

CPMP Practice Committee Practice Service Standard

Standard: Separation of Employment
By Stony Brook Physicians

Index #:

Date Approved:

Date Revised:

Retention of faculty physicians by Stony Brook University and the Stony Brook University Physicians – affiliated clinical practices is an important priority. However, when a physician leaves the institution, the clinical practice must take steps to ensure that the physician’s departure and transition of care for their patients is handled in an appropriate manner. This Practice Service Standard is intended to offer guidance for such instances, although each clinical practice may face unique circumstances that must be taken into account in responding to physician terminations.

I. Performance Goals

When a physician terminates employment with a Stony Brook University Physicians – affiliated practice, the practice should ensure that affected patients, referring physicians and insurance plans are notified, a continuing course of treatment for patients under the care of that physician is provided for, and medical and other practice records are secured.

1. **NOTIFICATION OF STONY BROOK AND RELATED PARTIES** – Upon learning of a physician’s termination date, it is recommended that e-mail notification be sent to the CPMP Professional Affairs Department and PatientKeeper Team, the SBUH Medical Staff Office and Managed Care Office, as well as related parties such as the appropriate long term disability carrier or agent, transcription service, answering service, etc.
2. **NOTIFICATION OF PATIENTS** – Patients under the care of the physician terminating employment with the clinical practice should be notified by mail. Practices typically submit an ad hoc report request to the CPMP IT Department to obtain an IDX query of patients under the care of that physician, using criteria appropriate for that practice and physician. Names and addresses may be obtained and printed in label form for mailing letters out. Sample letters are attached (see attachments #1, #2 & #3. Note: Based on individual circumstances and/or contractual requirements, the practice may decide to disclose the location of the new practice the physician is joining. If this disclosure is to be made, the sample letters should be modified as necessary). Active patient lists and mailing labels are generally handled by the clinical practice staff to ensure that the patients are properly notified by the practice, rather than delegating this responsibility to the physician that is terminating employment.
3. **NOTIFICATION OF REFERRING PHYSICIANS** – It is in the interest of the clinical practice to notify referring physicians with whom the physician terminating employment has had a working relationship, and to advise them of alternate arrangements with respect to current and/or future patients that may be referred for care. Sample letters are attached (see attachment #4).

Separation of Employment By Stony Brook Physician

4. **NOTIFICATION OF INSURANCE PLANS** – The CPMP Professional Affairs Department will automatically provide a terminated physician package to each clinical practice/department with form letters that will transmit the forwarding address (if this has been provided by the physician) and date of termination to the appropriate managed care and/or third party insurance plans. This material should be completed, signed, and returned to CPMP in the timeframe requested. Cancellation request notices will also be sent to the malpractice insurance carrier.
5. **SAFEGUARDING OF MEDICAL RECORDS** – Legal Counsel has advised that medical and other practice records remain the property of the practice and should be maintained by the clinical practice in accordance with record storage policies and retention periods. It is important that all practice records are secured, and if necessary and applicable, retrieved from the physician's possession prior to his or her termination of employment. Patients that wish to transfer their care to another practice, (including those that follow the physician to their new location), must complete the appropriate medical record release form. All applicable medical records policies should be adhered to at all times.

II. Monitoring & Reporting

Monitoring of these activities is the responsibility of each clinical practice. While retention of faculty physicians remains an important priority, when a physician elects to terminate their employment, it is in the interest of the clinical practice itself to ensure these changes are communicated in a timely manner to patients and referring physicians so that continuing care is ensured, as necessary, and referral relationships maintained. CPMP prepares an annual report on the number of recruited physicians and retention rates by department, which is provided to the CPMP Board of Directors.

III. Strategies for Performance Improvement

The School of Medicine has established an Office of Academic and Faculty Affairs, that conducts exit interviews of physicians terminating employment with the institution. Findings from this process should be utilized for improvement purposes.

Disclaimer:

Practice Service Standards developed and issued by the CPMP Practice Committee are intended as advice and guidance related to various practice issues and systems. Differences among the clinical practices, as well as individual circumstances faced by physicians, patients and staff may preclude adherence to specific Practice Service Standards or require different approaches. Their general application, should serve as guidance to advance efforts to improve the quality of service to patients.

Attachments

- #1 Notification of Patients
- #2 Notification of Patients
- #3 Notification of Patients
- #4 Notification of Referring Physicians

Separation of Employment By Stony Brook Physician

[PRINT ON UFPC LETTERHEAD]

[Date]

Dear Valued Patient:

I am writing to let you know that one of your doctors, **[Physician Name]**, will be leaving our practice at the end of **[Date]**. If you require continuing care for **[Specialty]** needs, our comprehensive **[Specialty]** practice has other fine physicians available to you. We will be able to provide the services you may require without interruption.

Our **[Specialty]** practice includes Dr. **[Names of other physicians]**. You may call our office at **[Phone number]** to make an appointment. For information about their credentials, training and areas of practice, please visit our website at www.stonybrookphysicians.com and click on *Find a Doctor*.

In the event you plan to transfer your care to a physician in another medical practice, you will need to complete and sign a medical record release form. This form may be obtained by calling our office at **[Phone Number]**.

Please be assured that the **[Practice Name]** and our highly qualified and dedicated team of **[Specialist Name]**, are committed to providing you with outstanding care and service. If we can be of assistance to you or your family in the future, we hope you will call on us.

Sincerely,

[Chair or Division Chief]

ATTACHMENT 1

Separation of Employment By Stony Brook Physician

[PRINT ON UFPC LETTERHEAD]

[Date]

Dear Valued Patient:

Effective **[Date]**, I will be leaving **[Practice Name]** at Stony Brook University Medical Center. If you wish to continue treatment with **[Practice Name]**, we will be happy to arrange follow-up visits. The other members of **[Practice Name]** can provide follow-up care for all **[Specialty]** needs. When seen by other physicians at **[Practice Name]**, your medical records and history will be made available during the follow-up visit.

If you intend to seek treatment elsewhere, you will need to complete a medical record release form which is available by calling our office at **[Phone Number]**. Once the medical practice has received this signed form, they will be glad to forward your medical records to your new physician.

Please contact our office at **[Phone Number]** if we can be of further assistance during this transition.

Sincerely,

[Name of Terminating Physician]

[Chair or Division Chief]

ATTACHMENT 2

Separation of Employment By Stony Brook Physician

[PRINT ON UFPC LETTERHEAD]

[Date]

Dear Valued Patient:

Effective **[Date]**, I will be leaving **[Practice Name]** at Stony Brook University Medical Center. If you wish to continue treatment with **[Practice Name]**, we will be happy to arrange follow-up visits. **[Covering Physician]**, our other **[Specialty]**, has training and experience in treating such patients. The other members of **[Practice Name]** can provide follow-up care for all other **[Specialty]** areas.

Our office staff will be contacting any of my patients that have appointments scheduled after **[Date]**, in order to arrange for a new appointment with another physician. When seen by other physicians in **[Practice Name]**, your medical records and history will be made available during the follow-up visit.

If you intend to seek treatment elsewhere, you will need to complete a medical record release form which is available by calling our office at **[Phone Number]**. Once we have received this signed form, we will forward your medical records to your new physician. If you wish to continue being treated by me, please call **[Phone Number]** for more information.

Please contact our office at **[Phone Number]** if we can be of further assistance during this transition.

Sincerely,

[Name of Terminating Physician]

[Chair or Division Chief]

ATTACHMENT 3

Separation of Employment By Stony Brook Physician

[PRINT ON UFPC LETTERHEAD]

[Date]

Dear Colleague:

I am writing to inform you that **[Physician Name]** has accepted another position and will be leaving **[Practice Name]** on or about **[Date of Termination]**. I know that **[Physician's Name]** has consulted with you and treated a number of your patients, and I want to assure you that:

[] Our **[Specialty]** practice has other highly trained and qualified physicians able to provide your practice and patients with needed services, including **[Names]**. I have enclosed some material that describes their backgrounds in more detail.

^ Use one or the other of these two paragraphs v

[] We have arranged to work with **[Name of Terminating Physician]** for ongoing care of current and future patients in need of this service. You may contact their office at **[Phone Number]**.

Please call our office at **[Phone Number]** if we can be of assistance to you or your patients. If you would like to speak with me directly, please call me at **[Phone Number]**.

Sincerely,

[Chair or Division Chief]