



# Continuity of Care Draft Policies

## Primer: *Walk-in Clinics*



## INTRODUCTION

This primer provides an overview of the policy development process for the *Walk-in Clinics* 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.

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## 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:

- ✓ Walk-in clinics emerged as an alternative to emergency rooms for non-urgent after-hours care, but have evolved to become a convenient option for patients who are unable or choose not to see their primary care provider during office hours.
  - ✓ Concerns about the nature and quality of care in walk-in clinics, particularly with respect to the provision of follow-up care, and about the lack of coordination between walk-in clinics and primary care providers were identified in the literature and through stakeholder feedback.
  - ✓ The positions of other medical regulatory College's across Canada, lead to questions about the role that walk-in clinics can or should play with respect to providing comprehensive primary care to patients without a primary care provider.
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## DRAFT POLICY HIGHLIGHTS

The *Walk-in Clinics* draft policy sets out the College's expectations of physicians practising in walk-in clinics, focusing exclusively on those elements that most closely relate to continuity of care.

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## POLICY EXPECTATION

- ▶ Physicians practising in a walk-in clinic must use their professional judgement to determine whether it would be appropriate to sensitively remind patients about the nature of walk-in clinic care and that receiving care within a sustained physician-patient relationship facilitates continuity of care.
- ▶ Physicians practising in a walk-in clinic must meet the standard of practice of the profession.
- ▶ 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.
- ▶ Physicians practising in a walk-in clinic who order tests must ensure that critical test results can be received and responded to 24 hours a day, 7 days a week (which will necessitate establishing coverage arrangements when physicians are unavailable).
- ▶ Physicians practising in a walk-in clinic must provide the patient's primary care provider with a record of the encounter and take reasonable steps to identify others who would benefit from knowledge of the encounter and provide them with one as well.
- ▶ Physicians practising in a walk-in clinic are advised (but are not required) to offer, where their scope of practice permits, comprehensive primary care to patients without a primary care provider who regularly attend the same clinic.

## RATIONALE

- ▶ Patients may not always be aware that there are limits to the types of care that can be provided in a walk-in clinic and may not know that receiving care as part of a sustained physician-patient relationship facilitates continuity of care.
- ▶ The standard of practice of the profession applies regardless of whether care is being provided in a sustained or episodic manner.
- ▶ Providing appropriate follow-up care is a key element of meeting the standard of practice. The expectations set out in the Managing Tests draft policy apply in the walk-in clinic setting as well.
- ▶ This expectation from the Availability and Coverage policy applies in the walk-in clinic setting as well.
- ▶ This will improve the coordination of care and ensure that other health-care providers with whom the patient has a relationship know about the care their patient has received.
- ▶ This position strikes a balance between supporting vulnerable patients and the practical limits of walk-in clinic care. It is notably different than the position set out by the College in British Columbia.