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What to Do When Your Patient Files a Grievance

Here is a question we received from one of our members: *Our office received a grievance letter from a health plan against a physician in the office. A written response is requested. What do we do?*

First, confirm who is asking for the written response. An inquiry letter from the Medical Board of California (MBC) is different than a health plan grievance. A MBC letter should be referred immediately to CAP's Med Defense Program Coordinator at 800-252-0555.

Second, although responding to any grievance may be unpleasant, **the physician's cogent response with clear, objective facts is vital**. The grievance process was designed to address genuine patient safety concerns of plan enrollees. The patient may have misinterpreted the clinical situation or misunderstood the follow-up plan.

Grievances against a physician may include:

- "I received poor care."
- "I was treated rudely."
- "I had to wait too long for an appointment."

However, if the grievance involves an unexpected outcome or "adverse event," you may contact CAP Cares at 800-252-0555. In either case, the physician, not the medical assistant, should draft the response to confirm the accuracy of the clinical facts. A response could include:

- A brief, responsive opening line
- Chronology of the medically relevant care given, including:
 - date(s) the patient was seen
 - purpose of visit(s)
 - physical exam findings
 - medical impression
- Treatment plan including:
 - medications
 - labs, tests,
 - return visit instructions

Maintain a professional demeanor and respectful tone throughout the letter. Close by including your telephone number for any questions.

To obtain a sample Grievance Response Letter, please direct your request to gmccullough@cap-mpt.com.

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