Ontario College of Family Physicians

Continuity of Care:
Practice Resources

Highlights from the College of Physicians and Surgeons of Ontario *Advice to the Profession*

What you need to know:

The recently updated **Advice to the Profession: Continuity of Care** from the **College of Physicians and Surgeons of Ontario** (CPSO) clarifies roles and responsibilities of family physicians and specialists collaborating in patient care.

Notable changes include highlighting administrative responsibilities for specialists such as scheduling appointments, ordering tests and initiating referrals to subspecialists when necessary.

Additionally, there's an emphasis on clear communication between consultants and family physicians, including greater flexibility on referral forms; keeping family physicians informed about the status of referrals and anticipated wait times; clarifying responsibilities around tests and follow-up care; and providing comprehensive consultation reports for effective care transitions.

This resource summarizes the key updates in the guidance relevant to your practice and provides links to additional background supporting documents.

Click to download OCFP's customizable letter templates
For use in your practice to communicate these changes with your specialist colleagues.

Note that throughout this document the text in italics is taken directly from the CPSO guidance. However, where CPSO uses the terms "referring physician" and "consultant physician" we have used the terms "family physician" and "specialist" to be more explicit about roles and responsibilities in the primary care context.

Information current as of December 15, 2023

REFERRALS

> *"It is important for family physicians to consider whether a patient's condition is within the specialist's **scope of practice**, whether the specialist is **accepting patients** and whether the specialist's practice is **accessible to the patient**."*

While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

> *"Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider."*

> *"Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms)."*

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care: noting that ***family physicians and specialists share responsibility for ensuring patients can access the care they need.***

Referrals Checklist (OMA)
Continuity of Care: Guide for Patients and Caregivers (CPSO)

> *"**Acknowledging a referral simply means informing the family physician whether the referral will be accepted.** If it is accepted, specialists can indicate the estimated or actual appointment date. There is no requirement to see the patient **within 14 days**, just a requirement to **review the referral and close the loop**."*

The updated advice explicitly reminds specialists of the **requirement for timely acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

> *"Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for urgent or unique issues."*

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely access to patient care.

FOLLOW-UP CARE

> *Specialists will need to **provide appropriate follow-up care and handle any administrative work** stemming from this care. Family physicians may not have the expertise or resources needed to manage a patient's specialised care.*

The updated advice reminds specialists of the **responsibilities and administrative work** involved in the specialized patient care they provide and bill for.

The **Ministry of Health Schedule of Benefits** outlines the elements of follow-up care and administrative work which are the **responsibility of the physician who is billing** for the insured service:

- Making arrangements for appointments for the insured service.
- Being available to provide follow-up.
- Making arrangements for any related assessments, procedures or therapy and/or interpreting results**.**

> *Specialists **must provide an anticipated wait time or an appointment date and time** and must allow patients to make changes to the appointment date and time directly with them.*

When accepting a referral, the specialist takes on the administrative responsibility to **communicate directly with the patient** regarding appointment dates or wait times, as well as with the family physician to aid in tracking referrals and ensuring continuity of care.

See also:
Transitions in Care Policy (CPSO)
Managing Tests Policy (CPSO)
Assessments and Consultations Billing Guide (MOH & OMA)

> *In most cases, the specialist rather than the family physician is responsible for making the referral **if they determine after an assessment that subspecialist care is needed**.*

The updated advice clarifies that the specialist is responsible for referral to an appropriate subspecialist when they are providing patient care as this falls under the administrative work and follow-up care included in their role.

> *It is important for consultation reports to be clear and include a summary of the **information necessary for the family physician to understand the patient's needs and follow-up care**. Depending on the circumstances, they may be short, or they may require more comprehensive and detailed notes.*

The updated advice as well as the associated **Transitions in Care Policy** reminds specialists of the requirement to share consultation reports **no later than 30 days after an assessment** or a new finding, change in the patient's care management plan.

See also:
Consults Checklist (OMA)
Handover & Discharge Checklist (OMA)

MANAGING TESTS

> *Generally, any **physician who determines that a test is needed** is responsible for **ordering that test, tracking the results, and managing any follow-up** stemming from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that **their colleagues are not required to receive results or manage care that falls outside their scope of practice**.*

The updated advice as well as the related **Managing Tests Policy** brings additional clarity to who bears responsibility for ordering tests, tracking results, communication and follow-up.

Managing Tests Checklist (OMA)

> *In some instances, a specialist may recommend that the family physician to arrange testing. For example, if during the course of an assessment a **patient raises a concern unrelated to the consultation or the physician identifies an incidental finding, it may be appropriate for the specialist to notify the family physician that additional testing my be warranted.***

Specifies when it might be appropriate for a specialist to ask the family physician to arrange testing but notes that the family physician **must agree to accept responsibility for the test**.

> *Physicians who provide e-consult services may not assess patients directly but might recommend that a test be ordered. In these cases, **the physician seeking advice from the e-consultant physician would order the test and follow-up on the results**.*
>
> *In some situations, physicians might provide urgent or emergent episodic care, such as in an emergency department. **Any recommendations for additional non-urgent investigations that fall outside of the acute care being provided are not generally the responsibility of the physician providing the urgent or emergent care**.*

The updated advice calls out common scenarios such as **e-consults and urgent episodic care** where **family physicians would be expected to take responsibility** for ordering, tracking and follow-up on testing recommended by specialists.

> *It is generally good practice to **copy the family physician** on test requisitions so they are aware of the tests ordered and the results; however, they would have **no additional responsibilities** in regard to the tests or results.*

Clarifies that copying family physicians on test requisitions should be **for information purposes only**.

> *Physicians can generally assume that they have consent to share relevant information with the patient's primary care provider unless the patient has expressly withdrawn consent. However, there may be instances where patients would not want a particular test result shared, and so it will be important to consider whether express consent should be obtained.*

The CPSO notes that this may be particularly true for physicians ordering tests in the context of a walk-in clinic. Refer to the **Walk-in Clinics Policy** for more information.