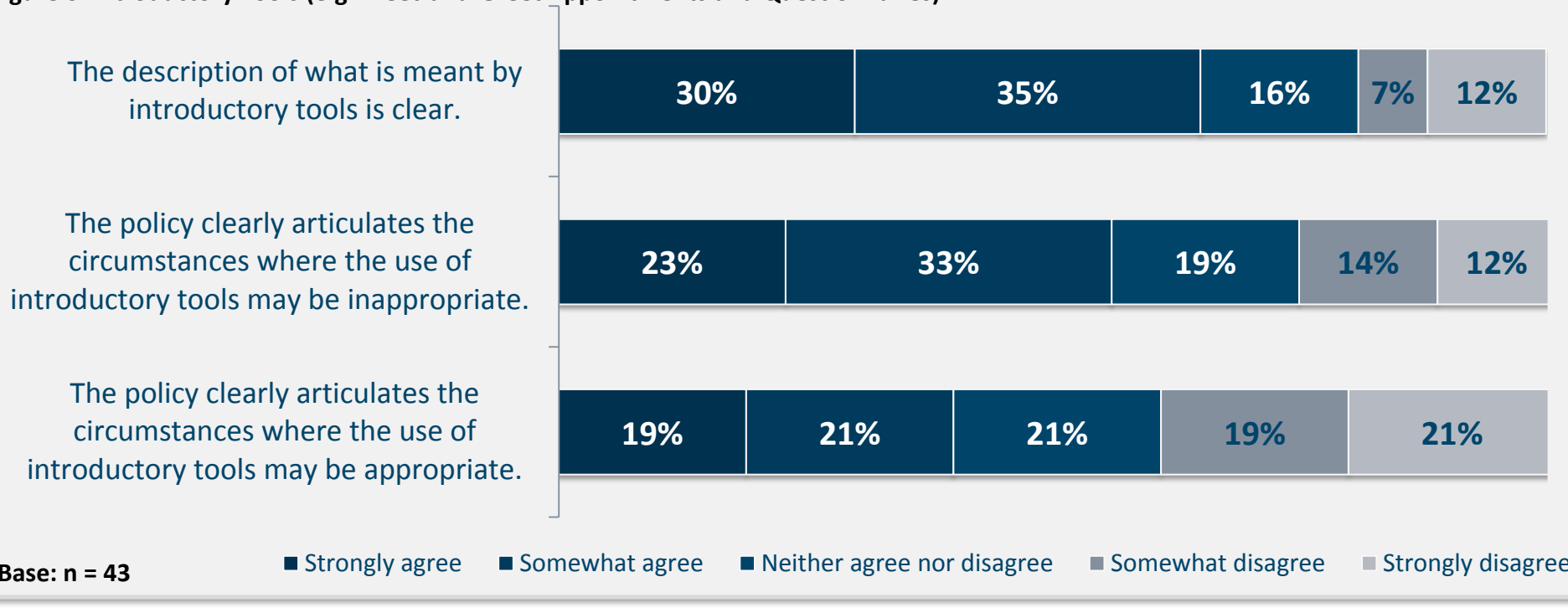
- The first-come, first-served approach should be reserved for patients without a family physician.
- The draft policy still allows family physicians to decline difficult, complex patients, leaving those patients with very few healthcare options.
- The policy doesn't address specialists who decline referrals because of long waiting lists.
- The exception pertaining to family members is not fair and can lead to queue jumping.
- Physicians should not be forced to accept patients who are rude during the first encounter.
- Physicians should have a right, beyond the very limited exceptions stated in the draft, as to whether to accept a patient.
- This approach is a good general rule of thumb, yet when building a new practice, physicians should be allowed to balance their practice based on the makeup of society (e.g., the proportion of elderly/ complex patients comparable to that in the total population).

This is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

Q9. The draft policy states that introductory tools, such as meet-and-greet appointments and medical questionnaires, are not to be used for the purpose of vetting prospective patients. Please indicate whether you agree or disagree with the following statements with respect to introductory tools:

Overall, a majority and slight majority of respondents agreed (either *strongly* or *somewhat*) that the description of introductory tools, and the circumstances under which the use of introductory tools would be inappropriate were clear (65% and 55%). Respondents were divided about whether the draft clearly articulated the circumstances under which the use of introductory tools may be appropriate, with 40% agreeing and 40% disagreeing.

Figure 6: Introductory Tools (e.g. Meet-and-Greet Appointments and Questionnaires)



Base: n = 43

Q10. Please feel free to elaborate on your responses .

17 respondents provided open-ended feedback regarding introductory tools. The following is a representative sample of the key feedback received:

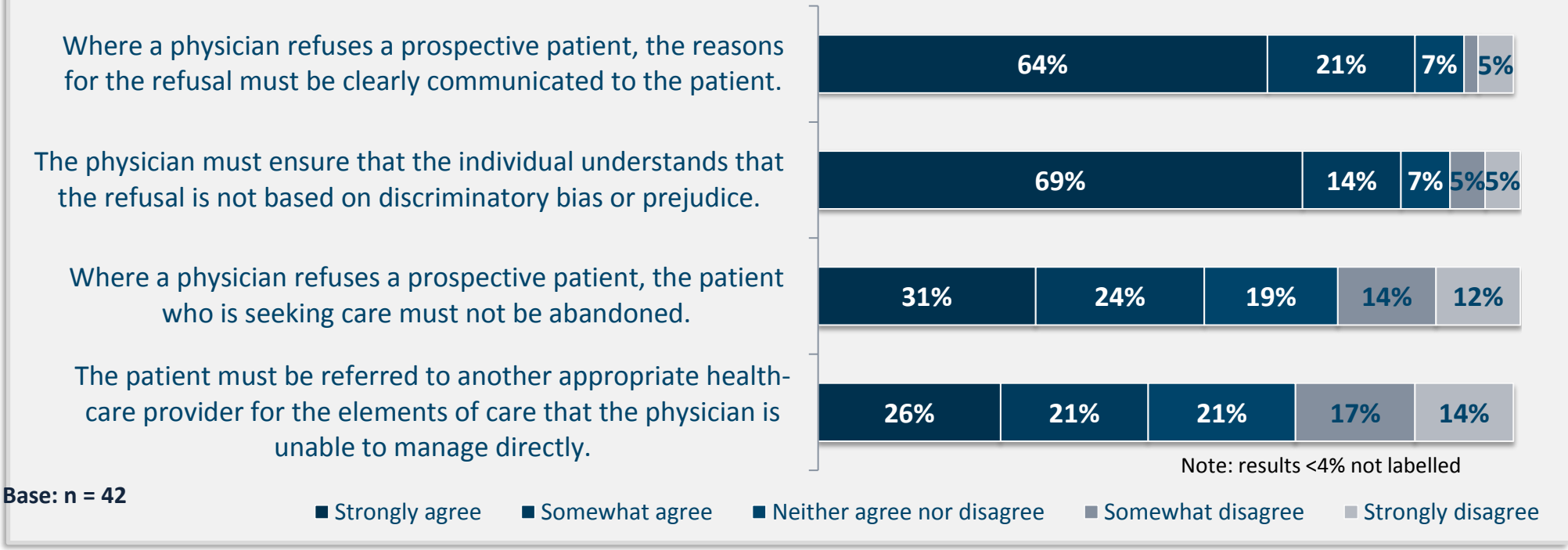
- The draft policy seems to imply that a physician cannot determine who to accept into their practice; rather the choice is entirely up to the patient.
- Introductory tools should only be used once the patient has been accepted into the practice.
- Questionnaires/introductory tools are necessary to determine if the patient's needs are within/outside the physician's scope of practice.
- In my experience, "introductory" tools are being used to screen patients**.**

This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.

Q12. The draft policy sets certain expectations of physicians who limit the health services they provide due to clinical competence and/or scope of practice. Please indicate whether you agree or disagree with the following expectations.

Generally, respondents agreed (either *strongly* or *somewhat*) that physicians who limit the health services they provide due to clinical competence and scope of practice should clearly communicate the reasons for the refusal (85%), ensure the individual understands the refusal is not based on discriminatory bias or prejudice (83%), and not abandon the patient (55%). Respondents were divided however, about whether physicians who refuse a prospective patient, should refer the patient to another appropriate health-care provider for the elements of care that the physician is unable to manage directly (47% agreed, 31% disagreed). (*Figure 5*)

Figure 5: Limiting Health Services due to Clinical Competence and/or Scope of Practice



Q10. Please feel free to elaborate on your responses .

23 respondents provided open-ended feedback regarding expectations pertaining to physicians who limit the health services they provide due to clinical competence and/or scope of practice. The following is a representative sample of the key feedback received:

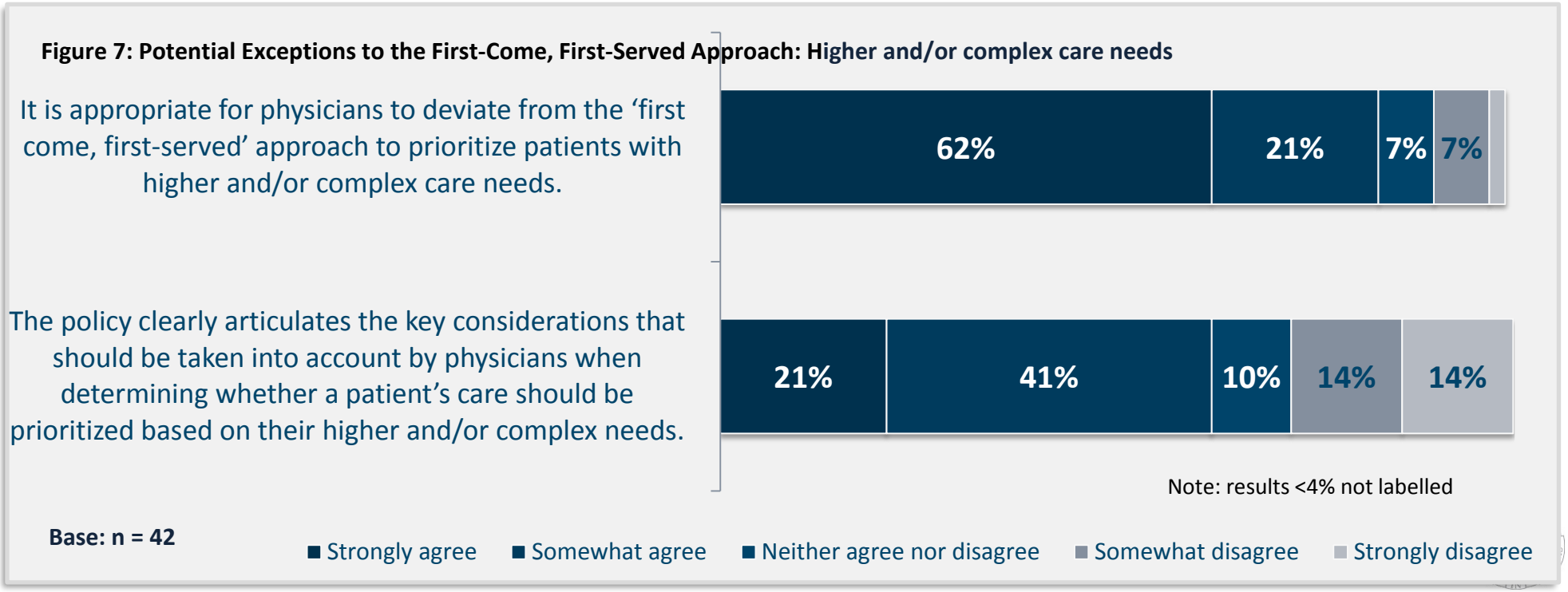
- Physicians cannot be responsible for finding or referring a patient to another physician when they, themselves, turn down that patient.
- If a specialist refuses care, it always falls back on the family doctor to find a new specialist. It would be helpful if the specialist could suggest alternative specialists for the family doctor to consider.
- There is no obligation to care for someone who is not a patient or has not been referred.
- Refusing to take a new patient does not equate with 'abandoning‘ them.

This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.

Q13. The draft policy states that there are circumstances where it may be appropriate for physicians to prioritize access to care for patients with higher and/or complex care needs. Please indicate whether you agree or disagree with the following statements.

Overall, respondents agreed (either *strongly* or *somewhat*) that it is appropriate for physicians to deviate from the first come first served approach to prioritize patients with higher and/or complex needs (83%). Also, the majority of respondents agreed (62%) that the policy clearly articulates the key considerations that should be taken into account by physicians when determining whether a patient's care should be prioritized based on their higher and/or complex needs (*Figure 7*).

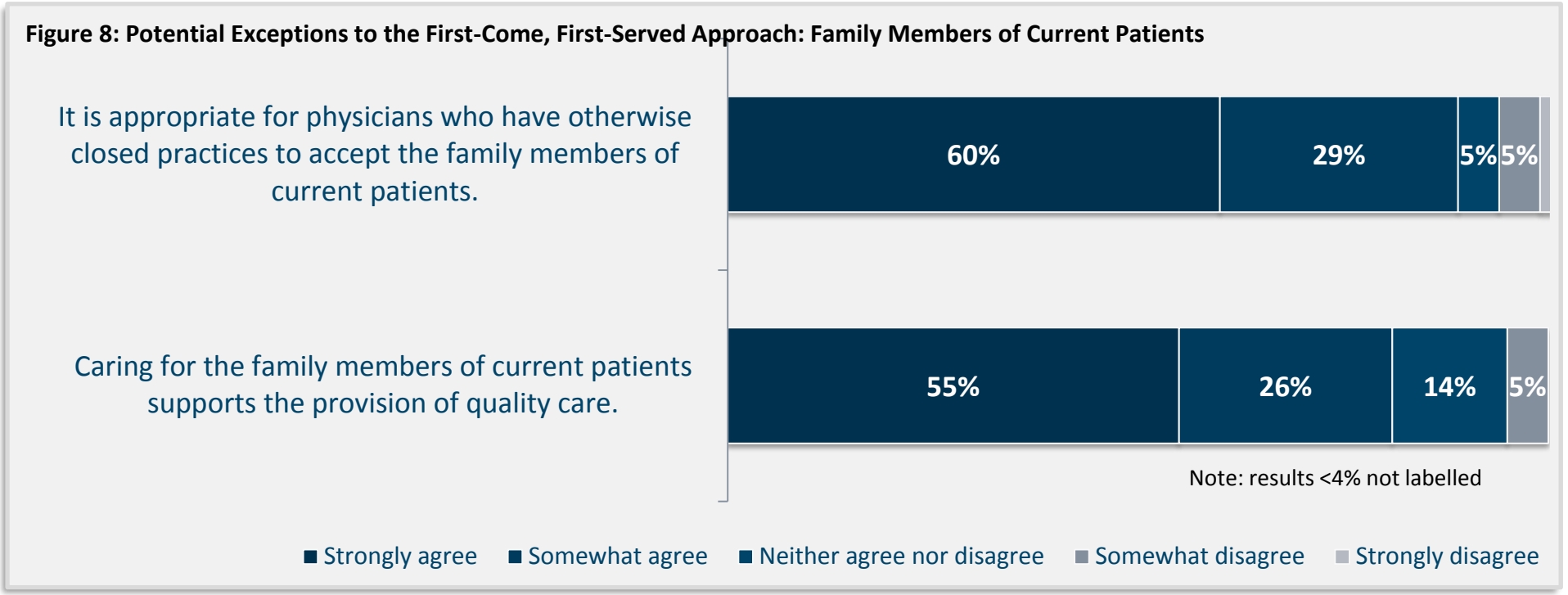
Figure 7: Potential Exceptions to the First-Come, First-Served Approach: Higher and/or complex care needs



Q14. The draft policy states that it may be acceptable for physicians to prioritize access to care for the family members of current patients. Please indicate whether you agree or disagree with the following related expectations.

Overall, respondents agreed (either *strongly* or *somewhat*) that it is appropriate for physicians who have otherwise closed practices to accept the family members of current patients (89%), and that caring for the family members of current patients supports the provision of quality care (81%) (*Figure 8*).

Figure 8: Potential Exceptions to the First-Come, First-Served Approach: Family Members of Current Patients



Q15. Please feel free to elaborate on your answers above.

Open ended feedback regarding prioritizing access to care for the family members of current patients was received from 14 respondents. Of those respondents who provided open-ended feedback, the following statements are representative:

- Accepting family members can hinder patient confidentiality
- Accepting family members may be considered queue jumping
- This is appropriate for children and elderly family members
- Accepting family members aligns with the spirit of family medicine
- Accepting family members improves quality of care
- This should only apply in primary care unless there's a clinical rationale for a family to be cared for by a specialist
- Accepting family members is appropriate if the existing patient has no objections

This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.

Q16. Are there any other exceptions to the first-come, first-serve rule that you feel should be included in the draft policy?

21 respondents provided suggestions for other exceptions to the first-come, first-served rule that they feel should be included in the draft policy:

- Accepting new patients who are within a certain geographical community
- Patients with cancer or who are at risk of cancer
- Pregnant women, babies and children
- Close friends or neighbors
- People living in senior's buildings
- Exceptions should be left to the physician's professional judgment

This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.

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