



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**



## **NLMA Guidance:**

**Advice for Physicians Regarding Referrals,  
Consultations and Missed Hospital Appointments**

# ***Advice for Physicians Regarding Referrals, Consultations and Missed Hospital Appointments***

*The following advice is provided in response to questions from NLMA members. These guidelines are based on consultations and dialogue with members, including a focus group of family physicians and specialists, and, where relevant, interpretation of the MCP Preamble, the Canadian Medical Protective Association (CMPA), and the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) requirements and guidelines. These guidelines are suggested for use in private offices and are not a substitute for the policies of regional health authorities or the aforementioned organizations.*

This guidance is based on the principle that effective communication between referring and consulting physicians and their staff is essential to the quality and safety of patient care. Professional communication between physicians should always serve the best interest of patients and should be respectful, collegial and collaborative.

## **Referrals and Consultations**

1. Once a referral letter has been sent by a family physician, the letter of referral does not 'expire'. Specialists' offices should not direct patients back to their family physician for a new referral on the same issue for the sole reason that a year or any other period of time has elapsed.
2. If a patient has been discharged back to the family physician for ongoing care and management, and requires an appointment with the specialist for a new issue or a reoccurrence of the previous issue, the family physician should provide a new letter of referral. (MCP Preamble 6.3.7).
3. Specialist offices have the discretion to establish a missed appointments policy, part of which may be the refusal to reschedule a new appointment with the patient after appropriate efforts have been made to reschedule the appointment. Specialists should communicate their policy to patients, including the amount of advance notice required to reschedule an appointment and how many missed appointments may occur before the specialist will discharge the patient from the specialist's care. When a specialist discharges a patient for failure to comply with their missed appointment policy, the specialist's office should notify the family physician to ensure full communication.
4. The CMPA provides the following guidance to physicians related to non-adherence. Non-adherence includes the failure to attend a medical appointment:

*Consider as appropriate the following strategies which may encourage adherence to medical treatment and help mitigate the medico-legal risk engendered by patients who do not follow the prescribed prevention or treatment plan.*

- *Have a frank discussion with patients about why the treatment plan or lifestyle change is important and how best to implement an agreed upon course of action. Explore any barriers to effectively carrying out the plan.*
  - *Set up office systems to help identify patients who engage in non-adherence, such as missed appointments, cancellations, or failure to follow up on referrals.*
  - *Discuss the reasons for non-adherence with patients to better understand any barriers and then work to overcome the barriers by suggesting alternatives or providing additional information or confirmation.*
  - *Document the consent discussion in the medical record, as well the patient's behavior in terms of adherence.*
5. Referral letters solicited by consultants for follow-up examinations do not meet the definition or requirements for billing consultations. (MCP Preamble 6.3.7)
  6. In situations when a specialist may require updated information while still following the patient, the information should be solicited directly from the family physician by the specialist. The patient should not be sent back to the family physician for another letter of referral.

**Family physicians are not always aware when their patients are no longer being actively managed by a specialist.**

The specialist and the family physician should agree on their respective post-consultation obligations to the patient and communicate these to the patient as necessary. Once the ongoing treatment by the specialist is completed, the specialist should advise the family physician, in writing, that the care of the patient is no longer being actively managed by the specialist.

**Family physicians should not advise patients to raise a second issue that has not been addressed in the referral letter at the time of the initial consultation.**

If a new condition or issue arises during the time that the patient is waiting on their specialist consultation, a new, separate referral letter may be necessary and requested, at the discretion of the specialist, that provides the specialist with a summary of pertinent medical history, current medications, etc.

**Family physicians should only send one referral to a single specialist within the same specialty.**

Sending more than one request for a consult, for the same issue, to various specialists within the same specialty hoping a patient will be seen as soon as possible is not justifiable. This practice may needlessly complicate other physicians' practices and/or lengthen the wait time of other patients.

## Missed hospital appointments

*Note: the NLMA believes that RHAs should invest in appointment notification systems (ANS) and other measures to improve adherence to appointments and to remove administrative burden from physician offices. The following is a description of EH's current policy on missed appointments and the initial steps toward ANS.*

Patients who do not attend an Eastern Health appointment for acute care ambulatory services and have failed to seek rescheduling in advance of the appointment date must obtain a new referral should a future appointment be required or requested. Following a 'no show' appointment, a notification letter will be sent to the referring physician's office (or the family physician on record in Meditech if the referring practitioner information is not available) advising that the patient did not attend the scheduled appointment and that a new referral is required should a future appointment in the same service be required. The original referral form will be accepted as a new referral, but must be **re-dated and re-signed** by the referring physician.

Eastern Health's No Show Appointments policy is available at:

<http://www.easternhealth.ca/OurServices.aspx?d=2&id=2313&p=202>

**Note – this EH policy does not apply to the Janeway Child Health and Rehabilitation Centre.**

An automated notification system (ANS) was introduced in November 2016 in an effort to reduce the number of 'no shows' to clinical appointments, a concern of all four regional health authorities. It was first piloted in the 12 Endoscopy Services Departments throughout the province. In February 2018, ANS expanded to include the Diagnostic Imaging Department — beginning with the Ultrasound Service.

With automated notifications, patients are notified by phone, text or email a week prior to an appointment so they may either confirm the appointment, and make required preparations, or cancel the appointment, allowing other patients to be booked in unfilled appointment slots.