



Continuity of Care Draft Policies

Primer: *Availability & Coverage*

INTRODUCTION

This primer provides an overview of the policy development process for the *Availability and Coverage* draft policy. This includes, highlights from the research undertaken and stakeholder feedback received. The primer also provides an introduction to key draft policy expectations and the rationale for developing these expectations.

RESEARCH & FEEDBACK

A comprehensive literature review and various engagement and consultation activities have been undertaken to support the policy development process. Key themes that emerged from this work include:

- ✓ Patients and health-care providers have raised concerns about physicians who are not reachable by phone (e.g., unanswered phones, no voicemail, or voicemail does not permit messages).
 - ✓ The Health Quality Council of Alberta report on the death of Greg Price recommended that physicians improve their availability by telephone. More specifically, that physicians have an office phone that is answered (or voicemail that is responded to the same day) for a minimum of seven hours every weekday.
 - ✓ Research suggests that the availability of same/next day appointments and after-hours care is lower in Ontario when compared to other jurisdictions, including international comparators.
 - ✓ The importance of after-hours care was confirmed through both the research and consultation feedback. In fact, some medical regulatory Colleges across Canada have set out expectations in this regard. Most notably, the College in Alberta requires physicians to directly provide continuous after-hours care, or to arrange for such after-hours care to be provided.
 - ✓ Concerns that expectations relating to after-hours care contribute to physician burnout or incorrectly equate continuity of care with continuous access to care were identified in the literature and by physician stakeholders.
 - ✓ Stakeholder feedback indicated that laboratories may often experience significant difficulty communicating critical test results to physicians, even if after-hours coverage information is provided.
 - ✓ A lack of coverage for physicians' vacations and other leaves of absences can disrupt continuity of care and may risk patient safety.
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DRAFT POLICY HIGHLIGHTS

The *Availability and Coverage* draft policy sets expectations of physicians regarding physician availability, after-hours coverage, and coverage during temporary absences from practice.



The draft policy explicitly recognizes that continuity of care does not require individual physicians to personally provide on-demand and continuous access to care as this would negatively impact the quality of care being provided and compromise physician health.

POLICY EXPECTATION	RATIONALE
<ul style="list-style-type: none"> 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 operating hours. 	<ul style="list-style-type: none"> Good communication and collaboration are fundamental components of high quality care, but are not possible if patients and health-care providers are unable to contact physicians.
<ul style="list-style-type: none"> Physicians must structure their practice in a manner that allows for appropriate triaging of patients with time-sensitive or urgent issues. 	<ul style="list-style-type: none"> Treating patients as part of a sustained physician-patient relationship facilitates continuity of care and it is ideal for patients to see physicians with whom they have a relationship, rather than going to walk-in clinics or emergency rooms.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Communication and timely access between physicians and health-care providers is essential to ensuring patient safety and can help promote a connected and coordinated patient experience.
<ul style="list-style-type: none"> Physicians providing care as a 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 vary depending on a variety of factors, including the health-care provider and/or health system resources available. Physicians must use their professional judgement to determine how to best structure their plan. 	<ul style="list-style-type: none"> An after-hours care plan can help to minimize uncoordinated access to care and the inappropriate utilization of emergency rooms or walk-in clinics. This expectation also supports physician wellness, by recognizing that individual physicians cannot provide continuous access to care.
<ul style="list-style-type: none"> All physicians who order tests must ensure that critical test results can be received and responded to 24 hours a day, 7 days a week. This will necessitate making coverage arrangements for those times when they are unavailable. 	<ul style="list-style-type: none"> Patient safety is compromised when critical test results cannot be acted upon. This expectation is currently found in the College's Test Results Management policy.
<ul style="list-style-type: none"> Physicians providing care as part of a sustained physician-patient relationship must make coverage arrangements during temporary absences from practice. The nature of which will vary depending on a variety of factors. 	<ul style="list-style-type: none"> The absence of coverage arrangements can lead to increased risk in patient safety, particularly for test results.