

PRACTICE POLICIES, STATEMENTS & GUIDELINES

40-17 Guidelines Regarding Practice Coverage Outside of Normal Office Hours

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Purpose: To clarify the Board's expectations with respect to practice coverage and the communication of coverage arrangements to patients.

POLICY: The Colorado Medical Board ("Board") has adopted this policy to provide guidance to physicians, physician assistants and anesthesiologist assistants (hereinafter "licensees") regarding its expectations with respect to practice coverage and the communication of the coverage arrangements to patients with whom a provider/patient relationship has been established.

This policy is not meant to address those unanticipated situations that require the patient to immediately seek emergency services.

Applicability:

This policy applies to licensees who provide care to patients on an ongoing basis. This policy also applies to licensees who provide discrete medical services that have an identifiable beginning and end. For licensees providing such discrete services, this policy applies until such time as follow-up care is no longer expected and is no longer required under generally accepted standards of medical practice.

This policy is in addition to any coverage requirements of an institution or facility.

Guidelines:

1. It is the duty of the licensee to provide care whenever it is needed or to assure that proper coverage is available to care for the patient at all times. Consequently, it is expected that the licensee will have an explicit coverage arrangement to assure continued care for patients outside of normal office hours or when otherwise unavailable.
2. Ideally, the licensee will have well codified coverage arrangements with providers within the same practice or specialty or within an institution or facility.
3. In the event that the arrangements described in paragraph 2 cannot be made, the licensee may choose to enter into an agreement with an established triage center, facility or institution qualified to handle the needs of the licensees' patients. The agreement should be explicit, preferably in writing. However, when using this coverage arrangement, there must still be a mechanism for the triage center, facility or institution staff to know whom to call for questions or dispositions regarding those patients who are seen in the triage center, facility or institution or counseled on the telephone.
4. At a minimum, an emergency department ("ED") may provide after-hours coverage for urgent care so long as the ED understands and agrees in advance to provide this service for the licensee and the licensees' patients. The agreement should be explicit, preferably in writing. However, when using this coverage arrangement, there must still be a mechanism for the ED to know whom to call for questions or dispositions regarding those patients who are seen in the ED or counseled on the phone. This would include, but may not be limited to, designating which providers should attend to any potential admissions and assuring a mechanism exists to receive

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information regarding the patient's ED course and scheduled follow-up, as deemed appropriate by the ED.

5. Generic communications to patients, by answering machine for example, simply to go to an ED for after-hours care do not replace a licensee's obligation to provide coverage as stated above.
6. Licensees' should create a written plan for coverage or transition of care to an appropriate provider in the event of a future incapacitation or other unplanned absence from practice.
7. It is the licensee's responsibility to assure that the practice coverage policy is communicated to patients in a clear and understandable way. It is preferable that the policy be communicated to patients verbally and in writing (i.e. a patient brochure) at the time the provider/patient relationship is initially established. Subsequent changes to the practice coverage policy also need to be communicated to patients. The Board also suggests that licensees consider posting their coverage policy in the office reception area as a reminder to patients.
8. Failure of a licensee to adhere to these guidelines may be considered patient abandonment by the Board, which may constitute unprofessional conduct pursuant to Section 12-36-117, CRS.