

CREATING AND TERMINATING PATIENT RELATIONSHIPS



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Compliance Bootcamp

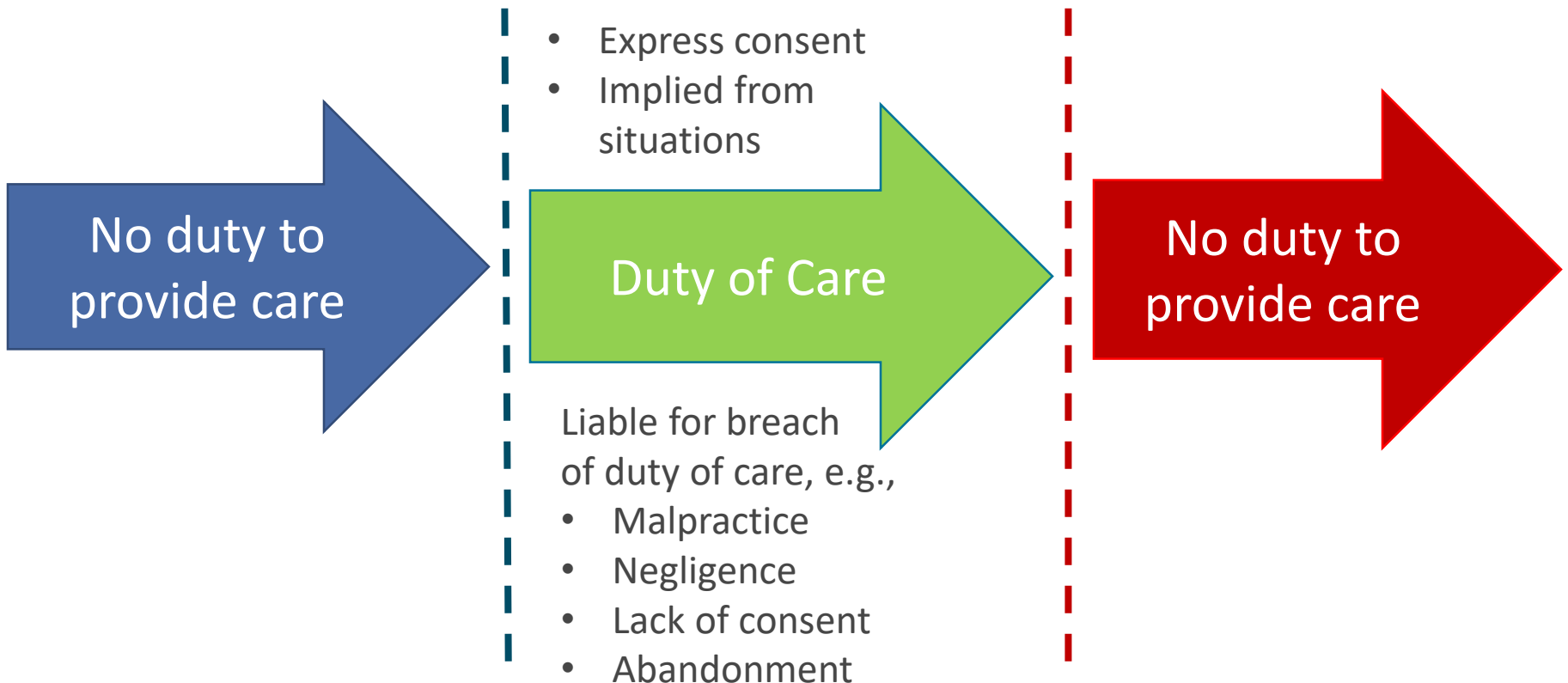
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PROVIDER-PATIENT RELATIONSHIP

Provider-Patient Relations Created

Provider-Patient Relation Terminated



CREATING RELATIONSHIP

- General rule:

**patient seeks care from
practitioner**

**+ practitioner consents to provide
care**

practitioner-patient relationship

CREATING PATIENT RELATIONSHIP

- Beware cases in which relationship may not be intended.
 - Phone calls or emails w/patient
 - Telemedicine
 - Social media
 - Call for appointments
 - Consultations with colleagues
 - Courtesy or favor
 - Emergency care
 - IME, employer physical, etc.
- Each case depends on its own facts.

CREATING PATIENT RELATIONSHIP

To avoid creating unintended patient relationship—

- Be careful what you say or do.
- Don't get involved or give advice.
- Define or limit your relationship.
 - Explain non-existence or limits to your care.
 - Refer to another practitioner.
- Document the parties' relationship.
 - Policies, forms, consents
 - Discharge/referral instructions
 - Letters or emails
- Check your insurance to ensure you have coverage.

REFUSING PATIENTS

- In general, practitioners can legally refuse to treat anyone they want.

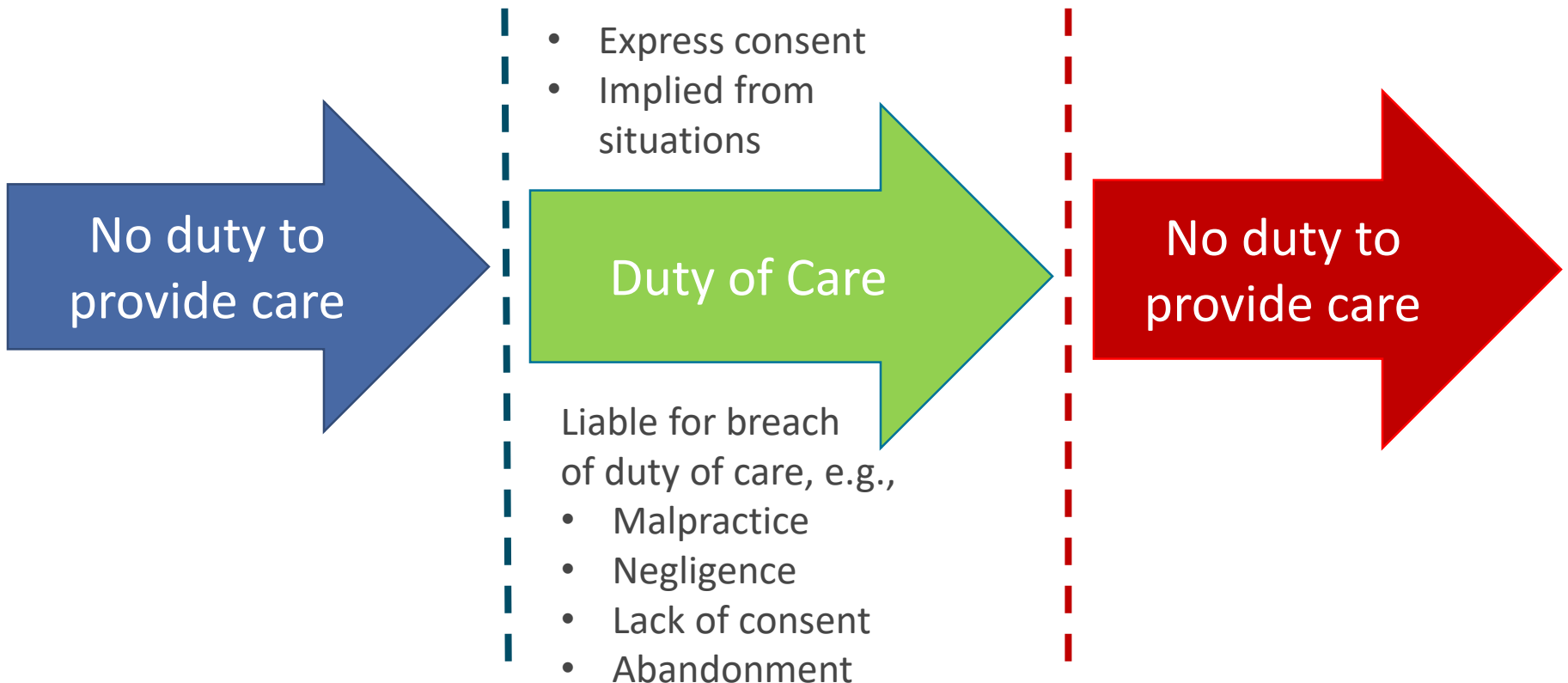
(See IC 39-1391b and -1391c)

- Ethics rules may differ...
- Exceptions:
 - EMTALA
 - Anti-discrimination laws
 - Contracts require care
 - Grant requirements
 - Charity care obligations
 - Cannot abandon patient

PROVIDER-PATIENT RELATIONSHIP

Provider-Patient
Relations Created

Provider-Patient
Relation Terminated



DEALING WITH PROBLEM PATIENTS

- *Beware simply terminating relationship without reason*
- Unless you want to risk liability for:
 - Malpractice.
 - Patient abandonment.
 - Civil penalties under EMTALA or COPs
 - Participation in third party payor programs.
 - Adverse licensure actions.

DEALING WITH PROBLEM PATIENTS

- *Document, document, document!*
 - Medical record
 - May be subject to patient's right of access.
 - May be discoverable.
 - Be objective, use quotes, etc.
 - Incident report or other peer protected
- Documentation is critical in case we need to take additional corrective action.
- Remember: "If it's not in the chart, it didn't happen."

DEALING WITH PROBLEM PATIENTS

- Patient responsibilities document
 - Explain that patient's cooperation and appropriate conduct are essential to effective care.
 - Require, among other things,
 - Cooperation in developing treatment plan.
 - Compliance with treatment plan.
 - Ongoing communication and respect.
 - Professional, non-disruptive conduct.
 - Post in facility.
 - Use in communications with patient.

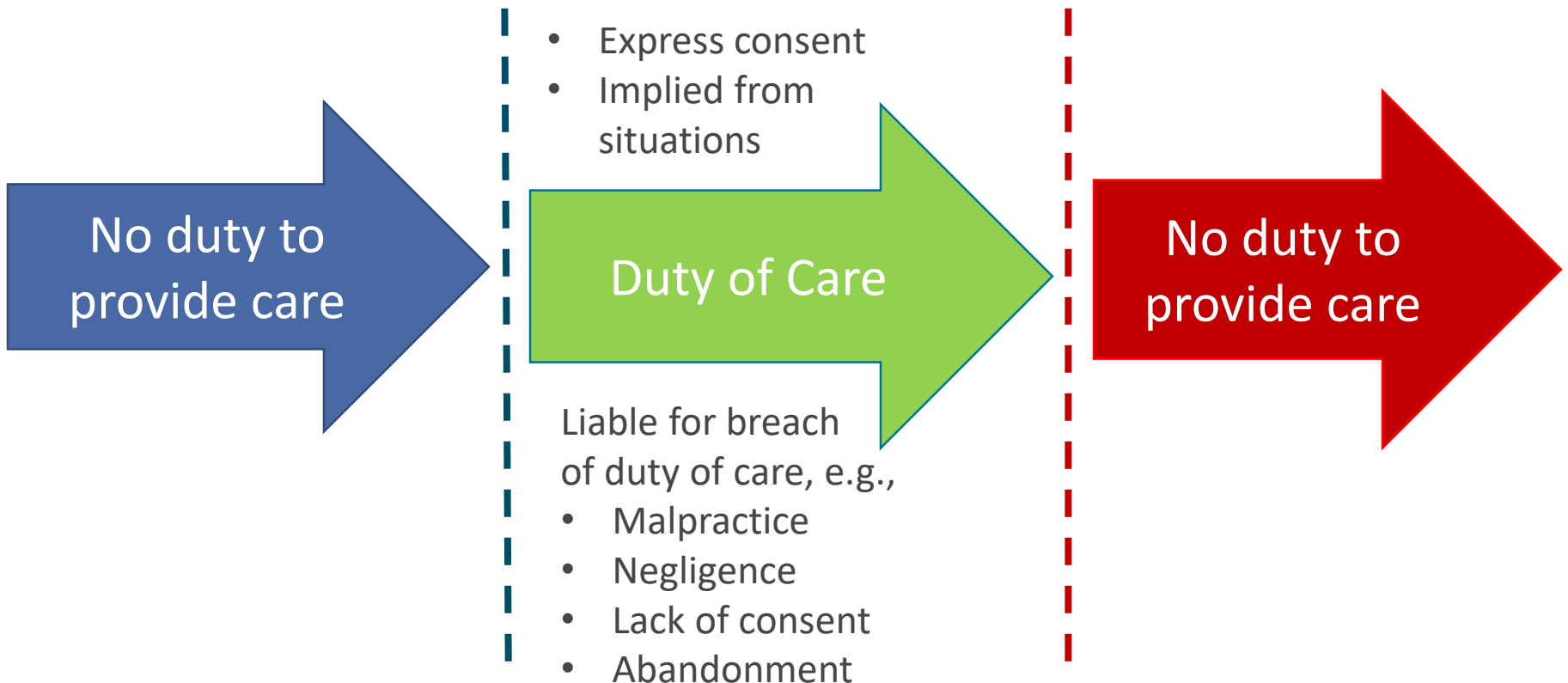
DEALING WITH PROBLEM PATIENTS

- Patient Care Conference / Contract
 - Refer to “Patient’s Rights and Responsibilities”.
 - Explain that inappropriate conduct interferes with our ability to provide effective care.
 - Require, among other things,
 - Cooperation in developing treatment plan
 - Compliance with treatment plan
 - Ongoing communication
 - Professional, non-disruptive conduct
 - Warn that we will need to end relationship if they fail to comply.
 - Advise them that they may go elsewhere.

PROVIDER-PATIENT RELATIONSHIP

Provider-Patient Relations Created

Provider-Patient Relation Terminated



PATIENT ABANDONMENT

- Abandonment =
 - Leaving town without securing coverage for your patients.
 - Terminating relationship without giving patient sufficient:
 - Notice that you are ending relationship
 - Time to find a new practitioner
 - Care until the patient can transfer to a new practitioner
- Penalties
 - Lawsuit by patient for damages
 - Action against license (See IC 54-1814(15); IDAPA 22.01.03.037.02)

AVOIDING PATIENT ABANDONMENT

- Can terminate relationship for any legitimate reason or no reason, but not bad reason.
- Legitimate reasons
 - Failure or refusal to pay bills
 - Breakdown in relationship or communications
 - Disruptive conduct
 - Noncompliance with treatment
 - Missed appointments
 - Etc., etc., etc.
- Bad reasons
 - Discrimination

AVOIDING PATIENT ABANDONMENT

- Factors to consider before ending patient relationship
 - Patient's current health needs
 - Availability of alternative care
 - Basis for termination (e.g., legitimacy compared to patient's health care needs)
 - Whether patient is in protected class
 - Documentation supporting termination
 - Alternative actions
 - Warnings
 - Patient care conference
 - Behavior contract

AVOIDING PATIENT ABANDONMENT

- If termination necessary and appropriate:
 - Notify patient in writing and perhaps orally
 - Give sufficient time to transfer care
 - Depends on patient's condition
 - Usually 30 days, but no hard and fast rule
 - Provide necessary care in interim
 - Facilitate transfer of care
- *Retain letter in patient chart or elsewhere.*
- Hospitals: remember EMTALA obligations.

AVOIDING PATIENT ABANDONMENT

- There may be situations that justify immediate termination without advance notice, e.g.,
 - Danger to patient, staff or others
 - Criminal misconduct
- Be careful before terminating without notice; consider:
 - Patient care needs
 - Availability of alternative sources for treatment
 - Statutory obligations, e.g., EMTALA or state statutes
 - Contractual obligations
 - “What would a jury think?”

QUESTIONS?

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