

PATIENT SCREENING, RETENTION & DISMISSAL

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Medical providers face everyday decisions when accepting a new patient, continuing to treat that patient, and, occasionally, dismissing a patient. In an effort to reduce the chances of a lawsuit against providers, we recommend closely reviewing the procedures each provider has in place for accepting, retaining, and dismissing a patient.

When it comes to accepting patients, most doctors are eager to accept patients with open arms and without questions. Few providers assess whether or not the patient is the right fit for that provider or his or her practice. During a health care provider's first meeting with any patient, it is very important to make sure that the physician-patient relationship can be developed and is sustainable. This requires a face to face meeting with the patient, taking the time to discuss their needs and expectations. Each medical provider needs to make sure that he or she feels comfortable with the patient and can have an open dialogue, before entering into a treatment plan. If an open dialogue is not possible, it can lead to a significant communication breakdown later, and potential liability for a practitioner.

As the physician-patient relationship continues and grows, it is important to continue to assess communication. Each provider needs to make sure that the patient understands the treatment course, and all questions have been answered. Whether it be a significant or routine decision, every health care professional needs to make sure that the patient feels as comfortable as possible, and comprehends the treatment plan.

At any point in time, if the physician-patient relationship is no longer sustainable, the physician may want to consider ending the physician-patient relationship. If the relationship is no longer sustainable, it is imperative that a provider dismiss a patient, to prevent larger issues down the road. Typically, this requires thirty (30) days notice to a patient, a detailed letter explaining that the relationship is ending, and assisting the patient in obtaining an alternative health care provider in that field, usually by providing a list of alternative providers.

Finally, I cannot emphasize enough how important it is to document as much as possible. In my practice, many Plaintiffs lawsuits would be much more difficult to prosecute if medical providers included more thorough documentation of patient care, whether it be an initial visit, discussion about a complicated procedure, or termination of a physician-patient relationship.

Hopefully, taking note of the above can help Academic insureds monitor and prevent potential risks.

Of course, every situation is unique. Partnering with Academic Health Insurance Professionals Association, Feldman Kieffer, LLP runs the Academic Legal Hotline. This number, 1-800-572-0179, is available 24/7, offered as a benefit at no charge to Academic insureds, and allows physicians and practice groups to call with specific questions and seek guidance in order to prevent potential lawsuits.