



*Elgin*

November 21, 2018

Continuity of Care Policy Consultation  
College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario M5G 2E2

CPSO Policy Analysts,

Please accept this letter on behalf of the Elgin Primary Care Alliance with regards to your "Continuity of Care" suite of draft policies currently open for consultation. We welcome CPSO guidance that comes from this document as it helps to clarify roles in the "Transitions in Care" portion of this policy. We would like to highlight some concerns and make some recommendations to modify the policy, specifically relating to referrals.

Presently, there is a lack of clarity and consistency on how patient appointments with Consulting Physicians should be made. The CPSO proposed policy states that *"the referring physician must communicate the appointment time to patients unless the consulting physician has indicated this has already been done"*. This continues to leave a lack of clarity for the public and providers on how patient appointments with Consulting Physicians should be made and may lead to confusion and unnecessary disruptions in continuity of care or timeliness of care, which runs counter to the intention of the policy.

The College of Physicians and Surgeons of Nova Scotia's "Guidelines of Physicians Regarding Referral and Consultation" places responsibility for scheduling and arranging the appointment with the consultant's (specialist's) office.

<https://cpsns.ns.ca/wp-content/uploads/2017/10/Referral-and-Consultation.pdf>

The College of Physicians and Surgeons of Alberta does the same.  
[http://www.cpsa.ca/wp-content/uploads/2016/09/07\\_The-Referral-Consultation-Process\\_FINAL.pdf](http://www.cpsa.ca/wp-content/uploads/2016/09/07_The-Referral-Consultation-Process_FINAL.pdf)

The College of Physicians and Surgeons of British Columbia <https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf> states that the referring physician and consultant should mutually agree and it should be clear to the patient who is contacting them but that the consultant needs to communicate any specific requirements or expectations to the patient.

We welcome the benchmarks laid out in the draft CPSO policy "consultant physicians must acknowledge a referral request in a timely manner, urgently if necessary, but no later than 14 days from the date of receipt" and "Consultation reports must be distributed

in a timely manner, but no later than 30 days, following an assessment of the patient or when there are new findings or changes in the management plan.” and feel these are reasonable timelines and should be achievable by Consultant Physicians most of the time. Other provincial Colleges also specify similar benchmarks. These lay out clear expectations and would help patients and providers understand when they should hear back about a referral being made on their behalf and ensure that recommendations are received by the Referring Physician in a timely fashion so that they can be implemented for the patient. In some cases we do not hear back from a Consultant’s office for several months, only to be told that the referral is rejected and has to be sent elsewhere, thus delaying the patient’s care, potentially exposing them to risk of prolonging treatment. Referring offices take on a significant administrative burden in tracking down reports that never came or calling to find out the status of a referral sent long ago with no response. This policy sets out clear expectations in this regard and we thank you for addressing this.

It is our belief that for the Physician-to-Physician referral process to work most effectively and transparently for the patient, the Consulting Physician should be responsible for all scheduling and notifying the patient directly of appointments at their office or clinic.

The Referring Physician’s role is to adequately assess the patient, identify the clinical need for referral, maintain a list of referral points, identify the provider to send the referral to, prepare the necessary documents and send them to the Consulting Provider’s office to request an appointment. The Referring Physician also needs to ensure that the appointment that comes back is adequate for the patient’s needs and then review the report that is returned to them and action any recommendations. Beyond that, the administrative work associated with scheduling the consult appointment belongs with the Consulting Physician. Many Consulting Physicians inappropriately (in our opinion) put this work back on the Referring Physician’s office.

Contacting patients about appointments at another Physician’s office is a significant added administrative burden on Referring Physicians. Most offices employ a full-time person just to manage appointments at other physicians’ offices. We are often asked to give instructions about parking, what to bring, no show policies, cancellation policies and other logistical issues, as well as answer questions about what will happen or act as an intermediary several times to reschedule the appointment due to the patient’s schedule for a visit at another Physician’s office. We are sometimes even asked to mail documents to a patient (at our expense). This introduces possible error when the information is not coming directly from the Consultant Physician’s office or when the appointment needs to be rescheduled. The Consulting Physician’s staff will be better able to offer alternative appointment times if the initial offering is not suitable for the patient, outline patient expectations and requirements and answer any questions the patient may have in one phone call or letter. Once an appointment has been scheduled, this should then be communicated to the referrer to close to communication loop and give the referring physician the opportunity to respond or redirect the referral if it is not felt to be in a timely fashion.

We thank you for your consideration of this matter. We hope to see further clarity around these issues in the final version of the policy.

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