

180.995 Termination of Physician/Patient Relationship Notification

The Colorado Medical Society (CMS) encourages physicians, medical groups and other corporate entities, such as physician practice management corporations and limited liability corporations to incorporate the following or similar language in their contracts.

Termination and Patient Notice

(The terms in *Italics* may need to be modified to conform to the terminology used in the contract)

Neither party shall terminate this contract except upon at least 60 days advance written notice provided to the other party. The *practice group* shall make a good faith effort to provide written notice to all patients affected by the termination within 15 working days after receipt of or issuance of a notice of termination. The *terminating physician* shall make a good faith effort to assist the *practice group* in identifying those patients who require notice. The patient notification letter shall be in a form substantially similar to that provided as Appendix A to this contract, and shall be issued to patients whether the termination is with or without cause. The *practice group* shall bear the expense of identifying the patients to be notified and of issuing the notice.

If, because of the *physician's* loss of licensure to practice medicine, or for any other reason the *physician* abruptly ceases to provide care to patients without the advance notice required by this contract, the *practice group* shall nonetheless send the patient notification letter as soon as practicable. The letter may be modified as reasonably necessary to conform to the circumstances that led to the abrupt termination of the *physician's* practice.

Records of patient care are the property of the *practice group* and shall remain in the custody and control of the *practice group* unless the patient requests in writing that the records be forwarded to the *terminating physician* or elsewhere.

These contract provisions shall be effective notwithstanding any non-compete clause or other language, which may be found elsewhere in this contract.

Appendix A - Model Patient Notification Letter

Dear patient:

We regret that effective _____, Dr. _____ will no longer be associated with this practice.

We will be pleased to continue to meet your medical care needs at this office. However, if you prefer to continue your care with Dr. _____, you may contact (him) (her) at the following office location and phone number:

If you wish to transfer your care to Dr. _____, or to another physician outside this office, please provide us a written request and we will forward your records as requested. You should, however, check with your health insurance provider to ensure that Dr. _____ or your new physician is an eligible practitioner under your insurance plan.

We are sorry for the inconvenience these events may cause you. Please contact us if we can answer any of your questions or help make this transition easier.

Sincerely
(RES-11, AM 1999)

180.996 Transition of Care for Patients with Special Needs and Circumstances

PREAMBLE

In the process of transitioning of care from one health plan to another, at times it becomes necessary for a patient to leave an ongoing doctor-patient relationship during treatment of a chronic or protracted medical condition and establish a relationship with a new physician. There is great value to the care of the patient in developing a process to facilitate such transfer with minimal disruption to all involved parties.

The recommendations presented herein are designed to recognize the special needs of certain patients with chronic or protracted illnesses who are under the care of either a primary care or specialty care physician at the time of transition. They provide a preferred method by which the patient interacts with the two physicians at both ends of the transition and the new health plan. They provide a framework which is simple and flexible, compensates the transferring physician for the time and effort expended, gives highest priority to concern for patient satisfaction, and promotes an effective vehicle for health plans to transition potentially high cost patients into their plan.

Developed through discussions between the Colorado Medical Society and the Colorado Association of Health Plans, these recommendations are presented to health plans and physicians for their voluntary adoption.

RECOMMENDED ELEMENTS OF TRANSITION

(1) Early Notification

Typically a patient who will be changing plans involuntarily will have a time delay between the notice of change and the effective date. The patient should advise the current physician practice as soon as possible. Health plans should make available:

- (a) A written description of the process used to facilitate transition of care, (customer service, new member nurses, etc.)
- (b) A written description of its review process of requests to continue services with an existing, non-affiliated provider.

(2) Identification of Patients with Special Needs and Circumstances

Current physicians are expected to identify patients with unique needs and initiate a process to facilitate their transition to a new provider.

- (a) Health plans should make available to those patients so requesting, names of available participating providers (primary care and specialty practices) and how to contact them to ease referral and selection.
- (b) If requested by the patient, it is appropriate for the current physician to suggest a physician to the patient, and then begin communication with that physician.

(3) Transition Planning Visit

The current physician and patient should schedule a visit in the period before effective date of new plan to plan a smooth transition to the accepting physician's practice.

(4) Transfer of Patient Information

The current treating physician should:

- (a) Collect and prepare for transfer of adequate medical records to inform accepting physician of patient's past medical history, treatment modes, medication history, pertinent diagnostic measures, current treatment plan, etc.
- (b) Create a letter of referral summarizing pertinent historical and biographical data to facilitate accepting physician's development of rapport with the patient and family.

(5) Introductory Visit to Accepting Physician

Should be arranged as soon as practical after effective date of new plan. The current treating physician should make a recommendation to the patient regarding the timeliness of scheduling the first appointment. The purpose is to begin development of relationship, ensure pertinent records are available, prescriptions are transferred if necessary and consideration of ancillary needs (durable medical equipment, etc.).

(6) Physician-to-Physician Consultation

It may be appropriate for former and accepting physicians to formally consult regarding patient's unique needs.

(7) Compensation

Fair and appropriate compensation should be paid promptly for each of these services by the plan in effect at the time of service.

The following recommendations should also apply when a physician is separating from a health plan:

(1) Physician Initiated

When the physician is voluntarily leaving the plan, the physician should initiate the transition process.

(2) Plan Initiated

When the plan initiated disaffiliation; the health plan should initiate the transition process.

(Motion of the Board, July 1996)