RESPONSE TO CPSO DRAFT POLICY CALL FOR INPUT

Since I became a Physician 20 years ago, my largest issue has been that forces, whatever they may be, have been demanding more and more for less and less. I am not referring to dollars. I am referring to Physician well-being – mental and physical. I now see comments about 24/7 care and patient emails being answered in a 'timely fashion'. This is just more push for Physicians to do more with less. But it is also just more demanding of the Physicians being asked to be 'personally' responsible for the health of each individual patient. It is allowing the public to be less responsible for their own health. It is allowing individuals to snap fingers when they have a problem without any requirement that they think about the problem, grade the importance of the problem and make efforts to resolve the problem before relying on someone else – in this case – a taxed and drowning health care system. It should be the responsibility of the Health Care System, its providers and the Government to EDUCATE THE PUBLIC CITIZENS so that they might manage the amazing services that they are being provided. In this response my focus is on making our system better and easier to manage for all.

CONTINUITY OF CARE:

No comments

AVAILABILITY AND COVERAGE:

1) Having voicemail and or email that allows messages to be left 24/7 that must be responded to in a timely manner is another opportunity for patients to misuse the health care system as noted above. If one doe not have to think one will not think. Patients need to be trusted and educated to make good decisions regarding the urgency of their situation and seek care in an appropriate manner. Unfortunately, that has not happened up to now due to a lack of education. Responding to these calls would necessitate greatly decreased face to face patient interaction time. This would be a full-time job for one or more physicians everyday with no allocated funding. Telephone medicine is not safe. We already have telehealth to provide exactly this service. How is that going statistically?
2) In our practice we already attempt to triage patients based on urgency. We hired a Triage Nurse to answer telephones daily to provide appointments for time sensitive issues or direct patients where to seek care – E.R., Hospital Walk-In, Optometrist etc… The result was our nurse was verbally abused over and over again as most patients insist that their issue is important enough to be seen right away and no one wants to "wait at hospital" (another education of patients issue). In addition, we could not afford to continue paying the Nurse's salary for this service. Currently, we retain several open appointments during the day for time sensitive issues and we have 16-18 appointments available each evening for time sensitive issues. This helps, but it is never enough. What is enough?
3) The comments made on the Draft Policy with regard to communication between providers are all reasonable and, I believe already being done.
4) Coordinating care outside of regular practice hours should routinely be done by identifying a clear plan with the patient when the appointment takes place. This should identify potential issues that may arise and where to call or go to attend to these issues, identify when the next appointment will take place and with who (if follow up is necessary). I believe the essence of this

is already being done and urge all providers to make a better effort to ensure patients have a plan if one is necessary. Physicians cannot be expected to be with or available to patients on a 24 hour a day basis. This is impractical and assumes patients are not responsible for their own health.

5) Coordination of Care during periods of absence is currently done through group practice or through FHO contacts. Patients with urgent and emergent issues have resources in the community and will use these appropriately if educated by providers and agencies such as telehealth.
6) With the vast increase in Mental Health issues inundating our culture we may never have enough appointments for all patients who perceive of themselves as needing a health care professional 'NOW'.

MANAGING TESTS:

1) Providing 24/7 response to critical results is a non-issue - I make this statement based on the fact that our clinic already does this and I assumed all docs who ordered tests had arrangements for this.
2) Tracking results for high risk patients : I feel that it is the responsibility of the Physician to identify with the patient why the test is being done, what the best and worst case scenarios are once the test is ordered (the importance of getting the test done), and advising the patient that if the test is not 'normal' they will be called or they should make a follow up visit before leaving the clinic to review the test once it is completed. Beyond this I refer back to patient responsibility. Often patients decide they do not want to do a test, they do not want to know the answer – just as some decide not to have chemo or seek treatment for life ending diagnoses. It is the PATIENT'S responsibility to make it to the lab or to the testing facility and proceed to get those tests done. If they choose not to proceed then that is their decision to make. We cannot personally take them to their appointments. We should not presume that they are not smart enough to make a personal decision about their lives. We must RESPECT our patient's right to decide these things for themselves.
3) No news is good news does not always work. No system always works. In our office the patients have several options to get their results. If we deem the test to be urgent and our life altering, we have the patient make a follow up appointment before they leave the office. Given the incredibly high demand for appointments we cannot do this for routine testing. Patients have access to all labs on the Life Labs internet site (another issue to be discussed). Patients can call our office to see if their test results have been received. The doctor is advised of such requests and then suggests that the patient be notified the results are normal, be called in to discuss the results with emphasis on timing and importance, or the doctor calls the patient back directly if results are serious.
4) When I receive a test that I did not order I ensure that it has the name of the physician who ordered the test identified on the result. If my name is the only one on the result I track down the ordering doc and ensure she has the result. No doctor can be expected to review every test ordered by all physicians – this would be a full- time job.
5) All of the other points mentioned in the CPSO draft related to managing results are identified indirectly throughout this response or are seen as rational and do not present a problem that I can identify.

TRANSITIONS IN CARE AND REFERRALS:

These are two related areas that are of concern to me and I am pleased they are identified by the CPSO draft policy.

1) There are far too many communications involved in these processes. The initial comments regarding ensuring scope of practice of the physician to be referred and documenting clear information on the referral makes perfect sense and should be done.
2) Currently all Specialists require the referring physician to contact the patient and alert them of their appointment and when this is going to take place and what preparation is required for that appointment. This involves referral form- waiting an unknown amount of time – response from the specialist office with details of appointment – contacting the patient and relaying the information to them. This is clear grounds for miscommunication. We have all learned this through games played in grade school. The more ears hearing the information the more likely the information is to be inaccurate. There are also many physicians who do not notify referring agencies they are not accepting referrals and multiple contacts are necessary to sort this. I recommend simplicity. Educate the patient clearly that they are being referred to specific physician or service and tell them why. Provide the patient with the name and number of the party referred to. Advise the patient to contact that party directly if not heard from in a reasonable time – keeping in mind how long referrals in each area take. Once the written referral is received it should be the responsibility of the receiving party to do two things. First fax or phone the referring party within 7-10 days that they have received the referral and will or will not be accepting the referral. If the referral is not to be accepted there should be suggestions on how to better direct the referral. (The referring physician's office should then call the patient and give the new number and name to who they are being referred). If the referral is being accepted then the party accepting the referral accepts the responsibility to call the patient and make the necessary arrangements. Fewer steps equal clarity for accepted referrals and identifies party responsible if breakdown occurs.

WALK-IN CLINICS:

Currently I believe walk in clinics are another service that is ill used and the responsibility and the cost of this use is put back on Physicians shoulders. Most of what is discussed in the CPSO policy is accurate. Problems arise when walk-in clinics employ 'fly-in" physicians from other areas with no stake in the community or the local physicians. Also, many operators have no ethics with regard to sustaining the health care system. I operate within the framework of an FHO and we are constantly penalized financially for our patients attending walk-in clinics. This is mostly for non-serious issues such as coughs and colds. We never receive notes of contact from walk – in clinics. For four years I did walk-in clinic work. If a patient had a family doctor, we always faxed a copy of the contact to the family physician within twenty-four hours of that contact. If the patient did not have a family physician, we accepted responsibility to follow up on any tests that we ordered and we made appropriate referrals. Current walk-in physicians should do the same, while also respecting that they are making an income off he backs of their colleagues. Follow ups for colds at walk-in clinics are abusive to local physicians and the health care system and enabling for patients. Education of the public is at the root of proper use of

resources. Offering more and more opportunities to attend walk-in clinics or other primary appointments will only tax the system and enable the patients.

Thank you for offering me the opportunity to comment on this draft proposal. It is probably obvious to anyone who takes the time to read this response that I do not see a system ripe with technical errors. I see a system that has become a go-to for anyone who is discontent or alerted to a minor change in his body or life. I wish we could lean on the internet or some other global type of information system to remedy the misuse and establish appropriate use, but we know this is not the case. We live in a 'me now' society. Unfortunately, many people believe we have a 'free' health care system and this is not the case. In addition to this we have a partisan politic system that is afraid to address the responsibility of the public due to a fear of losing votes. I, and I am sure many of my colleagues, make a daily effort to educate my patients regarding prevention and appropriate use of health services. But I continue to see the same patients for there cough or scratchy throat that started yesterday. More appointments, opportunities for care, 24/7 voice mail, 24/7 email, are not the answer. Enabling the patients is not the answer. The answer is in education of the patients. I am doing my part.