Starting Up Your Practice

Lesson 8 | Starting a Practice
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INTRODUCTION

Most family medicine residents are exposed to office-based clinical practice in academic or institutional teaching settings that do not mirror the environment in which the majority of family doctors practise. Because many of these teaching units are managed by the university or hospital and have mixed funding arrangements, the staff physicians and residents who work there may have minimal influence over operational decisions such as staffing, patient demographics, triage and appointment protocols, or the physical surroundings.

It is important that teaching units book fewer patients per hour for first-year family medicine residents so that they have more time to develop their clinical skills and staff physicians have ample opportunity to supervise. However, feedback from the thousands of senior family medicine residents who have attended practice management seminars since 1992 suggests that there is limited or no opportunity, especially in the final months before graduation, for a senior resident to have some input into the triage and scheduling of his or her own patients. Residents trained in university teaching centres and community-based practices have shared the same concerns.

Consequently when new entrant family physicians are responsible for developing policies and procedures for their own practices, they often are alarmed and concerned that they are not prepared – personally or professionally – to meet the challenges.

In particular, residents report that they are overwhelmed to discover that under most payment models they will need the equivalent of 35-40 regular patient visits each day to cover their overhead costs and meet reasonable income aspirations. They comment that they have no experience or knowledge of how appointments are triaged and scheduled. The majority expressed feelings of frustration and alarm because they believe that if or when they open their own practice, they will be obliged to address all of a patient’s concerns and issues at every visit, as they did during residency. They don’t know when it is appropriate or how to say “I am sorry, but we will have to arrange for a follow-up visit to address these additional concerns” when a patient brings up the third or fourth complex medical issue during a single office appointment.

Informal polling reveals that during their training residents rarely experi-
ence office schedules that include same-day visits or follow-up appointments specifically to address minor issues. They are not accustomed to seeing a schedule that balances short visits and long, complex appointments. It is not surprising that when asked about their short- and intermediate-term practice plans after graduation, the vast majority say they will do locums, and many favour working in walk-in clinics. They believe that in these practice formats, they will not have to deal only with patients who have complex medical issues, and that they will be able to see enough patients each day to generate sufficient income to address their significant debt issues.

It is hard to envision lifelong vocational and professional satisfaction if you do not feel in control. It will be especially discouraging if you are unable to improve on poor or inefficient practices that you may have seen during residency. But remember that you were also exposed to many “best practices.” These should become the foundation for your fledgling medical practice.

As you prepare to start your own practice, incorporate the best practices that you witnessed during your residency and locums. Ensure that the group you join, or the practice you assume or start, strives to provide excellent medical care by integrating effective practice management protocols.

Your mission statement and policies should inform prospective patients what services your new practice can and cannot offer. Patients will appreciate your efforts to inform them, and as a result they will have realistic expectations right from the start.

This module will help you learn how to establish and meet realistic expectations for yourself, your staff and your patients. Appropriate policies and procedures, accompanied by simple measures such as patient information pamphlets, effective phone triage and scheduling, and a first visit protocol for new patients, will set your medical practice off on the right foot.

It may not be practical or appropriate for every family doctor to implement all of the action points discussed in this document. Practice location, patient demographics, medical group dynamics, physician remuneration models, and the availability of allied health care professionals are just some of the considerations that will determine the most appropriate action plan for you. Once you establish a fair, ethical and workable approach to
offering ongoing comprehensive medical care, communication will help your prospective patients accept and be comfortable with your approach. This will establish the foundation for a mutually rewarding long-term relationship.

It is recommended that you develop the following as part of your action plan:

• scheduling practices
• a patient information pamphlet
• clear and concise telephone procedures for your receptionist
• a standardized plan for first visits by patients

SCHEDULING APPOINTMENTS

This section will be of interest to physicians who plan to establish their own comprehensive family medicine practice. Scheduling practices for after-hour or walk-in clinics are not addressed here.

Most patients have little understanding of how a family medicine practice operates. They are not well informed about various physician remuneration models, the number of patients who need to be seen each day, or the challenge of balancing the office appointment schedule with a physician’s many other daily commitments and responsibilities. Few patients realize that physicians spend a significant amount of time in addition to personal appointments to meet patients’ comprehensive care needs. They do not know that their physician’s remuneration is not based on time spent or the number of issues addressed at each visit. Accordingly you should consider how to educate your patients that the time you can offer for a “regular” office appointment may limit the number of medical issues that can be addressed during a single visit. This is especially true when you need to attend to more than the usual number of unanticipated emergencies or same-day medical appointments.

The only way to avoid falling 30-60 minutes behind schedule every day is to initiate guidelines and follow them. This will show your patients that you value their time as well as your own. Unexpected delays will happen, but long waits should be the exception, not the rule; patients with prescheduled appointments shouldn’t routinely wait 30 minutes or more to see you. If every day you are managing the equivalent of 35-40 regular patient visits in a comprehensive and efficient manner, you will need to educate all your patients to have realistic expectations about what you can accomplish.
during a routine office visit. Patients should also be informed how to request more time for those circumstances that warrant an extended consultation, such as a complex medical issue, a counseling session, a periodic health examination, or a medical procedure. It is essential to train your receptionist to assist and triage patients’ requests and time requirements when booking appointments.

There are several reasons to consider allotting 10-15 minutes for a routine patient visit to address a single, potentially complex medical concern or a combination of minor concerns. A family physician cannot anticipate many issues that patients present with, and it may be difficult to complete a comprehensive assessment in 10-15 minutes. The few occasions when a physician can thoroughly address a patient’s concerns in five minutes are more than offset by the appointments that take more than 10-15 minutes. This is especially true in practices that have a high proportion of geriatric patients.

Another factor that contributes to the ever-increasing complexity of daily practice is that some patients choose the convenience of going to the closest walk-in clinic for what they consider to be “minor problems” that they don't want to bother their usual doctor with. Instead they save their major concerns for their trusted family physician.

A further reason to establish guidelines is that after a thorough assessment there should always be time to ensure the patient clearly understands the diagnosis and action plan. This will improve compliance and reduce the number of follow-up visits.

Patients who understand that a regular appointment is only 10-15 minutes long may also prepare to offer a comprehensive, succinct history of their concerns. This facilitates a more effective and efficient assessment and treatment plan. When the time is well managed by both parties, many physicians find they also have time to determine whether the patient has prescription renewals pending, or whether preventive care procedures such as Pap tests, mammograms and immunizations are overdue.

There will always be exceptions. Some patients have complex care issues that routinely take more time. If this is identified in the patients’ registration profile, your reception staff will automatically set aside more time for their appointments.

How do you decide whether to allow
10, 12 or 15 minutes for “regular” office visits? There are several things to consider as you make this decision.

First, how much time will you require to do a thorough, effective and efficient evaluation of the common medical issues you see each day? In your first 6-12 months of practice you should consider scheduling more time for regular visits, or block off one slot per hour for catch-up time. Once you get to know your patients and have polished your assessment skills, it will become easier to assess your patients in the time allotted for a regular visit. Even if you feel financially pressured to see a certain number of patients a day, physicians must first and foremost provide excellent care.

If you are remunerated through an alternative payment plan (APP) contract or academic funding plan (AFP), you will normally receive a stable bi-weekly payment. Depending on the contractual and/or practice plan arrangement, these alternative funding models may allow physicians the latitude to delegate more care to other health care providers, for example a nurse practitioner, or to offer indirect advice and care via telephone or, potentially, by email. This scenario may allow you more latitude to offer longer patient appointments during which you can address several medical issues, because your income is not fully dependent on the number of patients you see per day.

However, the majority of Canadian family physicians are still obliged to generate most, if not all, of their gross income from the services they personally provide directly to their patients. If this is how you are remunerated, your appointment scheduling objective must balance your responsibility to provide excellent patient care with how many regular patient visits or equivalents you must manage each day to cover your practice expenses and generate a reasonable income. In this payment model physicians have limited ability to delegate payable services to other staff, so you personally must provide most of the medical services for which you bill. In most provinces fees paid for a regular office visit would require a family physician to manage the equivalent of 35-40 regular patient visits per full day to balance these two objectives.

PATIENT INFORMATION PAMPHLET

Every new physician should have an
up-to-date information pamphlet that is given to all patients. Patients appreciate having a comprehensive, concise resource document that they can refer to at home. Since it will reflect your medical practice, it should be prepared in a professional manner.

Also consider creating a website so that new and current patients can easily find your group’s most current policies, services, procedures and patient information. The CMA offers several helpful resources, including Physician Guidelines for Online Communication with Patients. This document, which is posted on the CMA Policy database at www.cma.ca, outlines the best practices and norms of communicating by email and through the Internet. Another useful resource is mydoctor.ca, a CMA service to help physicians build websites for their medical practices.

The following is a guide for the type of information to feature in your patient pamphlet or -website. You are encouraged to customize your own material so that it clearly reflects your approach to running your medical practice and the office policies you employ. Always respect professional standards, obligations and ethics.

**Contact information**
- office address, phone number, after-hours access number, website URL
- parking and public transit access
- office hours
- hours when phones are answered

**You and your associates**
- a brief biography introducing each group member
- the scope of family medicine you practise and services you provide, e.g., obstetrics; newborn, pediatric and adolescent care; women’s health; men’s health; geriatric and palliative care; inpatient or supportive hospital care; minor procedures
- any family medicine services you do not provide but which may be provided by an associate, e.g. obstetric
- special interests and training of all physician associates
- physician availability and accessibility (Example: Urgent visits requested by telephone will be evaluated and given an appointment the same day, if deemed necessary. No walk-ins, please.)
- holiday and travel cross-coverage (Example: When your physician is away, the associate physicians will reserve additional same-day visits to accommodate your urgent needs.)
- physician gender-neutral policy (Example: Patients must be comfortable with receiving all of their urgent comprehensive care by the trusted associate [male or female] when their
regular physician is away.)
• policy discouraging transfer of patients within the group
• the language proficiencies in your medical office
• resources, if available, to accommodate special needs patients, e.g., multilingual staff, access to assistance for the hearing impaired

Appointment scheduling practices
• all requests are triaged and documented for chief complaint
• specific information about the patient’s concern(s) required for appropriate scheduling
• patient confidentiality assured
• reminder to arrive on time (Example: Come early since parking can sometimes be a problem.)
• policy for patients who are late for appointments (Example: We reserve the right to fit in or rebook patients who are late for appointments)
• new patient first appointment – Explain the objective of this visit and indicate how much time is allotted, e.g., 10-15 minutes
• regular visit – Describe time allotted for a regular visit, e.g., 10 or 15 minutes allotted to address patient’s main concerns. State clearly that secondary issues will be addressed only if time permits; otherwise a follow-up appointment will be offered within one week.
• complex medical issues and special consideration (Example: If you are travelling a long distance and/or believe that your concerns will require more time with the doctor, it is important for you to inform our receptionist so an extended appointment can be booked as soon as possible.)
• follow-up visits, e.g., 10 minutes allotted
• same-day urgent visits, e.g., 5-10 minutes allotted (Examples: 1. We routinely reserve several appointment slots to accommodate concerns that should be seen urgently. 2. When you are sick we will see you quickly—help us help you by calling early for a same-day appointment.)
• walk-in visits – Will you see walk-ins during regular office hours? In general this is discouraged, especially if you book same-day urgent visits. Since walk-in patients should have to wait until those with appointments are seen, they will save time and be better served if they call ahead for a specific time for a same-day visit. Clarify your policy in your patient pamphlet.
• complete/comprehensive exams, e.g., 20-30 minutes allotted (Note: This service can only be claimed if medically necessary). - Note: Nova Scotia does not pay for general check-ups. It is considered an uninsured service and the patient must
pay for this service directly.

- counseling, interviews and stress management issues, e.g., 20-45 minutes allotted (Example: Patients should inform reception when they are calling about counseling, interviews or stress management issues so that more time can be scheduled.)
- procedures, e.g. 10-20 minutes allotted

**Missed appointments policy**
- 24 hours’ cancellation notice required, or patient could be charged for missed visit
- reminders for regular appointments (Examples: 1. Office staff are not able to call or send reminders for regular appointments. or, 2. Office staff will call at least 48 hours ahead to confirm your appointment.)
- policy with respect to charging patients for missing appointments
- current uninsured service fees posted in office, in patient information pamphlet and on website
- fees for all uninsured services subject to change

**Requests for phone call advice**
In most fee-for-service payment models, physicians are not remunerated for assessing patients by telephone. If it is not specifically covered under the payment model, phone advice is deemed to be an uninsured service.

However, there will always be situations when it is appropriate for a physician to talk to home care nurses and housebound patients. This is more common when the medical team does not include a well-trained family practice nurse. Adopt effective, efficient protocols so that you can minimize the amount of time your office patients will have to wait while you are on the phone. Suggestions include having your staff obtain relevant history, and having the chart ready and the patient on the phone when you take the call. Remember that you are medically liable for any and all telephone advice offered by you or your staff, and it is mandatory to document telephone consultations in the patient’s chart. In terms of billing, you may only claim for a very small number of specific services: for example, advice provided by telephone, fax or amil for home care or palliative care patients to a health care provider, not the patient or his/her family. Most telephone calls are not remunerated.

Example: Because a patient interview and examination are essential for us to provide quality care, we have adopted the following office policies:
• Receptionists are not qualified to offer medical advice.
• Nursing staff (if available) will offer phone advice when indicated.
• Only basic advice will be offered by telephone.
• The physician does not routinely offer medical assessments on the phone, but will be available to assist staff when necessary.
• Same-day or appropriate appointments will always be offered, depending on the nature and urgency of the problem.
• All test results are reviewed by the doctor. Patients will be called for a follow-up visit if laboratory or diagnostic tests are abnormal.
• Telephone advice that is not directly related to an insured service, or that is requested after significant time has passed since the last appointment, may be considered uninsured and billed directly to the patient.

Prescribing policies
Will you routinely renew prescriptions by telephone? It takes at least 5-10 minutes of staff and physician time to pull the chart, assess whether a medication renewal without a visit is appropriate, document each request in the chart, call the patient back, and call or fax the pharmacy. This interrupts your staff from serving the patients in the office and ties up your phone lines, making it more difficult for patients to call in. Taking a minute whenever possible at the end of a routine visit to review and renew a prescription unrelated to the visit will be appreciated by your patients. Doing so will also significantly reduce both the number of phone renewal requests and the number of office visits required just for prescription renewals. An up-to-date cumulative medication profile is essential.

Consider the following for your patient pamphlet and office information signage:

• a policy of offering renewals during any visit regardless of the presenting issue (Example: Help us to help you – if you have no repeats for a medication, let us know during your office visit and we will renew it. If a detailed medication review is appropriate, then a dedicated follow-up visit will be scheduled.)
• a policy about evidence-based guidelines (Example: This office follows evidence-based guidelines for all prescriptions, including antibiotics, narcotics and medications for stress-related conditions.)

Investigations
• appropriate and current evidence-based guidelines direct all medical investigations
Referrals to specialists
• appropriate referrals made to specialty colleagues when indicated
  (Example: Before any referral is arranged, patients must see the family doctor for pre-consultation information-gathering and investigations to facilitate a faster and more effective consultation.)

After-hours and holiday and weekend coverage
• address and phone number for after-hours coverage clinic, clarifying the hours, walk-in and/or appointment policy
  • clarify if and why it is your policy to discourage your patients from going to alternate after-hours providers such as walk-in clinics (Example: We receive a medical report within 24 hours when you visit the colleagues we designate for after-hours care, but we do not receive such information from alternate providers.)

Uninsured services
Always use discretion when billing for uninsured services. Patients often assume that all of your services are paid for by the government. Physicians are mandated by the regulatory colleges to inform patients of their obligation to pay before providing any uninsured service. Your patients will appreciate being educated about the situation in your province.

For the significant number of patients who may not be able to afford charges for uninsured services, you should consider either no charge or a nominal fee. You can also consider giving the patient an invoice that identifies the service but states “No Charge.” To help you keep your patients informed on non-insured serviced, Doctors Nova Scotia has a number of resources that could be used.

They include:
• Physicians’ Guide to Billing for Non-insured Services (this also includes Guidelines for Medical Legal Reports);
• Patients Guide to Non-insured Services: Services not paid by MSI
• Non-insured Services Poster
• Non-insured Services Fee Information Patients Forms

These documents and a form to order any of this material can be found on the members’ side of Doctors NS website at:

You should also consider the following as you develop your policy on uninsured services.

- Clearly state that many services are not covered by the provincial insurance plan and that patients may be charged appropriate fees for these services. (Example: Fees for medical services that are not covered by the provincial insurance plan are the responsibility of you, the patient. We realize and will always take into consideration that some patients may not be able to pay for these services. Please don’t hesitate to inform us if these charges pose a financial hardship to you.)
- Patients must be informed and agree to the fee before an uninsured service is provided.
- Physicians may request, but they may not demand, payment in advance for professional services.
- Physicians may require deposits for prosthetic devices or any applicable facility fees.
- Uninsured services should be listed in the waiting room and exam rooms, as well as in your patient information pamphlet.

**Information signage in the office**

Patient information posted in waiting rooms and examination rooms compliments your patient information pamphlet and website. This is a particularly valuable way to provide comprehensive information regarding uninsured services and the fees, which are subject to change. It is much easier to update this information in the office than to repeatedly edit and reissue your pamphlet to all patients.

By themselves, however, signs can be misleading and may not adequately convey the intent of your office policies. If you have followed the comprehensive guidelines suggested in this module, your patients will already understand what you can offer during a routine office visit as well as how to make appointments to address complex issues. Your pamphlet and your verbal explanation during the first visit will convey your message much better than a sign. Regulatory colleges are addressing an increasing number of patient complaints regarding such use of office signs. Communicate effectively – don’t rely on signage to educate your patients.

**TELEPHONE PROCEDURES**

As a new family physician, you can expect to be flooded with calls from prospective patients even before you formally announce that you are open for business. It is therefore important to develop clear and concise telephone interview guidelines for your receptionist to follow when responding to new patient inquiries. You will need to have this policy in place when your receptionist starts to accept calls several weeks before opening your doors.

The primary goal of these telephone interview questions is to educate prospective patients of your practice profile and the services you can provide. Your receptionist’s interview questions also give the prospective patient the opportunity to decline before a first visit is offered.

At no time should any of these questions be scripted to avoid accepting patients with difficult medical or emotional problems. Any form of “cream skimming” (accepting only healthy, uncomplicated patients) is wrong and unethical.
**Voice mail**

Voice mail for your group practice is worth the investment, especially when a new doctor joins an existing group. The voice mail system can be programmed to automatically direct incoming calls to the appropriate staff, such as the receptionist or nurse, and to advise patients of frequently requested information (e.g., the schedule for flu shots.) Remember that simply adding more phone lines does not solve patient access problems, because one staff member can only answer one phone at a time.

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<th>SUGGESTIONS FOR VOICE MAIL PROGRAMMING</th>
<th>EXAMPLES FOR THE VOICE MAIL RECORDING</th>
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| 1. Develop a brief and clear telephone access tree. | **Welcome to the ABC Medical Practice.**
To help us direct your call, please choose from the following options. |
| 2. Give first-message priority to current patients. | **Current patients, please press 1.** Callers who press 1 will be transferred to a line that the receptionist answers during office telephone hours. If the line is busy, automatic messages can play until the line is free. If the call is received outside telephone answering hours, the message should indicate office hours, how to reach the receptionist, the after-hours medical coverage number and similar frequently-requested information. |
| 3. Make the second message for patients inquiring about joining the practice. | **If you are looking for a new family physician, please press 2.** The message after pressing 2 should indicate which doctors are accepting new accepting new patients and which are not. |
| 4. Clearly indicate when new patient requests will be answered to avoid being swamped by inquiries throughout the day. | **Our staff has dedicated 2:30-3:30 pm on Tuesdays and Thursdays to accommodate inquiries from new patients. When you call back during this dedicated time, please press 1 to reach reception. Please go to our website www.mydoctor.ca to view a description of our medical practice.** |
Dedicating a specific time to field inquiries from new patients is advisable because it takes a significant amount of time to inform each caller about the practice. In spite of hearing this instruction in a voice mail, some people will ignore the direction and call at other times. It is appropriate to direct your staff to politely ask these patients to call back at the appropriate time. (Example: We appreciate your desire to find a doctor; however, we have to restrict our morning and early-afternoon telephone calls so our established patients can reach us. When you call back on (day and time) we will have more time to answer your questions and tell you about this practice. Thank you. Please call back at that time.)

Ensure that your receptionist is sensitive to the anxiety and pressure individuals feel when they are searching for a family physician. For the exceptional occasion when a caller persistently refuses to phone at the designated time, you should decide whether your staff has your approval to advise them that individuals who choose not to comply with office policy cannot be accommodated. Your receptionist can provide the Department of Health and Wellness find-a-physician telephone number and politely end the call. Should this happen, other staff members should be advised of the decision. The need to do this should be rare.

It is important for your staff to know that you will totally support their actions and decisions when they implement the office telephone policy.

**Receptionist telephone interview protocol for new patients**
A standardized phone interview should be scripted for your reception-
ist. This allows your receptionist to efficiently educate callers about your policies and the enrolment criteria for new patients.

What about urgent requests?
You can expect your new patient first-visit appointment schedule to fill up quite quickly, and patients may easily wait many weeks before their initial visit. In addition to the calls from patients wanting to book initial visits, you will hear from individuals with pressing requests such as urgent medical problems or expired prescriptions.

Since you are accepting responsibility for your patients’ health, it is important not to deviate from your policy of having individuals come for a first visit before accepting them into your practice. Callers who require more immediate attention should be advised to go to the nearest walk-in clinic, emergency department or call 811. Your staff should advise callers that you can only assume responsibility for patients who have been enrolled in your practice.

THE NEW PATIENT FIRST VISIT

Registration procedures for the first visit
A new patient’s first visit is often referred to as a “meet and greet visit” because the intent is to welcome the patient into the practice. Callers who are offered the next available first appointment should...
be advised to arrive at least 15 minutes early for registration. Staff should advise callers about parking locations and limitations. A map on your Website will be very useful.

Once patients are registered and their health card and demographic information are verified, they should be given a new patient package that includes your detailed patient information pamphlet and a summary of uninsured services. Patients should be encouraged to read the material before meeting you. If your staff suspects that an individual has difficulty reading, they can discreetly offer assistance. They should also convey their observations to you before you see the individual.

Consider advising your staff to not colour label the chart folder (if used) with the patient’s name and access numbers until after the visit. This will allow staff to verify that all demographic information is correct. Once the patient is accepted and enrolled in the practice, the chart can be properly coded and integrated with your paper or electronic medical records. As per regulatory college guidelines, you must archive the office encounter notes even in the rare cases when an individual does not join or is not accepted into your practice.

Do not ask prospective patients to complete medical questionnaires before they meet you. If you chose to not accept that patient, he or she could allege that you turned them down due to their medical problems, a practice that is unethical and unprofessional. If you want to use a questionnaire, provide patients with the form after you have accepted them into your practice. They can complete the form in the waiting room after the first visit and leave the profile with your staff.

Before adopting this practice, be advised that it is often more time efficient to take the medical history yourself. This will eliminate the need to transcribe the patient’s questionnaire information to your cumulative patient profile. If patients complete their own profiles there is also great potential for illegibility or inaccuracy. Ideally an electronic medical record would offer new patients the opportunity to sit at a private computer area where they could complete a medical questionnaire that your staff can easily format and import later.

**Standardized approach**

Standardize your approach for every first visit. The first thing to determine is how much time you should reserve
for the first visit (e.g., 10-15 minutes). It is crucial to stay on time. Imagine the negative impression new patients will have if on their first visit you are 30 minutes behind schedule.

We suggest you consider the following approach:

- Introduce yourself, and briefly review your practice objectives and your approach to family medicine.
- Ask what the individual is looking for in a family doctor.
- Verify that each person has read and understood the material offered in the waiting room. If you or your staff suspects that a patient may have literacy challenges, discreetly probe further.
- Answer any questions the patient raises about the office policies and patient information pamphlet. It is quite encouraging when patients ask for clarification, but it should be a red flag if they contest your policies. Agreeing to adhere to all your office policies should be a criterion for any individual who wishes to be accepted into your medical practice. If you decide to make exceptions for a particular patient, advise your staff and have it noted on the patient’s profile; this will avoid misunderstandings when your staff carry out standard policies in future.
- Discuss your policy about the time allotted for a regular visit. Explain that you need the time to address their main concern thoroughly, especially if it requires detailed assessment. Several minor issues may be addressed when time allows. Advise patients that a regular visit cannot accommodate a long list of issues, and that when they have several concerns they should request a longer visit when they call in. Assure them how important it is to tell the receptionist the problem(s) that need medical attention when they call for the appointment. And reassure patients that you will see them again soon to address additional concerns. Do not follow a rigid policy of one complaint per visit.
- If you are accepting patients who are transferring from another medical practice, ask why the individual is leaving the previous family doctor. It may be because the patient did not accept a clinical approach, prescribing practice or office policy. If you have or endorse a similar approach, advise the patient that you have the same policies and that you will respond in the same way.
- Educate patients about your approach to prescribing narcotics, antibiotics and tranquilizers (Example: I believe it is very important to protect my patients from inappropri-
ate medications and I only prescribe medications as indicated by the latest guidelines. I am very judicious when offering antibiotics and strong pain medications or tranquilizers.

- Having provided prospective patients the opportunity to review your office policies and practice philosophy in advance of the first visit, there usually will be time left to address current medical concerns or gather medical history. If indicated, the patient should be offered a follow-up visit within one week to further address their current concerns. Be sure that your schedule has sufficient flexibility to accommodate these follow-up appointments and is not overbooked with first visits.

**Billing for the new patient first visit**

Check with your provincial insurance plan (MSI) about the appropriate way to bill for this first visit. There should be time to start to address specific medical issues during this visit, so the specific diagnostic code and a “regular” office service code likely will be appropriate.

If you do not accept the patient or the patient chooses not to accept you and no medical issues are addressed, the visit is considered to be uninsured. Billing a patient who does not join the practice is inconsiderate, unless the prospective patient clearly indicated in the first telephone call that he or she wanted to interview you before deciding to become your patient.

Physicians are advised against billing the more remunerative counseling or time-based service codes for new patient interviews. Billing for a service without meeting all of the criteria is inappropriate.

**Can a physician refuse to accept a patient for medical care? Can a physician discharge a patient from the practice?**

The answer is a qualified “Yes.” Each provincial regulatory college has guidelines for managing these situations.

For example, the College of Physicians and Surgeons of Nova Scotia position – Policy Regarding Accepting New Patients - suggest that in making the decision to accept or not accept a new patient, the physician should:

- use a first come, first served approach
- identify the person’s needs and expectations;
- disclose the clinic’s competence and scope of practice
- determine whether terms of the relationship will be mutually acceptable; and
• be mindful of the Nova Scotia Human Rights Act.

Sometimes physicians and patients part because the physician is unable to continue for reasons such as illness, retirement, or lack of appropriate knowledge or skills. More often the reason is a breakdown of the doctor-patient relationship, which might happen for one or more of the following reasons:

• appointments missed repeatedly without adequate reason or notification
• refusal to comply with treatment advice (Note: Physicians must, however, “respect the right of a competent patient to accept or reject any medical care recommended.” CMA Code of Ethics #24)
• rudeness or threats by the patient toward the physician, staff, or family

It is important to review your Nova Scotia’s regulatory college guidelines with respect to these situations. Refer to Policy Regarding Accepting New Patients guidelines on the College’s website – www.cpsns.ns.ca

How to say “No”

These situations should be exceptionally rare. It is important for you to feel reasonably comfortable that you can meet your patient’s expectations, while at the same time know that you can say “No” when it is appropriate to do so. If you are concerned that a prospective patient will not respect your office policies and you still accept them, you may be setting yourself up for potential confrontation that is not in their or your best interest.

On the rare occasion that you decide not to accept a patient, politely say something like: Thank you for coming in. However, I do not feel that I can meet your expectations. I am sorry, but I will not be able to accept you as a new patient.

Should the individual still express a desire to be your patient, you should restate your position but not enter into a debate. For example, I appreciate that, but it is important for me to feel confident in my ability to offer you comprehensive care.

Frame your statements in a manner that avoids any derision of the individual. Say goodbye, wish them well and leave the room. Be sure to notify your staff immediately so they can put this person’s name on the non-acceptance list.

If your practice is limited to a specific population or clinical profile (e.g., women’s health, men’s health, geriatric care, sports medicine, general practice psychotherapy) state this clearly in your patient information pamphlet and include it as part of the receptionist’s phone interview. This will prevent the need and the discomfort of having to say “No” during a first visit.

Advise your staff of your decision before the individual returns to the waiting room. Instruct them that if the patient attempts to negotiate, they should respond that your decision is final. Staff can provide the Depart-
ment of Health and Wellness telephone number (902 424-3047) where the individual can inquire about other physicians who are accepting patients.

**Are you obliged to accept all patients into your office practice when you are working in an underserviced or rural area?**

Accepting the responsibility of offering ongoing, comprehensive care to patients in your own office-based practice is significantly different than offering periodic care for patients when you are covering emergencies in a hospital or urgent care clinic, or when working in a walk-in clinic.

If your practice locale or contractual agreement does not offer any latitude regarding the acceptance of new patients, it is even more important to prepare a detailed patient information pamphlet and establish reasonable office policies. You may be obliged to accept all patients, but you are not obliged to meet unrealistic expectations or to offer care that you believe is inappropriate. When all parties – patients, staff and physicians – understand this, it will make it easier to “agree to disagree.”

The need for more comprehensive family practitioners in rural, remote and urban centres is significant. However, physicians who fail to set appropriate limits on what they can and cannot do will be much more likely to burn out. Stress is profound in our profession and it is the primary reason for disability and physicians leaving clinical practice. Always use discretion and compassion when deciding if you can take on more responsibility. A comprehensive approach to starting your practice on the right foot will help establish the foundation of a rewarding, long-term relationship for you and your patients.

The recommendations and suggestions in this document are presented for your consideration. Remember that it may not be practical or appropriate for you to implement everything. Customize your action plan to reflect your wishes and your particular circumstances. If you educate prospective patients to have realistic expectations of the care you can provide, they will respect your efforts and honesty.

**LESSON 8 ACTION PLAN**

- Establish clear office policies and procedures long before you see your first patient.
- Customize your own patient information pamphlet.
- Create a website for your new practice.
- Develop a telephone interview profile for your receptionist.
- Standardize your interview for new patients.
- Adhere to your own policies and support your staff as they do the same.
- Set realistic limits for what you can and cannot do.
- Use discretion, don’t be rigid, be considerate and always be ethical.

The recommendations and suggestions in this document are presented for your consideration. Remember that it may not be practical or appropriate for you to implement everything. Customize your action plan to reflect your wishes and your particular circumstances. If you educate prospective patients to have realistic expectations of the care you can provide, they will respect your efforts and honesty.