



When a fragile patient fails to show, weigh risks, consider emergency outreach

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Patient encounters

While missed appointments can be a drain on your practice, it's worth remembering they're occasionally a red flag for patient distress. Use common sense to develop a protocol for spotting situations that you don't want to spiral out of control.

A recent case in Michigan reveals how medical practices can act in patients' best interests: When an 86-year-old patient missed her regular appointment at a periodontist's office in Jackson, Mich., "alarm bells started going off for the staff," reported a local Fox News affiliate on Feb. 15. So they reached out to her son, who found the woman at home in a distressed condition. Mother and son seemed to think it was a good thing the practice acted, rather than just writing her off as a no-show.

But does that case reflect the best protocol you should follow if your patients don't show up? Experts say that may not be true every time, but you should act within parameters based on common sense and with an eye toward legal issues.

Not just the patient's problem

Missed appointments generally signal a problem for providers more than patients, and many practices automatically charge patients a fee for skips. The AMA says in its Code of Medical Ethics that as long as you "clearly notify patients in advance" of the possibility, you can charge for no-shows (*see resources, below*).

Years back, CMS announced that no-show fees were acceptable for Medicare patients (*PBN 7/30/07*). Generally speaking, fees should be reasonable, and experts say they usually are. Jayme R. Matchinski, a health care lawyer and officer of Greensfelder, Hemker & Gale PC in Chicago, says that she's never seen a legal complaint attached to one (*PBN 2/14/13*).

Such fees are effective if they are enforced, and, with appropriate documentation, a series of missed appointments are acceptable grounds for patient dismissal, whether the appointments have been paid for or not (*PBN 7/18/11*).

Show them the papers

As with most medical administrative issues, you should have a written policy and protocol to protect the patient and yourself.

"I like a checklist," Matchinski says. She says that multiple missed appointments and a lack of communication are immediate red flags that warrant outreach. "I've had to send a letter sometimes on behalf of the practice saying, 'Hey, you signed a patient rights and responsibilities form. You've seen this language: As a patient, it is my responsibility to take ownership of my physical health and well-being' — something like that," she describes. While Matchinski has issued notes at a client's request, she says it's preferable to have the provider send it themselves.

When patients repeatedly bail on their "responsibilities" — and you've documented it — it may be time to dismiss the patient. But in cases like the one in Jackson, it may be time to take other action.

When outreach is needed

Matchinski has conferred with clients about sensitive no-shows. "Mostly where I run into this in my practice has been with psychiatry clients," she says. "All of a sudden the patient is AWOL. They can't find the patient, and they're worried about [whether they're taking] their medication."

She's also handled calls about sleep medicine patients who get their assessment but never pick up their CPAP device, which can be especially worrisome if, as in the case of patients who are long-haul truckers, sleep deprivation is a critical issue.

"When a patient with an urgent medical issue misses an appointment, it is best practice for the physician, when possible, or their staff to contact the patient, explain the importance of the appointment and make reasonable efforts to reschedule the appointment as soon as possible," says Elizabeth L.B. Greene, a partner with the Mirick O'Connell firm in Worcester, Mass. But "the more urgent a patient's condition or follow-up care is, the more follow-up the doctor or their office staff may

undertake to convey to the patient the significance of the care to be provided, and reschedule the appointment," Greene adds.

In a case like the Jackson no-show, in which the patient may be "impaired by memory, medications or other issues," outreach to emergency contacts "and subsequently, if necessary, to social services, is reasonable and appropriate," Greene says. "Providers may be mindful of what information is shared so that they remain in compliance with state and federal privacy laws."

Confer before the call

The Jackson story portrays the outreach decision as the staff's, but it should be made "only after a review of the specific patient's chart is conducted and a professional determination is made by the provider on what is best for the patient," suggests Rich Cahill, Esq., vice president and associate general counsel for The Doctors Company in Napa, Calif. "The staff may, after the physician has decided on next steps, do the administrative function with the patient, family or law enforcement."

If the emergency contact outreach doesn't work and in the provider's judgment the patient should be seen to, Cahill suggests "requesting law enforcement to do a precautionary safety check at the individual's residence or even a similar call to Adult Protective Services."

As with any conversation with third parties, providers and staff "should be cognizant of the requirements under HIPAA" to safeguard patients' protected health information, Cahill says. The requirements "are generally satisfied where the safety of someone in failing to obtain necessary medical care creates imminent peril, and only the 'minimum necessary' protected health information may be disclosed," he adds.

Protect yourself

Be prepared: Not everyone will be happy with your emergency contact call, whether or not it was needed. For example, an elderly patient who didn't want their son or daughter to know how sick they were may protest, Matchinski says. There's also flak sometimes when parents are separated or getting a divorce and "you couldn't reach the mother and you try to reach the father, and then the mother gets upset because she's providing the insurance."

In the divorced parent case, most state laws grant both parents the right to know what's happening with their child, Matchinski says. And if the contact is a formal guardian or caregiver representative, they will probably have that right as well. But you should still have explicit permission in the "emergency contact" part of the patient's paperwork to "make sure that the patient has an expectation that if you can't reach them or they're not able to respond, you can reach out to your emergency contact," Matchinski says.

CCM may be an alternative

David Hunt, founder and CMO of Cosán Group, a company focused on elder care and preventive care services, says that "continuing to allow the responsibility of tracking down patients to fall on the provider places a significant amount of pressure and responsibility onto the practice environment." Hunt recommends that providers "build a care management process and program around supporting patients outside the four walls of the exam room or a telehealth visit."

Hunt points to chronic care management and behavioral health integration, care coordination models to which CMS has been devoting increased attention and resources in recent years (*PBN 1/21/21*). He adds that remote patient monitoring, to which CMS has turned in the wake of the pandemic, can also play a part (*PBN 12/17/20*). Such "digital-directed touchpoints — including vitals monitoring — can then be triaged to a care team to proactively address concerns or potential threats to an older adult's health," Hunt says. — Roy Edroso (redroso@decisionhealth.com)

Resources

"Jackson doctor's office checked on a woman who missed an appointment. It may have saved her life," FoxNews47, Feb. 15: www.fox47news.com/neighborhoods/jackson-hillsdale/jackson-doctors-office-checked-on-a-woman-who-missed-an-appointment-it-may-have-saved-her-life

"Fees for Nonclinical & Administrative Services," Code of Medical Ethics Opinion 11.3.2, Code of Medical Ethics Opinion 11.3.2, AMA: www.ama-assn.org/delivering-care/ethics/fees-nonclinical-administrative-services

