



THE FORUM

September/October 2019 ♦ Volume 18, No. 5 ♦ The Official Magazine of Collier County Medical Society

The CCMS Delegation Representing You at the FMA Annual Meeting



FMA Delegates from l to r: Dr. Alejandro Perez-Trepichio, Dr. George Brinnig, Dr. Gary Swain, Dr. David Wilkinson, Dr. Zubin Pachori, Dr. James Talano, and Dr. Rafael Haciski. Not pictured: Dr. Rebecca Smith

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CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

Wednesday, September 18, 7:45am
CCMS Practice Administrators Seminar
 Porter Wright

Thursday, September 19, 6:30pm
CCMS Women Physicians Social
 Seasons 52

Saturday, September 28, 8:00am
Foundation of CCMS Docs & Duffers
Charity Golf Tournament
 Bonita Bay Club Naples
 Open to the public

Friday, October 18, 6:00pm
CCMS After 5 Social & PLAN Physician Appreciation
 Home of Drs. Nena & Zdenko Korunda

Thursday, November 7, 5:30pm
CCMS & GGN 22nd GI Symposium
 Club Pelican Bay
Support opportunities at ccmsonline.org

Friday, November 15, 6:30pm
CCMS New Members Welcome Reception
 La Playa Golf Club
Support opportunities at ccmsonline.org

Friday, February 7, 11:00am
CCMS Alliance Fashion Show
 an exclusive country club

Saturday, February 22, 8:30am
CCMS 12th Annual Women's Health Forum
 Naples United Church of Christ
 Open to the public
Support opportunities at ccmsonline.org

Saturday, May 16, 6:30pm
CCMS 63rd Annual Meeting & Installation
 Wyndemere Country Club
 Open to the public
Support opportunities at ccmsonline.org

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MEMBER NEWS

New Members:



Thomas A. Elkins, D.O.
Radiology Regional Center
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-1400 Fax: (239) 430-1401
Board Certified: Diagnostic Radiology



Glenn M. Flanagan, M.D.
Pain Medicine
Naples Regenerative Institute
2950 Tamiami Trl N Ste 13
Naples, FL 34103
Phone: (239) 276-7074 Fax: (239) 280-0290
Board Certified: Anesthesiology; Pain Medicine



Edward C. Grendys, M.D.
Gynecologic Oncology
Florida Gynecologic Oncology
990 Tamiami Trl N
Naples, FL 34102
8931 Colonial Center Dr Ste 400
Ft Myers, FL 33905
Phone: (239) 334-6626 Fax: (239) 226-0161
Board Certified: Gynecologic Oncology;
Obstetrics and Gynecology



David S. Greschler, M.D.
Pain Management
Elite Pain Care
1250 Pine Ridge Rd Ste 200
Naples, FL 34108
Phone: (239) 450-2422 Fax: (239) 325-8562
Board Certified: Anesthesiology; Pain Medicine



Kimberly J. Hamilton, M.D.
Internal Medicine
NCH Physician Group
2450 Goodlette Frank Rd N #101
Naples, FL 34103
Phone: (239) 624-8470 Fax: (239) 643-9073
Board Certified: Internal Medicine;
Rheumatology



Nicoleta Kakaes, M.D.
Premier Inpatient Partners
2338 Immokalee Rd #186
Naples, FL 34110
Phone: (239) 330-2933 Fax: (239) 330-2933
Board Certified: Internal Medicine



Danielle M. Matta, D.O.
Radiology Regional Center
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 280-1800 Fax: (239) 430-1401
Board Certified: Diagnostic Radiology



Ashley M. Warmoth, D.O.
Family Medicine
Millennium Physician Group
400 8th St N
Naples, FL 34102
Phone: (239) 649-3365 Fax: (239) 649-3380



Carmen J. Wilson, M.D.
Ophthalmology
Eye Centers of Florida
1320 N 15th St
Immokalee, FL 34142
Phone: (239) 657-4486 Fax: (239) 657-4770

Reinstated:

Yaritza Perez-Soto, M.D.
Gulf View General Surgery
11181 Health Park Blvd Ste 3050
Naples, FL 34110
Phone: (239) 260-1115 Fax: (239) 260-1089
Board Certified: General Surgery

New Contact Information:

Jacqueline Romero, D.O.
New suite number: 11181 Health Park Blvd Ste 1170,
Naples, FL 34110

Docs & Duffers 2019

6th Annual Charity Golf Tournament & Raffle benefiting scholarships for future medical professionals and funding for local healthcare programs in need

Saturday, Sep. 28, 8am-2:30pm

(non-golfers purchasing raffle tickets need not be present to win)

Bonita Bay Club Naples

3700 Wildwood Blvd, Naples, FL 34120

This event is open to the public!

Register at ccmsfoundation.org

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Golfers

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Raffle Tix

\$25 each or 5 for \$100

Highlights

8:00am: Registration & Refreshments
8:45am: Shotgun Start, Scramble Format
1:15pm: Luncheon & Awards

*Goodie Bags, Hosted Beverages,
Hole Contests, and more!*

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A Message from the CCMS President

David Wilkinson, M.D., President, Collier County Medical Society



There have been many events and positive occurrences for our CCMS in the past couple of months. Of note, NCH has a new CEO, Paul Hiltz. Initial conversations and interactions have been very positive as we await his start date this September. CCMS looks forward to having discussions with him and forging a new

relationship moving forward with a cooperative effort that is positive for NCH, community physicians, and the community as a whole. Further updates to come as they are available.

Recently, members of our FMA delegation attended the Florida Medical Association annual meeting in Orlando. Our delegation was active in many ways at this conference, including judging at the poster symposium, reference committee appointments, and submitting resolutions and testifying on the resolutions to the FMA House of Delegates.

Your CCMS submitted two resolutions this year, one addressing surprise billing and network inadequacy of emergency transportation services, and one regarding a public relations advertising campaign in support of Florida physicians to combat expanding scope of practice for allied health practitioners, including PAs, ARNPs and pharmacists.

Our resolution requesting clarity in billing for emergency transport services and delineation of in network and out of network for the services received favorable testimony. However, due to the significant complexity in billing due to contracts with insurers, county rules and state rules, the resolution was referred to the FMA Board of Governors for decision.

The CCMS resolution requesting the FMA embark upon a PR campaign in support of Florida physicians to help address scope of practice expansion was supported by and large in concept, but secondary to concern over potential expense, was referred to the FMA Board of Governors for further study and report back to the House of Delegates.

A CCMS resolution from 2017, previously referred to the FMA Board of Governors was brought back and passed by the House of Delegates. This resolution created

FMA policy affirming the physician's freedom to address the quality of their supervised APRNs and PAs without fear of retribution by their employers, and resolved that the FMA provide education and guidance to physicians who might be required to supervise APRNs and PAs as a condition of employment.

For more on these resolutions and other noteworthy actions of the House of Delegates, please see page 6 of this magazine issue.

The FMA political action committee (PAC) held a "Good Government" luncheon and the information was startling... in the past couple years, the Florida state legislators saw proposed bills to allow APRNs and PAs to practice INDEPENDENTLY, optometrists to do laser eye surgery, and pharmacists to DIAGNOSE and TREAT ear nose and throat infections.

The continual erosion of the patient-physician relationship continues and the attempts to expand scope of care for NON-physician practitioners increases. We truly practice in an age where our profession is constantly threatened by those who believe it is not necessary to complete medical school and residency in order to practice as a physician.

I cannot say this in any stronger way, WE PHYSICIANS MUST BECOME INVOLVED. If we continue to sit on the sidelines, silent and watching what occurs, we will be faced with the potential health dangers of increasing scope of practice for non-physicians, and the decreasing reimbursement for what we do for our patients.

I encourage all who read this to join/rejoin CCMS as their local medical society, the FMA, and their specialty societies to prevent further erosion of our practice. If we do not stand together, contribute to our political action committees and become active in our societies, our practice will be lost, and we will be replaced with those who are undertrained and underqualified to care for our patients. The time to get involved is NOW.

CCMS Member Dues

The 2019 CCMS dues deadline is Dec. 31, 2019. Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices will also be mailed directly to members who pay individually, or to practice administrators for group payment. Thank you for renewing!



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The CCMS Delegation – Representing You at the 2019 FMA Annual Meeting

Collier County Medical Society

Members of the CCMS delegation to the Florida Medical Association recently returned from the 2019 FMA Annual Meeting, August 9-11 in Orlando. The delegation participated on reference committees, Lower West Coast Caucus meetings, judging the poster symposium, and submitting and testifying on resolutions. The meeting included House of Delegates sessions, CME, FMA Political Action Committee luncheon, and celebrating the installation of the new FMA president, Dr. Ronald Giffler. CCMS congratulates CCMS past president Dr. Corey Howard on completing his year as FMA President.

The CCMS delegation consisted of CCMS president and delegation chair Dr. David Wilkinson, and delegates Dr. George Brinnig, Dr. Rafael Haciski, Dr. Zubin Pachori, Dr. Alejandro Perez-Trepichio, Dr. Rebecca Smith, Dr. Gary Swain, and Dr. James Talano. CCMS colleagues who participated on other delegations included Dr. Jose Baez, Dr. Rebekah Bernard, Dr. Craig Eichler, Dr. Ronald Garry, Dr. Corey Howard, Dr. Catherine Kowal, and Dr. Cyndi Yag-Howard.

CCMS was privileged to have our members on two FMA reference committees. Dr. Bernard served on the committee for Legislation, and Dr. Haciski was named chair of the committee on Medical Economics. Reference committees hear testimony and make recommendations to the House of Delegates, a critical process in reviewing the resolutions brought by delegates and reports from the FMA Board of Governors.

Additionally, during the Florida Geriatric Society annual meeting held that weekend, Dr. Garry and CCMS member Dr. Daniel Morales (NCH Internal Medicine Residency) won the David Lowenthal Award for Outstanding Research for their work on patent foramen ovale and cryptogenic stroke.

The FMA Alliance (FMAA) and the Conference of Florida Medical Society Executives (CFMSE) also held their Annual Meetings that weekend. CCMS Alliance Past President Karen Swain was installed as FMAA President, and the CCMSA received numerous awards. At the CFMSE meeting, CCMS Executive Director April Donahue, 2018-19 CFMSE board chair, passed her gavel on to the new chair of the CFMSE board.

During the FMA meeting your delegation had its own get-together prior to the House of Delegates and discussed the importance of having a strong voice at the FMA to represent Collier County physicians and patients. It was noted that if every CCMS member joined the FMA, the Society's delegation could double, strengthening your representation at the FMA House of Delegates. The delegation also discussed the need for more Collier physicians to contribute to the FMA and CCMS political action committees. Visit ccmsonline.org/membership for a link to the FMA membership information and CCMS PAC dues.

On Sunday of the Annual Meeting, the House of Delegates debated a variety of resolutions and Board of Governors recommendations. Read on for details of some of the House's noteworthy actions. For the full report, visit flmedical.org/florida/Florida_Public/Docs/AM/HOD-Status-Report.pdf.

Board Recommendation D-1, Resolution 17-410, Physician Right to Decline Supervision of Non-Physician Clinicians [submitted by CCMS]: Adopted substitute language. Resolved that the FMA affirms its support for physician-led, team-based care and recognizes that physicians who supervise APRNs and PAs have the freedom to address the quality of their supervised APRNs and PAs, without fear of retribution by their employers; and that the FMA provide education and guidance to physicians who might be required to supervise APRNs and PAs as a condition of employment.

Resolution 19-204, Public Relations Campaign for Florida Physicians [submitted by CCMS]: Referred for the Board of Governors for study and report back. Resolved that the FMA develop a public relations team to research public attitudes towards physicians in Florida; share research obtained from a public relations study with FMA members so steps may be taken to improve the public's perception of physicians through education in medical schools, residency programs, county medical societies, and state medical academies and associations; and develop a statewide public relations campaign to educate and inform patients of physician value, the scope and cost of such campaign to be determined by the Board of Governors.

Resolution 19-301, Emergency Medical Transport Service Cost Transparency and Equity [submitted by CCMS]: Referred to the Board of Governors for decision. Resolved that the FMA seek to participate in any further workings of the EMT Working Group of the Insurance Consumer Advocate Office of Florida; request the AMA support federal legislation that exempts air ambulance services from the 1978 Airline Deregulation Act that precludes states from regulating prices, routes, or services of air carriers; develop information for consumers including patients and their families of the potential for costly balance billing when choosing EMT services, particularly air ambulance services; communicate to the Florida Agency for Health Care Administration which has oversight of HMO and EPO network adequacy the urgency to compel health plans to disclose to consumers the adequacy of their provider networks, specifically, coverage for air-ambulance and ground based EMT; seek legislation that requires full disclosure by licensed EMT providers of their charges and costs; and seek legislation that expands the legislation of HB 221 that prohibits balance billing for emergency services by out-of-network providers to include EMT.

Resolution 18-106, Opposing Sexual Orientation Therapy: Adopted as amended. Resolved that the FMA oppose the practice of imposed sexual orientation change efforts, often termed conversion therapy, directed toward minors.

Resolution 19-107, FMA Support for Removing Barriers for Medicare Patients to Colorectal Cancer Screening Act: Adopted. Resolved that the FMA send letters urging support and co-sponsorship of the Removing Barriers to Colorectal Cancer Screening Act (HR 1570/S 668) to each member of the Florida Congressional delegation.

continued from page 6

Resolution 19-109, SUCCESS: Supporting Climate Change Efforts: Adopted as amended. Resolved that the FMA place on their website educational resources on the links between environmental degradation and tangible health problems, such as air pollution, insect-borne diseases, and heatstroke; and support legislation that focuses on the health imperative of addressing climate change.

Resolution 19-302, Gun Violence Control and Public Health: Adopted. Resolved that the FMA support state legislation and future AMA initiatives to ban assault weapons and high capacity ammunition devices, including utilizing currently enacted AMA policy and language in future FMA policies and initiatives; and support the passage of legislation to ban the sale, transfer, manufacture, and importation of assault weapons and high-capacity ammunition devices (as defined by the 1994 Violent Crime Control and Law Enforcement Act) within the state.

Resolution 19-304, Assure Physician Due-Process in Potential Loss of Privileges: Adopted as amended by substitution. Resolved that the FMA seek legislation that requires all contracts between hospitals and entities providing physician services to contain a provision affording due process rights for all medical staff members when privileges or employment by the entity are at risk.

Resolution 19-306, Tobacco 21 Legislation: Adopted as amended. Resolved that the FMA support legislation that would raise the legal age to purchase tobacco products and other nicotine delivery devices to 21 years of age.

Resolution 19-310, FMA Support of Bleeding Control Kits in Schools and Public Spaces: Adopted. Resolved that the FMA support state legislation to fund the purchase, placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in Florida.

Resolution 19-312, The “For Accuracy and Accountability in Clinical Titles” (FACT) Resolution: Adopted as amended. Resolved that FMA policy oppose any misappropriation of medical specialties’ titles; and the FMA seek legislation that would accomplish the following: 1. Prevents APRNs and PAs from using titles and descriptors that are not in line with their state licensure; 2. Prevents APRNs and PAs from using descriptors reserved for physicians, either in whole or in part (e.g. “nurse anesthesiologist”, “nurse cardiologist”, or “nurse dermatologist”); and 3. Establish criminal and or civil penalties for such acts.

Resolution 19-313, Authorization Denial Letter: Adopted as amended. Resolved that the FMA seek legislation mandating the direct involvement of medical directors of third parties/insurance companies with physicians who order a test/procedure/treatment for their patients prior to denying the test/procedure/treatment; and seek legislation mandating that denial letters 1. Must include a specific reason for denial; and 2. Must be hand signed by the medical director.

Resolution 19-316, Oppose Elimination of Patient Choice and Physician Prescription Mandates: Adopted as amended. Resolved that the FMA monitor and oppose legislation which would eliminate patients’ ability to choose

among pharmacies for purchase of medications; and engage in early proactive and vigorous opposition to future legislation that would restrict physician-issued forms of prescription by handwriting, telephonic, or electronic means.

Resolution 19-403, Medicare for All: Adopted as amended by substitution. Resolved that the FMA reaffirm its support for a health care system that offers health insurance to all Floridians through an innovative and competitive health care marketplace of both public and private insurers.



Dr. Corey Howard



Dr. Daniel Morales



Dr. George Brinnig



Dr. Jose Baez



Dr. Rafael Haciski



Dr. Rebekah Bernard



Karen Swain



Dr. Craig Eichler and
Dr. Cyndi Yag-Howard



Dr. Rebecca Smith, Dr. Gary Swain, Karen Swain, Dr. James Talano,
Dr. Zubin Pachori, Dr. Rafael Haciski, Karen Wilkinson, Dr. David Wilkinson,
Dr. Jose Baez, Marisol Baez, Dr. Kriston Kent and Dr. Craig Eichler

Foundation of CCMS Scholarships

2019 Healthcare Scholarship Winners

The board of directors of the Foundation of CCMS is pleased to announce the winners of its 2019 Foundation healthcare scholarship awards: Roxana De La Luz Arieta, Justine Bedolla, Jessica Behrndt, Elta Desvaristes, Gabriela Fernandez, and Crystal Taylor.

The final tally of 2019 scholarship awards given by the Foundation is now \$34,500.

The healthcare scholarships are for students who are Florida residents enrolled or accepted into a healthcare degree program, with awards based on need, academic performance, and community involvement.

“We received scholarship applications this year from many exceptional healthcare students,” said Dr. Rolando Rivera, Chair, Foundation board of directors. “We are indebted to the numerous Foundation donors and sponsors who have given us this opportunity to support our future medical professionals.”



Jessica Behrndt, a Barron Collier High School and University of Florida graduate attending Florida State University College of Medicine, received a \$5,000 award. “This scholarship will help alleviate some of the financial burdens of medical school and allow me to focus on my dream of becoming a physician,” said Ms. Behrndt. “I hope to continue my passion for providing

care to the underserved throughout medical school and one day return to Naples to give back to the community that has supported me so much.”



Gabriela Fernandez, who received a \$5,000 award, is a Barron Collier High School and Florida Gulf Coast University graduate attending Ross University School of Medicine. “This scholarship will help me tackle financial obstacles I would otherwise not be able to overcome myself,” said Ms. Fernandez. “Thank you for believing in me by gifting the opportunity to

continue my education so that one day I will be able to practice medicine and give back to those like me.”



Roxana De La Luz Arieta, a Lorenzo Walker Technical High School and Florida State University graduate, received a \$3,000 scholarship for pursuing her Physician Assistant degree at AdventHealth University. “As a first generation Latina, I will make it a priority to work in areas where medical providers are most needed,” said Ms.

Arieta. “Thanks to the contribution of the Foundation I will be able to remain motivated and continue working towards accomplishing my mission.”



Justine Bedolla, who received a \$3,000 award, is a Lely High School and Florida State University graduate attending the Florida State University College of Medicine. “This will greatly help alleviate the financial burden of my final year of medical school,” said Ms. Bedolla. “The support of the Foundation not only motivates me as I continue my medical journey, but also encourages me to help

others pursuing medicine in the future!”



Elta Desvaristes is a Lely High School and University of Florida graduate attending the Barry University Physician Assistant Program. She received a \$3,000 scholarship. “As a first-generation college student, receiving this scholarship will allow me to pursue a career in the medical field,” said Ms. Desvaristes. “My dream is to medically treat and serve individuals

of underserved populations, give back to my community, and inspire others to pursue their dreams.”



Crystal Taylor is a North Miami Beach Senior High School and University of Miami graduate attending the University of Pittsburgh School of Medicine. She received a \$3,000 scholarship. “Your generosity has done so much more than just alleviate some of the debt I am incurring to pursue my medical degree,” said Ms. Taylor. “It is a reminder that I have a whole team behind me cheering

for my success and believing in my efforts to make the world a better place.”

The Foundation’s signature fundraiser, the Docs & Duffers Golf Tournament and Raffle on September 28th, will help raise funds for its scholarship awards and local healthcare programs in need. More information on this event and the Foundation’s scholarship program is available at ccmsfoundation.org.

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A Brief History of the Women of Medicine in the United States, 1849-Present

Susan Liberski M.D., CCMS Member



September is Women in Medicine Month. As a tribute to the 359,409 women physicians in the U.S., here is the story of how it all began.

Women physicians are now common. Per a 2015 AMA white paper, about one third of practicing physicians, 48% of medical school graduates, and 47% of residents are women. This has not always been the case.

Women as practitioners of medicine dates to the time of Hippocrates, where women practiced mostly in midwifery and diseases of women. By the Middle Ages, these practices had disappeared. In Colonial America and into the 1800s, most women were denied any education, let alone advanced degrees. When a dying female friend approached one Elizabeth Blackwell and implored her to become a physician, the face of medicine was about to change. This plea sparked Elizabeth's interest to become an MD.

In the mid-1800s, "female physician" was the term used for women who performed abortions only. This is not what Elizabeth Blackwell set out to do. Determined to become an MD, she consulted with numerous physician friends of her family on how to begin but was met with minimal encouragement. She could not get funding from family or friends to attend medical school, so she worked teaching music in private schools for girls in the pre-Civil War South for several years in order to secure funds. There, in the South, she was admonished for teaching slaves to read and was threatened if she continued to do so. She muddled through and once she had funding, applied to all the medical schools in Philadelphia, Boston, and New York.

Her applications were unanimously and promptly declined except for one, Geneva University in NY. The circumstances of her admission are quite interesting. The faculty decided her application would ONLY be accepted if the current student body was 100% onboard. The classes voted "yes" she could attend, thinking her delicate female nature would cause her to drop out in short time. Once accepted, she was often encouraged to not attend lectures that would be an "embarrassment" to her or her classmates.

Despite it all, she excelled and was admired and graduated. She sought postgraduate training in Europe where she was told she'd be better received (she wasn't). Dr. Blackwell then returned to New York to open a clinic with her sister Emily, who also became an MD. Their practice had a slow start and their first patients were often the poor and destitute women and children in the city. Despite this and through Dr. Blackwell's efforts, medical schools for women were started in several cities. By

the late 1800s, there were 19 medical schools for women and several co-ed institutions in the U.S.

After Drs. Elizabeth and Emily Blackwell and others began practicing medicine, the prejudice towards women in the field was not over. In 1873, Boston physician Edward Clarke wrote "Girls lose health, strength, blood and nerve, by a regimen that ignores the periodical tides and reproductive apparatus" as a way of dissuading men from allowing women to practice medicine or to vote. Yes, his theory was that a menstrual period makes a woman stupid, and it was widely accepted by male physicians at the time.

Dr. Mary Putnam Jacobi, a graduate of the Female Medical College of Pennsylvania, published a rebuttal in 1877; she wrote Dr. Clarke's recommendations lacked "experimental proof", had "exaggeration of fact" and served "interests besides those of scientific truth". She included data of over 100 women who were surveyed during their menses showing their mental capacities were not decreased. Because of the work of these early pioneers, by the end of the 19th century, about 5% of physicians were women.

Unfortunately, women's advancement in medicine took a direct hit in 1910: the AMA hired Abraham Flexner, an educator, to evaluate medical schools as they stood at the time. Hailed as a champion of medical school reform and standardization, Mr. Flexner recommended sweeping changes to medical schools, instituting required entrance criteria, longer curriculum, and extended clinical experiences. Many small schools could not comply and most schools that educated minorities and women closed.

By 1915, only 2.9% of medical school graduates were women and by 1930, only the Women's Medical College of Pennsylvania (formerly Female Medical College) remained as an institution exclusively for women. Most other medical schools were men only. These numbers were largely stagnant over the next few decades and by the 1950s about 5% of working physicians were women. It's unclear if there were fewer women interested in practicing medicine or because of gender bias that women's acceptance to med school was prevented, as no statistics are available.

This changed in 1972 with the Title IX Education Amendment, which prohibited discrimination in higher education based on sex. By 1974, 22% of those entering medical school were women and by 1990, 17% of practicing physicians were female which leads us to today. But the story is far from over. Women still face obstacles including gender bias in training, gender bias from patients and still statistically have lower salaries than their male counterparts. We're not done yet!

Dr. Liberski graduated in 1985 from the Medical College of PA (Formerly Women's Medical College of PA), and was the first female GI fellow at Penn State University in 1988 and the first female board-certified gastroenterologist practicing in Naples FL in 1994.

A woman with dark hair is posing in a stone archway. She is wearing a sleeveless, white top with a floral pattern and a long, pleated, brown skirt. Her right arm is raised, and her left hand is on her hip. The background consists of a series of stone arches and columns, creating a sense of depth and architectural detail. The lighting is warm and dramatic, highlighting the textures of the clothing and the stone.

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Terminating Patient Relationships

Julie Brightwell, JD, RN, Director, Healthcare Systems Patient Safety, Department of Patient Safety and Risk Management, The Doctors Company, and Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company



Just as it is an acceptable and reasonable practice to screen incoming patients, it is acceptable and reasonable to know when to end patient relationships that are no longer therapeutic. It is critical, however, that the physician end the patient relationship in a manner that will not lead to claims of discrimination or abandonment.

It is appropriate and acceptable to terminate a relationship under the following circumstances:

- Treatment nonadherence—The patient does not or will not follow the treatment plan.
- Follow-up nonadherence—The patient repeatedly cancels follow-up visits or is a no-show.
- Office policy nonadherence—The patient fails to follow office policies, such as those for payment, prescription refills, or appointments. For example, the patient uses weekend on-call physicians or multiple healthcare practitioners to obtain refill prescriptions when office policy specifies how to obtain refills between visits.
- Verbal abuse—The patient or a family member is rude and uses improper language with office personnel or other patients, visitors, or vendors; exhibits violent behavior; makes threats of physical harm; or uses anger to jeopardize the safety and well-being of anyone present in the office.
- Nonpayment—The patient owes a backlog of bills and has declined to work with the office to establish a payment plan.

A few situations, however, may require additional steps or a delay or even prohibit patient dismissal. Examples of these circumstances include:

- If the patient is in an acute phase of treatment, delay ending the relationship until the acute phase has passed.
- If the practitioner is the only source of care within a reasonable driving distance, or when the practitioner is the only source of specialized care, he or she is obliged to continue care until the patient can be safely transferred to another practitioner.
- If the patient is in a prepaid health plan, the patient cannot be discharged until the practitioner complies with the terms of the payer-provider agreement.
- A patient may not be dismissed or discriminated against based on limited English proficiency or because he or she falls within a protected category under federal or state legislation.
- If a patient is pregnant, the physician can safely end the relationship during the 1st trimester if the pregnancy is uncomplicated and there is adequate time for the patient to find another practitioner. During the 2nd trimester, a relationship should be ended only when it is an uncomplicated pregnancy and the patient is transferred to another obstetrical practitioner prior to the cessation of services. During the 3rd trimester, a relationship should end only under extreme circumstances.

- The presence of a patient's disability cannot be the reason(s) for terminating the relationship unless the patient requires care or treatment for the particular disability that is outside the expertise of the practitioner.

When terminating the relationship is appropriate and none of the restrictions mentioned above are present, termination of the relationship should be completed formally. Put the patient on written notice that he or she must find another healthcare practitioner. The written notice should be mailed to the patient by both regular mail and certified mail with a return receipt requested. Keep copies of all the materials in the patient's medical record.

The written notice terminating the relationship should include the following information:

- Reason for termination—Although a specific reason for termination is not required, it is acceptable to use the catchall phrase “inability to achieve or maintain rapport” or to state that “the therapeutic practitioner-patient relationship no longer exists.”
- Effective date—The effective date of termination should provide the patient with a reasonable amount of time to establish a relationship with another practitioner. Although 30 days from the date of the letter is usually considered adequate, follow your state regulations. The relationship may be terminated immediately under the following circumstances:
 - The patient has terminated the relationship. (Acknowledge this in writing with a letter from the practice.)
 - The patient or a family member has threatened the practitioner or staff with violence or has exhibited threatening behavior.
- Interim care provisions—Offer interim emergency care. Refer true emergency situations to an emergency department or instruct the patient to call 911 as necessary.
- Continued care provisions—Offer referral suggestions for continued care through medical societies, nearby hospital medical staffs, or community resources. Do not recommend another healthcare practitioner by name.
- Request for medical record copies—In your written notice, offer to provide a copy of the medical record to the new practitioner by enclosing an authorization document (to be returned to the office with the patient's signature). One exception is a psychiatric record, which may be offered as a summary in lieu of a full copy of the medical record.
- Patient responsibility—Include a reminder that the patient is responsible for all follow-up and continued medical care.
- Medication refills—Explain that medications will be provided only up to the effective date of termination.

For more details, view the expanded version of this article: thedoctors.com/articles/terminating-patient-relationships.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



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