

Continuity of Care

Executive Summary

In order to set out expectations pertaining to continuity of care, the College has developed a 'suite' of policies. The suite is comprised of this foundational policy, referred to as the umbrella policy, as well as a number of companion policies that set out expectations regarding: Availability and Coverage; Managing Tests; Transitions in Care; and Walk-in Clinics.

This umbrella policy sets out general expectations relating to the important role that physicians, patient engagement, and the use of technology play in facilitating continuity of care. Key topics and expectations include:

- *Physicians:* As active participants in the oversight and management of patient care across interactions with the health-care system, physicians must collaborate and communicate effectively with other health-care providers. Discharging these obligations is context dependent and requires, in part, complying with expectations in the companion policies.
- *Patient Engagement:* Physicians are advised to facilitate and support patient engagement as part of facilitating continuity of care.
- *Technology:* Physicians are strongly advised to capitalize on advances in technology that can facilitate continuity of care.

Introduction

Continuity of care is an essential component of patient-centred care and is critical to patient safety. While continuity of care can be understood in a number of ways, central themes include the importance of connected and coordinated patient interactions within the health-care system and the need for information to be exchanged in a manner that allows for patient care decisions to be informed by prior interactions within the health-care system. Test results that are delayed or missed, limited physician availability and accessibility, receiving care in an uncoordinated manner, and transitions in care all create the potential for breakdowns in continuity of care that may negatively impact patient health outcomes and the quality of care provided.

The College recognizes that health system level factors that are beyond the control or influence of individual physicians may often influence whether or not continuity of care can be achieved. However, many continuity of care issues are within the control or influence of physicians. The College has focused on setting out policy expectations related to those elements of continuity of care where physicians have a role to play. The College's recommendations regarding broader

32 systems issues that can be a barrier to or facilitator of continuity of care will be set out in a
33 separate 'white paper' at a later date.¹

34 **Purpose and Organization**

35 In order to set out expectations pertaining to continuity of care, the College has developed a
36 'suite' of policies. The suite is comprised of this foundational policy, referred to as the umbrella
37 policy, as well as a number of companion policies that set out expectations regarding specific
38 elements of practice. The purpose and scope of each of these policies is as follows:

39 **Continuity of Care:** This umbrella policy sets out the principles of professionalism that underpin
40 the suite of policies, as well as general expectations relating to the important role that
41 physicians, patient engagement, and the use of technology play in facilitating continuity of care.

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

46 **Managing Tests:** This policy sets out the College's expectations for physicians regarding the
47 management of all types of tests.

48 **Transitions in Care:** This policy sets out the College's expectations of physicians where patient
49 care or an element of patient care is transferred between physicians, or between physicians
50 and other health-care providers. This includes expectations in relation to keeping patients
51 informed about who is responsible for their care, patient handovers within a hospital or health-
52 care institution, discharges from hospital, and the referral and consultation process.

53 **Walk-in Clinics:** This policy sets out the College's expectations of physicians practising in walk-in
54 clinics. This policy does not address all aspects of practising in a walk-in clinic setting; rather it
55 focuses on those elements that most closely relate to continuity of care. This policy also does
56 not address the provision of episodic care in other practice environments or settings.

57 **Principles**

58 The key values of professionalism articulated in the College's Practice Guide – compassion,
59 service, altruism and trustworthiness – form the basis for the expectations set out in this suite
60 of policies. Physicians embody these values and uphold the reputation of the profession by:

- 61 1. Acting in the best interests of their patients;

¹ The white paper is under development and will be released at a later date. When it is released, it will be made available on the College's website alongside this suite of policies.

- 62 2. Communicating and collaborating effectively with patients, other physicians, and other
63 health-care providers in order to facilitate continuity of care and minimize risks to
64 patient safety;
- 65 3. Maintaining public trust in the profession by ensuring patients are not abandoned and
66 by enabling access to coordinated care;
- 67 4. Demonstrating professional competence, which includes meeting the standard of
68 practice of the profession and acting in accordance with all relevant legal and
69 professional obligations to provide high quality patient care; and
- 70 5. Participating in medical regulation by complying with the expectations set out in this
71 suite of policies.

72 **Policy**

73 Physicians, patients, and technology all play a key role in facilitating continuity of care. This
74 umbrella policy sets out general expectations relating to these important roles.

75 **Physicians**

76 Physicians hold a prominent and important role in the health-care system and in turn are key
77 facilitators of continuity of care. Central to this role is the need for physicians to recognize that
78 patient interactions with the health-care system are best viewed not as discrete events, but
79 rather as a set of interactions that require oversight and management.

80 As active participants in this oversight and management, physicians must collaborate with other
81 health-care providers and enable effective communication and information sharing with others.
82 How physicians can discharge these responsibilities will be context dependent and will require,
83 in part, that physicians comply with the specific expectations set out in the companion policies.

84 Additionally, as health advocates, physicians are advised to use their expertise and influence to
85 help advance the health and well-being of their patients, their communities, and the broader
86 populations they serve.² Physicians can do this, in part, by responding to and participating in
87 opportunities to improve continuity of care in both the local and broader health systems within
88 which they work.

89 **Patient Engagement**

90 Patients also have an important and growing role to play in facilitating continuity of care, as
91 actions they take may contribute to or help prevent breakdowns in continuity of care. While
92 patient engagement can supplement and support physicians' efforts to facilitate continuity of

² As set out by the CanMEDS framework, physicians have a role to play in improving patient care by being a health advocate.

93 care and is an important element of patient-centred care, patient engagement is not meant to
94 absolve physicians of their responsibilities in this regard.

95 Physicians are advised to facilitate and support patient engagement, doing so in a professional
96 manner that is sensitive to the knowledge, needs, and desires of their patients. Physicians can
97 do this by, for example, helping patients understand their role in their health care, as well as
98 how their actions or inaction can facilitate or disrupt continuity of care. Physicians are also
99 advised to direct patients to the companion Patient Engagement document that the College has
100 developed in order to assist patients in understanding how they can facilitate continuity of
101 care.³

102 More specific expectations regarding patient engagement have been articulated, where
103 relevant, in the companion policies.

104 **Technology**

105 While the use of technology is not required to achieve continuity of care, a growing number of
106 technological advances may assist in doing so. For example, there are technological solutions
107 that can assist with test results management, facilitating access and/or coverage, facilitating
108 information exchange between health-care providers, and improving transitions in care,
109 especially as it pertains to handovers within health-care institutions, hospital discharges, and
110 the referral and consultation process.

111 Physicians are strongly advised to capitalize on advances in technology that can facilitate
112 continuity of care.⁴ However, physicians' responsibilities to facilitate continuity of care continue
113 to exist whether or not there are technological solutions that can assist in this regard and
114 whether or not those solutions are adopted.

³ This document will be developed at a later date and made available on the College's website alongside this suite of policies.

⁴ See also the College's statement on eHealth: <http://www.cpso.on.ca/Policies-Publications/Positions-Initiatives/eHealth>