

Family Health Team

PART C: PATIENT CARE**SECTION 2 – Appointments****2.03 Accepting New/Transferring/Discharging Patients****Policy**

TC FHT is committed to accepting new patients, appropriately transferring patients internally and externally and when appropriate discharging patients.

Note: Applicable to TC FHT patients only not Diabetes Education Program community patients

ProcedureAccepting New Patients

- Primary Care Providers* (PCPs), accepting new patients, will be identified on the TC FHT website as accepting
- Patients cannot see multiple, internal physicians in order to choose which physician they like best (also see transferring patients)
- If TC FHT does not have any physicians/NPs accepting new patients, when possible a list of other FHTs/physicians accepting will be provided and/or directions on how to contact Health Care Connect, for people calling inquiring (this list will be created/maintained by S306 – Administration)

*PCPs are physicians and nurse practitioners

PCPs may schedule a 'New Patient' appt to consider covering the following topics:

- Take a complete history [often the 'New Patient' appt is the only time the PCP has to take a history and thus no acute service (i.e. lab, prescribing, etc.) are done during a 'New Patient' appt, if acute services are needed a 2nd appt should be booked]
- Discuss how they practice
- Hear what matters to the patient and what their expectations are
- Explain the FHT model of care [collaborative/shared care, work with multiple disciplines (i.e. dietitian, social work, pharmacy, nursing) and that care may be provided by one of these disciplines and not the PCP]
- Discuss rostering (note not mandatory but strongly encouraged) and what rostering means (i.e. committing to not going to another PCP or walk-in clinic)
- Explain our After Hour Clinics & Telephone Health Advisory Service (THAS), specifically, that it is important
 - Patients make use of these options and not visit walk-in clinics as this results in fractured care & lost revenue for the team
 - Patients know who their rostering physician is when calling THAS and if PCP is an NP they know the physician they are rostered under
- Explain booking protocols (i.e. open access) and that cancelling appts without 24 hours notice may result in a \$30 charge
- Advise that prescription refills require 48 hours notice

SECTION 2 – Appointments

2.03

- Explain Uninsured Services - OHIP does not pay for all services (i.e. transferring medical records, letters for schools/employers, insurance form completion, calling in prescription renewals, etc.) a doctor provides and physicians can request payment for services not covered by OHIP (see The Ontario Medical Association's (OMA) on-line 'Guide to Third Party & Other Uninsured Services' on-line)
- Block Fee - To simplify uninsured services payment, some physicians offer an annual block fee rather than having patients pay each and every time one of these uninsured services are required
- Advise that TC FHT often has medical and interdisciplinary students and encourage you to allow them to shadow however indicate that you have the right to refuse
- Suggest visiting the TC FHT website to learn about Services/Groups
- Clarify that for future visits, only tests and referrals to specialists, that they believe are medically indicated, will be ordered
- Outline Prescribing Opiates Policy & Procedure (on website - will prescribe for patients with chronic pain in a rational/accountable manner which may include an assessment of your risk for addictive behavior, baseline pain assessment, entering into treatment agreement, sending letter to your pharmacist & follow-up appts)
- Outline our Privacy & Confidentiality Policies & Procedures (on website)
- Explain HealthMyself service (secure email) (Note: not all physicians currently use)
- How test results will be communicated
- Discuss whether historical medical records are required
- Remind you to bring your OHIP card and medications for all visits

Note: If NP is the PCP, NP will also outline the NP role & access to rostered physicians

Internal Transfer of Patients (from one PCP to another)

- An internal transfer is the exception, not the norm
- A PCP, at their discretion and with the patient's/colleague's agreement, may transfer a patient to another internal PCP, i.e. if the PCP believes colleague in a better position, based on their expertise, to care for patient

Discharging Patients

- PCPs will follow the College of Physicians and Surgeons of Ontario's (CPSO) 'Ending the Physician-Patient Relationship' Policy #3-08 when discharging a patient
- Situations which may result in a decision to end the PCP-patient relationship include: patient fraud (i.e. to obtain narcotics), serious threat of harm to PCP/staff, inappropriate behavior, conflict of interest and communication breakdowns that makes it impossible to provide quality care
- PCPs will send a letter outlining the decision to terminate, rationale and convey patient should seek ongoing care elsewhere (**including any care they are receiving from FHT clinicians**) and provide a reasonable time to find another PCP (see Policy #3-08 for specificity Re: Reasonable time)

Approved By: Ops Co. May 28-15/Jun 9-15 Board Accepts/Board Revision Jun 13, 2017

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