



TERMINATING THE PHYSICIAN-PATIENT RELATIONSHIP: What You Need to Consider Before You Take This Step



The Risk Team at the Mutual Insurance Company of Arizona (MICA) receives inquiries from physicians like you on a regular basis. A common discussion topic is how to handle the termination of patient relationships.

Physician-patient relationships are the foundation of medical care. Effective relationships generally support quality medical care. When the relationships become ineffective, the physician or patient may end the relationship. Physicians and advanced health care professionals should appropriately manage and terminate these relationships to prevent medical professional liability claims and licensing board complaints.

In this guide, you will learn how to handle the end of the physician-patient relationship and what to do when a discharged patient attempts to make a follow-up appointment. Also included are sample patient letter templates that can be customized for your practice.

ABOUT MICA

MICA's Risk Management Services department can address member's immediate medical professional liability questions and less urgent questions about daily operations. MICA members can call the Risk Management Hotline to schedule complimentary on-site or online education, professional liability risk assessments, and telephone or Zoom consultations.

To learn more about MICA coverage or request a quote, visit <https://info.mica-insurance.com/mpl>, or call 800-681-1840.

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WHEN THE PHYSICIAN–PATIENT RELATIONSHIP COMES TO AN END: THE APPROPRIATE STEPS TO TAKE

Most physician–patient relationships end naturally, when patients move, the physician moves, or the patient reaches the end of treatment. A physician’s change in location or status with the patient’s health insurer may also trigger a need to end the relationship. Physicians and patients may also choose to end the therapeutic relationship when it is no longer effective. The patient’s noncompliance with treatment recommendations, frequent appointment cancellations or no-shows, inappropriate conduct in the office or practice, or noncompliance with financial agreements may undermine the treatment relationship.

Potential Threats to Effective Treatment Relationships

- Non-compliance
 - ▶ with treatment recommendations or agreements
 - ▶ with financial agreements or obligations
 - ▶ with office policies and procedures or code of conduct
- Frequent appointment cancellations or no-shows
- Inappropriate conduct by the patient, caregiver, or health care decision maker, such as abusive, threatening, or hostile language; aggressive behavior; threats of harm or violence; stalking; sexual advances
- Abuse or misuse of medications, especially controlled substances
- Theft or destruction of property or equipment
- Patient decides to seek treatment elsewhere
- Physician change of location
- Termination of participating physician agreements with specific health plans

The physician’s practice staff can be involved in identifying non-compliance, inappropriate conduct, theft or destruction, and abuse or misuse of medications but should not make final decisions about terminating patient relationships. Physicians and practice staff should communicate about all potential decisions to terminate patient relationships and should document these discussions as part of a standardized practice policy, procedure, or process. Often, the physician has insight into the patient’s situation and prefers or recognizes a clinical need to continue to treat the patient. The practice may need to assess its obligations in third party payor agreements related to care continuity and withdrawing from or terminating patient relationships. The obligations may arise from payor policies and procedures referenced in the contracts.

Before deciding to terminate the treatment relationship, the physician should carefully evaluate the patient's acuity, any special circumstances, and need for continuous care. High acuity may necessitate continued treatment and tabling consideration of termination until after the patient stabilizes. One acuity consideration is the availability of a physician to take over the patient's care and how quickly another physician can see the patient. Some specialists may not be able to schedule an appointment for the patient for two to four months.

The physician should assess the patient's medications, how closely the medications need to be monitored, the need for prescription refills, and arrange for the patient's medication needs during a transition to a new physician. The physician should take reasonable steps to ensure continuity of care during the termination process to minimize the risk of an alleged injury or adverse outcome before the patient begins treatment with a new physician.

Acuity Considerations

- Availability of appointments with other qualified physicians within a reasonable geographical location
- Medications requiring monitoring and/or refills
- Need for follow up appointments, wound care, and monitoring post-hospitalization or surgery
- Pregnancy stage and co-morbidities
- Medical, mental, and surgical history
- Psychiatric condition and medications

Before discussing termination of treatment relationships with patients, physicians and practices should confirm that office policies, procedures, processes, and agreements are reasonable, understandable, and provided to patients at the beginning of treatment relationships. The patient's non-compliance with a treatment recommendation, practice policy, or financial or treatment agreement could be related to overly complex language or steps, the patient's literacy and health literacy levels, language barriers, or physical or mental disabilities.

The practice should rectify language, simplify steps, improve processes, and consider reasonable accommodations for disabilities before proceeding with termination decisions. The physician should also confirm appropriate and adequate documentation of encounters and interactions with patients and/or caregivers that gave rise to the decision to terminate the relationship. Quoting the patient is often helpful.

Like the decision to perform a surgery or procedure, appropriate termination of patient relationships should include a discussion with the patient, documentation of the discussion, and sending a letter by mail and, if applicable email, summarizing the discussion and restating the result. The physician should talk to the patient and explain the decision to terminate the treatment relationship. After documenting the discussion and the patient's replies in the medical record, the physician or practice should send a letter to the patient summarizing the discussion, emphasizing the breakdown in the physician-patient relationship, and the next steps.

Sometimes, a physician knows a reasonable conversation with the patient is not possible and sends a letter to the patient without having a discussion. In that case, the letter should include a

simple and short explanation for ending the patient relationship. The physician should edit any template letter to the specific patient and situation. In all cases, the physician should sign the termination letter. The practice should put a copy of the letter in the patient's medical record and notify appointment schedulers of terminations.

Key Elements of Discussion and Letter

- Confirmation of the discussion and the discussion date
- The physician will no longer treat the patient because there has been a breakdown in the physician-patient relationship
- An effective date
- Any arrangements for continued care, such as
 - ▶ whether prescription refills have been transmitted to the patient's pharmacy or are included with the letter
 - ▶ whether the practice made an appointment for the patient with another physician and the appointment details
 - ▶ what the patient should do in the event of an emergency until the patient establishes with a new physician
 - ▶ that the practice will send a copy of the patient's medical records to the new treating physician upon receipt of the patient's written authorization
 - ▶ whether an authorization form to release the patient's medical records is included
- Physician, not staff, signs the letter
- Send the letter by email (if applicable), regular U.S. mail, and certified return-receipt-requested mail

Sometimes, a patient terminates the treatment relationship. In that case, the physician should send a letter to the patient summarizing the patient's decision, encouraging the patient to seek care from another physician, including information about medical records and prescriptions, and explaining what to do in the event of an emergency while the patient establishes a relationship with a new physician.

Some physicians on-call to the emergency department (ED) find themselves seeing patients they have terminated from their practices in the ED and/or as a follow-up referral from the ED for completion of the ED plan of care. In that case, the on-call physician should comply with the Emergency Medical Treatment and Active Labor Act (EMTALA), hospital or facility by-laws and medical staff rules and regulations, and third party payor agreements. Hospital or facility by-laws, rules, and regulations and third-party payor agreements may require seeing the patient in your private practice after the ED visit and, eventually, going back through the termination of patient relationships process.

Why 30 days?

Some state statutes or medical board regulations specify a certain number of days the treating physician must continue to treat the patient after terminating the patient relationship. In Arizona, physicians and clinicians are required to be reasonable and prudent in the practice of medicine, which includes deciding how long to treat a patient before effectively terminating the relationship.

Many physicians, commentators, and licensing boards consider 30 days a reasonable amount of the time for the patient to get in with a new physician. This is generally true in medium and large cities and for primary care and a few specialties. This may not be true in rural or other areas, especially if the patient needs a specialist or subspecialist.

Medical practices frequently state the effective date is 30 days from the date of the letter. Some patients may need 45, 60, or 90 days to get in with a new physician; some patients may need only two weeks. Consider acuity, in the determination of a reasonable amount of time, including the stage of pregnancy; co-morbidities; medication, intervention, and monitoring needs; and medical and surgical history.

HOW TO RESPOND WHEN A DISCHARGED PATIENT WANTS TO MAKE AN APPOINTMENT

When a discharged patient wants to make an appointment, one of the most important factors is a determination of the patient's status with your practice. To avoid potential allegations of patient abandonment, some considerations include:

- Is the patient still under follow-up care due to a recent hospitalization or surgery you performed?
- Does the patient have any acute or emergent medical conditions that require attention?
- Is the patient on any chronic medications that require an office visit in order to obtain a refill?
- Does the patient have an ongoing, chronic disease process that is unstable or characterized by acute flare-ups?

Under select circumstances, such as the patient exhibiting violent or threatening behavior to you or your staff, the letter sent to the patient may have indicated the termination was

immediate. Did the letter indicate you would continue to see the patient for the next 30 days for any care needs or did it limit the circumstances under which you would see the patient such as for emergency care and already scheduled appointments?

Ultimately, it is a physician's decision to terminate the physician-patient relationship and there is no definitive answer for all scenarios. Utilizing sound professional judgement based on the individual situation and documenting your thought process clearly is vital.

If you ultimately decide not to see the patient for their routine check-up as requested by the patient in the 30-day termination period, the medical record, the patient's condition, and the termination letter should support that decision. If the patient or their representative challenges the termination in some manner, such as a report to the Medical Board, the documentation in the patient's chart will be your key defense.

This type of patient situation can be frustrating and time-consuming, but the time spent in constructing an appropriate discharge will be your best defense should the need arise.

To receive editable templates, please contact MICA at 800-681-1840 or micacorpcom@mica-insurance.com.

Sample Letter Templates

#1 – Generic Letter

September 20, 2022

Dear **patient name**:

As we discussed on **date**, I will no longer be your treating physician. I will continue to see you for urgent matters or previously scheduled appointments for the next 30 days, until **date**. It is important that you select another physician as soon as possible to monitor your medical condition. I have sent a **XX**-day supply of your prescription, **name of prescription**, to **pharmacy information**.

Contact your health insurance company, the state or county medical society, or local hospital referral service for the names of new physicians. Your medical record will be sent to your new physician when this office receives your written permission. A medical record release form is enclosed.

Sincerely,

physician's name

#2 – Conversation Not Possible

September 20, 2022

Dear **patient name**:

This letter is to inform you that I will no longer be your treating physician. Due to **short and simple explanation of reason for termination**, our physician-patient relationship cannot continue. I will see you for urgent matters or previously scheduled appointments for the next 30 days, until **date**. I have sent a **XX**-day supply of your prescription, **name of prescription** to **pharmacy information**.

It is important that you select another physician as soon as possible to monitor your medical condition. Contact your health insurance company, the state or county medical society, or local hospital referral service for the names of new physicians. Your medical record will be sent to your new physician when this office receives your written permission. A medical record release form is enclosed.

Sincerely,

physician's name

#3 – If Appointment Already Made with Another Physician

September 20, 2022

Dear **patient name**:

As we discussed on **date**, I will no longer be your treating physician. I will see you for urgent matters or previously scheduled appointments until **date of appointment with new provider**. I have sent a **XX**-day supply of your prescription, **name of prescription** to **pharmacy information**.

As you know, I have made an appointment for you with **name of new physician** on **date** at **time**. If you are unable to keep the appointment, please call **name of new physician's office** at **phone number** to reschedule. Your medical condition requires physician supervision, and it is important that you establish care with **name of new physician**. A copy of your medical record will be sent to **name of new physician** when this office receives your written permission. A medical record release form is enclosed.

Sincerely,

physician's name

#4 – Patient-initiated Termination

September 20, 2022

Dear **patient name**:

In our last communication on **date**, you indicated that you wish to terminate our physician-patient relationship and will seek care elsewhere. This letter is to confirm that I will no longer be your treating provider. However, should you require care for an urgent matter, I will be able to see you for the next 30 days, until **date**.

I would like to make your medical record available to your new physician. A copy of your medical record will be sent to your new physician when this office receives your written permission. A medical record release form is enclosed.

Sincerely,

physician's name

#5 – Non-payment Initial Letter

September 20, 2022

Dear **patient name**:

It has come to my attention that you have been sent several letters and that my office staff has attempted to reach you by phone to discuss the balance owed on your account. If you are unhappy with the care that you have received in this practice, please contact me to discuss your concerns. I hope we can resolve any issues you have.

If you need to discuss payment of your account or to set up a payment plan, please contact my business manager. Their name is **business manager's name** and they can be reached at **phone number**. If we do not hear from you within 30 days of the date of this letter **date**, it will be necessary to terminate our physician-patient relationship for non-payment, and you will receive a notice of termination letter from our practice.

Sincerely,

physician's name

#6 – Termination for Non-payment

September 20, 2022

Dear **patient name**:

On **date**, I sent you a letter requesting that you contact me or my practice's business manager to discuss the balance owed on your account. I stated that our physician-patient relationship would come to an end if we did not hear from you within 30 days of the date of that letter.

Since we did not hear from you, this letter is to let you know that I will no longer be your treating physician. I will continue to see you for urgent matters or previously scheduled appointments for the next 30 days, until **date**. I have sent a **XX**-day supply of your prescription, **name of prescription** to **pharmacy information**.

It is important that you select a new treating physician to monitor your medical condition. Contact your health insurance company, the state or county medical society, or local hospital referral service for the names of new physicians. A copy of your medical record will be sent to your new physician when this office receives your written permission. A medical record release form is enclosed.

Sincerely,

physician's name