

Terminating the Clinician-Patient Relationship: A Guide for Medical Groups





Table of Contents

- I. Introduction
- II. Guidelines
 - A. AMA Guidelines
 - B. Decision to Terminate
- III. Professional Liability and Abandonment
 - A. Avoiding Liability
 - B. Elements of Abandonment
- IV. Patient Safety Considerations
 - A. Acute Conditions
 - B. Notice Period
 - C. Treatment During the Notice Period
 - D. Documentation
 - E. Use of a Sample Template
 - F. Healthcare Plan Obligations
 - G. Limited Access to Care
 - H. Limited Access to Specialists
 - I. Billings and Collections
 - J. Underlying Medical Causes
 - K. Reason for Termination
 - L. Alert in the Appointment System
 - M. Copies of Medical Record
 - N. Discrimination
- V. Patient Safety: Standardized Process and Flow Chart
 - A. Determining the Best Course of Action
 - B. Identifying Steps in Building an Effective Process
 - C. Conversations with Patients and Follow-up Letters
 - D. Empathetic Communication and Office Systems

Attachments:

Attachment 1: Sample Letter for Terminating the Clinician-Patient Relationship

Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients

Attachment 3: Sample Policy and Procedure for Terminating the Clinician-Patient Relationship



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Introduction

Over the past 20 years, a number of studies have reported that doctors may label 1 out of every 5 or 6 patients as being “difficult.” These types of patients not only disrupt clinic flow but can contribute to clinician burnout. In a study published in the *Archives of Internal Medicine*, an eight item index was used to measure difficult patient encounters; the study found 1 out of every 6 outpatient visits was considered difficult by clinicians. The clinicians who perceived they had a high volume of difficult encounters were significantly more dissatisfied and burned out with their jobs than those reporting fewer difficult encounters. The following list of behaviors have been cited by these clinicians as most typical in dealing with “difficult” patients¹:

- Insist on prescription for an unnecessary drug
- Show dissatisfaction with care
- Have unrealistic expectations for care
- Visit regularly, but have poor compliance with medical advice
- Complain persistently, although the doctor has done everything possible to help
- Insist on an unnecessary test
- Are verbally abusive
- Are disrespectful to office staff and clinicians

Even the most mature and experienced clinician may not be able to hold back feelings of anger and frustration when trying to deal with a difficult patient and/or verbally abusive patient. The inability to cope with difficult encounters in a chaotic practice, and the lack of control over administrative issues, not only increases clinician stress but increases the likelihood of error.² Clinicians functioning under high levels of stress perceive they are not able to provide adequate care related to aspects of chronic disease management, or in general, feel less able to provide optimal care, and tend to make more medication errors.³

While clinicians realize that there are ethical ways of terminating a patient from their practice, sometimes clinicians may not logically think through all the considerations required prior to making the decision to end the clinician-patient relationship. Practice administrators can help reduce stress and improve patient safety measures by implementing methods to address difficult encounters with patients that are prevalent in office settings.

The information in this guide is intended to help medical groups avoid professional liability problems, reduce stress in the office setting and promote effective patient safety strategies. The information should be considered risk management advice and not interpreted as legal advice.

II. Guidelines that Address the Clinician-Patient Relationship

A. AMA Ethical Guidelines

The American Medical Association (AMA) Council on Ethical and Judicial Affairs has established ethical guidelines that address ending the clinician-patient relationship and the same principles can apply to nurse practitioners providing care:

- The patient has the right to continuity of healthcare. The clinician has an obligation to cooperate in the coordination of medically indicated care with other healthcare providers treating the patient. The clinician

1. An, Perry, Rabatin, Joseph S., Manwell, Linda, B. Linzer, Mark, Schwartz, Mark; Memo Investigators. Burden of difficult encounters in primary care. *Arch Intern Med.* 2009; 169 (4):410-414

2. Linzer M, Manwell LB, Mundt M, et al. Organizational climate, stress, and error in primary care: the MEMO study. In: *Advances in Patient Safety: From Research to Implementation*: Rockville, MD: Agency for Healthcare Research and Quality; 2005:65-77; AHRQ publication 050021 <http://www.ahrq.gov/qual/advances/>. Accessed April 19, 2010.

3. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in internal medicine residency program. *Ann Intern Med.* 2002;136(5):358-367



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care.⁴

In addition, these guidelines state:

- Clinicians have an obligation to support continuity of care for their patients. While clinicians have the option of withdrawing from a case, they cannot do so without giving notice to the patient, the relatives, or responsible friends sufficiently long in advance of withdrawal to permit another medical attendant to be secured.⁵

B. Decision to Terminate

Once the clinician-patient relationship has deteriorated beyond repair, the clinician should communicate the following to the patient:

- Everything possible has been done to address the patient's problems
- The patient has been informed of the consequences of his/her actions—in the context of the patient's own health, as well as the clinician-patient relationship
- The patient has been told that she/he would be better off with another clinician

III. Professional Liability and Abandonment

A. Avoiding Liability

Clinician can avoid allegations of abandonment by following the appropriate actions, communicating clearly to patients and documenting the clinician-patient in one of two situations:

- 1) The clinician terminates the relationship with the patient after providing reasonable notice and time to locate alternative care
- 2) The patient terminates the clinician-patient relationship and the clinician documents that termination was initiated by the patient

Of course, the more difficult situation for clinicians and practice administrators occurs in situation (1) since it is initiated by the clinician.

B. Elements of Abandonment

The professional liability term "patient abandonment" refers to a clinician's withdrawal from a patient's care and treatment without adequate justification and notice. There are certain elements that must be in place for the patient to prove that patient abandonment occurred. Patient abandonment is not based on statutes, but is based on common law doctrine which comes from court decisions rather than statutes as the basis for a lawsuit. A valid allegation of patient abandonment would typically include:

- A clinician-patient relationship existed that created an obligation on the part of the clinician to provide care (or in legal terms "duty")
- There was a reasonable patient expectation of receiving care from the clinician
- The clinician failed to fulfill his/her obligation to treat the patient (or in legal terms "breach of duty")
- A resulting injury or harm to the patient occurred as a direct result of the failure to provide treatment

4. AMA Council on Ethical and Judicial Affairs. Opinion 10.01; CPH 2006; 34:36

5. Ibid



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Lawsuits where abandonment is alleged will examine the facts of the cases and analyze:

- The clinician’s withdrawal of care
- The lack of sufficient notice to the patient
- Reasonable steps taken
- Documentation
- Timing of the withdrawal of care
- Subsequent harm as a result of the improper withdrawal of care

The following reviews what your group practice can do to establish a process for avoiding liability in termination of the clinician-patient relationship.

IV. Risk Management/Patient Safety Considerations

Before a clinician decides to terminate a patient from his or her practice, clinicians should carefully consider each situation and understand the risk management issues prior to ending that relationship. Practice administrators and clinician should establish policies and procedures for the medical group and include those as part of initial clinician and staff orientation. The following subsections (A-N) include risk management/patient safety suggestions for developing policies and procedures.

A. Acute Conditions

Resolve or stabilize any acute conditions before terminating the clinician relationship. Depending on the circumstance, extra caution should be exercised in transitioning care to another provider. As noted in Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients, a situation for termination of a verbally abusive pregnant patient would have different considerations than the termination of a non-acute patient for failing to keep the last six appointments.

B. Notice Period

Usually 30 days is considered a reasonable amount of time to give patients ample time to seek care from another provider. However, there may be a health plan defined notification that would dictate longer periods of time, such as 45 or 60 days. Absence of any guidelines, 30 days notification is considered a reasonable period of time for a patient to locate another clinician. It is advisable to consult any third party contracts that may establish a requisite notice period.

Depending on local arrangements, referrals can be stated in the letter, such as suggesting the patient contact a county medical society, clinician referral service or health plan representative.

C. Treatment During the Notice Period

If there is an emergency/urgent situation that occurs during the notice period, the clinician is obligated to treat the patient. After treatment during the notice period, if is advisable to:

- Send correspondence confirming the treatment was due to the fact that the patient has not yet found another provider
- Reference the original termination letter in the new correspondence
- Attach a copy of the termination letter with the correspondence concerning recent treatment

D. Documentation

Documentation for all situations should be in the medical record in support of the clinician’s rationale for ending the



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

clinician-patient relationship. Depending on the circumstances, documentation may include letters that address the conditions that must be in place for the clinician and other providers within the practice to continue care. For example, letters may address the need for the patient's compliance with medical advice, or requirements that the patient keep follow-up appointments, or cease yelling at the receptionist. Depending on the particular situation, each clinician should judge the timing of termination and documentation requirements.

See Attachment 1: Sample Form for Terminating the Clinician-Patient Relationship and Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients.

E. Use of a Sample Template

The best decisions to terminate a patient are carefully considered in conjunction with a review of policies and procedures. The practice administrator would be well-advised to inform clinicians in the practice that not all circumstances will be applicable to the particular language in the sample letter. As communicated during education to staff, and supported by the group's policies and procedures, the sample letter used by the practice should be customized to fit a particular circumstance with consideration of each patient's medical condition and treatment options.

See Attachment 1: Sample Letter for Terminating the Clinician-Patient Relationship and Attachment 3: Sample Policy and Procedure for Terminating the Clinician-Patient Relationship.

F. Healthcare Plan Obligations

Contractual obligations between health plans may have requirements that define obligations to treat and prohibit automatic release from care. Clinicians should contact their personal or business attorney for contractual interpretations.

G. Limited Access to Care

Geographic limitations may exist where there are no alternative sources of care, particularly in rural areas. Depending on the location, forcing a patient to obtain care outside the community may create an undue financial and/or health burden for the patient. If a patient's individual circumstances preclude them from locating care elsewhere, adequate notice may not be enough for terminating the clinician patient relationship. Clinicians in this situation should proceed with caution and obtain advice from their attorney.

H. Limited Access to Specialists

Limitations to specialist care may also create a barrier for the clinician to terminate a patient from their practice. Clinicians that find themselves in this situation of being "the only game in town" would be well-advised to understand specific constraints which may prohibit them from easily terminating patients from the practice, especially for patients requiring emergent care. Clinicians with these types of constraints should consider individual circumstances and seek legal guidance from their attorney.

I. Billings and Collections

Billings and Collections staff should not have authority to send termination letters due to outstanding bills without first communicating with the treating clinician. The clinician needs to be involved in any mitigating steps concerning the patient's ability to pay and the possible impact of collections on an already discontented or seriously ill patient.

J. Underlying Medical Causes

Clinicians often find it important to rule out any medical causes for the patient's objectionable behavior. In some situations, the patient's inability to have relief from pain or the lack of a clear diagnosis may be the reason for expressions of frustration.



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

K. Reason for Termination

Clinicians may choose not to give a reason for termination, but if a reason is stated, it should be brief and objective in tone. Examples include:

- failure to cooperate with your treatment recommendations
- breakdown of the clinician-patient relationship
- failure to keep follow-up appointments
- failure to reach a mutually agreeable payment plan for your outstanding medical bill

Consult your practice attorney about grievance procedures for disputes concerning billing issues.

L. Alert in the Appointment System

It is helpful to have some means of alerting or communicating with appointment schedulers that a patient has been terminated from the practice. Creating some type of a system alert helps avoid problems of inadvertently scheduling patients back into the practice or booking another appointment with other clinicians within the same medical group.

M. Copies of Medical Records

Once a group practice has obtained a signed authorization for release of medical records, copies of the patient's records should be sent to the new treating clinician(s) without delay. Some groups find it helpful to include a form for authorization of release of medical records along with the termination letter.

N. Discrimination

Clinicians cannot refuse to treat a patient because of the patient's sex, race, color, religion, ancestry, national origin, clinician disability, marital status or sexual orientation.

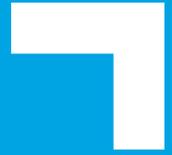
While the above list of elements to consider before terminating the clinician–patient relationship is not exhaustive, groups would be well-advised to establish those elements within a set of policies and procedures to compliment staff education. The section below suggests a possible model and flow chart to be adapted to fit your practice needs.

V. Risk Management: Standardized Process and Flow Chart

A. Determining the Best Course of Action

Many practice administrators have found it helpful to incorporate a standardized process as part of their risk management program to deal with the challenges of difficult situations and deciding on the best course of action. Some groups have found it helpful to use a flow chart that defines different types of approaches. It may be helpful to identify and categorize or tier the type of behavior in order to establish policies and procedures and/or authority levels (clinician/administrator/law enforcement involvement) for different types of escalating behaviors.

See Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients and Attachment 3: Sample Policy and Procedure for Terminating the Clinician-Patient Relationship.



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

B. Identifying Steps in Building an Effective Process

Groups that establish a process for handling the wide range of situations that may lead to termination find that a standardized approach helps define expectations for patients and staff. Simply making a sample termination form available for clinician use is not sufficient. The steps in an effective process would include:

- Develop policies and procedures
- Provide staff education
- Develop a suggested template termination letter
- Develop a flow chart for managing difficult encounters
- Return/certified receipt mail for letter confirming discussion

C. Conversations with Patients and Follow-up Letters

Depending on the nature of a difficult patient problem, some groups find it helpful to have a letter of agreement with the patient that outlines the discussion with a signature line for the patient to sign. For example, if a patient yells at the staff or uses profanity, the letter will cite the behavior and note it is unacceptable and must cease for care to continue with that clinician/group practice. Subsequent to the discussion with the patient, a letter outlining the conditions of care should be mailed to the patient, with a copy of the letter kept in the chart. If the patient's difficult behavior escalates, documentation of attempts to salvage the relationship helps to establish grounds for termination.

D. Empathetic Communication and Improved Office Systems

Certainly various studies, including the study cited at the beginning of this guide indicate increased need for:

- Strategies to help clinicians manage difficult encounters more effectively
- Processes to reduce the disruption to clinical operations
- Improved policies and procedures to reduce chaos in clinical workflow and avoid clinician burnout

Suggested coping mechanisms and communication techniques for clinicians include⁶:

- Demonstrating more empathy in communication with patients*
- Practicing non-judgmental listening*
- Communicating more directly with patients involved in difficult encounters
- Increased training on approaching difficult encounters
- Allotment of more time for difficult encounters
- Provision of more support personnel (e.g., social service)

Although it is not always possible to turn a difficult patient encounter into a positive one, problem patients can become grateful patients that appreciate the sincere efforts made to help them. Finally, because of the high volume of difficult patients and its negative effect on clinicians and administrative staff, group practices need to continue to re-evaluate and improve office systems to ease the dissatisfaction and disruption created by difficult encounters.

6. An, Perry, Rabatin, Joseph S., Manwell, Linda, B. Linzer, Mark, Schwartz, Mark; Memo Investigators. Burden of difficult encounters in primary care. Arch Intern Med. 2009; 169 (4):410-414



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Attachment 1: Sample Letter for Terminating the Clinician-Patient Relationship

[Place on Medical Group Letterhead]

Dear [Patient]

[Name of medical group] finds it necessary to inform you that we are withdrawing from further management of your medical care due to **[reason should be brief and objectively stated here]**.

I recommend that you promptly place yourself under the care of another clinician without delay. Effective **[number of days]** from the date you receive this letter, I along with other clinicians in the group practice, will no longer be able to provide you with medical care. **[Name of medical group]** will be available for any emergency treatment for **[enter waiting period, for example 30 days]**. We recommend that you promptly seek care of another clinician without delay. You may wish to contact **[enter the name of the health plan representative, county medical society, clinician referral service]** for a list of clinicians to help you find another clinician.

Upon your written request, a copy of your medical records will be sent to the clinician(s) of your choice.

Sincerely,

[Name of clinician], MD

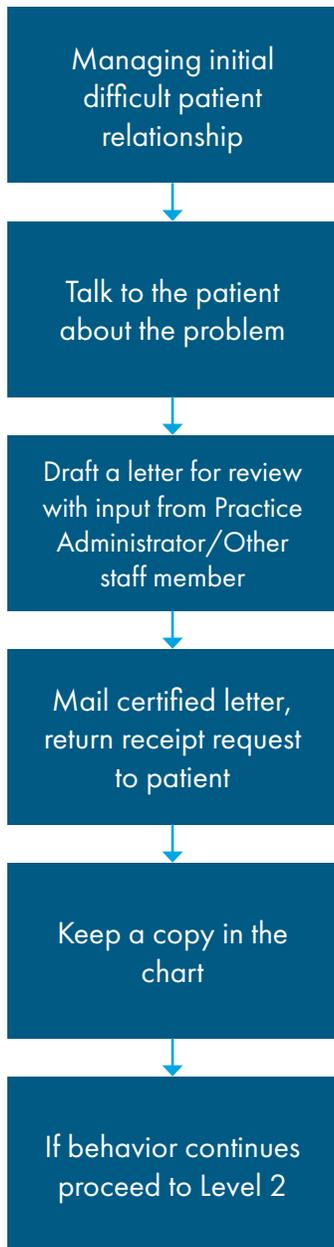
Send certified mail, return receipt requested.



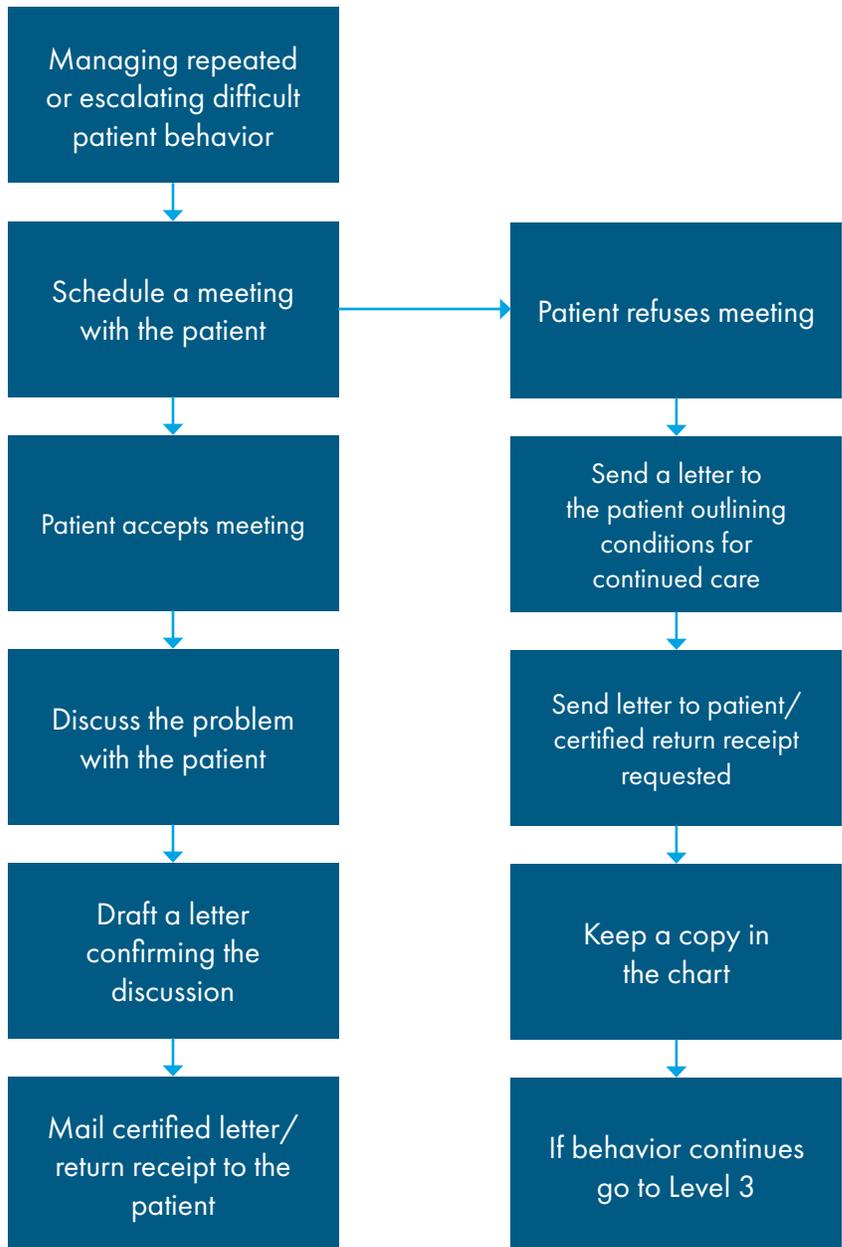
Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients

Level 1



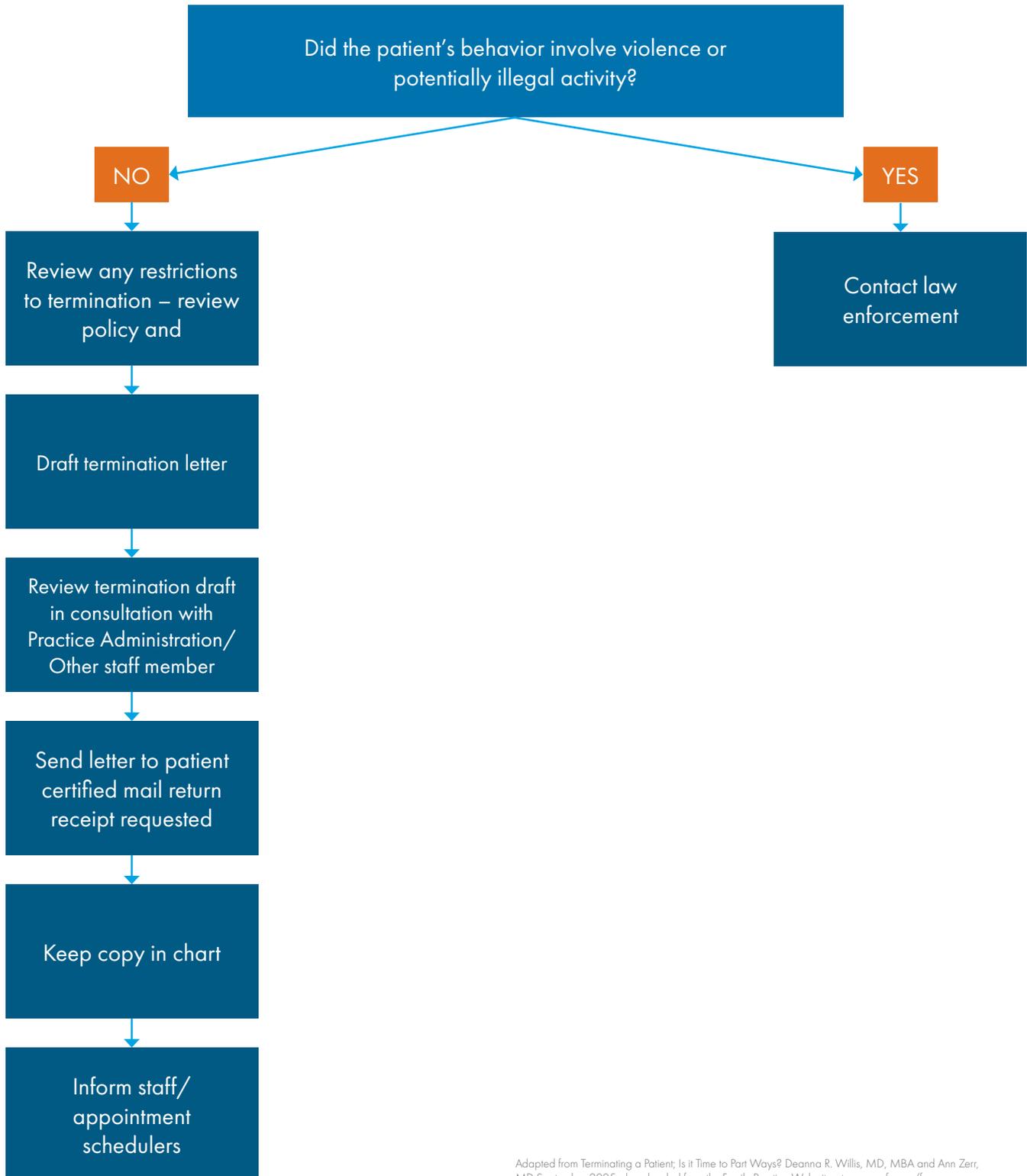
Level 2





Attachment 2: Sample Flow Chart for Managing Situations with Difficult Patients...continued

Level 3 Termination of the Clinician-Patient Relationship



Adapted from Terminating a Patient: Is it Time to Part Ways? Deanna R. Willis, MD, MBA and Ann Zerr, MD, September 2005; downloaded from the Family Practice Web site at www.aafp.org/fpm



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Attachment 3: Sample Policy and Procedure for Terminating the Clinician-Patient Relationship

This is a sample policy and procedure that should be customized to your own practice and should be used as a guide to assist in the development of a process that fits your particular group practice.

Policy Title:	Patient Termination		
Approved by:			Date Approved:
Administrative Manual			
Section:			Revision Date:

Policy Statement:

This group practice recognizes that conflicts arise that require termination of the clinician-patient relationship. When this occurs, it is our policy to take steps in a nondiscriminatory manner that communicates clearly to the patient, provides ample time for the patient to find another clinician, and reduces adverse outcomes to both the patient and clinician.

Purpose:

To outline appropriate procedures, provide clear communication for terminating a patient from the group practice and reduce professional liability risks of patient abandonment.

Steps and/or procedures in implementing the above policy:

- Identify types of behavior that lead to patient termination from the practice
- Contact law enforcement, if escalating behavior from the patient results in any violent threats to physicians or staff
- Identify steps needed for both oral and written communication
- State acute conditions that need attention prior to termination
- Communicate with appointment schedulers that patient is being terminated from the practice and should not be scheduled for future non-acute appointments or with other providers within the group practice
- Identify adequate notice
- State physician will treat the patient during the notice period
- State the physician will consult with health plans as required by contract
- State referral source, such as local medical society, managed care plan, etc.
- State medical record information will be transferred to new treating physician
- Prior to sending the letter to the patient, ask the practice administrator or a staff member to review a draft of the termination letter and comment on tone and clarity
- Send a certified letter to the patient with return receipt



Terminating the Clinician-Patient Relationship: A Guide for Medical Groups

Sources

CPLH, 2015

www.aafp.org/fpm/2005/0900/p34.html

www.aafp.org

www.ama-assn.org

www://www.cmanet.org

For more information, please contact us at patientsafety@aig.com



Bring on tomorrow

American International Group, Inc. (AIG) is a leading global insurance organization serving customers in more than 100 countries and jurisdictions. AIG companies serve commercial, institutional, and individual customers through one of the most extensive worldwide property-casualty networks of any insurer. In addition, AIG companies are leading providers of life insurance and retirement services in the United States. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: @AIGinsurance | LinkedIn: www.linkedin.com/company/aig

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

© American International Group, Inc. All rights reserved.

06/15 SP1137N