

Why I Don't Share Patients

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Health care is fragmented enough, so why would we want to fragment it even more?

Ann was a long-time patient and friend. My wife and I got to know her when we built a summer house in the country (which was somewhat ironic since, being in Mendocino, we already lived in the country, but this place was *remote*).

There were no doctors in Ann's small burg; the nearest clinic was

frustrated and confused by Ann's leaving, I didn't ask her about it. I just moved on.

A few weeks later, I was flummoxed to get a voicemail message from Ann saying she was on vacation with her family, was having some trouble with her hip, and wanted to see me when she returned home in a few days. When she called back to make an appointment, Dalia told her that, because she had recently transferred her records to a different primary care physician, she should see that doctor now instead of me. In other words, she shouldn't have two pri-



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15 miles away. Given that my clinic was twice as far over more tortuous roads, I was surprised when she asked to become my patient years ago. I was more surprised recently when she asked us to send her medical records to a primary care clinic in another town equally distant from her as we are. "What did we do to displease her?" I wondered.

Long ago, we stopped asking our patients why they were changing providers. So, although I felt

mary care doctors. That shocked Ann, so she wrote me a letter.

I wrote back and explained that Dalia was simply following our office protocol for these situations. I have no problem sharing patients with specialists who have expertise that I do not possess, but as a general rule I don't co-manage patients with other primary care providers outside my practice.

(Since I'm in solo practice, that means I don't share patients at all.) It makes for fragmented care. I cannot be sure what drugs a patient is taking if other doctors are prescribing for the patient as well, nor can I be current on all the medical problems. And I may not agree with another doctor's plan of care.

I closed the letter to Ann by saying, "I'm still not sure why you're going elsewhere for primary care. In any event, you're an old friend and if you're dissatisfied with your new provider, I am still happy to see you."

Admittedly, my "no sharing" policy may seem rigid, but I believe it's ultimately in my patients' best interests to have one personal primary care physician overseeing their care. I am proud of my skills as a family physician, protective of my patients, and biased about our specialty. We are experts in primary care. I don't want other primary care providers messing with my patient panel, nor do I want to mess with theirs. For the health and well-being of my patients, and for my own peace of mind, I don't share. **FPM**

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Dr. Brown is a solo family physician living in Mendocino, Calif. Author disclosure: no relevant financial affiliations disclosed.

Note: The patient's name has been changed.

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