

# Termination of Physician-Patient Relationships

Jeanne Varner Powell, JD, Senior Legal Risk  
Management Consultant

Jeremy Hodder, DHSc, MSc, PG Dip Law, BScN (Hons),  
CPHRM, RN, Supervisor, Risk Management Services



The content of this publication or presentation is intended for educational purposes only; is not an official position statement of Mutual Insurance Company of Arizona (MICA); and should not be considered or relied upon as professional, medical, or legal advice or as a substitute for your professional judgment. Consult your attorney about your individual situation and the applicable laws. The presenters made a reasonable effort to ensure the accuracy of the information at the time of publication or presentation but do not warrant or guarantee accuracy, completeness, or currency of such information. As medical and legal information is constantly changing and evolving, check for updated information and consult your attorney before making decisions.

# You are Not Alone

- ▶ Top 5 question MICA Risk Management Hotline question
- ▶ Practices of all sizes, specialties, and locations
- ▶ Situations vary
- ▶ Difficult patient encounters affect the physician or clinician, staff, and patient

# The Big Picture

- ▶ Activation of physician's or advanced health care professional's duty
- ▶ Duty to act reasonably and prudently to protect patient from harm
- ▶ Terminating relationship when it is no longer effective
- ▶ "Abandonment"

# Potential Barriers to Effective Relationships

Non-compliance

Frequent  
cancelations or  
no-shows

Inappropriate  
conduct

Abuse/misuse of  
medications

Theft/destruction  
of property or  
equipment

Patient seeks  
treatment  
elsewhere

New location

Agreements with  
specific health  
plans

## Evaluate the Relationship

- ▶ Acuity, pregnancy, co-morbidities, medications, monitoring, medical & surgical history
- ▶ Need for continued or uninterrupted care
- ▶ Reasonable accommodations
- ▶ Protected categories
- ▶ Reasonable & understandable written/verbal communication
- ▶ Good documentation of patient encounters
- ▶ Availability of new physician or clinician

# Discuss and Document



## Talk

Review problem & efforts to remediate

Explain next steps

Medical records, upcoming appointments, medications, need for follow up



## Document

Medical record

Confirmation letter

# Why 30 Days?

- ▶ Being reasonable and prudent when deciding effective date
- ▶ 30 days may be reasonable amount of time for appointment with new physician or clinician
- ▶ Some patients may need 45, 60, or 90 days
- ▶ Acuity, pregnancy, co-morbidities, medications, monitoring, & medical/surgical history



# Key Elements of Discussion and Letter

- Confirmation & date of discussion
- Reason
- Effective date
- Arrangements for interim/continued care, where applicable or appropriate
- Signed by physician or clinician
- Regular U.S. & certified return-receipt-requested mail

# Reasonable Steps to Minimize Risk

Nonpayment after documented requests for payment

Medical board complaint

Refusal to wear a mask

Threatening or abusive language

Stage of pregnancy and co-morbidities

# Risk Management Resources for MICA Members

- ▶ MICA members can call the Risk Management Hotline **800.705.0538** to schedule complimentary on-site or online education, professional liability risk assessments, and telephone or Zoom consultations.
- ▶ Risk management inquiries can also be emailed to [rm\\_info@mica-insurance.com](mailto:rm_info@mica-insurance.com).

Interested in joining MICA? Call 602.956.5276  
or email [micacorpcom@mica-insurance.com](mailto:micacorpcom@mica-insurance.com)

