

How to Terminate Disruptive Patients, Legal Risks, and Solutions

DISRUPTIVE PATIENTS

What is a disruptive patient (as if you need a description)?

- Dependent, clingy, entitled, manipulative, self-destructive, noncompliant, litigious, hostile
- Demand excessive time from providers and staff

When does duty to patient begin?

- When the physician-patient relationship is voluntarily consented to by both parties
- Duty to treat
- Be careful about accepting patients who have been dismissed by someone else, could be liability or a headache risk

Reasons to Dismiss

- Noncompliance with treatment plans
- Abusive
- Failure to keep appointments
- Drug-seekers
- Non-payment
- Inability to communicate
- They have sued you

Reasons not to dismiss

- Discriminatory reasons
- Continuity of Care

Attempts to avoid dismissal

- Payment plan
- Communication
- Set boundaries
- Prescription refill policies

Risks of not dismissing a patient

- Lawsuit
- Have to respond to a complaint allegation
- Loss of \$\$\$

Risk of improper dismissal

- Claims of abandonment even if they didn't keep their appts.

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- Claim of discrimination
- Lawsuit
- Managed care contract breach

Who are they going to call?

- Medical Board
- Malpractice attorney
- OIG
- OCR/DHHS
- Medicare
- Insurance Carrier

How to dismiss

- If the patient seems litigious or has threatened to sue, call your malpractice carrier first
- Check your managed care contract
- Adequate notice – certified mail recommended with return receipt
- Consider regular mail if patient refuses to accept deliver
- Same process with every patient
- Explanation or not? Only if clear and objective, no anger or judgment.
- Document no shows and followup
- Offer to transfer records. Provide number to get referral. Don't name specific practice.
- Continue to provide (emergency) care for 30 days
- If patient dismisses himself, send confirmation letter along with recommendation for continued treatment
- Consider a written dismissal policy for internal use. Consider mentioning dismissal in the financial policy.

NC Medical Board Requirements

- The decision must be the physician's, not office staff
- The timing is up to the physician
- At least 30 days notice
- A copy should be in the medical record
- The notice must specify whether it applies to one physician or all the providers in the group
- It is recommended that instructions be included for the transfer or access of records
- Consider a letter to the new treating physician describing that additional care is needed, keep a copy