College Case Studies

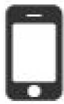
2018 Education Day and Annual General Meeting

#RealityCheckup: addressing confounding societal issues that undermine people's health and the care they receive

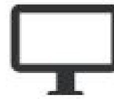
Overview

- Introductions
  - Panelists:
    - Dr. Leo Wong
    - Ms. Patricia Bowles
    - Ms. Shaleen Kanji
  - Presenter:
    - Dr. Galt Wilson, Senior Deputy Registrar
- Audience response—using Poll Everywhere on your phone
- Case studies

Using Poll Everywhere



Respond by SMS text message
1. Send a text to **37607** with the message **cpsbc**
2. Text the letter that corresponds to your preferred answer: **A**, **B**, **C**, **D**, or **E**



Respond on the website
1. Go to **pollev.com/cpsbc** on your phone or computer browser
2. Select your preferred answer

You can only register one answer per question.

Let's do a trial run.

Using Poll Everywhere

Test run

Question

To register my response, I can:

A. Use an iClicker

B. Shout

C. Text my response to 37607

D. Go to pollev.com/cpsbc

E. C or D

Using Poll Everywhere

Test run

Question

To register my response, I can:

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C. Text my response to 37607

D. Go to pollev.com/cpsbc

E. C or D

Format

1. Present scenario
2. Submit your opinion
3. Results
4. Panelist discussion and your input—move to microphones

WARNING

Uncertainty is an inevitable part of medical practice and there may be a measure of ambiguity in these scenarios.

Some have more than one right answer.

We made them up…

You don’t know these cases—they aren’t real.

Societal change and medical practice challenges

CMPA.
Empowering
better healthcare

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- Duties and responsibilities
- Safety of care
- Legal and regulatory

Duties and responsibilities

Expectations of physicians in practice

The new realities of medical care

Originally published September 2012
P1203-14-E

It might be an understatement to say the practice of medicine is not what it used to be.

Societal change and medical practice challenges

Topics:

1. Virtual care: the College regulates medical practice, not technology
2. Referral-consultation process: collaborating to assist patients and families
3. When the office is closed: what are my obligations?
4. A physician is ill: should the College be notified?
5. The records I create belong to me: don't they?
6. Ending the patient-physician relationship: we're just not a "good fit"

1 Virtual care

The College regulates medical practice, not technology

Virtual care

The College regulates medical practice, not technology

Dr. Rob Jones, a 62-year-old family physician, is planning a gradual return to work following a prolonged illness—a series of abdominal surgeries for complications of diverticular disease. He remains frail, but has no disability coverage and can't afford to retire.

Returning to the demands of his former practice seems unrealistic. He needs something less stressful and overhead costs he can manage.

Virtual care

The College regulates medical practice, not technology

Dr. Jones comes across an unsolicited ad in a pile of mail at his office—New Century Virtual Clinic is seeking experienced family physicians to provide episodic care by telemedicine.

Intrigued, he calls. The representative explains that New Century will be based on a well-established model employed by Kaiser Permanente Northern California for its 4.3 million members.

Using cutting-edge technology that meets and exceeds standards set by regulators across the country, patients access New Century by phone, email, text or web chat from anywhere in Canada. New Century's highly trained staff apply an evidence-based algorithm to determine whether the presenting concern is suitable for telemedicine, collect demographic information, and manage billing, leaving the physician free to focus exclusively on excellent medical care.

Virtual care

The College regulates medical practice, not technology

Question

Which one of the following considerations about virtual care is TRUE?

A. BC physicians providing virtual care to patients in other jurisdictions must be licensed where the patients are.

B. College complaint investigations arising from telemedicine services have found the care deficient in every case.

C. BC physicians providing telemedicine services are obliged to explain the appropriateness and limitations of technology-based patient consultation.

D. CMPA members are generally eligible for assistance if a patient normally resident in Canada is provided with telemedicine services while visiting the United States.

E. Physicians must maintain custody of their own records when engaged on behalf of a virtual clinic.

Virtual care

The College regulates medical practice, not technology

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Which one of the following considerations about virtual care is TRUE?

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Virtual care

The College regulates medical practice, not technology

Considerations

College standard: *Telemedicine*

https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

CMPA: *Thinking of working with virtual clinics? Consider these medical-legal issues*

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2018/thinking-of-working-with-virtual-clinics---consider-these-medical-legal-issues

College Connector: *Telemedicine as a stand-alone, episodic care service rarely meets expected standards*

https://www.cpsbc.ca/files/pdf/CC-2017-V05-01.pdf

Virtual care

The College regulates medical practice, not technology

Question

Regarding telemedicine for the authorization of cannabis for medical purposes, which of the following is TRUE?

A. BC physicians must not complete a document for the authorization of cannabis for medical purposes unless they have a longitudinal treating relationship with the patient or are in direct communication with someone who does, and both are in agreement.

B. The College receives complaints from other Canadian medical regulators about BC physicians authorizing cannabis for medical purposes in contravention of laws or regulations in place in their jurisdictions.

C. A BC physician authorizing cannabis should be the physician treating the medical condition.

D. All of the above.

E. None of the above.

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Virtual care

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Considerations

College standard: *Telemedicine*

https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

College standard: *Cannabis for Medical Purposes*

https://www.cpsbc.ca/files/pdf/PSG-Cannabis-for-Medical-Purposes.pdf

2 Referral-consultation process

Collaborating to assist patients and their families

Referral-consultation process

Collaborating to assist patients and their families

Mary MacDonald, a 58-year-old patient, reports exertional symptoms her family physician believes may be angina. The family physician recommends consulting a cardiologist.

The symptoms only began in the past few weeks. The family physician is worried and asks her MOA to get the cardiologist's office on the phone. The MOA tries several times, but is unable to get through.

A referral request is sent and a "referral received" form arrives a few days later. The family physician hears nothing more from the patient or specialist.

Referral-consultation process

Collaborating to assist patients and their families

Three months pass. The family physician receives an ER report from a nearby hospital. Mary suffered an unwitnessed cardiac arrest at home and died.

The family physician calls Mary's husband to extend her condolences. She learns that Mary had seen the cardiologist a month before and an exercise stress test was planned.

Six months later the College receives a complaint from Mary's husband naming both the family physician and the cardiologist.

Referral-consultation process

Collaborating to assist patients and their families

Question

In considering the complaint, College committee expectations include:

A. The family physician will have continued to provide care until she received confirmation that Mary had seen the specialist.

B. Having formally acknowledged receipt of the referral request, the cardiologist will have fielded calls from Mary if her condition deteriorated in the meantime.

C. The family physician's office will have notified the patient of the date and time of the specialist appointment.

D. The specialist will have provided a full, written consultation report within two weeks of seeing the patient.

E. If the family physician had not received notice that an appointment had been offered to the patient within two weeks, she should have sent referral requests to other cardiologists to ensure timely assessment of the patient in these urgent circumstances.

Referral-consultation process

Collaborating to assist patients and their families

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Referral-consultation process

Collaborating to assist patients and their families

Considerations

College guideline: *Referral-Consultation Process*

https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf

Canadian Medical Association policy*: Streamlining Patient Flow from Primary to Specialty Care: A Critical Requirement for Improved Access to Specialty Care*

https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/CMA_Policy_Streamling_patient_flow_from_primary_to_specialty_care_PD15-01-e.pdf

CMPA: *Collegiality Promotes Safe Care*

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2016/collegiality-promotes-safe-care

3 When the office is closed

What are my obligations?

When the office is closed

What are my obligations?

Dr. Rachel White earned her Royal College Fellowship in a medical subspecialty two years ago. She spent a year doing locums before establishing her own practice in a suburban city. The local hospital division included three specialists when she arrived.

She declined their offer to join the group and the on-call rotation. The hospital service isn't particularly busy. Her community practice is enough. And she has two preschool children. Dr. White opts not to obtain hospital privileges.

When the office is closed

What are my obligations?

The colleagues who cover the hospital regard Dr. White's decision not to share the load with them as uncollegial, particularly when they are asked to see her patients in the emergency department. But they carry on.

Then a long-time member of the group is diagnosed with early Parkinson's disease. He gives notice of his intention to withdraw from hospital practice.

The two remaining on the on-call schedule soon discover that there is not enough work in their specialty to recruit a fifth.

What are Dr. White's obligations?

How would you advise the two specialists covering the hospital?

When the office is closed

What are my obligations?

Question

Community-based physicians:

A. Have no legal obligation to ensure coverage outside of regular office hours, beyond any standards the College may set.

B. Must establish an on-call schedule with colleagues.

C. Must establish a schedule of on-call coverage or make other arrangements to ensure that someone is available to respond to calls from pharmacists, laboratories, and hospital personnel outside of regular office hours.

D. In the event of a medical staff shortage, must advise patients of alternatives for accessing medical care and inform the College of interim arrangements.

E. May leave a voice message on the office line directing patients to the provincial health advice line, 811.

When the office is closed

What are my obligations?

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When the office is closed

What are my obligations?

Considerations

College Standard: *Care Coverage Outside Regular Office Hours*

https://www.cpsbc.ca/files/pdf/PSG-Care-Coverage-Outside-Regular-Office-Hours.pdf

4 A physician is ill

Should the College be notified?

A physician is ill

Should the College be notified?

Dr. Bart Marshall is a 54-year-old rheumatologist practising in Vancouver. He has struggled with a mood disorder for several years and has been treated with antidepressant medication for the last 15 months.

In October 2017 he consulted with his family physician; his mood had deteriorated to the point that his physician recommended a medication change and endorsed Dr. Marshall's wish to take time off from work.

He was still off work in January when, prompted by the annual license renewal questions about his health, he realized that the College takes an interest in the health of its registrants.

A physician is ill

Should the College be notified?

Question

When should someone bring a health condition to the attention of the College?

A. All health conditions must be reported to the College.

B. Only physical, cognitive or mental health conditions that do or **could** impact medical practice need to be reported to the College.

C. The College only needs to know about health conditions that have required hospitalization or certification under the *Mental Health Act*.

D. There is no moral or legal obligation to report any health conditions to a regulatory body.

A physician is ill

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A physician is ill

Should the College be notified?

Considerations

CMA *Code of Ethics*

- Give patient safety and well-being priority (Article 1)
- Practise medicine without impairment (Article 5)
- Maintain ones own health and well-being (Article 10)

Annual licence renewal form

"Have you ever had, or been advised by a health-care professional that you have had a physical, cognitive or mental health condition that **could negatively impact your medical practice**, now or in the future, that you have not previously reported to the College of Physicians and Surgeons of BC?"

College standard: *Blood-borne Pathogens in Registrants*

https://www.cpsbc.ca/files/pdf/PSG-Blood-borne-Pathogens-in-Registrants.pdf

A physician is ill

Should the College be notified?

Question

The College can accommodate Dr. Marshall by changing his licence status to temporarily inactive – health leave (TI). This amounts to a voluntary suspension of a registrant's licence—they may not see patients, write prescriptions or bill MSP, until their status is changed back to active. Should Dr. Marshall have his status changed to TI?

A. Yes.

B. No.

A physician is ill

Should the College be notified?

Question

The College can accommodate Dr. Marshall by changing his licence status to temporarily inactive – health leave (TI). This amounts to a voluntary suspension of a registrant's licence—they may not see patients, write prescriptions or bill MSP, until their status is changed back to active. Should Dr. Marshall have his status changed to TI?

A. Yes.

B. No.

It depends. As a general rule, the College's strong recommendation is that an illness severe enough to keep the physician off for more than two to three months (and has potential to negatively impact patient safety) warrants temporarily inactive status.

A physician is ill

Should the College be notified?

Considerations

College standard: *Changing Registration Status to Temporarily Inactive During an Absence from Medical Practice*

https://www.cpsbc.ca/files/pdf/PSG-Changing-Status-to-TI.pdf

College form: Temporarily Inactive – Health Leave

https://www.cpsbc.ca/files/pdf/TI-Health.pdf

A physician is ill

Should the College be notified?

Question

Does Dr. Marshall's treating physician have a duty to report under the *Health Professions Act* (*HPA*)?

A. Yes. The family physician endorsed Dr. Marshall's wish to stop practising, so he must think that Dr. Marshall is unable to practise and is a danger to the public.

B. No. Dr. Marshall was not hospitalized for his mental health diagnosis, and he took the initiative to take himself out of practice so it cannot be concluded that he is a danger to patients or public. He does not meet the *HPA* test compelling his family physician to report him.

A physician is ill

Should the College be notified?

Question

Does Dr. Marshall's treating physician have a duty to report under the *Health Professions Act* (*HPA*)?

A. Yes. The family physician endorsed Dr. Marshall's wish to stop practising, so he must think that Dr. Marshall is unable to practise and is a danger to the public.

B. No. Dr. Marshall was not hospitalized for his mental health diagnosis, and he took the initiative to take himself out of practice so it cannot be concluded that he is a danger to patients or public. He does not meet the *HPA* test compelling his family physician to report him.

A physician is ill

Should the College be notified?

Considerations

Health Professions Act

http://www.bclaws.ca/civix/document/id/complete/statreg/96183_01

- Practice poses a danger to the **public**
- **Hospitalized** for psychiatric treatment or substance use disorder

5 The records I create belong to me

Don’t they?

The records I create belong to me

Don’t they?

Dr. Jennifer Walls, a family physician, has been working at the Ideal Medical Clinic for three years. The clinic is owned by a non-physician investor. It accommodates six FTE physicians, including the medical director. Everyone has a panel of patients and contributes to walk-in shifts.

Dr. Walls was one of the first physicians to work at the clinic. It was state-of-the art—well appointed and equipped. The work was paperless from day one. The arrangement is 70/30.

Dr. Walls’ panel is now about 1,200 patients. When a friend from medical school approaches her about joining a new clinic venture as part-owner, she realizes she is ready.

The new clinic will be ready for occupancy in three months.

The records I create belong to me

Don’t they?

Dr. Walls provides a letter to the Ideal Medical Clinic owner, giving 90 days notice and requesting access to the EMR for the IT service provider retained to install the computer network at her new location, to facilitate transfer of her records.

The owner responds with a letter stating the he will allow the transfer, on receipt of her payment of $5,000, to cover the investment he claims to have made in the EMR on her behalf.

Dr. Walls has no written agreement with the Ideal Medical Clinic.

The records I create belong to me

Don’t they?

The bitter legal dispute that follows is unresolved when it comes time for Dr. Walls to begin seeing patients at her new location.

On her final day at the Ideal Medical Clinic, the owner shuts her out of the EMR (and insists that she hand over her keys), advising that the other physicians will manage incoming reports and patients will be given her contact information, if they ask. The medical director assures her that they have the capacity to take care of any patients who choose to remain.

On the first day at the new clinic, Dr. Walls has no access to her records. A patient with complex care needs asks how that happened. The patient submits a complaint to the College, naming the Ideal Medical Clinic.

The records I create belong to me

Don't they?

Question

How is the College Inquiry Committee going to respond?

A. With criticism of Dr. Walls for failing to ensure enduring access to her records for herself and her patients.

B. With criticism of Dr. Walls for violating privacy legislation, by allowing a non-physician to assume custody of confidential patient records.

C. With criticism of the medical director for not asserting the principle that the physician owns the records she creates.

D. With criticism of the medical director for the absence of data-sharing contracts in the clinic.

E. With no criticism. This is a business dispute. The College has no jurisdiction.

The records I create belong to me

Don't they?

Question

How is the College Inquiry Committee going to respond?

A. With criticism of Dr. Walls for failing to ensure enduring access to her records for herself and her patients.

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The records I create belong to me

Don’t they?

Considerations

College standard: *Medical Records*

https://www.cpsbc.ca/files/pdf/PSG-Medical-Records.pdf

“Physicians have an ethical, professional and legal obligation to ensure that before they create a medical record they comprehensively address the issues of ownership, custody, confidentiality and enduring access for themselves and their patients.”

The records I create belong to me

Don't they?

Considerations

College standard: *Medical Records*

https://www.cpsbc.ca/files/pdf/PSG-Medical-Records.pdf

"In all situations where a physician creating a medical record is not the owner of the clinic and/or of the EMR licence, issues of custody, confidentiality and enduring access by individual physicians and patients must be documented in a formal contract with the owners and/or EMR service providers."

The records I create belong to me

Don’t they?

Considerations

College standard: *Medical Records*

https://www.cpsbc.ca/files/pdf/PSG-Medical-Records.pdf

“The College cannot arbitrate ownership of medical records retrospectively.”

The records I create belong to me

Don't they?

Considerations

Divisions of Family Practice
A GPSC initiative

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Divisions of Family Practice

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Medical Records - Issues & Guidelines

- Introduction
- I. Management of Medical Records and Systems
- II. The Physician's Control of the Patient's Medical Record
- III. Medical Record Issues on Departure or Termination
- IV. Other Considerations
- Appendix A: Sample Contractual Terms - Definitions
- Appendix B: Sample Contractual Terms - Management of Medical Records and Systems
- Appendix C: Sample Policies - Sample Responsible Physician Policy
- Appendix D: Sample

Appendix D: Sample Contractual Terms

The Physician's Control of the Patient's Medical Record

1. The Parties acknowledge and agree that in order to ensure clarity in respect of the rights, responsibilities, and management of Medical Records, it is necessary to designate a Responsible Physician for each Patient. The Parties will cooperate in determining who shall be so designated. No Party may be so designated without their own prior knowledge and consent [and the Patient's prior knowledge and consent].
2. A Party is designated in the Patient's Medical Record as the Responsible Physician for any Patient who that Party brings with him or her upon joining the Practice, unless otherwise instructed by the Patient.
3. For new Patients, a Party shall be designated as a Patient's Responsible Physician in accordance with the Patient's consent indicated on the [as appropriate: Intake form or Patient file Opening form or in accordance with the Responsible Physician Policy attached as Schedule to the Agreement].
4. The Responsible Physician has the right:

Download the Medical Records - Issues & Guidelines Pdf >

Download the Physician Services Agreement >

Helpful Links

CPSBC Professional Standards and Guidelines
Medical Records >
Walk-in, Urgent Care and Multi-physician Clinics >
Leaving Practice >

Electronic Medical Records
Electronic Records Handbook (CMPA) >
EMR Vendor Engagement (Doctors of BC) >
Frequently Asked Questions About EMR (Doctors of BC) >

6 Ending the patient-physician relationship

We're just not a "good fit"

Ending the patient-physician relationship

We're just not a "good fit"

A family physician is weary of trying to provide care to Sam Barnes, a challenging 72-year-old patient with a multiplicity of risk factors who won't do anything he's asked.

Ending the patient-physician relationship

We're just not a "good fit"

Sam:

- continues to smoke, despite years of being counselled to stop
- doesn't get lab investigations done, despite committing to do so
- has chronic atrial fibrillation but declines to take warfarin
- missed two booked appointments in the past year and is unable to pay the fee
- is rude to staff

Ending the patient-physician relationship

We're just not a "good fit"

Question

Which statement concerning dismissing Sam from the practice is TRUE?

A. The practice puts great emphasis on prevention—the website and signage in the office make that clear. Sam's refusal to quit smoking, get his labs done, and take warfarin make him philosophically incompatible with practice values. On that basis he could be asked to access care elsewhere.

B. Sam is acquainted with practice policy on missed appointments. His failure to comply is grounds for dismissal.

C. As an employer, the family physician is legally obliged to provide staff with a harassment-free workplace. The practice has zero tolerance for rudeness. Following a warning, Sam may be refused care in future.

D. The physician has no obligation to try to resolve these issues with Sam. He knows the rules.

E. A letter notifying Sam that he has been dismissed from the practice is adequate notice.

Ending the patient-physician relationship

We're just not a "good fit"

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Ending the patient-physician relationship

We're just not a "good fit"

Considerations

College standard: *Ending the Patient-Physician Relationship*

https://www.cpsbc.ca/files/pdf/PSG-Ending-the-Patient-Physician-Relationship.pdf

CMPA: *Ending the Doctor-Patient Relationship*

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2006/ending-the-doctor-patient-relationship