

Can your doctor dump you as a patient for going to a walk-in clinic?



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Seeking prompt diagnosis at a walk-in clinic can be a benefit for patients, sparing them potential wait for a family doctor appointment, especially as many provinces grapple with physician shortages.

However, this convenience can come at a cost for primary physicians who may financially bear the brunt of the decision.

Depending on where you live in Canada, your family physician may be financially penalized if you seek treatment at a walk-in clinic instead of their practice. This may leave some physicians less than pleased after your recent walk-in visit, and could give them reason to dump you as a patient.

"I don't think patients or members of the public really understand that when they go to a walk-in clinic, their doctor may be losing income," said Rick Glazier, a family physician at St. Michael's Hospital in Toronto.

Although it may be unusual to fire a patient for receiving care at a walk-in, Glazier told Global News, it's still possible.

"Is it legal? Is it allowed? Absolutely. But you can't be discriminatory about it," he said.

Walk-in clinics offer on-the-spot care, often without prior appointments, catering to immediate medical needs. Family physicians, however, prioritize continuity of care through scheduled appointments, offering a broader range of services tailored to patients' long-term health needs.

The funding mechanisms for these health-care providers vary from province to province, potentially influencing whether your family doctor faces financial penalties when you visit a walk-in.

For example, in Nova Scotia and British Columbia, the payment plan is called the 'Longitudinal Family Physician Payment Model', meaning doctors get paid based on hours worked, services provided and the number of patients.

Dr. Colin Audain, president of Doctors Nova Scotia, said under this payment method, doctors are not financially penalized when patients seek care at a walk-in. He also said it's been widely accepted among physicians in Nova Scotia since adopted last year.

"It has been well received because, among other things, it captures a lot of the invisible work that family doctors have done," he told Global News, adding that this includes being compensated for administrative work done after hours.

In Manitoba, the payment system operates on a fee-for-service basis. This means a family physician bills for each service provided during a patient visit.

In Ontario, the health-care landscape includes a blend of payment plans, such as fee-for-service and 'Family Health Organization' (FHO). With the FHO approach, doctors receive compensation per patient rather than per visit. These clinics typically feature a multidisciplinary team including family doctors, nurses, pharmacists, and social workers.

We lose dollar for dollar'

The fee-for-service plan, Glazier explained, is still the dominant financial plan in Ontario. If a patient goes to a walk-in clinic instead of their physician, their doctor will not get financially penalized. But under the FHO plan, a family physician can get penalized.

"The Family Health Organization is based on what's called capitation," he said. "In the capitation model, the majority of a physician's income is based on the number of people they have rostered, And so the majority of income is not based on a per visit, it's based on a per patient."

Under this billing system, the doctor will lose money, in the form of a yearly bonus, if their patient visits elsewhere for care, like a walk-in clinic or a sports medicine doctor. However, a family practice will not get financially penalized if the patient visits a hospital.

Glazier, whose medical practice falls under an FHO, said it is not just the doctor who gets financially penalized when a patient visits a walk-in, it's the entire family medicine team.

"So what happens to me and my practice and other similar doctors is that when the patient goes to a walk-in clinic and let's say that doctor bills \$37 for an intermediate assessment, we lose the \$37," he explained. "So every visit we lose, dollar-for-dollar and penny-for-penny."

The province aims to avoid duplicating payments for the same service. If they're already compensating a doctor for a patient's care, they're essentially footing the bill again when the patient visits a walk-in clinic, he said.

If the patient ends up going to the walk-in clinic multiple times over a year, Glazier said it may end up not being financially feasible to keep that patient on their roster. If that is the case, the doctor can fire the patient, or move them off the roster and continue to look after them as a fee-for-service patient instead.

He explained that because many family practices in Ontario want to retain patients, numerous clinics are now extending their operating hours to include weekends and evenings.

I got in trouble'

A woman residing near Toronto, who wished to remain anonymous out of fear that her doctor might discharge her as a patient, says she was reprimanded for visiting a walk-in.

She told Global News that in 2020 she was suffering from a gastrointestinal issue that was causing her discomfort.

"I had a pretty good idea what it was, but I couldn't see my doctor because it was the weekend and I didn't want to go to the hospital because it was the middle of COVID," she said. "So I went to the walk-in clinic, and they did the test and sent the report to my doctor."

When she did a follow-up appointment with her family doctor, she said, "I got in trouble."

When she raised the issue with the doctor, she said he expressed concern, saying, "You shouldn't have gone to the walk-in clinic. This cost us money. Every time you go to the walk-in clinic we get billed for it."

Perplexed, she asked for guidance on what she should have done differently, to which she says he responded: "You should have gone to the emergency room." However, she didn't believe her situation warranted an emergency visit, leaving her feeling frustrated by the limited options available.

Despite being reprimanded for the visit, she said she now tries to prioritize going to her family physician, even if it means waiting a day or two.

"I think it would depend on how bad it is, but I would wait because I love my doctor and I don't want to upset him," she said.

Glazier advocates for a proactive approach. He believes that addressing the issue through upfront conversations when the patient first signs on can be the most effective strategy.

"It's not well-known among patients, except if your doctor tells you, 'Hey, listen, you should be coming to our clinic. We have after-hours clinics. We have same-day availability. We're open on the weekend. You know, you should be contacting us first before you go to a walk-in clinic.'"

Glazier also acknowledges that there are often valid reasons for people to visit walk-in clinics, such as needing care during the night, or when living far from their primary physician.

"And because of your (health card), it's an open ticket to go anywhere in the province and get free service, so people may choose convenience and for very good reason. You have a child with a fever and you can drive 40 minutes, or you can drive five minutes," he said. "And in both places are not going to charge you, and you're going to get good care in both places. You may quite rationally choose to go to the local place."

But for doctors, because "much of it is out of our control, it's not very popular because these tend to be patient decisions."