

ISSUES AT RISK

When to Terminate Patient Relationships

Just as it is an acceptable and reasonable practice to screen incoming patients, it is acceptable and reasonable to know when to end relationships.

Termination criteria are numerous and varied. Although not exhaustive, the following are situations in which termination is appropriate and acceptable:

- **Treatment noncompliance.** The patient does not or will not follow the treatment plan.
- **Follow-up noncompliance.** The patient repeatedly cancels follow-up visits or is a “no-show.”
- **Office policy noncompliance.** The patient uses weekend on-call physicians or multiple health care providers to obtain refill prescriptions when office policy is for a certain number of refills between visits.
- **Verbal abuse.** The patient or a family member is rude and uses improper language to office personnel, exhibits violent behavior, makes threats of physical harm or uses anger to jeopardize the safety and well-being of office personnel with threats of violent actions.
- **Nonpayment.** The patient owes a backlog of bills and has made no effort to arrange a payment plan.

How Can a Physician End a Patient Relationship Without Incurring Abandonment Charges?

It is acceptable practice to end a patient relationship under most conditions. There are a few situations, however, when the patient-physician relationship cannot be terminated. These include:

- If the patient is in an acute phase of treatment, termination must be delayed until the acute phase has passed. For example, if the patient is in the immediate postoperative stage or is in the process of medical workup for diagnosis, it is not advisable to end the relationship.
- When the physician is the only source of a particular type of medical care, he or she is obliged to continue this care until the patient can be safely transferred to another provider who will ensure accurate treatment and follow up.
- If the physician is the only source of medical care, meaning that there are no other health care providers within a radius of a specific number of miles, he or she may be forced to continue care.
- If the patient is capitated, the patient cannot be discharged until the physician has communicated with the third-party payor to request a transfer of the patient to another physician.
- A patient may not be terminated because he or she is diagnosed with AIDS/HIV+.

What Is the Proper Process for Patient Termination?

When the situation with the patient is such that terminating the relationship is appropriate and acceptable, and none of

the restrictions mentioned above are present, termination of the patient relationship should be formally completed. The patient should be put on written notice that he or she must find another health care provider.

Elements of the written notice should include at least the following:

- **Reason for termination.** Under certain circumstances, it is acceptable to utilize the catchall phrase “inability to achieve or maintain rapport.”
- **Effective date.** The effective date of termination should be 10 to 30 working days unless the patient has fired you, is currently under the care of another health care provider, or you are a specialist. These circumstances may allow immediate termination.
- **Interim care provisions.** Offer interim care. True emergency situations, however, should be referred to an ER.
- **Continued care provisions.** Offer suggestions for continued care through local medical societies, nearby hospital medical staffs, or community resources.
- **Request for medical record copies.** Offer to provide a copy of the medical record by enclosing an authorization document with your letter to be returned to the office with the patient’s signature.
- **Patient responsibility.** Remind the patient that follow up and continued medical care are now the patient’s responsibility and that both should be pursued.

Is It Acceptable to Send a Patient to Collection?

A collection agency is a viable option for nonpayment of outstanding bills. You should always try to reach an resolution consisting of a regular payment plan, but when this fails, your obligations end, and collection may be the only solution.

Continued medical care may be provided for a patient who has been sent to collection. While it is acceptable practice to continue to care for the patient, it is also acceptable to ask for cash payment when making an appointment for the patient. Then, if your patient shows cooperation by paying cash, you have the option of writing off the back balance and continuing with visits on a cash basis.

Case Examples

The following scenarios illustrate some of the issues involved in patient termination:

Case 1. A patient has been in your practice for about 10 years, has faithfully made regular visits, but has not been willing to comply with your medical regime for taking hypertension medications. You have repeatedly explained the issues of noncompliance, and you have rescued the patient on many occasions with emergent medications, usually in the local ER over a weekend. You are convinced that the patient under-

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REACT Program Helps Physicians, Hospitals After Adverse Outcomes

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the right thing to do,” said Richard W. Brewer, president and CEO of ProMutual Group. The company is a longstanding supporter of disclosure and apology and has created numerous publications, newsletters, and guidelines and been cited in articles on the subject. It has also offered consultations and an emotional support program for physicians dealing with adverse events for over 10 years. “The REACT Program is an embodiment of our beliefs as a company and desire to support both physicians and patients in the event of an adverse medical outcome. After dedicating significant time to developing the program, it is a timely addition to ProMutual Group’s collection of resources and benefits for policyholders.”

Studies show that apology and disclosure following an adverse outcome often satisfactorily resolve the situation for patients. In light of this research as well as anecdotal evidence from more than 30 years as a medical liability insurer,

ProMutual Group tailored the REACT Program to address the needs of physicians, hospitals and their patients. When adverse outcomes occur, patients want answers and information. Physicians and hospitals want to apologize and provide disclosure, but may feel intimidated by the possibility of litigation. With this in mind, the REACT Program’s goal is to bring about a satisfactory resolution to an adverse outcome by encouraging empathy and communication to preserve the physician-patient relationship. The REACT Program is available to guide physicians and hospitals through the disclosure and apology process while also addressing patients’ desire to understand what happened and providing appropriate financial reimbursement of expenses after an adverse event occurs.

ProMutual Group physician and facility policyholders in Maine, New Hampshire, Vermont, Massachusetts and Connecticut will be able to enroll in the REACT Program immediately.

FBI Investigating Misconduct of Company Associated with PLICA Trust

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Last year, RBT Trust II was named as one of 18 defendants in a class-action lawsuit brought by James & Gahr Mortuary, on behalf of itself and all other similarly situated plaintiffs, claiming “a massive fraudulent conspiracy among all defendants to defraud providers of services for pre-need funeral benefit contracts... [where] defendants are engaged in complex financial relationships with the purpose and intent of concealing their fraudulent scheme.”

The life insurance companies named in the lawsuit—Lincoln Memorial and Memorial Service—offered the pre-need funeral insurance policies. The suit alleges that the policies were purchased from companies controlled by RBT Trust II, for which PLICA vice president and general

counsel Howard A. Wittner is trustee.

The plaintiffs allege in the suit that “as a result of the defendants’ complex business relationship, they had an incentive to churn the business by (a) selling policies and collecting high commissions and marketing fees; (b) systematically stopping premium payments causing the policies to lapse; and then (c) replacing those policies with other policies which were inappropriate substitutes and failed to provide the security of the initial policies.”

The suit does not seek specific monetary figures, but does request treble damages, punitive damages and attorney fees.

A.M. Best reports that at the end of 2007, PLICA had direct written premiums of \$29,732,000 in Illinois, Missouri, Texas and Connecticut.

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stands but stubbornly refuses to comply.

Should this patient be terminated from your practice? Yes. The written notice terminating the relationship with this patient should be explicit in stating the reason you are no longer willing to provide care—that because of the patient’s noncompliance with recommended treatment plans, the patient’s outcome is predestined to be unfavorable. You should suggest that the patient might benefit from a relationship with another physician and that continued medical care is an absolute requirement for this patient.

Case 2. Your patient has a medical deductible per office visit, has made one excuse after another for nonpayment of this deductible for many years, and now has a balance of more than \$3,000. The patient is compliant with medical care, pleasant and a pleasure to have in your practice.

What are your options? After you have explained your rationale, sending the patient to collection is a reasonable choice. Your explanation may include that you cannot con-

tinue to provide care to patients who ignore their deductible obligations. You can offer continued care and require a cash payment for each visit. If the patient agrees to pay the deductible in cash, you may want to retain your relationship. If not, a written notice of termination is appropriate.

Case 3. A new patient has made an appointment with your office for a full and complete physical examination. The patient experienced an unusually long wait before the appointment as a result of an urgent situation with an infant.

This new patient has reacted by becoming loud and abusive, insulting the registration person, shouting that his time is as valuable as that of the doctor, and making a general nuisance of himself. In the examination room, you have the opportunity to address your concerns about his behavior and state that this type of reaction will not be tolerated in the future. After you have completed his physical examination, you might suggest that he seek medical care elsewhere if he is reluctant to observe office decorum. His decision will determine if a termination letter is appropriate.