Coverys Risk Management

Ambulatory Care Manual

Termination of the Practitioner-Patient Relationship

What's the Risk?

A patient may bring an allegation of abandonment against a practitioner who ends an established practitioner-patient relationship without giving the patient time to arrange for medical care. Patient abandonment may result in civil liability for the practitioner. To establish an abandonment claim, generally a patient must prove that the practitioner ended the relationship without good reason or without sufficient notice to allow them to find another practitioner and that the patient was injured as a result.

When Is This Risk an Issue?

When caring for patients, practitioners encounter a myriad of circumstances that may trigger a need to terminate the practitioner-patient relationship. The following section includes information on some common situations.

Missed Appointments

While it's not a hard and fast rule, termination of the professional relationship may be warranted if a patient misses three consecutive appointments. Extenuating circumstances in individual cases may indicate a need for leniency and understanding.

Patients Who Refuse Treatment

Practitioners may be inclined to terminate patients who refuse treatment. For example, some pediatricians routinely terminate relationships when parents refuse to vaccinate their children. Other relationships may end when patients decline preventive screening.

Termination is not always the best solution, however, because patients or their authorized representatives ultimately have a right to refuse treatment. Informed refusal discussion is a better approach, especially when the practitioner oversees or coordinates care for the patient, as in the case of a primary care practitioner (PCP) or pediatrician. For more information on informed refusal, see *Informed Consent: Process*. For more information on vaccination refusal, see *Medication: Safety*.

Ongoing Disagreement With Care Plan

Some patients may have unrealistic treatment expectations. Patients may demand care that the practitioner is uncomfortable providing, either because it is not a best practice or because it is outside their scope of practice. When the practitioner and patient have an ongoing disagreement about a care plan, termination may be the best solution.

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Non-payment of Bills

Chronic nonpayment of bills may be a reason for terminating the professional relationship, unless extenuating circumstances indicate a need for patience or the patient agrees to a payment schedule that works for both parties.

Patients Who Sell Drugs

Selling physician-prescribed drugs is a criminal activity and grounds for immediate termination of the professional relationship. For more information, see <u>Reporting Drug Diversion & Criminal Acts</u>.

Problematic Substance Use

Practitioners may consider terminating the professional relationship when patients show signs of substance-use disorder, such as demanding a particular medication or more medication than prescribed. Termination is a last resort for these patients because they typically require ongoing medical care. According to the Centers for Disease Control (CDC), "Identification of substance use disorder represents an opportunity for a clinician to initiate potentially life-saving interventions, and it is important for the clinician to collaborate with the patient regarding their safety to increase the likelihood of successful treatment." (Guideline No. 12)

Opioid-Use Disorder

The CDC recommends that clinicians offer or arrange evidence-based treatment for patients with opioid-use disorder. The CDC further recommends that clinicians taper and then discontinue opioids for patients who do not meet the criteria for opioid-use disorder. ^{3(Guideline No. 12)}

Issues With Parents of Minors

Depending on the situation, a practitioner may want to consider terminating the professional relationship with a pediatric patient whose parents are abusive to staff members or the practitioner (for more information on abuse, see section titled Criminal Activity, Violence, or Abuse), or if the parents repeatedly miss appointments or fail to pay. If there are no acute conditions to resolve and the minor patient is unemancipated, terminating the relationship may be an appropriate solution. If parents are abusive, it could be cause for immediate termination. See the section below on criminal activity, violence, and abuse.

Patient Who Sues

Some patients will name a practitioner in a medical professional liability lawsuit, yet still want to see the practitioner. Given the circumstances, some practitioners will choose to terminate the relationship because they perceive the patient no longer has trust or faith in their care. They are also uncomfortable continuing treatment when a patient alleges negligence or incompetence.

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Some argue that the patient will not be able to communicate openly with the practitioner when the patient has to testify against the practitioner in court. Others opine that continuing to treat the patient may work in the practitioner's favor in front of a jury because it shows that the patient continues to have confidence in the practitioner's care.

The decision to continue or terminate treatment really depends on the patient's comfort level receiving care and the practitioner's comfort level providing care, as well as the type of care provided. If the patient is being treated for an acute condition, termination is not an option until the acute condition is resolved.

Criminal Activity, Violence, and Abuse

Criminal activity or egregious acts against the practice (e.g., assault or prescription pad theft) are reasons for immediately terminating the professional relationship. This may involve engaging law enforcement. For more information, see <u>Reporting: Drug Diversion & Criminal Acts</u>.

Verbal abuse, physical violence, and threats of physical harm are, in almost all cases, also reasons for immediate termination of the professional relationship. The safety of the practitioner, staff members, and other patients within the office is paramount. To keep the environment safe, a 30-day notice period is not required. In these instances, verbal termination is acceptable with documentation of same in the medical record.

Terminated Patient Presents for Care

When a patient already terminated from the practice presents to a practitoner's office in crisis, ethically the right thing to do is treat the patient. A crisis visit does not commit the practitioner to ongoing care. In addition, physicians who are on call in the emergency department (ED) must see the ED patients they are called to see, including those previously terminated from their practice.

Americans With Disabilities Act

Relationships with patients covered under the Americans with Disabilities Act may only be terminated for reasons similar to that of a non-disabled patient. Relationships may not be terminated because of the disability or illness or costs that the disability or illness might involve (e.g., providing an interpreter for a deaf patient).

How Can I Reduce Risk?

Although physicians and dentists may terminate a practitioner-patient relationship for various reasons, certain steps can help avoid a possible abandonment allegation. These steps include establishing procedures for terminating relationships, determining if a relationship may be

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terminated, notifying the patient in writing, continuing to treat the patient during the notice period, and avoiding reestablishing a relationship. Risk management recommendations for each of these steps follow.

Establish Procedures for Terminating Relationships

Develop a written policy and procedures

- Develop a written policy and procedures for discharging patients from the practice. See <u>Termination of Practitioner-Patient Relationship</u> <u>Policy & Procedures Sample</u>.
- When possible, discuss the reason(s) for terminating the practitioner-patient relationship with the patient.
 Document the discussion and the steps taken to care for the patient prior to the effective termination date.
- Include the policy on discharging patients from the practice in the Patient Rights and Responsibilities notice.
- Post the Patient Rights and Responsibilities notice.
- Draft a standard termination letter. See the following examples:
 - o <u>Termination of the Doctor-Patient</u> <u>Relationship – Behavioral Issue</u>
 - <u>Termination of the Doctor-Patient</u>
 Relationship Missed Appointments
 - <u>Termination of the Doctor-Patient</u>
 <u>Relationship Nonpayment of Bill</u>
 - <u>Termination of the Doctor-Patient</u>
 <u>Relationship Ongoing Disagreement with</u>
 <u>Care Plan</u>

Determine If Relationship Can Be Terminated

Evaluate each relationship

Evaluate each relationship on a case-by-case basis.
Consider the patient's underlying state of health, the
severity of the signs and symptoms of the patient's
disease process, the stage of the current course of
treatment, and the availability of comparable medical
care. Some conditions, such as pregnancy, require
ongoing care and resolve after a period of time.

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Do NOT terminate the relationship with a patient in crisis

Use extreme caution with pregnant and behavioral health patients

- Ensure that the patient is not in a physical or emotional crisis. For example, a psychiatrist may not terminate a patient who is suicidal or in a state of extreme agitation or depression.
- In most circumstances, do NOT terminate the relationship with a pregnant patient who has reached 20 weeks gestation until after resolution of the pregnancy and completion of any requisite postpartum care.
- Use extreme caution when circumstances, such as sudden physician disability, require terminating a relationship with a pregnant patient who is past 20 weeks gestation or with an acutely ill behavioral health patient.
- Help the patient find a new practitioner. Contact the new practitioner to verbally hand off the patient, provide medical records, and confirm that an appointment has been scheduled.
- Refrain from making inflammatory remarks about the patient to the new practitioner. Document the verbal hand-off in the medical record.

Assess the situation

- Assess the situation to determine if there are any underlying factors for the patient's behavior. The following recommendations relate to common situations encountered when considering termination of a professional relationship.
 - Missed Appointments
 - Develop a missed appointment policy and define how many missed appointments will trigger consideration for terminating the relationship.
 - Publish the missed appointment policy in the practice welcome brochure and on the practice website.
 - Consider terminating the professional relationship when the patient violates the missed appointment policy.
 - Nonpayment of Bills

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- Notify patients on their first visit regarding responsibilities for bill payment and copayments.
- Include the name and phone number of the contact for billing information or questions.
- Provide an adequate amount of time to pay the bill (e.g., 30 days).
- Contact the patient to determine why the bill
 has not been paid. The patient may be
 unhappy with the treatment, or there may be
 extenuating circumstances, such as a job
 loss. Terminating the relationship with the
 patient may lead to further anger and even
 prompt the patient to sue. Demonstrating
 personal attention and concern for the
 underlying problem may help prevent a
 conflict with the patient from escalating.
- Send the patient a 30-day notice of termination if payment is not received.
- Send a final termination letter if the patient has not contacted the office to arrange payment after 30 days.
- Provide medical care to a patient with an outstanding bill until termination becomes effective.
- Problematic Substance Use
 - Assess the patient for substance- /opioid-use disorder, depending on the substance.
 - Voice concern about substance- /opioid-use disorder or problematic substance/opioid use.
 - Treat or refer the patient to an appropriate specialist for treatment.^{3(Guideline No. 12)}
 - Review the <u>CDC Guideline for Prescribing</u> <u>Opioids for Chronic Pain</u>, including the complete discussion of Guideline No. 12.
- Minors

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- Discuss the situation with the parent before terminating a relationship with an unemancipated minor.
- Send the termination letter to the parent if you decide to terminate the relationship with an unemancipated minor.

o Patient Who Sues

- If you are not comfortable continuing to treat the patient, consider terminating the professional relationship after resolving any acute conditions.
- Explain to the patient that given the circumstances, they may feel more comfortable being treated by another practitioner.
- o Criminal Activity, Violence, and Abuse
 - Consider immediate verbal termination for verbal abuse, physical violence, threats of physical harm, or criminal activity involving the practice.
 - For a one-time event involving verbal abuse or uncharacteristically violent behavior in a long-term patient, identify the reason for the behavior before resorting to immediate termination of the professional relationship.
 - Send a follow-up letter indicating the reason for termination, directions to obtain ongoing care at a local urgent care facility or ED, and assurance that you will forward the medical record to the patient's new practitioner.
- o Terminated Patient Presents for Care
 - Do not deny care to a terminated patient when the patient presents to the office in crisis or to the ED when you are on call.
 - Follow up with the patient to ensure that ongoing care is provided.

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- If you are a PCP, refer the patient to another PCP who can provide ongoing
- If you are a consulting physician, notify the patient's practitioner/PCP of the visit and advise of the need for follow-up.

Recognize limitations for terminating a professional relationship

Do not terminate a relationship because of gender, race, religion, or sexual orientation.

Check health plan contracts

Check the provisions of any contract you have signed with the patient's managed care organization or health plan to ensure compliance, as third party payers may also have their own policies and procedures that need to be followed when a professional relationship is terminated.

Resolve acute conditions

Continue to treat patients who have acute medical conditions. Resolve acute medical conditions prior to terminating the professional relationship.

Comply with state regulations

Recognize that individual states may define abandonment and that definitions vary by state. Follow any state regulations in place for terminating the practitioner-patient relationship.

Consult attorney

Consider consulting an attorney for guidance if you have questions about whether termination is appropriate.

Notify Patient in Writing

Send a certified letter

- Notify the patient in writing via a certified letter sent to the patient's home address, return receipt requested. The notice may or may not include the reason for terminating the professional relationship.
- If the patient refuses to accept the certified letter, file the returned letter in the medical record, or scan it to the electronic medical record (EMR). Mail a duplicate letter in a plain envelope with no return address.

Include relevant information

- In the letter, include:
 - Effective termination date of the professional relationship.

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Notify Patient in Writing

- Available information about resources, such as the local medical society or a local medical center, to help identify other practitioners in the same or similar specialty.
- Reasonable time frame, such as 30 days, to treat the patient for emergencies.
- Standard offer to transfer the patient's medical records to the new practitioner upon receipt of a signed authorization.

Specify the relationship that is being terminated

- Determine exactly with whom the professional relationship is being terminated when the practitioner is in a group practice.
- Specify whether the professional relationship is being terminated only with the practitioner signing the letter or with the entire practice.
- Name all of the group members or the entire practice if the relationship is being terminated with the practice.

File a copy of the letter

 Place a copy of the termination letter and the return receipt in the patient's chart or scan it to the EMR.

Document process

- Document each step of the termination process in the medical record, including all communications with the patient leading up to the termination.
- Include quotes whenever possible. Note what the practitioner said and how the patient responded.

Continue to Treat Patient During Notice Period

Treat for 30 days

- Continue to treat the patient for a reasonable period, such as 30 days, while the patient arranges for the services of another practitioner.
- During these 30 days, treat patients who are in crisis and present either to the office or to the local ED.

Release Copy of Medical Records to New Practitioner

Use an authorization form

 Offer to transfer records to the new physician upon receipt of a signed authorization to do so. Include an

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Release Copy of Medical Records to New Practitioner

authorization to release records with the termination letter.

- See <u>Permission Form to Send Medical Records</u>.
- Do NOT withhold records
- Do NOT refuse to provide a subsequent treating physician with a copy of the medical record because the patient has not paid for medical services.

Avoid Reestablishing Relationship

Do NOT make new appointments

 Inform all practice staff members that a termination letter has been sent. If a new appointment is made after the effective termination date, it may arguably reestablish the relationship.

References

- Lynch HF. Discrimination at the doctor's office. N Engl J Med. 2013;368(18):1668-1670.
 DOI: 10.1056/NEJMp1211375.
- U.S. Department of Health and Human Services, CDC, American Academy of Family Physicians, American Academy of Pediatrics. Talking with parents about vaccines for infants: Strategies for health care professionals. https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf. Reviewed March 2012. Accessed 10/17/19.
- 3. Dowell D, Haegerich TM, Chou, R. CDC Guideline for Prescribing Opioids for Chronic Pain United States, 2016. MMWR Recomm Rep. 2016;65(No. RR-1):1-49. https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. Accessed 10/17/19.

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