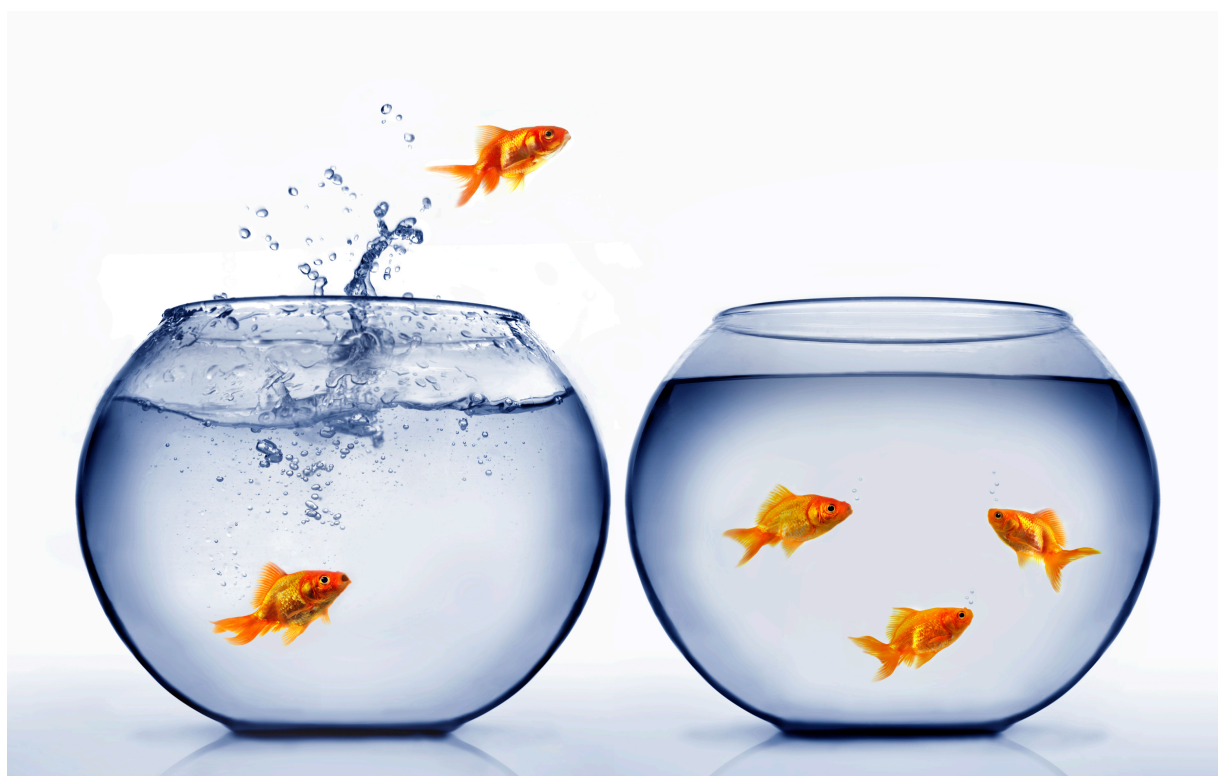


# Succession Planning Toolkit



Developed as part of the *A GP for Me* Project

March 2016

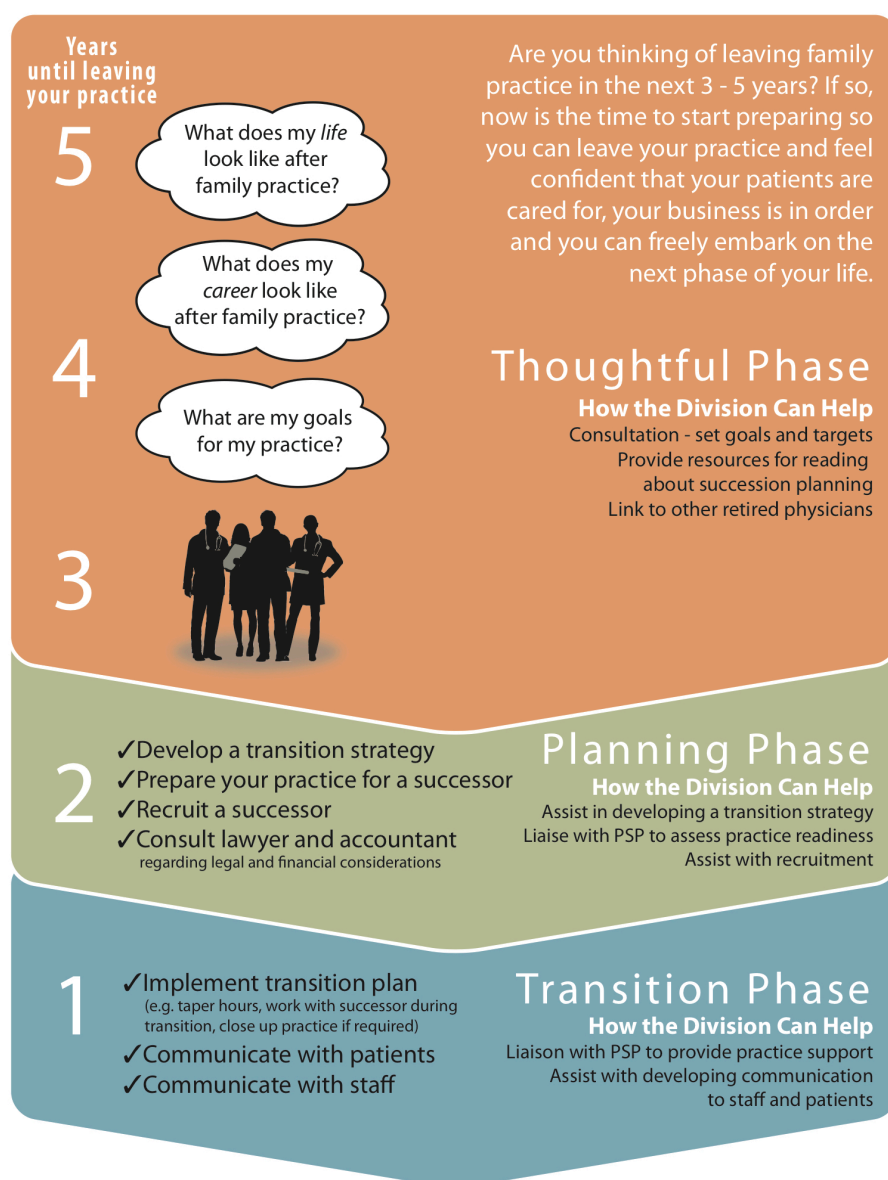


## Introduction

This document is a toolkit for physicians who are planning to transition out of family practice. It is meant as a practical guide that outlines the steps required to hand over your practice to a new physician or close up your practice. The content for this toolkit was developed by the Richmond Division of Family Practice and is used with their permission.

The following image depicts a high level timeline of the process to transition out of family practice. Most of the resources in this toolkit address the necessary tasks of the Transition Phase.

# Succession Planning



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## Winding Down your Practice

Deciding and accepting when and how to wind down your practice and/or retire can be the greatest challenge. This transition not only affects you, but your family and colleagues as well; accessing your support network to process this information is important. Below are some key questions to consider.

- How will I spend my time?
- What can/will I do to get there?
- Am I financially secure?
- Will I have the health to enjoy retirement?
- What barriers might I anticipate?
- What information/organizations can assist me?
- Have I done everything to protect my partner and family?



### OPTION 1: FIND A REPLACEMENT

1. What is the size of your patient panel? Does your patient panel have a proportional balance of different types of patients?
2. What is your timeline for recruitment that will accommodate all recruitment steps (e.g. advertising, registration/licensing, orientation and transition)?
3. How do you plan to source physician candidates?
4. How will you craft terms and conditions that meet physician candidate's needs?
5. How will you create a smooth transition for the incoming physician, colleagues and patients?

### OPTION 2: MERGE INTO A PRACTICE

1. What are your goals for the merger (e.g. work part-time, locum)?
2. What are you looking for in an existing practice when it comes to: Practice philosophy, governance and decision-making, income and expense sharing, medical records, staffing, physical location?
3. Can you identify compatible practices or GP colleagues with similar intentions?

### OPTION 3: CLOSE YOUR PRACTICE

1. When does your lease expire? Does it allow for termination prior to the expiry date?
2. What is your practice closure date?
3. How and when will you notify your patients, colleagues and professional associations of your practice closure?
4. How will you arrange the secure storage or transfer of patient records?
5. What processes will be put in place to support continuity of care (appropriate transfer and follow up) for patients who require it?

Below are some resources who can help walk you through these questions and others:

1. The **Physician Health Program** offers confidential and complimentary support and referral for physicians and their families during career and life transitions. Whether it is stress from retirement planning or life post-retirement, a Physician Health Program physician and/or network of counsellors will be there to assist.

For support and referrals, contact the Physician Health Program 24-Hour Help Line at 1-800-663-6729.

Suite 600 – 1665 Broadway West  
Vancouver, BC V6J 1X1  
T: 604.398.4300  
F: 604.742.0744  
E: [info@physicianhealth.com](mailto:info@physicianhealth.com)  
W: <https://www.physicianhealth.com/>

2. The Financial Literacy Counsel's **Physician Financial Literacy Program** provides confidential and integrated financial education and tax and estate planning to help GPs navigate and evaluate their options prior to winding down their practices. Their network of experienced financial, accounting and legal counsellors work exclusively with BC physicians.

The Financial Literacy Counsel has over 12 years of experience increasing the financial literacy rates of medical students through UBC Medical School, physicians in training through Resident Doctors of BC and practicing physicians through VCH EFAP and Physician Health Program.

Each GP working in Vancouver Coastal Health Region has access to the following complimentary services:

- Two hours of financial and tax counselling
- One hour of estate planning counseling
- An integrated financial, tax and estate planning prescription

To schedule an appointment or for more information, please contact Alphil Guilaran, Executive Director, at 604.620.6630 or [alphil.guilaran@flci.ca](mailto:alphil.guilaran@flci.ca) or visit their website at [www.flci.ca](http://www.flci.ca)

3. The **Powell River Division of Family Practice** is able to support your transition out of family practice by providing resources, assisting in recruitment, and assisting the practice transition or closure tasks.

**Powell River Division of Family Practice**  
4760 Joyce Avenue, Powell River  
T: 604.485.4700  
[powellriver@divisionsbc.ca](mailto:powellriver@divisionsbc.ca)

## Recruiting a Replacement Physician

Finding a physician to take over your practice is a difficult task considering the country-wide shortage of family physicians, especially in rural communities. Finding the right physician to take over your practice may be subject to timing and personal connections but there are steps you can take to make your practice more attractive to new physicians looking to become established in a community.



The Powell River Division of Family Practice can offer assistance with recruitment in the following ways:

1. Marketing physician opportunities in collaboration with Tourism Powell River
2. Write and post advertisements with provincial and national recruitment sites
3. Coordinate site visits for prospective candidates

Please contact [powellriver@divisionsbc.ca](mailto:powellriver@divisionsbc.ca)

## Preparing for Recruitment

### ESTABLISHING A TIMEFRAME

Physician recruitment is a lengthy and detailed process. Start early. According to HealthMatch BC, six months lead time is usually considered the minimum amount of time to accommodate all recruitment steps such as advertising, arranging a site visit and interview, registration, and licensing. Ideally, begin the process 12 to 18 months before the intended start date.

### PATIENT PANEL ASSESSMENT

#### What is a panel assessment?

1. Defining your **patient panel size**, the number of active patients under your care. A commonly used way to determine your active patients is to count all patients who have had an encounter in the last 3 years.
2. **Building a patient registry** that identifies vulnerable patients for continuity of care

#### Why undertake a patient panel assessment?

1. To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable and mixed patient panel.
2. A registry identifying vulnerable patients promotes proper handoff to a replacement for continuity of care.

See the Appendix C for further instructions on Patient Panel Assessment and Appendix D Creating a Patient Registry.

## MARKETING YOUR PHYSICIAN OPPORTUNITY

Tips for writing a compelling physician vacancy advertisement:

- Develop a catchy headline and introductory sentence to encourage further reading
- Make it personal
- Include colour and photos if applicable
- Avoid abbreviations
- Write in the active voice *e.g. "contact Dr. X" versus "You can contact Dr. X"*
- Involve the reader *e.g. "Join our practice!"*
- Include value added information *e.g. community site visit, incentives, etc.*

Information to include in your physician vacancy advertisement:

- Start date
- Hours of work
- Turn-key practice opportunity
- On-call obligations
- Practice details: OB/maternity, ER shifts, OR assists
- #GPs, #MOAs, #AHPs
- EMR
- Patient panel size and description
- Compensation: type, estimated remuneration, overhead
- Qualification required and preferred
- Community assets and lifestyle
- Local medical community description
- Contact person for candidate referrals

See Appendix E – Incentive Billing Optimization: Maximum Revenue per Patient for a worksheet to determine the incentive billing potential for your patient panel.

## WHERE TO FIND PHYSICIANS

### Personal Networks

- Any network of physicians or health care professionals
- Locums
- Postgraduate residents
- Candidates generated from previous recruitment and advertising efforts
- Upcoming meetings, conferences, and courses can also be sources for networking and advertising opportunities

### Postings and Recruiters

- Health Match BC (free)
- Vancouver Coastal Health Medical Staff (free)
- Society of General Practitioners of BC (free with membership)
- Canadian Association of Staff Physician Recruiters (must have a membership)
- Locums.ca (\$)
- College of Family Physicians (\$)
- CMA's drcareers (\$\$)



- 
- Canadian Healthcare Network (\$\$)
  - British Columbia Medical Journal (BCMJ) (\$)
  - Canadian Medical Association Journal (CMAJ) (\$\$)
  - Medical Post (\$\$)
- 

## BEST PRACTICES

- Post ads in several media, making sure you select those that are most relevant and reach your target audience
- Respond to expressions of interest in a timely manner. While a few days may seem reasonable, if a candidate has made several inquiries to practices, a very prompt reply may make a difference
- Physicians are generally the best recruiters of other physicians!

## Practice Transition

### The Transition Process

#### FOR THE INCOMING PHYSICIAN

There are several ways that support a smooth transition for the incoming physician, your colleagues and patients.

- Consider a cross-over period to help orientate the incoming physician to office procedures, patients, medical colleagues and staff
- Invite the incoming physician to join the local Division of Family Practice and connect with colleagues for support and advice
- Utilize the Practice Support Program's in-practice coaching services for support around EMR optimization, improving office efficiencies, optimizing workflow processes, maximizing incentive payments and implementing advanced access scheduling

#### FOR THE OUTGOING PHYSICIAN

There is also a transition process for the outgoing physician. If you do not wish to stop practicing altogether, you might want to consider the following:

- Provide locum coverage to your successor and other local physicians
- Consider continuing work in areas of practice interest
- Join a committee or board in an area of special interest or with the local Division of Family Practice to promote strong primary care delivery and support practicing GPs

## Notifications

### PATIENTS

Whether you are closing your practice or handing it over to another physician you will need to notify your patients of the upcoming changes.

Discuss your departure date with as many patients as possible in person. Office staff should also be prepared to inform patients, discuss options for finding a new physician, and how to access copies of medical records if not replacement is found.

**LENGTH OF NOTICE: ACCORDING TO THE COLLEGE, WHERE POSSIBLE, THREE MONTHS IS CONSIDERED APPROPRIATE**

#### **Recommendations for patient notifications:**

**Which patients to notify:** active patients, or patients who have physically visited the practice in the past 2 to 7 years (at your own discretion)

**Time of notice:** according to the College, where possible, **three months** prior to departure is considered appropriate

**Methods of notification:** a combination of any or all of the following

1. An individual letter including:
  - planned departure date
  - introduction of the new physician who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other physicians in the community who are accepting new patients
  - how patients can access copies of their medical records
2. A printed notice placed in the physician's waiting area
3. A departure notice placed in a local community newspaper
4. A notice on the practice's website
5. A one-way email to patients, if EMR-based

See Appendix A: Notification Templates for sample Departure Notice and Patient Letter.

### **Voicemail after you have left your practice:**

For a sample voicemail see the template in Appendix A. The vocabulary or tone of the message may be modified as you see fit. Best practices are to keep the language simple and message 60 seconds or less.

#### **Solo Practitioner:**

- Consider keeping your phone line open for three months with a message that: i) notifies the patient that your practice has closed; ii) provides information for finding a new physician; iii) relays how to access copies of medical records.

#### **Group Practitioner:**

- Consider changing the group practice's voicemail with a message directing your former patients to a message detailing your practice closure

See Appendix A: Notification Templates for a sample Voice Mail Template.

## **STAFF**

If there was a formal employment contract, review the contract for notification requirements. The *BC Employment Standards Act* ([http://www.bclaws.ca/civix/document/id/complete/statreg/96113\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/96113_01)) indicates the amount of notice and pay required to discharge the employer of liability.

- You should try to provide enough working notice to line up the date of practice closure with the notice required for terminating staff.
- In any situation, consult your lawyer on your legal obligations toward staff regarding practice closure.
- Organize one-on-one and/or staff meetings to inform each staff member of your practice closure. Consider staggering staff dismissal.

## PROFESSIONAL ASSOCIATIONS

Physicians leaving a practice should notify professional associations with as much advance warning as possible. This notification should include the date of departure, the forwarding address, and the person and address to which correspondence and reports may be sent. That person may be a colleague who agrees to act as a liaison person during the transition period.

Below is a list of professional associations and their contact information. This list is not exhaustive so consider other organizations that you belong to (e.g. alumni), and provide them with appropriate updates of your status as well.

<b>College of Physicians and Surgeons of BC</b>	300-669 Howe Street Vancouver, BC V6C 0B4 T: 604.733.7758 F: 604.733.3503 W: <a href="https://www.physicianhealth.com/">https://www.physicianhealth.com/</a> If you plan to retire from practice completely, complete the following <a href="#">Retirement/Resignation from College Form</a>	
<b>BC Medical Services Plan</b>	Medical Services Plan PO Box 9480 Stn Prov Govt Victoria, B.C. V8W 9E7 T: 604.456.6950 W: <a href="http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment">http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment</a>	
<b>Canadian Medical Protective Association</b>	PO Box 8225 Station T Ottawa, Ontario K1G 3H7 T: 1.800.267.6522 F: 1.877.763.1300 W: <a href="https://www.cmpa-acpm.ca/interrupt-or-end-membership">https://www.cmpa-acpm.ca/interrupt-or-end-membership</a>	
<b>College of Family Physicians Canada</b>	2630 Skymark Avenue Mississauga, ON L4W 5A4 T: 1.800.387.6197 x250 F: 1.888.843.2372 W: <a href="http://www.cfpc.ca">www.cfpc.ca</a>	
<b>Powell River General Hospital</b>	5000 Joyce Avenue Powell River, BC V8A 5R3 T: 604.485.3211	
<b>Residential care facilities.</b>	Evergreen Extended Care Unit	4970 Joyce Avenue Powell River, BC V8A 5P2 T: 604.485.2208 F: 604.485.3271
	Willingdon Creek Village Residence	4980 Kiwanis Avenue Powell River, BC V8Z 5H5 T: 604.485.9868 F: 604.485.4994

See Appendix A: Notification Templates for a sample Professional Association Notification Letter and a Colleague, Referring Physician Notification Letter.

## Patient Medical Records

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### NOTIFICATIONS

All physicians are **legally obliged** to advise the College of the location of, and means for accessing, all medical records that a physician owns. A template is provided in Appendix A.

Patients should be notified about the location of their records and how they may be accessed. A template is provided in Appendix A.



### OWNERSHIP

Patient medical records belong to the doctor, but patients have the right to access the information contained therein and to obtain a copy of his/her record. Physicians leaving a practice and holding ownership of the medical records of that practice, retain the obligations of security, confidentiality, accessibility, and storage of these records. Physicians may, when they have arranged for another physician to take over their practice, delegate their ownership of records through mutual agreements, written and signed by both parties. Otherwise, their obligations persist. Unanticipated departures (through disability or death, including that of family members) deserve prior planning by each physician, so that family members, estates and associates are not burdened with those obligations.

### STORAGE AND RETENTION OF MEDICAL RECORDS

Physicians must ensure that records are stored in a safe and secure place for at least **sixteen years** from the date of the last entry. Where the patient is a minor, records must be kept for at least sixteen years from the age of majority, which is currently 19 years of age.

If a physician passes away before 16 years have passed, his/her estate is required to store and retain records. Physicians are strongly encouraged to make arrangements for storage of their records as part of their estate planning.

The actual custody of the records and the mechanics of retrieval may be delegated to an appropriate third party but the physician will continue to be responsible for maintaining the security of records.

Once the retention period has expired, records should be destroyed in a manner that maintains confidentiality. Destruction should ensure that the record cannot be reconstructed in any way. For example, it is recommended that paper records be either shredded, pulverized, or incinerated. Effective destruction of electronic records requires that the records be permanently deleted or irreversibly erased.

## TRANSFER OF RECORDS

Physicians may transfer medical records to:

- (a) another physician, with the consent of the patient, or
- (b) a safe storage facility if they remain in the custody of the original physician.

When transferring records to another physician:

- Release of copies of the records requires written patient authorization which should be retained with the original record.
- Information provided from the existing physician to the new physician can include selected copies of relevant documentation from the patient's medical record and/or an adequately comprehensive summary of the patient's care.
- The College and CMPA recommend that you **always retain the original record** for the purpose of future complaints or legal action.
- Transfer of a medical record to another physician should also be documented in a written contract that includes:
  - the location, safe custody and protection of confidentiality of the medical records
  - a requirement that the receiving physician notify the transferring physician if the location changes
  - the transferring physician's right of access
  - the patient's right of access
- The *Personal Information Protection Act (PIPA)* states that a physician must generally respond to a patient's request for that information within 30 business days ([http://www.bclaws.ca/Recon/document/ID/freeside/00\\_03063\\_01](http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01)).
- The provision of this information is, at present, a non-insured service, and a reasonable fee may be charged to the patient at the physician's discretion. Doctors of BC has set rates for copying and transferring of records. The College advises physicians be mindful of the patient's ability to pay. You cannot refuse a patient access to their medical records if the patient cannot pay.

When transferring records to a storage facility:

- Physicians who contract with service providers for storage and retrieval of medical records should ensure that a legal agreement has the following provisions:
  - Maintain the confidentiality of all patient information stored, providing access to information only to authorized representatives of the physician or with written authorization from a patient or legal representative.
  - Upon request of the physician, promptly return all confidential patient information without retaining copies.

- Prohibit the use of patient information for any purpose other than what was mutually agreed upon. This includes selling, sharing, discussing, or transferring any patient information to unauthorized business entities, organizations, or individuals.
- Provide a secure storage facility that protects against theft, loss, damage, and unauthorized access.
- As specified by the physician, securely destroy patient information at the end of the retention period.

## MEDICAL RECORD MANAGEMENT COMPANIES

The following table compares medical practice closure assistance, record storage and transfer services of three Canadian medical record management companies.

Medical Record Management Company	Highlights
<b>Med Records</b> <b>(Doctors of BC preferred vendor and non-profit organization)</b>  Vancouver, BC T: 604.800.7079 F: 604.608.3896 W: <a href="http://medrecords.ca/">http://medrecords.ca/</a> E: <a href="mailto:info@medrecords.ca">info@medrecords.ca</a>	<ul style="list-style-type: none"> <li>- patient notification assistance</li> <li>- bankers boxes and packing assistance</li> <li>- secure, compliant storage for full retention period</li> <li>- patient record transfers (individual and family rates)</li> <li>- patient fees waived if patients are unable to pay</li> <li>- physician record access</li> <li>- record shredding and destruction</li> <li>- assistance with sale and donation of used medical equipment</li> </ul>
<b>DOCUdavit Solutions</b>  28 Eugene Street Toronto, ON M6B 3Z4 T: 416.781.9083 Toll Free: 1.888.781.9083 F: 1.866.297.9338 W: <a href="http://docudavit.com/">http://docudavit.com/</a>	<ul style="list-style-type: none"> <li>- patient notification assistance</li> <li>- bankers boxes and packing assistance</li> <li>- EMR extraction</li> <li>- free, secure, compliant storage for full retention period</li> <li>- patient record transfers (individual and family rates)</li> <li>- patient fees waived if patients are unable to pay</li> <li>- physician record access</li> <li>- record shredding and destruction</li> </ul>
<b>Record Storage and Retrieval Services Inc.</b>  111 St. Regis Crescent S. Toronto, ON M3J 1Y6 T: 1.888.563.3732 F: 1.877.398.5932 W: <a href="http://www.recordsolutions.ca/">http://www.recordsolutions.ca/</a> E: <a href="mailto:info@rsrs.com">info@rsrs.com</a>	<ul style="list-style-type: none"> <li>- patient notification assistance</li> <li>- bankers boxes and packing assistance</li> <li>- EMR extraction</li> <li>- secure, compliant storage for full retention period</li> <li>- patient record transfers (individual rates)</li> <li>- patient fees waived if patients are unable to pay</li> <li>- physician record access</li> <li>- record shredding and destruction</li> <li>- assistance with sale and donation of used medical equipment</li> </ul>

*Disclaimer: The information provided is meant to assist members in obtaining the names and contact information of medical record management companies who have, in the past, provided medical practice closure and record storage services to physicians. It is an informative resource only and the names of the companies are in no particular order. The Powell River Division of Family Practice does not endorse these companies nor does it make any representations with respect to the quality of any services, or accuracy of information they may provide. The Powell River Division of Family Practice does not take any responsibility for any services they may provide and shall not be held liable, directly or implicitly, for any actions undertaken on the basis of information contained in this resource document.*



## Continuity of Care

According to the College, physicians have both a professional and legal duty to use reasonable efforts to arrange appropriate transfer and follow-up care for those patients who require it. Special attention should be given to patients who are being actively investigated or treated.

### TRANSFER OF CARE

If there is no replacement, retiring physicians should attempt to transfer their patients to another physician. Some patients may prefer to find their own new doctor. Physicians should try to assist the patient in the search process.

SEE THE PATIENT PANEL ASSESSMENT RESOURCES IN THE APPENDICES TO PROACTIVELY BUILD A PATIENT REGISTRY THAT IDENTIFIES VULNERABLE PATIENTS FOR CONTINUITY OF CARE.

### WORK IN PROGRESS (INVESTIGATIONS, LAB TESTS AND CONSULTATIONS, ETC.)

The CMPA has dealt with many examples of cases where work in progress has fallen “between the cracks” resulting in allegations of a delayed diagnosis or worse. The risk of such an occurrence increases with a physician leaving a practice. Physicians leaving a practice for whatever reason should make reasonable efforts to have in place a system whereby all of the work in progress will be reviewed and appropriately acted upon. For example:

- Arrange to have another physician cover or assume the practice
- Arrange to have another physician review results for patients with outstanding laboratory tests, and to advise patients of the results and any requirements for follow-up
- Arrange for patients to obtain their test results from the physician’s office or the testing facility (if permissible) and provide patients with instructions to obtain follow-up as soon as possible

The CMPA recommends sending a notice to those consultants (specialists, pharmacists, therapists, other health care professionals) whom the physician most frequently refers to or shares patient care, as well as to laboratories and x-ray facilities. In the notice, it is useful to include the name of the contact physician replacing the physician (even if only temporarily), and/or direction on where to send a report if alternative arrangements have not been made. Appendix A contains a sample template.

## Wrapping up Business

### DRUG DISPOSAL

Physicians are responsible to dispose of drugs in a conscientious manner that considers environmental impacts and provincial and federal requirements.

If you are transferring your practice, you may be able to transfer drugs to the new physician.

If you are closing your practice:

- Refuse any new drug samples six months prior to practice closure
- Return expired and unused samples to drug companies or appropriate pharmaceutical representatives
- Offer in-date samples to colleagues
- Take expired or unused drugs to a pharmacy for proper disposal.

Destroy all prescription pads, or keep them safe and secure

Drug disposition resources for clarification and guidance include:

*Controlled Drugs and Substances Act* (<http://laws-lois.justice.gc.ca/eng/acts/C-38.8/index.html>)

*National Association of Pharmacy Regulatory Authorities' Resources for Pharmacy Operators*  
([http://napra.ca/pages/Practice\\_Resources/resources\\_for\\_pharmacy\\_operators.aspx?id=2128](http://napra.ca/pages/Practice_Resources/resources_for_pharmacy_operators.aspx?id=2128))

CERTAIN PIECES OF MEDICAL EQUIPMENT MUST BE HANDLED IN COMPLIANCE WITH THE *FOOD AND DRUGS ACT* AND *MEDICAL DEVICES REGULATIONS*, REGULATED BY HEALTH CANADA SECTION 26 OF THE *MEDICAL DEVICES REGULATIONS*.

### MEDICAL AND OFFICE EQUIPMENT

There are several options for selling or passing on your medical and office equipment:

- Sell or give to any new physician coming into the practice
- Inform your colleagues what you have available. They may be interested or know of other physicians who would be
- Advertise:
  - *Free*: some online classifieds; hospital notice boards
  - *\$\$*: medical publications (e.g. BCMA)
- Consider donating to nonprofit organizations that perform medical mission work

### BUSINESS RECORDS

According to the Canada Revenue Agency (CRA), you are required to keep all records and supporting documents that determine tax obligations and entitlements for a period of **six years**. This includes financial statements, income tax returns, ledgers, etc. Consult your accountant or call the CRA at 1.800.959.5525.

Under the *Employment Standards Act* ([http://www.bclaws.ca/civix/document/id/complete/statreg/96113\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/96113_01)), you must retain employee records for a minimum of **two years** after the employee's employment ends. This

includes payroll records, wage rates, the number of hours worked each day, benefits paid, dates of statutory holidays and vacation taken, etc. Consult a lawyer regarding your legal obligations or contact the Employment Standards Branch at 1.800.663.3316.

### Practice Transition Summary: The Bottom Line

When a medical practice is closed, replaced, or relocated, physicians have a **professional and legal duty to use reasonable efforts** to:

1. **Notify patients**, outlining the departure date and the procedure whereby patients might obtain a copy of their medical record or transfer a copy of the records to a new attending physician, in the following ways: a notification letter to each patient, a notice posted in the office, a voicemail message about the planned retirement, and a notice in a local newspaper.
2. **Arrange secure transfer of patient records** to another provider that agrees to accept the responsibility. Physicians must obtain authorization from the patient before a copy of the medical record is transferred. Transfer of the record should be done within 30 days of the request.
3. Arrange safe and secure storage and retrieval of patient records for or a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later.
4. Advise the College of the location of, and means for accessing, all medical records that a physician owns.
5. Ensure that there is a process in place to support continuity of care (appropriate transfer and follow up) for patients who require it.
6. Ensure that there is a system in place whereby all of the work in progress will be reviewed and appropriately acted upon.
7. For physicians who wish to retire/resign from the College of Physicians and Surgeons of BC, complete and submit the *Retirement/Resignation from the College Form* (<https://www.cpsbc.ca/files/pdf/Registration-Retirement-Resignation-from-the-College.pdf>).



See Appendix B: Practice Closure Checklist for a timeline and associated list of tasks to complete when closing a practice.

## References

Richmond Division of Family Practice, *Practice Transition Toolkit* (2015)

Practice Support Program, Vancouver Coastal Health, *Practice Closure Checklist* (n.d.)

Practice Support Program, Vancouver Coastal Health, *Incentive Billing Optimization: Maximum Revenue per Patient* (June 2015)

## Appendices

### Appendix A: Notification Templates

#### PATIENT NOTIFICATION DEPARTURE NOTICE TEMPLATE (E.G. OFFICE, LOCAL NEWSPAPER)

##### Sample # 1

After [insert number] years, Dr. [insert name] regrettfully announces the closure of his/her medical practice effective [insert date]. Dr. [insert name] wishes to express his/her appreciation to patients and colleagues for their trust and confidence over the years and extends his best wishes for continued good health. Dr. [insert name] will be taking over the practice as well as the bulk of medical records. Patients may obtain copies of their medical records by contacting [name of physician and/or clinic/and/or record storage facility].

##### Sample # 2

I, Dr. [insert name], am announcing the closing of my medical practice effective [insert date]. It has been a pleasure serving as your physician and I thank you for your trust and confidence over the years. Patient files may be obtained by contacting [name of physician and/or clinic/and/or record storage facility]. Thank you.

## PATIENT NOTIFICATION LETTER TEMPLATE

[Name]

[Office Address]

[Date]

**Dear Patient,**

It is with mixed emotions that I announce my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date]. It has been a privilege providing for your health care needs.

Scenario 1: Succeeding physician	Scenario 2: No succeeding physician
<p>I am pleased to advise you that we are all very fortunate to have Dr. [name] continue this practice and your care, if you so choose. [Provide a brief bio in 1-2 lines]. Dr. [insert name] can be reached at:</p> <p>[Address] [Telephone Number] [Fax Number] [E-mail]</p> <p>We understand that you may want to select a new doctor. If you choose to do so, we recommend looking for a new doctor as soon as possible. The Powell River General Hospital can advise you if there are any local physician accepting new patients at this time. Please call 604.485.3211 to find out more.</p>	<p>Unfortunately, I have not been able to find a replacement to take over my practice. If you require assistance, the Powell River General Hospital can be helpful to begin searching for local physicians accepting new patients. Please call 604.485.3211 to find out more.</p>

Your medical records are confidential and a copy can be transferred to another doctor or released to you only through your written permission by completing an authorization for release of medical record form. If you would like to receive a copy of your medical records or transfer them to another physician, please contact:

[Name of Physician and/or Clinic/and/or Record Storage Facility]

[Address]

[Telephone number]

[E-mail]

Please note that there is a fee associated with the transfer of medical records of [insert amount].

It has been a great honour and pleasure meeting and caring for you. Thank you.

Sincerely, Dr. [Name]

[Signature]

## PATIENT NOTIFICATION VOICE MAIL TEMPLATE

- *Solo practitioners are advised to keep their phone line open for three months, with a message that details your practice closure*
- *Group practitioners are advised to change the group practice's voicemail with a message directing former patients to a message that details your practice closure*
- *For a sample voicemail see below. The vocabulary or tone of the message may be modified as you see fit. Best practices are to keep the language simple and message 60 seconds or less*

### Sample #1 – Succeeding Physician

Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. Dr. [insert name] will be taking over the practice and the bulk of medical records. If you would like to receive a copy of your medical records or transfer them to another physician, please contact [name of physician and/or clinic] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. If you have any questions, please feel free to contact us and we will be pleased to assist you. Thank you.

### Sample #2 – No Succeeding Physician

Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. If you would like to receive a copy of your medical records or transfer them to another physician, please contact [name of physician and/or clinic/and/or record storage facility] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. Please contact [insert name] at [insert telephone number/email address] with any questions. Thank you.

## PROFESSIONAL ASSOCIATION NOTIFICATION LETTER TEMPLATE

[Name of professional association]  
[Address of professional association]

[Date]

### **To whom it may concern:**

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [insert departure date]. [My membership/account number is [insert number]].

Please forward all correspondence to:

Dr. [Name]  
[Address]  
[Telephone Number]  
[Fax Number]  
[E-mail]

[For College notification letter: Use this paragraph to describe the location of patient medical records and how they can be accessed].

Thank you.

Sincerely,  
Dr. [Name]  
[Signature]



## COLLEAGUE, REFERRING PHYSICIAN NOTIFICATION LETTER TEMPLATE

[Name of colleague, referring physician]  
[Address of colleague, referring physician]

[Date]

Dear [name of colleague, referring physician],

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date],

Scenario 1: No succeeding physician	Scenario 2: Practice colleagues taking over practice	Scenario 3: Succeeding physician
At this time, I have not found a replacement to take over my practice [and a search is underway. In the event that no replacement is identified,] I will do my best to transition care of all vulnerable patients.	My practice colleague(s), Dr. [insert name(s)] will take over my practice as well as the bulk of my medical records.	As of [inset date], Dr. [insert name] will take over my practice as well as the bulk of my medical records.
Please forward all correspondence to: [insert address]	Dr. [insert name] can be reached at: [Address] [Telephone Number] [Fax Number] [E-mail]	Dr. [insert name] can be reached at: [Address] [Telephone Number] [Fax Number] [E-mail]

Your assistance in ensuring continuity of care is greatly appreciated. It has been an honour and privilege to have worked alongside you to deliver quality primary care in Powell River. Thank you and all the best in the future.

Sincerely,  
Dr. [Name]  
[Signature]

## Appendix B: Practice Closure Checklist

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The Practice Closure Checklist was created by the Practice Support Program and Vancouver Coastal health.

Estimated Practice Closure Date: \_\_\_\_\_

### (24 MONTHS IN ADVANCE)

#### *Group Practice:*

- ☐ Review agreement to determine notice required
- ☐ Consider if shares need to be transferred to another physician
- ☐ Group practice without an agreement - give notice to your partners/associates
- ☐ Consider locum support or finding a physician to assume your practice
- ☐ Review staff employment contract, insurance policies and notice requirements

#### *Solo Practice:*

- ☐ Review lease and specifics on termination
- ☐ If the office space is owned, determine if the property should be maintained or sold
- ☐ Consider locum support or finding a physician to assume your practice

### (18 MONTHS IN ADVANCE)

- ☐ Create a patient registry of all active patients who will require more notification to ensure continuity of care (e.g. complex care, chronic disease, mother and baby dyads, frail elderly, mental health and addictions).

### (6-12 MONTHS IN ADVANCE)

#### *Group Practice:*

- ☐ Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning

#### *Solo Practice:*

- ☐ Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning
- ☐ Review staff employment contract, insurance policies and notice requirements

## (3-6 MONTHS IN ADVANCE)

### STAFF

- ☐ Notify staff of practice closure
  - Stagger staff dismissal
  - Prepare severance packages
  - Prepare to hire temporary staff
- ☐ Assist staff in finding other employment opportunities
- ☐ Consider offering incentives so that staff stay with you until the day of practice closure

### PATIENTS

- ☐ If possible, discuss practice closure with patients in person
- ☐ Send a letter to active patients, including practice closure date, plans for practice, assistance in finding a new GP and how patients can access their medical records.
- ☐ Place a handout or visible signage placed in the waiting area
- ☐ Place a notice in a local community newspaper.
- ☐ No new patients should be accepted once practice closure date has been announced

### MEDICAL RECORDS

- ☐ Arrange for safe storage of medical records.
- ☐ Notify the College of the location of the patient records and how they can be accessed.
- ☐ Determine the correct amount of time your medical records should be stored. For BC, “medical records must be retained for a minimum period of *sixteen years* from either the date of the last entry or from the age of majority, whichever is later, except as otherwise required by law” (CPSBC, Sep 2014)
- ☐ If using an EMR, contact the EMR vendor to cancel get assistance on how to maintain patient confidentiality of medical records

### COLLEAGUES

- ☐ Send a letter, including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent.

### PROFESSIONAL ASSOCIATIONS

- ☐ Send a letter including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent. Cancel any associated professional dues.
  - CPSBC
  - BC Medical Services Plan
  - Doctors of BC
  - CMPA
  - CFPC
  - Powell River General Hospital
  - Residential care facilities
  - BC Cancer Agency

## (30-60 DAYS IN ADVANCE)

### **PATIENTS**

- ☐ Respond to all patient requests for medical record transfers
- ☐ Transfer care of any vulnerable patients or patients under acute, active treatment to a colleague
- ☐ Review and act upon all outstanding reports or test results. New physicians are aware of remaining outstanding investigations

### **OFFICE EQUIPMENT/FURNITURE/SUPPLIERS**

- ☐ Plan for medical and office equipment.
  - If you own – consider selling or donating
  - If you lease – have lease termination date coincide with practice closure date. If not, consider a buyout.
- ☐ Notify the following providers of the day you wish to discontinue service and request final statements:
  - Lawyer, tax accountant, financial advisor, banker, insurance agent, etc.
  - Canada Revenue Agency (employee payroll and GST account, if applicable)
  - Canada Post
  - Medical suppliers
  - Office suppliers
  - EMR vendor
  - Laundry services
  - Custodial services
  - Hazardous waste disposal services
  - Utilities (phone, internet, electricity)
  - Landlord
  - Credit and debit card companies
  - Magazine subscriptions

## (AFTER THE FINAL PATIENT IS TREATED)

### PHONE & MAIL SERVICE

- ☐ Retain clinic telephone number with recorded phone message for a period of 3 months informing patients that the practice has closed and options for medical record retrieval
- ☐ Contact Canada Post to coordinate change of address/mail forwarding

### DRUGS AND HAZARDOUS WASTE

- ☐ Dispose of prescription drugs and medications according to guidelines
- ☐ Destroy all prescription pads, or keep them safe and secure

### BUSINESS-RELATED

- ☐ Ensure that all final statements from vendors and suppliers are accurate and paid
- ☐ Keep business-related bank accounts open for at least three months to ensure all cheques have cleared

### MEDICAL AND CLINIC RECORDS

- ☐ Store medical and clinic records in a safe and secure location

## Appendix C: Patient Panel Assessment

### What is a patient panel assessment?

1. Defining your patient panel size, the number of active patients under your care
2. Building a patient registry that identifies vulnerable patients for continuity of care

### Why undertake a patient panel assessment?

1. For recruiting physicians:
  - To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable, and mixed patient panel
  - A registry identifying vulnerable patients promotes proper handoff to a replacement physician for continuity of care
2. For physicians closing a practice:
  - Notify active patients of your practice closure at least three months in advance
  - Make reasonable efforts to ensure that there is a process in place to support continuity of care for patients who require it
3. A registry identifying vulnerable patients supports continuity of care in the case of an unplanned retirement due to departure/illness
4. To identify potential areas of interest for allied health professional support based on the types of patients in your register (e.g. if you have a disproportionate amount of CDM-diabetes patients, consider bringing in a chronic disease nurse)
5. As with paper charts, EMRs are only as good as the accuracy and comprehensiveness of the data. Following these instructions and starting early will ensure that you are coding correctly, optimizing billing incentives, and can readily and easily identify your CDM, complex care and vulnerable patients when it comes time for your practice transition

Where do you start? Define your patient panel size

Method	Description
<b>Mini Profile</b>	<p>An accurate reflection of claims submissions and payments made for services provided in the calendar year based on Medical Services Plan payments. Statistics describe your panel size, demographics and the costs incurred for services against your province-wide peer group.</p> <p>Doctors of BC members can find a downloadable PDF of their Mini Profiles online in their My Account area.</p>
<b>EMR query</b>	<p>Identify your active patients by using key indicators in your EMR, such as:</p> <p>Clinic or Primary Care Provider</p> <p>Active Status</p> <p>No. of visits: &gt; X</p> <p>Date of last contact: today's date x number of years in the past of appointment</p>

	<p>during last X number of years. Etc.</p> <p>Generate a report based on the identified criteria. This report can be saved on your computer (Excel/Word) or printed.</p> <p>Defining an “active patient” is at the physician’s discretion. For example, an active patient is one that has physically visited the office anytime in the past 3 years.</p>
<b>Patient Panel Size Worksheet</b>	<p>Calculate and identify discrepancies between your current and ideal patient panel sizes and assist an incoming physician in defining the ideal number of patients he/she can effectively care for.</p>

## Appendix D: Creating a Patient Registry

### EMR-BASED PRACTICES

**Step 1:** Identify patient population by using key indicators such as:

- Clinic or Primary Care Provider
- Active status
- ICD9 Codes
- Service Codes
- Medication
- Lab Results
- Demographics

**Table A. Service and ICD-9 codes for identifying vulnerable patient populations**

Vulnerable Patient Population	Service Code	ICD-9 Code
Complex care	14033	All
MH/A	14043	All
Chronic Disease – Diabetes	14050	250
Chronic Disease – Congestive Heart Failure	14051	428
Chronic Disease – Hypertension	14052	401
Chronic Disease – COPD	14053	496
Frailty Complex Care – for pts with the single diagnosis of significant frailty (Can Study of Health and Aging Levels 6 & 7	14075	V15
Mom & baby dyads (pregnancy to babies 18 months old)	14094	08A

You can also identify patients during chart review and then go ahead and add the condition to the patient's medical summary as a coded entry (problem list; disease registry; clinical details etc.)

**Step 2:** Generate a report based on the identified criteria:

**For example:** To pull all of Dr. Xanadu's diabetic patients, he could choose the following search criteria:

Clinic or Primary Care Provider = Dr. Xanadu

ICD-9 Codes = patients with a 250 in problem summary

**Step 3:** To keep an updated registry, each newly identified patient should be coded accordingly.

### PAPER-BASED PRACTICES

**Step 1:** Refer to your Physician Patient Profile Report you received from the Ministry (Request form attached) or log in to your DOCTOR'S OF BC account and access your mini profile.

**Step 2:** Build a Registry



- Do a search for the appropriate billed codes (eg. 250 for Diabetes)

Vulnerable Patient Population	Service Code	ICD-9 Code
Complex care	14033	All
MH/A	14043	All
Chronic Disease – Diabetes	14050	250
Chronic Disease – Congestive Heart Failure	14051	428
Chronic Disease – Hypertension	14052	401
Chronic Disease – COPD	14053	496
Frailty Complex Care – for pts with the single diagnosis of significant frailty (Can Study of Health and Aging Levels 6 & 7	14075	V15
Mom & baby dyads (pregnancy to babies 18 mos old)	14094	08A

- Create a list of patients; this list can be saved on your computer (ie. excel/word) or saved in a binder
- Assess the list to see if the patients on it have that condition as part of their problem list
- Check to see if you have a flow sheet in their chart
- Check to see if they have been seen at least 2 times in the past year
- If they have been seen two times in the past year you can bill the incentive fee above for their care
- Make sure to add to the list every time you get a pt with a new diagnosis

## Appendix E - Incentive Billing Optimization: Maximum Revenue per Patient

If you are looking for a physician to join or assume your practice or if you are looking to transition patients to community GPs with identified capacity, demonstrating the maximum revenue per vulnerable patient (CDM, complex care, MH/A) that a GP can receive may be an effective method to promote physician recruitment and/or attachment of some or all of your vulnerable patients for continuity in care. In the table below, you will find the maximum revenue per patient a GP can receive per annum if incentive billing is optimized. This worksheet was created by the Practice Support Program (GPSC).

*Fee Code Amounts taken from the Doctors of BC Guide to Fees - revised June 1, 2015*

CDM (diabetes, CHF, hypertension and COPD)			
Code	Description	MSP	Max MSP
In addition to regular office visits:			
G14050-G14053	GP annual chronic care bonus (diabetes, CHF, hypertension, COPD)	\$50.00 - \$125.00	\$50.00 - \$125.00
G14015	Facility patient conferencing fee	\$40.00	
	Maximum of 6 per calendar year per patient		\$240.00
G14016	Community patient conferencing fee	\$40.00	\$40.00
	No limitation per patient per year, but on assumption that one per year was needed		
G14017	Acute care discharge plan conference fee	\$40.00	\$40.00
G14079	GP telephone/e-mail management fee (in follow-up)	\$15.00	
	Maximum of 5 per calendar year per patient		\$75.00
	<b>Total</b>	<b>\$185.00 - \$260.00</b>	
	Up to maximum		\$445.00 - \$520.00
COMPLEX CARE			
Code	Description	MSP	Max MSP
In addition to regular office visits:			
G14033	Complex care management annual fee	\$315.00	\$315.00
<b>OR</b>			
G14075	Attachment complex care	\$315.00	\$315.00

G14016	Community patient conferencing fee	\$40.00	\$40.00	\$40.00
G14050-G14053	GP annual chronic care bonus	\$50.00 - \$125.00		\$50.00 - \$125.00
G14079	GP telephone/e-mail management fee (in follow-up)	\$15.00		
	Maximum of 5 per calendar year per patient			\$75.00
	<b>Total</b>	<b>\$420.00 - \$495.00</b>		
	Up to maximum			<b>\$480.00 - \$555.00</b>
<b>MENTAL HEALTH</b>				
<b>Code</b>	<b>Description</b>	<b>MSP</b>	<b>MSP</b>	<b>Max MSP</b>
<i>In addition to regular office visits:</i>				
G14043	Mental health planning fee	\$100.00		\$100.00
00120	Counselling	\$52.76		
	Maximum of 4 per patient per year			\$211.40
G14016	Community conferencing fee	\$40.00		\$40.00
	No limitation per patient per year, but on assumption that one per year was needed			
G14079	GP telephone/e-mail management fee (in follow-up)	\$15.00		
	Maximum of 5 per calendar year per patient			\$75.00
G14044-G14048	GP mental health care management fee	\$52.76 - \$79.14		
	Maximum of 4 per patient per year			\$211.04 - \$316.56
	<b>Total</b>	<b>\$260.52 - \$286.90</b>		
	Up to maximum			<b>\$637.44 - \$742.96</b>

