

Office Manager Forum

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Kathleen Stillwell, MPA/HSA, RN, CPHRM
Senior Patient Safety Risk Manager

Richard Cahill, Esq.
Vice President, Associate General Counsel

Kathleen Stillwell, RN, MPA, HSA/MPA, CPHRM

Senior Patient Safety Risk Manager

Kathleen Stillwell earned Master's Degrees in Public Administration and Health Services Administration. She is a registered nurse and Certified Professional Health Care Risk Manager (CPHRM). Ms. Stillwell is a nationally recognized expert in healthcare risk management with over 38 years of experience in clinical risk management, professional liability claims management, compliance, and high-risk underwriting. Her expertise includes hospitals, medical practices, and integrated healthcare organizations.

Ms. Stillwell serves on Chapman University, Leadership Council for Crean College of Health and Behavioral Sciences in Irvine, CA. She also serves on the University of California Riverside Advisory Board for Women in Leadership Program. Kathleen is a member of Brandman University Nurse Advisory Board, and a volunteer coach for physicians and nurses for the California Medical Association Care 4 Caregivers program. She has served as faculty for the American Society for Healthcare Risk Management and is published in the American Hospital Society Risk Management Handbook for Healthcare Organizations.

Kathleen has held numerous leadership positions with national and state risk management and quality organizations, including past Board Member for the American Society for Quality (ASQ), Healthcare Division, President of the CA State Patient Care Assessment Council, Board member for the California League of Nursing, adjunct faculty for Woodbury University and the University of San Francisco. She served on the Advisory Board of King International, Inc., and is a Charter Member of the Business Renaissance Institute.

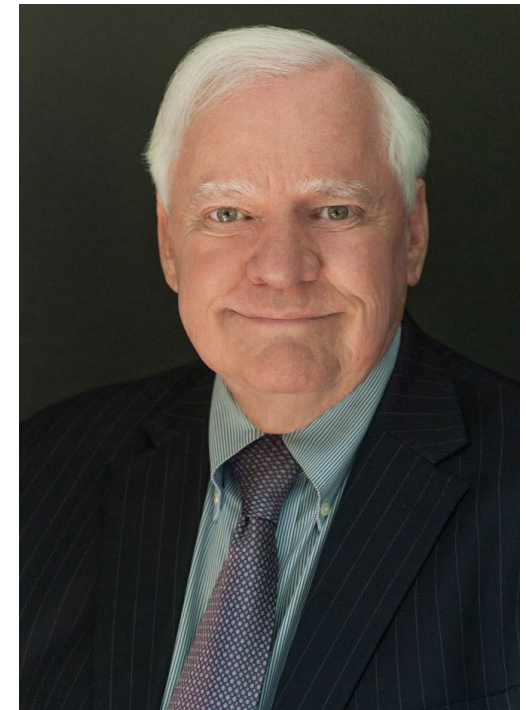


Richard Cahill, Esq.

Vice President and Associate General Counsel

Richard Cahill received his undergraduate degree (summa cum laude) from UCLA in 1975 and his Juris Doctorate from Notre Dame Law School in 1978. He served as a deputy district attorney in California at the outset of his career and was subsequently appointed as counsel on the Central Legal Staff of the Nevada Supreme Court before entering private practice in southern California.

Mr. Cahill has specialized in various facets of health care litigation for more than 35 years, including the defense of hospital and physician professional liability claims, managed care contract disputes, network privileges issues and related business torts. His principal clients included Cigna Health Plans, Kaiser-Permanente and Tenet Health Systems. He has completed in excess of 185 trials and binding arbitrations during his career with a combined win-rate of 92% and has been appointed as an arbitrator in more than 350 cases involving complex healthcare issues. Mr. Cahill is Vice President and Associate General Counsel with The Doctors Company and provides legal support to the Claims and Patient Safety Departments, oversees company appellate litigation, researches and submits original content for publication and lectures frequently around the country on topics related to the health care community. He has a preeminent rating with Martindale-Hubbell, the premiere peer-reviewed attorney rating service in the United States.




Office Manager Panelists

- **Maria Lisek**
Office Manager
Hoag Medical Group
Laguna Beach
- **Christine Pigott**
Office & Marketing Manager
Aaron Kosins, MD
Newport Beach
- **Trina Rains, MSN, RN, RNC-OB**
Director, Clinical Operations
Orange Coast Womens Medical Group
Laguna Hills

Objectives

At the completion of this activity the learner will be able to

- ▶ Educate my staff and colleagues regarding reasons a physician may need to consider dismissal of a patient
- ▶ Develop an action plan to follow in the event I need to consider dismissal of a hospitalized patient or a patient still under active treatment
- ▶ Identify strategies to reduce practice risks related to patient dismissal



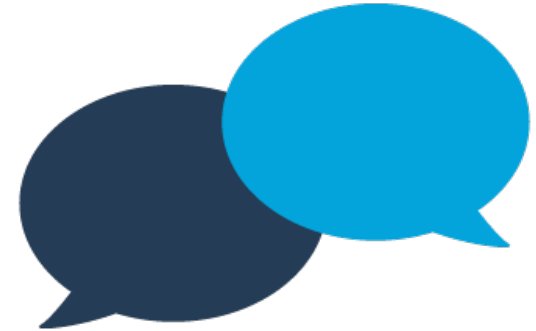
The secret of joy in work is contained in one word —
excellence.
To know how to do something well is to enjoy it.

Pearl S. Buck
Novelist 1892-1973
Pulitzer Prize 1932

Why Are We Talking About This?

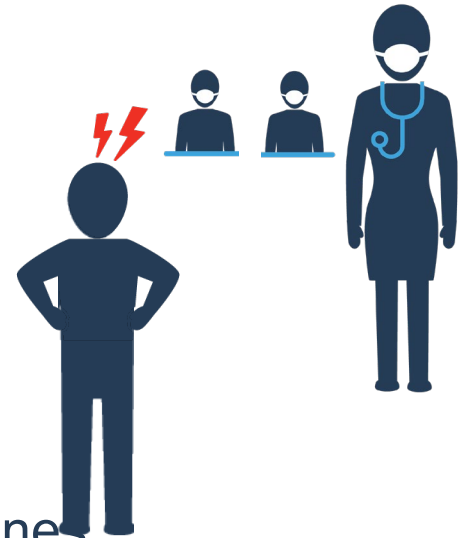
Disruptive patients are a problem

- ▶ Communication problems
- ▶ Frustration for providers and staff
- ▶ Adverse impact on relationship building
- ▶ Possible compromise in quality of care
- ▶ Negative affect on patient experience
- ▶ Disruptive patients can adversely affect your business



Patients Most Frequently Appropriate for Dismissal

1. Obnoxious patients
2. Non-complaint patients
3. Challenging and disruptive patients
4. Patients who do not pay their bill
5. Patients who consistently no-show without notice
6. Patients who refuse to follow medical office guidelines
7. Patients who disrespect staff and other patients



Discrimination Prohibited

- ▶ State and federal laws prohibit discrimination
- ▶ Physician is not free to terminate patient because patient is member of a certain group
- ▶ It is unethical to refuse to treat patient due to patient's sex, race, color, religion, ancestry, national origin, physical disability, marital status, or sexual orientation



The Ethical Obligation

- ▶ Physician may not terminate patient during acute phase of treatment
- ▶ May not terminate if post op or post procedure visits are not completed
- ▶ May have another physician, PA, or NP provide follow up

What Is the Physician's Obligation?

When considering withdrawing from a case, physicians must

- ▶ Notify the patient (or authorized decision maker) long enough in advance to permit the patient to secure another physician
- ▶ Facilitate transfer of care when appropriate

AMA 2016 Principles of Medical Ethics: I, VI

Termination of Patient Issues

Presents many challenges

- ▶ Contractual obligations of health plan, HMO, and IPA contracts
- ▶ Policy or procedure for managing disruptive patient
- ▶ Notice to patient and/or family
- ▶ Contractual network obligations



What Should You Consider When Planning Patient Dismissal?

- ▶ **Patient termination is a last resort**
- ▶ Send warning letter first, ensure it is included in patient's medical record
- ▶ Identify your contractual obligations with managed care contracts
 - HMO and managed care plans will request documentation
 - Usually require three strikes before termination
- ▶ Document events leading to dismissal decision
 - Ensure patient's behavior inappropriate comments are documented in EHR using quotes around patient comments



Sample Warning Letter

Dear Patient Name:

During your (Date) office visit you were disruptive at the front desk and verbalized how unhappy you were with our new procedure to update your medical records information. After completing the information, you were upset, raised your voice and told our staff “You are an idiot and I am not giving you any information.” Our efforts to assist you and explain the information process was required were unsuccessful.

On (Date) you called our office multiple times; during one call you threatened a staff member stating, “You better think twice about not giving me the appointment. Trust me, you will be sorry.”

Our practice maintains a zero-tolerance for (disruptive patients) (rude or inappropriate language) on the phone and in the office. This letter shall serve as a warning that any disruptive actions or comments on the phone or in the office, in the future, may result in your dismissal from the practice. We value and respect our patients and appreciate the opportunity to care for you. Our goal is to provide high quality patient care and a positive experience for all patients.

Sincerely,
Office manager signature

Can You Continue to See Patient Sent to Collections?

- ▶ Yes...medical care may be provided for a patient who has been sent to collections
- ▶ It is acceptable to ask for cash payment when making an appointment for the patient
- ▶ **If patient is not making payments towards outstanding balance, you may dismiss for non-payment**

When Is It Acceptable to Dismiss a Patient?

- Non compliance with physician recommendations
- Non payment of bill
- Disruptive or inappropriate behavior in office or on phone
- Security or violence issues
- Notice of Intent to sue or law suite against physician or practice



The Process of Patient Dismissal

Documentation Issues

- ▶ Keep accurate and detailed documentation
- ▶ Document patient behaviors in patient medical record
- ▶ Document rationale for termination
- ▶ Document termination by patient



The Process of Termination

- ▶ Termination of patient relationship should be formally completed
- ▶ The patient should receive written letter of dismissal
- ▶ It is not required to give a specific reason for the termination
- ▶ Keep a copy of termination letter in patient medical record



Elements of Written Notice

Reasons for Termination

- ▶ No specific reason
- ▶ Inability to achieve/maintain rapport or therapeutic relationship
- ▶ Noncompliance
- ▶ Inappropriate behavior
- ▶ Patient fired physician



Interim Care Provisions

- ▶ Offer interim care for emergency only
- ▶ Patient may be referred to the ED or Urgent Care
- ▶ Prescriptions will not be refilled beyond date of termination
- ▶ May provide refills for routine medications at time of dismissal letter



The Dismissal Letter

- ▶ Letter to be sent to patient by first class and certified mail with return receipt
- ▶ Keep copy of letter in patient's medical record



Sample Dismissal Letter

Dear Patient Name,

This letter will confirm (my decision / our discussion) to withdraw from your care as your treating physician. It does not appear that you and I can (establish / maintain) the quality of relationship that is vital to your medical care and treatment.

I have continually stressed the importance of compliance to achieve a favorable outcome for your medical treatment, (i.e. to take prescribed medication / cease abusive behavior toward my staff / follow my treatment orders / to keep appointments). However, it has become apparent to me that you have not followed my recommendations and have no intention to do so in the future. Perhaps you will do better with another physician.

Sample Dismissal Letter (continued)

I will be available to treat you for emergency events for the next 30 days from the date of this letter. In no event will I be available after _____(date). There will be no prescription refills beyond the termination date of _____.

I will be available to discuss prior treatment with your new physician.

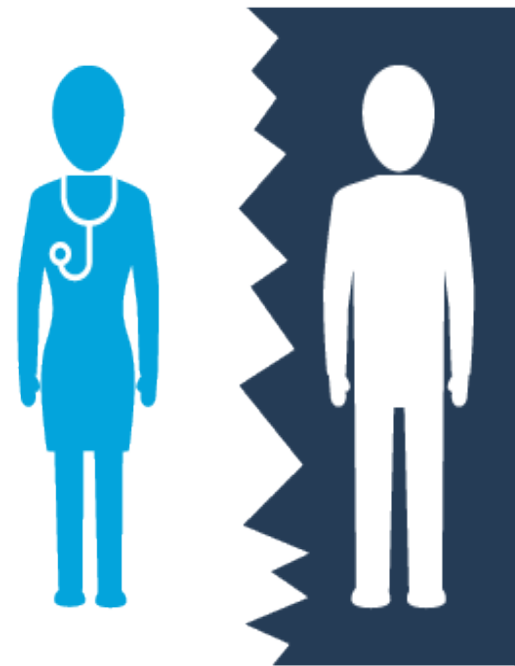
Very truly yours,

Physician signature

Copy to : Patient Medical Record and Facility Administration

Termination of Relationship By Patient

- ▶ Patient fires physician
- ▶ Patient refuses medical treatment from physician
- ▶ Document patient request for refusal of care in medical record
 - Consider using Refusal of Care form
- ▶ Use quotes around patient's "refusal statement"



Sample Letter: Patient Fires Physician

Dear (Patient):

This letter confirms that you no longer wish me to continue as your treating or consulting physician.

It is extremely important that you remain under the care of another physician to ensure continuity of care for your medical condition. To prevent risks and potential complications it is recommended you return to your family practitioner without delay. There are many fine physicians in this community. Please follow up with your health plan or the local Medical Society at (phone number) for a referral.

Enclosed is an authorization to release a copy of your medical record to the physician of your choice or to you personally. Upon receipt of the signed form, my office will prepare a copy and mail it to your selected recipient. I will also be available to discuss prior treatment with your new physician.

Sincerely,

Physician's Name

After Dismissal Letter Is Sent

Do not rescind the termination

- ▶ Do not agree to meet with patient or family to discuss the termination
- ▶ Never take a patient back after termination
- ▶ Physician should not engage in conversations with dismissed patient/family, office manager should handle calls
- ▶ TDC Patient Safety is available for assistance/coaching




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Director, Clinical Operations
Orange Coast Womens Medical Group
Laguna Hills



Q & A



A pessimist sees the difficulty in every opportunity;
an optimist sees the opportunity in every difficulty.

Sir Winston Churchill
1874-1965
Prime Minister, Soldier, Writer

Our Mission is to Advance, Protect, and
Reward the Practice of Good Medicine.

We're Taking the Mal Out of Malpractice.

Thank you!

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