

Referrals Checklist

Includes:

- ✓ Making referrals
- ✓ Receiving referrals
- ✓ Special considerations:
 - when preparing for temporary absences from practice
 - for physicians practicing in walk-in clinics

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to referrals from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

Additional Advice to the Profession from the CPSO

All physicians are facing significant challenges as clinical and administrative workload increases and as pressure on the health system continues to rise. It is more important than ever that physicians work together to deliver quality care to Ontario patients.

Referring physicians and consultant physicians share responsibility for ensuring patients can access the care they need.

Making Referrals

Make referrals in writing and include the information that the consultant physician needs in order to understand the reason for the consult

- Referring physicians **must** make a referral request in writing and include the information necessary for the consultant health-care provider to understand the question(s) or issue(s) they are being asked to consult on. While physicians **must** use their professional judgment to determine what information to include in the referral request, typically this will include:
 - a) Patient, referring physician, and, if different, primary care provider identifying information;
 - b) Reason(s) for the consultation and any information being sought or questions being asked;
 - c) The referring physician's sense of the urgency of the consultation; and
 - d) Summary of the patient's relevant medical history, including medication information and the results of relevant tests and procedures. (*Transitions in Care*, 15)
- If the patient's condition requires that a consultation be provided urgently, a verbal referral request may be appropriate, although the referring physician **must** follow-up with a written request. (*Transitions in Care*, 16)

Additional Advice to the Profession from the CPSO

In order to help minimize delays, it can be helpful to give consideration to:

- whether your patient's condition(s) is(are) within the scope of practice of the consultant physician,
- whether that physician is accepting patients, and
- whether the physician's office is accessible to the patient.

Referring physicians must include all the information necessary for the consultant physician to understand the patient's condition and address the questions or concerns they are being asked to consider.

Referring physicians will need to have conducted an appropriate assessment before referring a patient to a consultant physician. While the policy sets out the type of information that could be included in a referral request, referring physicians can determine what is appropriate in the circumstances.

Make sure you have a system to track urgent referrals

- Referring physicians **must** have a mechanism in place to track referrals where urgent care is needed, in order to monitor whether referrals are being received and acknowledged. (*Transitions in Care*, 14)

Include your professional contact information on referrals

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage*, 5)

Make sure that referral requests are accurate if you use technology to prepare and distribute them

- Physicians who use technology to assist in the preparation and distribution of referral requests or consultation reports **must** ensure that they are accurate and follow-up with the receiving health-care provider if any errors are identified after the referral or consultation report has been sent. (*Transitions in Care*, 25)

Keep a copy of the referral request in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care*, 24)

Tell patients about who will be involved in their care, and how care will be managed

- Referring physicians **must** clearly communicate to patients what the physician's anticipated role will be in managing care during the referral process, including how patient care and follow-up may be managed and by whom, and keep patients informed about any changes that occur in their role. (*Transitions in Care*, 2)

Tell patients how they can follow-up with you if they haven't heard anything about the referral within a specific timeframe

- Referring physicians **must** engage patients in [the referral tracking] process by, for example, informing them that they may contact the referring physician's office if they have not heard anything within a specific timeframe. (*Transitions in Care*, 14 a)

Additional Information Regarding Supporting Ongoing Virtual Care



Additional Advice to the Profession from the CPSO

Changes to virtual care billing came into effect December 2022. As a result of these changes, consultant physicians who provide virtual care will need to preserve their physician-patient relationships in order to bill for the comprehensive virtual care they provide. Referring physicians may need to reissue straightforward referrals every 24 months where ongoing virtual care is needed.

While physicians must determine what information to include in these referrals, they can be straightforward and meet the expectations set out in the *Transitions in Care policy* if they include:

- the patient's name,
- the referring physician's name, and
- a statement indicating that the patient should continue to receive comprehensive virtual care from the consultant physician, along with any changes in the patient's condition.

Making Referrals to a Sub-specialist



Additional Advice to the Profession from the CPSO

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

If a consultant declines a referral on the basis that a sub-specialist is needed, the referring physician would be responsible for initiating another referral to an appropriate sub-specialist.

Receiving Referrals

Acknowledge referrals and accept or decline them within 14 days

- Consultant physicians **must** acknowledge referrals in a timely manner, urgently if necessary, but no later than 14 days from the date of receipt. (*Transitions in Care*, 17)
- When acknowledging the referral, consultant physicians **must** indicate to the referring health-care provider whether or not they are able to accept the referral. (*Transitions in Care*, 18)



Additional Advice to the Profession from the CPSO

Acknowledging a referral simply means informing the referring physician whether the referral will be accepted. If it is accepted, consultant physicians 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.

When receiving referrals, consultant physicians can consider accepting consultation requests, where possible, even if there are minor issues with the requests (e.g. incorrect or outdated referral forms).

It is important that consultant physicians who use e-referral platforms also provide an alternative option for physicians who are unable to access this platform. This will allow referring physicians to complete their consultation requests in a timely manner and will help ensure patient care is not unnecessarily delayed.

New in
2024

If a consultant physician accepts a referral, they will need to provide appropriate follow-up care and handle any administrative work stemming from their care. Referring physicians may not have the expertise or resources needed to manage a patient's specialised care.

Provide the referring health-care provider with an anticipated wait time or appointment date and time when accepting referrals

- If they are [able to accept the referral], consultant physicians **must** provide an anticipated wait time or an appointment date and time to the referring health-care provider. When providing an anticipated wait time, consultant physicians **must** follow-up once an appointment has been set. (*Transitions in Care*, 18 a)

Provide the referring health-care provider with a reason when declining referrals

- If they are not [able to accept the referral], consultant physicians **must** communicate their reasons for declining the referral to the referring health-care provider (*Transitions in Care*, 18 b)



Additional Advice to the Profession from the CPSO

Consultant physicians can decline referrals that do not provide sufficient information, but they must communicate their reasons to the referring physician. Rather than having the referring physician make a new referral, there may be opportunities for the consultant physician to work with the referring physician to clarify any outstanding questions.

Consultant physicians do not have any obligation to suggest another provider if they are unable to take on the referral. However, consultant physicians may have more information about their colleagues than referring physicians do. If they are able to assist the referring physician in re-directing the referral, it would be helpful to do so, especially where the referral is for urgent or unique issues.

Communicate the appointment date and time with the patient

- Consultant physicians **must** communicate the anticipated wait time or the appointment date and time to the patient, unless the referring physician has indicated that they intend to do so, and **must** allow patients to make changes to the appointment date and time directly with them. When providing an anticipated wait time, consultant physicians **must** follow-up once an appointment has been set. (*Transition in Care*, 19)

Keep a copy of referral requests in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care, 24*)

Special Considerations

When preparing for temporary absences from practice

Include the contact information of the health-care provider who will be covering for you on referrals when appropriate

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage, 5*)

For physicians practicing in walk-in clinics

Arrange for someone to review consultation reports and provide or coordinate follow-up care for referrals you have made

- Physicians practising in a walk-in clinic **must** not rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics, 7*)
- Physicians practising in a walk-in clinic who make referrals **must** provide or arrange for the provision of necessary follow-up care, including reviewing consultation reports. (*Walk-in Clinics, 6*)

The information provided in this resource is for informational purposes only and is not to be construed as legal advice. Physicians are ultimately governed by the CPSO policies which can be found at: <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies>. This resource is not intended as a substitute for reading the CPSO Continuity of Care policies in full.

About this Checklist

This checklist contains a summary of the expectations related to referrals set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

Referrals Checklist Summary

Making Referrals

- Make referrals in writing and include the information that the consultant physician needs in order to understand the reason for the consult
- Make sure you have a system to track urgent referrals
- Include your professional contact information on referrals
- Make sure that referral requests are accurate if you use technology to prepare and distribute them
- Keep a copy of the referral request in the patient's record
- Tell patients about who will be involved in their care, and how care will be managed
- Tell patients how they can follow-up with you if they haven't heard anything about the referral within a specific timeframe

Receiving Referrals

- Acknowledge referrals and accept or decline them within 14 days
- Provide the referring health-care provider with an anticipated wait time or appointment date and time when accepting referrals
- Provide the referring health-care provider with a reason when declining referrals
- Communicate the appointment date and time with the patient
- Keep a copy of referral requests in the patient's record

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