

# Continuity of Care: Availability and Coverage

## **Executive Summary**

This policy sets out the College's expectations of physicians regarding physician availability, after-hours coverage, and coverage during temporary absences from practice. Key topics and expectations include:

- *Being Available by Telephone:* Physicians must have an office telephone that is answered and/or a voicemail that allows messages to be left during operating hours and a voicemail that allows messages to be left outside of operating hours.
- *Facilitating Access to Appointments:* Physicians must structure their practice in a manner that allows for appropriate triaging of patients with time-sensitive or urgent issues.
- *Being Available and Responding to Other Health-Care Providers:* Physicians must respond in a timely and professional manner when contacted by physicians or other health-care providers who want to communicate or request information pertaining to a patient.
- *Coordinating After-Hours Coverage for Patients:* Physicians providing care as part of a sustained physician-patient relationship must have a plan in place to coordinate care for patients outside of regular operating hours. The nature of the plan will depend on a variety of factors.
- *Coordinating After-Hours Coverage for Test Results:* Physicians who order tests must ensure that critical test results can be received and responded to 24 hours a day, 7 days a week.
- *Coordinating Coverage for Temporary Absences from Practice:* During temporary absences from practice physicians providing care as part of a sustained physician-patient relationship must make coverage arrangements for patient care, the nature of which will depend on a variety of factors, and all physicians must make coverage arrangements for test results.

## **Purpose and Scope**

This policy sets out the College's expectations of physicians regarding physician availability, after-hours coverage, and coverage during temporary absences from practice. Unless otherwise specified, this policy applies to all physicians regardless of practice area or specialty.

## **Policy**

Continuity of care does not require individual physicians to personally provide on-demand and continuous access to care. Doing so would negatively impact the quality of care being provided

31 and compromise physician health.<sup>1</sup> Rather, continuity of care means being available and  
32 responsive to patients and health-care providers and making plans or coverage arrangements  
33 when physicians are unavailable.

#### 34 **Availability and Responsiveness**

35 Physician availability to patients and other health-care providers is an essential element of  
36 continuity of care. Breakdowns in care that can negatively impact patient health outcomes may  
37 occur, for example, when patients or health-care providers are unable to contact physicians,  
38 when patients are unable to get appointments for time-sensitive or urgent issues, or when  
39 there are delays in responding to health-care providers trying to communicate or request  
40 information pertaining to a patient. Physicians have a responsibility to be available and  
41 responsive to both patients and other health-care providers.

#### 42 *Being Available by Telephone*

43 Good communication and collaboration are fundamental components of high quality care, but  
44 are not possible if patients and health-care providers are unable to contact physicians.

45 To facilitate good communication and collaboration, physicians must have an office telephone  
46 that is answered and/or a voicemail that allows messages to be left during operating hours and  
47 a voicemail that allows messages to be left outside of operating hours. Physicians must ensure  
48 that voicemail messages are reviewed and responded to in a timely manner. What is timely will  
49 depend on a variety of factors including, but not limited to, the impact to patient safety that  
50 may be caused by a delay in responding and when the message was left (e.g., after-hours,  
51 weekend, holiday, etc.).<sup>2</sup> Physicians must also ensure that the voicemail outgoing message is up  
52 to date and accurate, indicating, for example, practice office hours, any closures, and any  
53 relevant coverage information.

54 Physicians who also use electronic means of secure communication<sup>3</sup> to communicate with  
55 patients and/or other health-care providers must ensure that messages they receive through  
56 these means are reviewed and responded to in a timely manner.

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<sup>1</sup> Physician wellness is a critical component of the professional practice of medicine (see the Practice Guide). Evidence also suggests that when physicians are unwell, the performance of the health-care system suffers (see, for example, Ruzycski, S.M. & Lemaire, J.B. (2018) "Physician burnout" *CMAJ*, 190:E53 & Wallace, J.E., Lemaire, J.B., & Ghali, W.A. (2009) "Physician wellness: a missing quality indicator" *Lancet*, 374: 1714–21).

<sup>2</sup> See also the section of this policy titled "Being Available and Responding to Other Health-Care Providers".

<sup>3</sup> This may include, for example, e-mail or a messaging portal. Physicians are reminded that electronic means of communication must comply with privacy legislation, including, the *Personal Health Information Protection Act, 2004 S.O. 2004, c. 3 Sched. A.* (hereinafter, *PHIPA*).

57 *Facilitating Access to Appointments*

58 Treating patients as part of a sustained physician-patient relationship facilitates continuity of  
59 care, which improves patient health outcomes. It is ideal for patients to see physicians with  
60 whom they have a sustained physician-patient relationship for care that is within their  
61 physician's scope of practice, rather than relying on walk-in clinics or emergency rooms.

62 In order to facilitate timely access to care and continuity of care, physicians must structure their  
63 practice in a manner that allows for appropriate triaging of patients with time-sensitive or  
64 urgent issues. This may include implementing a same-day scheduling system<sup>4</sup> or utilizing other  
65 physicians or health-care staff within or outside their practice.

66 *Being Available and Responding to Other Health-Care Providers*

67 Good communication and timely access between physicians and between physicians and other  
68 health-care providers is essential to ensuring patient safety and can help promote a connected  
69 and coordinated patient experience.

70 Physicians must respond in a timely and professional manner when contacted by physicians or  
71 other health-care providers who want to communicate or request information pertaining to a  
72 patient.<sup>5</sup> How quickly physicians must respond will depend on the degree to which the  
73 information may impact patient safety, including exposure to any adverse clinical outcomes.  
74 With respect to test results, this means physicians must be responsive in a timely manner,  
75 urgently if necessary, to health-care providers communicating critical and/or clinically  
76 significant results.<sup>6</sup> Similarly, physicians must respond in a timely manner, urgently if necessary,  
77 to pharmacists or other health-care providers seeking to verify a prescription or requesting  
78 information about the drug prescribed.<sup>7</sup>

79 To facilitate access and to enable communication with other health-care providers, physicians  
80 must include their professional contact information when ordering a test, writing a

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<sup>4</sup> For example: advance access, open access, or easy access scheduling systems. See, for example, [Health Quality Ontario's Quality Compass Regarding Timely Access](#) and [The College of Family Physicians of Canada's Timely Access to Appointments in Family Practice](#) for more information.

<sup>5</sup> Under *PHIPA*, physicians can assume they have patient consent to share personal health information with those in the patient's circle of care unless the patient has expressly withdrawn their consent to do so.

<sup>6</sup> Additional expectations pertaining to coverage for test results are set out in the next section of this policy. See as well the Managing Tests policy for more information on ordering and managing tests.

<sup>7</sup> In accordance with the Prescribing Drugs policy.

81 prescription, or making a referral.<sup>8</sup> Physicians must also provide their relevant coverage contact  
82 information directly to other health-care providers where it is appropriate to do so.<sup>9</sup>

### 83 **Coverage**

84 Continuity of care does not require individual physicians to be personally and continuously  
85 available to patients and other health-care providers involved in their patients' care. It does,  
86 however, require that physicians establish coverage arrangements to facilitate access to  
87 coordinated care for patients and to enable effective and timely information exchange with  
88 other health-care providers when they are unavailable.

#### 89 *Coordinating After-Hours Coverage for Patients*

90 Primary care physicians and specialists providing care as part of a sustained physician-patient  
91 relationship where care is actively managed over multiple encounters must have a plan in place  
92 to coordinate care for their patients outside of regular operating hours. This is often referred to  
93 as after-hours. The nature of the plan will depend on the time of day and type of day (i.e.,  
94 weekday, weekend, and holiday), the needs of their patients, as well as on the health-care  
95 provider and/or health system resources in the community. Physicians must use their  
96 professional judgment to determine how best to structure their plan and must act in good faith,  
97 making a reasonable attempt to minimize uncoordinated access to care and the inappropriate  
98 utilization of emergency rooms or walk-in clinics.

#### 99 *Coordinating After-Hours Coverage for Test Results*

100 All physicians who order tests<sup>10</sup> must ensure that critical test results<sup>11</sup> can be received and  
101 responded to 24 hours a day, 7 days a week. Unless physicians choose to be available  
102 themselves this will necessitate making coverage arrangements for those times when they are  
103 unavailable (e.g., participating in an after-hours call group, telephone triage, or making specific  
104 on-call arrangements with other physicians or practices).

#### 105 *Coordinating Coverage for Temporary Absences*

106 Primary care physicians and specialists providing care as part of a sustained physician-patient  
107 relationship where care is actively managed over multiple encounters have a responsibility to

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<sup>8</sup> See also the Managing Tests, Prescribing Drugs, and Transitions in Care policies for more information on ordering tests, writing prescriptions, or making referrals.

<sup>9</sup> Most notably, laboratories keep physician coverage information on file, but there may be other instances where it is appropriate for physicians to provide their coverage information as well.

<sup>10</sup> As per the Managing Tests policy, this includes tests performed at laboratories, diagnostic facilities (including imaging facilities), and in physicians' offices and also includes pathology results.

<sup>11</sup> The Managing Tests policy defines critical test results as results of such a serious nature that immediate patient management decisions may be required

108 coordinate care for their patients during temporary absences from practice.<sup>12</sup> This includes,  
109 vacations and leaves of absence (e.g., parental leave, educational leave, suspension of a  
110 physician's certificate of registration), but also includes unplanned absences due to, for  
111 example, illness or family emergency.

112 To discharge this responsibility, physicians must arrange for another health-care provider(s) to  
113 provide patient care during temporary absences from practice. The specific nature of the  
114 coverage arrangement will depend on the length of the absence, whether the absence is  
115 planned or not, the needs of the physician's patients (including the need for follow-up care  
116 during the absence), and the health-care provider and/or health system resources in the  
117 community. Physicians are also advised to proactively plan for how to manage unplanned  
118 temporary absences from practice.

119 All physicians who order tests must make specific coverage arrangements with another health-  
120 care provider(s) to provide coverage during temporary absences to ensure that all test results  
121 are received, reviewed, and followed up appropriately.

122 To facilitate information exchange with other health-care providers all physicians who are  
123 temporarily absent from practice must have a plan or coverage arrangement that allows other  
124 health-care providers to communicate or request information pertaining to patients under their  
125 care.<sup>13</sup>

#### 126 *Notifying Patients*

127 Physicians must inform patients about the after-hours plan they have put in place.

128 Physicians must also inform patients of any coverage arrangements that have been made for a  
129 temporary absence from practice. Physicians must use their professional judgement to  
130 determine if advance notice of a temporary absence from practice and the coverage  
131 arrangements that have been made is warranted. In making this determination, physicians  
132 must consider a variety of factors including, but not necessarily limited to, the needs of their  
133 patients, the nature of the coverage arrangement, and the length of the temporary absence.

#### 134 *Sharing Patient Information*

135 Coordinated care is best delivered when those providing coverage are informed about or have  
136 access to patient health information. Physicians are advised to grant access to patient health

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<sup>12</sup> Expectations relating to physicians who are not returning to practice as set out in the Closing a Medical Practice policy (which is currently under review).

<sup>13</sup> Under the *PHIPA*, physicians can assume they have patient consent to share personal health information with those in the patient's circle of care unless the patient has expressly withdrawn their consent to do so.

137 information to those providing coverage where the nature of the coverage arrangement is such  
138 that it is possible to do so.<sup>14</sup>

139 *Patient Engagement*

140 Physicians are advised to engage and support patients by encouraging them to develop a list of  
141 important information pertaining to their health status or needs (e.g., medication list,  
142 diagnosis, treatment plan, expected complications, etc.), which they can bring with them when  
143 seeking care when their physicians are unavailable.

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<sup>14</sup> See footnote 13. Additionally, physicians providing coverage are reminded to only access patient personal health information as needed and within the context of providing care. For more information about physicians obligations in regards to privacy, see the Confidentiality of Personal Health Information policy and *PHIPA*.