
Third-party Forms: The Physician's Role (Update 2010)

A physician's assessment and signature on a third-party form have a value that needs to be formally recognized. This document provides clarification and guidance for physicians, patients and organizations that deal with third-party forms subject to provincial/territorial and federal legislation and regulations. It also outlines a number of strategies aimed at reducing the administrative burden of third-party forms to allow more time for direct patient care. "Third-party form" refers to any form, letter, medical certificate, photocopy or other document containing medical information about the patient that a physician has been requested to undertake by a third party on behalf of their patient.

Key principles

Physician guidelines for completing third-party forms

- Physicians have a professional responsibility to complete third-party medical forms requested by their patients.
- The physician's role in completing third-party medical forms should be to provide a medical opinion. Therefore, questions on forms to be answered by physicians should be restricted to seeking information on the health status and prognosis (when possible) of the patient.
- A physician must not state that a patient has been under his or her care unless that is the case. The duration of the care should be indicated.
- With respect to illnesses, third parties should only request a physician to complete a medical certificate after a patient has been ill for at least five days.
- If the physician does not have satisfactory knowledge of an illness to provide information or an opinion upon it, the physician should state such on the certificate.

- A physician must obtain a patient's consent to disclose information to any third party, whether employer or insurer. Before preparing a report for a third party, the physician should explain to the patient that the physician owes a duty to the third party to accurately, completely and objectively explain the patient's medical condition.

Strategies for improving use of third-party forms

- To make the overall process of completing medical forms effective, third parties should involve physicians on an early and ongoing basis, beginning by determining whether there is a need for a medical form in the first place.
- Standardizing definitions and wording on third-party forms can save time and reduce administrative errors. Physicians fully support any efforts by the private insurance industry and governments to standardize their medical forms.
- Physicians are entitled to reimbursement for the time and resources they devote to providing medical information to third parties. Third parties should cover the fees for

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completing their medical forms as the physician is often providing this information as a service to the third party.

- Greater use of electronic forms should be pursued providing they meet the necessary privacy, security and confidentiality safeguards.

Introduction

The range of the physician's role extends beyond the strict provision of medically required services beginning with the fundamental responsibility of considering the well-being of the patient.¹ For instance, physicians recognize that they owe an obligation to their patients to provide medical information to third parties when requested by their patients.

A physician's assessment and signature on a third-party form have a value that reflects the physician's formal education and training as well as his/her professional experience. Similar to other professions, a physician's signature carries certain responsibilities and a commitment that the information provided is accurate. This value needs to be formally recognized.

The volume of requests for physicians to complete third-party forms for their patients continues to grow. In many cases, these requests can be an inappropriate use of a physician's time, reducing time available for direct patient care and exacerbating the physician shortage facing many communities.

Purpose and definitions

This document is intended to provide clarification and guidance for physicians, patients and third-party organizations in dealing with third-party forms subject to provincial/territorial and federal legislation and regulations. It should be considered in conjunction with CMA's policy statements on *Short-Term Illness Certificate* and *The Physicians' Role in Helping Patients Return to Work after an Illness or Injury*. For the purposes of this statement, "third-party form" refers to any form, letter, medical certificate, photocopy or other document containing medical information about the patient that a physician has

been requested to undertake by a third party on behalf of their patient. A third party includes an employer, government department or agency, private insurer, or other organization that is requesting medical information about the patient with the intention of using this information for the benefit of the patient. While it may be pertinent in some instances, this policy statement does not address all of the issues associated with completing reports for independent medical examinations, whereby a physician other than the individual's treating physician is contracted to assess an individual on behalf of a third party.

The impact of third-party forms on physicians

Requests for physicians to complete third-party forms come from many sources including governments, government agencies (e.g., Workers' Compensation) and the private/non-governmental sectors (e.g., employers, insurance companies, schools, sporting organizations). Cumulatively, the number of requests received by physicians on a weekly basis can be significant. The Sickness Benefit Claims under the federal government's Employment Insurance program — just one example of a third-party form requiring medical input — approved 294,350 applications in 2004-2005² (the vast majority of these certificates would have been completed by physicians).

Furthermore, the number of third-party form requests received by physicians is on the rise. A comparison of data from the CMA's 1997 Physician Resource Questionnaire and the 2004 National Physician Survey show an increase in physician time on indirect patient care including completing reports from 4.5 hours per week in 1997 to 5.3 hours in 2004, representing 18% growth over the seven years or almost one extra hour per week.³ A 2002 survey of Ontario physicians found that physicians were spending approximately nine hours per week (11.5 hours per week for family physicians) filling in an average of 58 forms. This represents approximately 18% of total working hours. Government disability forms, just one source of third-party forms, were reported as taking, on average, just under 28 minutes to complete.⁴ On its own, a single request to fill out a third-

party form may not seem to be a burden but the cumulative effect of a physician being requested to complete several forms each day can result in significant administrative burden and take away time that physicians can spend providing direct patient care. In the case of the Ontario study, for instance, it has been estimated that a modest 10% reduction in time spent on paperwork — of which third-party forms represent a significant portion — would result in more hours for patient care equivalent to having an additional 392 physicians working in the system.⁵

Yet many of the requests to complete forms constitute a poor use of physicians' time. Frequently, the physician is not being requested for his or her medical knowledge of the patient but rather is being asked for patient information for administrative purposes (e.g., being expected to police employee absenteeism). Strategies are therefore required to reduce the burden to the benefit of patients, physicians, and third parties.

Key issues

While completing a third-party medical form may seem straightforward, it confronts physicians with a number of issues and dilemmas:

- *Professional responsibility:* In what instances should third-party forms be required? What is each party's role with respect to third-party form requests?
- *Accountability/patient expectations:* To whom is the physician accountable? Is the physician to serve as an adjudicator for the third-party or as an advocate for the patient? How can these roles be balanced?
- *Privacy:* What patient information is essential to complete the form and has the patient provided consent to release the necessary medical information?
- *Economics:* Who should pay for the physician's time and effort to complete the third-party form (i.e., the requesting third-party or the patient)?

Guidelines for completing third-party forms

Physicians have a professional responsibility to complete third-party forms when authorized by their patients. For their part, third parties should

only request medical forms or certificates when there is a need for medical information about a patient to be used for employment purposes or the evaluation of a benefit for the patient. To the greatest extent possible, patients should review the form and be aware of the information that is being requested.

Before preparing a report for a third party, the physician should advise the patient that the report he/she provides to the third party is outside the physician-patient relationship and that in completing the form, the physician owes a duty to the third party to accurately and objectively report upon the patient's condition. In addition:

- A physician must obtain a patient's consent to disclose information to any third party, whether employer or insurer. A physician must not disclose more information than is covered by the patient's consent⁶ —this includes only providing information relevant to the nature of the request. If a patient limits his/her consent, the physician must consider whether such limitation is relevant to their report and if it is, report the limitation in the report to the third party.
- It is the CMA's position that an accurate and relevant narrative summary of a patient's clinical files by the physician should be sufficient to provide to third parties. The requesting of complete copies of clinical files is unwarranted in the significant majority of cases.
- A physician must not state that a patient has been under his or her care unless that is the case. The duration of the care should be indicated. If a physician does not have satisfactory knowledge of an illness to provide information or an opinion upon it, the physician should state such on the certificate.
- Before providing an opinion on a patient's fitness to work, a physician should have an understanding and

reasonable information about the patient's employment requirements. In situations where there is insufficient information, it is recommended that physicians reply to such questions with the statement, "I do not have knowledge of the patient's workplace and cannot answer the question."

- In instances where a physician is being requested to complete a form by a transient patient (i.e., not the physician's patient), the physician should only comment on observations based on their own medical assessment.
- A physician has a duty to ensure that he/she has properly completed the form (i.e., complete, accurate, objective and returned in a timely manner).

The following requests to physicians for patient information are *not* appropriate:

- Requesting non-medical information: Seeking information from a physician about a patient that is unrelated to the patient's medical condition/history. It is at the discretion of the physician whether to comply with requests to complete documentation/forms that do not require medical expertise, such as a passport application.
- Untimely requests: Instances when a physician is asked for an update on a patient's condition that are inconsistent with the patient's previously noted prognosis (e.g., asking for a medical certificate every two months when the physician has previously noted that no medical change can be expected for at least six months).
- Inappropriate requests: Examples include instances where the physician is asked to comment on an individual's medical condition that the physician has not been treating, or when the patient has been told to apply for a program by another party

when the program is clearly not applicable to them.

It is the employer's responsibility to supervise an employee who is absent from work for a short time because of minor illness. It may be that for many cases, the need for a medical certificate can be replaced by a more effective alternative that does not involve physicians and is agreed to by all parties concerned (e.g., between employer and employees).

Strategies for improving use of third-party forms

Improving the process for completing third-party forms requires a concerted and coordinated effort. Several strategies are recommended that can facilitate the process for all three parties involved: patients, physicians and third parties.

1. Separate the patient assessment from the program eligibility process

The physician's role in completing third-party medical forms should be to provide medical information and opinion. It should not be to adjudicate on a patient's eligibility to a benefit. This is the role of the third party. Consequently, it is recommended that third parties restrict their questions on forms to be answered by physicians to those seeking information on the health status and prognosis (when possible) of the patient.

2. Include physicians in the review, development and design of necessary forms

To make the overall process of completing a medical form effective and efficient, third parties must involve and inform physicians on an early and ongoing basis, beginning by helping to determine whether there is a need for a medical form in the first place. Once the feasibility of a new form is determined, medical input is necessary in the design of the form and to determine how often the form needs to be completed.

Physicians should be involved in periodic reviews of existing medical forms with third parties (e.g., governments, insurance companies, associations)

to determine whether they remain relevant and as simple as possible, and to determine appropriate remuneration for completing the forms. Of equal concern is when changes to requests for medical certification are made without any consultation with, or notice to physicians (e.g., collective agreements that include new requirements for physicians to complete a form without consulting the medical community on its feasibility).

Furthermore, third parties must inform physicians of any changes in informational requirements directly rather than have changes communicated to the physician informally through the patient.⁷

3. Standardize third-party forms wherever possible

Standardizing third-party forms can save time and reduce administrative errors benefiting all parties. Standardization must occur on two levels. First, there is a need to standardize important definitions and classifications such as “disability”. Currently, several programs use their own definition of “disability” that creates confusion for patients who do not understand why they may qualify for one program due to their “disability” but not for another program. The CMA would like to see consistency in definitions across the various government programs. This, however, does not mean that eligibility criteria must become uniform.

The second requirement for standardization is with the forms themselves for both tombstone data (e.g., standardizing the way in which date of birth is requested) and in the way questions are worded for clinicians to complete. Physicians fully support any efforts by the private insurance industry and governments to standardize their medical forms.

4. Provide information to health care providers on government benefit programs

To best serve patients, comprehensive information packages for health care providers should be made available providing a description of government programs, their eligibility criteria, the full range of benefits available, copies of forms, and

information on compensation. This information can help health care providers understand which government programs would be most appropriate for their patients to consider. The CMA supports any efforts by the Canada Revenue Agency, in cooperation with health care providers, to educate tax advisors on government program eligibility to prevent unnecessary medical form requests.

5. Ensure adequate compensation and recognition for service performed

Medical practitioners must receive fair, reasonable and equitable remuneration for the full spectrum of their activities as the range of professional responsibilities placed on physicians extends well beyond the strict provision of publicly insured services.⁸

Despite the growing volume of medical forms, and the increasing amount of time this is taking the physician on a daily basis, few third parties such as governments, private health insurers or employers provide compensation to physicians for completing their forms. Furthermore, this service is usually not considered an “insured service” under provincial/territorial health insurance plans. Even when providing an uninsured service, physicians continue to bear medical and legal responsibility for decisions, and overhead costs such as staff salaries and rent are not waived simply because a service provided is uninsured.⁹

The lack of compensation for the physician’s time and expertise in completing third-party forms suggests either that the physician’s input and signature are not valued or there is little consideration for the role that physicians play in the process. Third parties have historically relied on the goodwill of physicians to complete their forms free of charge. However, with the steady rise of third-party form requests placed upon physicians, this continued expectation by third parties has become increasingly unreasonable, taking unfair advantage of physicians’ goodwill and not respecting the value of a physician’s signature.

When compensation is not provided by the third party or the amount provided does not cover the full cost of providing the service, physicians must

either absorb the cost or ask the patient to provide compensation. Asking the patient to pay the physician for completing the form can be problematic. In many cases, the patient may not be able to afford a charge. Often, those patients seeking assistance from third parties are on low incomes.

Physicians are entitled to reimbursement for the time and resources devoted to the provision of medical information to third parties (either written, electronically submitted and/or by phone). This includes compensation for any uninsured medical assessment necessary to complete the form, as well as for the provision of copies of medical information where appropriate. In most instances, the physician is providing this information at the request of the third party. Therefore, as a matter of principle, third parties, including governments, should cover physicians' fees for providing this information. At a provincial/territorial government level, this could mean making the completion of provincial/territorial forms an insured service under the provincial/territorial health insurance plan. Wherever possible, the compensation rates should be consistent and should reflect the time and effort necessary to complete the form. For example, rates for completing medical forms across the various federal government departments should be harmonized based on the level of information and effort required.

In the absence of third-party compensation, physicians may charge the patient for the service provided. As stated in the CMA's *Code of Ethics*, physicians should consider the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with the patient.¹⁰ The physician may decide to reduce or waive his/her fees if the patient lacks the financial ability to pay. Physicians should consult their provincial/territorial medical association for their guide to direct billing of patients.

6. *Faster adoption of electronic forms (e-forms)*

While the health care system is adopting more and more information technologies into its daily practice, there remains considerable room for improvement toward greater use of electronic forms providing they meet the necessary privacy,

security and confidentiality safeguards.¹¹ In most cases, third-party forms require input from the patient, the provider and the third party (e.g., government program adjudicator). The adoption of properly secure e-forms would allow each party to complete the form online at their convenience saving time for all. The electronic distribution of available forms with descriptions of each program can serve as a single, comprehensive source for both patients and physicians alike.

7. *Work with other providers to share the administrative burden*

In some cases, the administrative burden involved in completing forms can be shared with other regulated health care professionals, with physicians providing information pertaining to medical assessments and prognoses. This can be greatly facilitated through the use of e-forms previously outlined. Alternatively, there may be instances where other health care professionals could be designated as qualified practitioners for the purposes of completing the forms (e.g., occupational therapist). Where appropriate and subject to regulatory requirements, physicians should consider delegating the completion of forms to another qualified practitioner.

8. *Adopt policies in the office to manage third-party form requests*

In addition to the above strategies, there are a number of office policies and strategies that physicians can adopt to better manage third-party requests. These strategies include, but are not restricted to having an office policy on third-party form requests, having clear communication and signage on patient and physician responsibilities regarding forms and fees, and organizing time to complete forms.

Conclusion

Physicians face a multitude of requests on a daily basis to complete medical forms and certificates. The physician's provision of medical information and opinion needs to be recognized by third parties and patients. Greater attention to clarifying roles and responsibilities of each party can significantly reduce the administrative burden associated with completing third-party forms and

leave more time to provide direct care to patients.

¹ The Canadian Medical Association. *Code of Ethics*. Ottawa: CMA; 2004.

² The Canada Employment Insurance Commission, Employment Insurance 2005 Monitoring and Assessment Report. Annex 2. Ottawa: Human Resources and Social Development Canada; March 31, 2006. This figure does not include the number of forms completed for individuals who applied but did not qualify for the program.

³ Canadian Medical Association. Physician Resource Questionnaire 1997; 2004 National Physician Survey; February 2005.

⁴ Raymond Dawes et al. *The impact of paper work on Ontario physicians*. 2003. Unpublished.

⁵ Ontario Medical Association. *Estimating Physician-Equivalent Gains From Reducing Physician Paperwork*. Toronto: OMA; June 1 2007.

⁶ Ibid.

⁷ Saskatchewan Medical Association. *SMA relative value guide*. Saskatoon: SMA; 2004.

⁸ Canadian Medical Association. *Physician Compensation*. (Policy Statement) Ottawa: CMA; 2001.

⁹ New Brunswick Medical Society. *Physicians' guide to direct billing*. Fredericton: NBMS; 2005.

¹⁰ Canadian Medical Association. *Code of Ethics*. Ottawa: CMA; 2004.

¹¹ Canadian Medical Association. *Physician guidelines for online communication with patients*. Ottawa: CMA; 2005.