

COMMUNICATION WITH PATIENTS



Key guidelines for effective communication with patients:

- Ask patients to explain the reason for their visit.
- Avoid distractions and physical barriers between you and the patient.
- Take the time to determine the patient's expectations and desired outcome.
- Involve the patient to the fullest extent possible in care and treatment decisions.
- Close the communication loop, summarizing and/or asking for teach-backs.

DEALING WITH NONADHERENT PATIENTS

Having frank discussions with patients and being non-judgmental can be an effective way to find out more about the patient's perspective and reason for nonadherence.

- Ask your questions in an open manner using active listening techniques and explore the reasoning behind a patient's nonadherence.
- Patients are also likely to react more positively to treatment if they are involved in core decisions and if they understand that the advice given by their health care provider is personal, and not a one-size-fits-all response.
- Patients should be made aware of resources available to help them implement and follow proposed treatment plans.
- When it comes to prescribed medications, affordability can be a factor in nonadherence. Physicians should diplomatically ask patients if this might be an issue and can propose less expensive, but effective, alternatives.
- Side effects may also concern patients, and physicians should discuss the possibilities beforehand so patients understand what action might need to be taken.
- If you have a discussion exploring the reasons for nonadherence, include these reasons and what you talked about in the medical record.

TERMINATING A PROVIDER-PATIENT RELATIONSHIP

Because the provider-patient relationship is voluntary for both parties, either side can terminate the relationship. However, be aware that the issue that led to termination could trigger the initiation of a medical liability, disciplinary or other action. Issues to consider before termination include:

- **Abandonment:** Unless certain conditions are addressed, allegations of abandonment may be made if a physician terminates care during the treatment of a medical condition. The patient must be in stable condition. You must give adequate notice, provide emergency medical care for a specified period, and assist with the continuity of care by expeditiously providing the patient's new physician with copies of medical records when requested. It is recommended that the emergency care period be 30 days. However, it may be necessary for this to be longer in certain clinical situations due to ongoing medical care issues and the availability of other medical resources.
- **Discrimination:** You should be aware that termination may not be based upon gender, race, religion, disability, ethnic origin, national origin, or age. Disability status can be complex and contentious. Further, local laws might protect against discrimination based on issues such as sexual orientation.

CONTINUED ON PAGE 2

- **Contract issues:** Be cautious when terminating patients who are members of managed care plans. Your contracts with health plans might specify the manner of termination with a member patient. This is especially true if the method of payment is capitation. Plans might need notification of the reason for termination to prevent allegations of dismissing a patient because he or she is “too expensive to treat.” The patient might also have different time constraints for the health plan to complete reassignment to a new physician. Medicaid has a specific process for termination of Medicaid patients, and health care professionals need to consult their provider participation agreement for details.

WRITING A TERMINATION LETTER

All terminations should be documented in writing so that the patient understands the need to find another health care provider. A termination letter should:

- Be succinct.
- Spell out that emergency care will be provided for a period of 30 days or as required under a Medicaid or other health plan contract.
- State that a new provider should be sought and suggest that the medical society and/or the patient’s health insurance might assist them in finding a new physician or health care provider.
- Make sure your office staff knows of your plans. The patient should be reappointed to see you only if there is an emergency medical condition.
- Assure the patient that all medical records will be provided at his or her request.
- Avoid editorializing or restating your side of a dispute in the termination letter. A simple “It has been determined that I can no longer function as your physician” is adequate. The documentation in the medical record can be more detailed, but should remain factual and avoid pejorative or emotional statements regarding the termination.
- Send the letter via certified U.S. mail. For specific clinical situations (i.e., the need to follow up on a critical lab/image or to complete a procedure or consultation) the letter can include the reasons for the necessary actions and the risks of not complying with them.