

Continuity of Care: Walk-in Clinics

Executive Summary

This policy sets out the College's expectations of physicians practising in walk-in clinics, focusing on those elements that most closely relate to continuity of care. Key topics and expectations include:

- *Meeting the Standard of Practice of the Profession:* Physicians practising in a walk-in clinic must meet the standard of practice of the profession, which applies regardless of whether care is being provided in a sustained or episodic manner.
- *Providing Follow-Up Care:* Physicians practising in a walk-in clinic must provide or arrange for the provision of appropriate follow-up care when ordering a test or making a referral. Additional expectations set out in the Managing Tests policy also apply.
- *Being Available and Coordinating Coverage:* Physicians practising in a walk-in clinic must ensure that critical test results can be received and responded to 24 hours a day, 7 days a week. Additional expectations set out in the Availability and Coverage policy also apply.
- *Coordinating with Other Health-Care Providers:* Physicians practising in a walk-in clinic must provide the patient's primary care provider, if there is one, with a record of the encounter and take reasonable steps to identify other health-care providers who would benefit from knowledge of the encounter and provide a record of the encounter to them as well.
- *Providing Comprehensive Primary Care:* Physicians practising in a walk-in clinic are advised to offer, where their scope of practice permits, comprehensive primary care to patients without a primary care provider who visit the same clinic for all their primary care needs.

Purpose and Scope

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

Definitions

Walk-in Clinic: Medical practices that provide care to patients where there may be no existing association with the practice, where there may be no requirement to book appointments, and where the care provided is generally, although not always, episodic in nature. This includes urgent care centres, but does not include hospital-based emergency rooms.

32 **Policy**

33 Physicians practising in walk-in clinics contribute to the health-care system by, for example,
34 providing an alternative to crowding emergency departments with patients who are better
35 treated in the community but either cannot access their primary care provider or do not have a
36 primary care provider. The nature of walk-in clinic care may, however, lead to breakdowns in
37 continuity of care that can negatively impact patient health outcomes. Physicians practising in
38 walk-in clinics have a responsibility to ensure that patients are being provided with quality care
39 that facilitates continuity of care.

40 **Supporting Patients**

41 Patients may not always be aware that there are limits to the types of care that can be provided
42 in an episodic manner and may not know that receiving care as part of a sustained physician-
43 patient relationship facilitates continuity of care. Recognizing that there are a variety of reasons
44 why patients visit walk-in clinics, physicians practising in a walk-in clinic must use their
45 professional judgement to determine whether it would be appropriate to sensitively:

- 46 • Remind patients that there are differences between episodic care and care that is
47 provided as part of a sustained physician-patient relationship;
- 48 • Remind patients who have a primary care provider about the benefits of seeing their
49 primary care provider for care within their scope of practice; and/or
- 50 • Remind patients without a primary care provider of the benefits of having one and
51 encouraging them to seek one out.

52 If asked for assistance in finding a primary care provider, physicians practising in a walk-in clinic
53 must be as helpful as possible in supporting the patient.¹

54 **Facilitating Continuity of Care**

55 Physicians practising in a walk-in clinic can facilitate continuity of care by: providing care in
56 accordance with the standard of practice of the profession; providing appropriate follow-up
57 care; being available and making coverage arrangements in certain instances; and by keeping
58 other health-care providers involved in a patient's care informed about the care provided.

¹ The help that a physician is able to provide will ultimately be case-specific but could include referring patients to an organization that may be able to assist them in finding a health care provider or to a colleague who may be accepting new patients. Patients may also benefit from calling the College's Physician and Public Advisory Service (1-800-268-7096, Ext. 603) which can provide general tips and advice to those seeking a new provider. See also the Ending the Physician Patient Relationship policy.

59 *Meeting the Standard of Practice of the Profession*

60 Physicians practising in a walk-in clinic must meet the standard of practice of the profession,
61 which applies regardless of whether care is being provided in a sustained or episodic manner.
62 This means, for example, conducting any assessments, tests, or investigations that are required
63 in order to treat the presenting concern(s) or identified medical condition(s) and providing any
64 follow-up care that may be required in accordance with the standard of practice of the
65 profession.

66 If physicians practising in a walk-in clinic limit the care or services offered due to the episodic
67 nature of walk-in clinic care, they must communicate these limitations to patients in a clear and
68 straightforward manner. In these instances, physicians must also communicate appropriate
69 next steps, considering factors such as the urgency of the patient's needs and whether other
70 health-care providers are involved in the patient's care. Any decision to limit the care or
71 services being provided due to the episodic nature of walk-in clinic care must be made in good
72 faith.

73 *Providing Follow-up Care*

74 Physicians ordering tests within a walk-in clinic environment must comply with the expectations
75 set out in the Managing Tests policy. This includes, but is not limited to, having a system in
76 place to ensure that appropriate follow-up occurs for all tests that they order and ensuring that
77 clinically appropriate actions are taken in response to results.² Similarly, physicians practising in
78 a walk-in clinic who make referrals must provide or arrange for the provision of necessary
79 follow-up care, including reviewing consultation reports.³

80 It is not appropriate to rely on the patient's primary care provider or another health-care
81 provider involved in the patient's care to provide or coordinate appropriate follow-up for tests
82 or referrals unless they have explicitly agreed to assume this responsibility.

83 *Being Available and Coordinating Coverage*

84 Physicians practising in a walk-in clinic must comply with relevant expectations set out in the
85 Availability and Coverage policy. For example, physicians practising in a walk-in clinic must:

² See the Managing Tests policy for more information.

³ See the Transitions in Care policy for more information about the referral and consultation process.

- 86 • Respond in a timely and professional manner when contacted by physicians or other
87 health-care providers who want to communicate or request information pertaining to a
88 patient.⁴
- 89 • Ensure that critical test results can be received and responded to 24 hours a day, 7 days
90 a week. This will necessitate making coverage arrangements for those times where
91 physicians are unavailable.

92 *Coordinating with Other Health-Care Providers*

93 Physicians practising in a walk-in clinic must provide the patient’s primary care provider, if there
94 is one, with a record of the encounter.⁵ This may include, for example, a record of any tests
95 ordered, diagnoses reached, any treatment and advice provided, any referrals that were made,
96 and any follow-up care that was arranged or advised. Physicians practising in a walk-in clinic
97 must also take reasonable steps to identify other relevant health-care providers whose ongoing
98 care of the patient would benefit from knowledge of the encounter and provide them with a
99 record of the encounter as well.⁶ Physicians are advised to consider whether it would be
100 appropriate to inform patients that a record of the encounter will be shared with others prior
101 to doing so.

102 **Providing Comprehensive Primary Care**

103 Walk-in clinics are not intended to be a substitute or replacement to a sustained relationship
104 between a primary care provider and a patient. Rather, walk-in clinic care is intended to be
105 episodic where neither the patient nor the physician have an expectation of a sustained
106 relationship beyond any follow-up care that is necessary to address the presenting concern(s)
107 or identified medical condition(s).

108 Some patients may, however, experience difficulty finding a primary care provider and may
109 regularly attend the same walk-in clinic for all their primary care needs. In these instances,
110 physicians practising in a walk-in clinic are advised to offer, where their scope of practice
111 permits and in coordination with other physicians in the practice, comprehensive primary care
112 to the patient as an interim measure.

113 Additional expectations set out in this suite of policies and other College policies will apply to
114 physicians who provide comprehensive primary care as an interim measure.⁷ With respect to

⁴ 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.

⁵ See footnote 4

⁶ See Footnote 4.

⁷ For example, Medical Records, Ending the Physician-Patient Relationship, and Closing a Medical Practice (which is currently under review).

115 continuity of care and in accordance with the Availability and Coverage policy, when offering
116 comprehensive primary care as an interim measure physicians practising in a walk-in clinic must
117 have a plan in place to coordinate patient care outside regular operating hours (i.e., after-
118 hours). Similarly, in these instances physicians must make or ensure arrangements are made
119 with another health-care provider(s) to provide patient care during temporary absences from
120 practice.⁸ In both cases the specific nature of the plan or coverage arrangement will depend on
121 a variety of factors, as set out in the Availability and Coverage policy.

122 Physicians practising in a walk-in clinic who do not offer comprehensive primary care as an
123 interim measure may still offer to provide elements of care related to the management or
124 monitoring of chronic diseases.⁹

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⁸ Periods of time where physicians are absent from their practice. This includes vacations and leaves of absence (e.g., parental leave, educational leave, suspension of a physician's certificate of registration), but also includes unplanned absences due to, for example, illness or family emergency.

⁹ Physicians practising in a walk-in clinic may not be able to offer comprehensive primary care, but may be able to help patients without a primary care provider manage, for example, their hypertension over an extended period of time.