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OUR OWN EMPLOYEES PROVIDED MEDICAL CARE AND HAVE CRITICAL INFORMATION ABOUT WHAT HAPPENED

Can We Ask Them about It?

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NOT-SO-HYPOTHETICAL:

- Patient admitted to hospital for five days
- Seen daily by nurses
- Visited by four specialists
- Patient later files Complaint with IDOI against hospital and one specialist
- Complaint does not name some of the treating doctors
- Those treating doctors are employees of the hospital

QUESTION?

- Can risk management and hospital counsel talk to the employed treating doctors?
- Legally it would be considered "ex parte" contact with a Plaintiff's treating doctor

ISSUE:

- General rule in Indiana does <u>not</u> allow ex parte communication with Plaintiffs' treating doctors
 Consolidation of medical care and hospitals
- employing doctors make this a very real problem

OUR CASE:

- Patient with back pain presented in emergency room
- Admitted for surgery consult the next day
- Employed surgeon performed back surgery next day
- Patient filed IDOI Complaint against hospital
- Complaint did not name the employed surgeon as a Defendant
- Patient's counsel requested deposition of employed surgeon
- We notified counsel we would meet with the surgeon prior to deposition because he was an employee of our client – the hospital
- Patient's counsel objected

INDIANA GENERAL RULE – EX PARTE Communication with Plaintiff's Treating Doctors

- Cua v. Morrison
- Very clear, bright-line rule
- Any Ex Parte contact with Plaintiff's treating doctors is absolutely prohibited
- Based on the doctor-patient privilege
- BUT, this is primarily car accident type situation
- Should this apply when doctor is defendant's employee?

Options – Risks – Practicality:

- Depositions of employed doctors?
- Risk of exposing damaging or unfiltered information to Plaintiff's counsel
- Inability to properly review case with doctor and prepare for deposition
- Proceed with speaking with employed doctors
- Ethical risk for Ex Parte contact in violation *Cua* Rule
- Risk of objection by counsel and sanction by the court

Options – Risks – Practicality:

- Provide list of questions to Risk Manager to speak with doctors
- No opportunity for follow up discussion
- Unlikely to actually shield from ex parte issues
- Hire separate counsel for employed doctors
- Added expense multiplied by many providers who treated patient
- Unworkable that hospital's own counsel cannot talk to hospital employee without counsel present

OUR APPROACH AND STRATEGY

- Filed a Motion for Preliminary Determination of Law
- Sought Court Order permitting ex parte contact because surgeon is employee of hospital
- No case law in Indiana addressing this issue
- Case law from other states showed definite progression of rulings allowing ex parte contact
- Focus is on agency law, rather than doctorpatient privilege

2005 – *Stephens v. Galen Health Center* - Florida

• Patient died while at hospital

- Claim was against nursing and staff of hospital
- Claim did not name any of the treating doctors
- Defendants sought Court Order permitting ex parte contact
- Trial Court permitted contact and on appeal it was upheld:
- [W]hen a patient reveals confidential information to a health care provider who is *employed by* or is an *agent of* a hospital corporation, a doctor is not disclosing that information in violation of doctor/patient privilege by discussing the patient information with the hospital's risk manager, for example.

2010 – Lee Memorial Health System v. Smith - Florida

- Patient was an infant and parents claimed permanent injuries
- Complaint named hospital, but not treating doctors employed by hospital
- Patient counsel actually went to Court first to prevent ex parte commuications
- Court gave counsel a protective order prohibiting the hospital from communicating with its own employed doctors based on doctor-patient privilege
- Court of Appeals relied on prior *Stephens* case and reversed:
- Does not apply to communications between a hospital and its employee physicians because no 'disclosure' occurs when a hospital and its employees discuss information obtained in the course of employment

2011 – Phoenix Children's Hospital, Inc. v. Grant- Arizona

- Patient was infant at hospital for many months
- Claim was only against hospital and its nurse related to placement of feeding tube in lung
- Claim did not name any of her treating doctors employed by the hospital
- Again, counsel went to court first
- Obtained Court Order precluding any ex parte contact with treating doctors
- Patient's counsel then asked to depose one of those doctors
- Hospital filed motion with Court to permit ex parte communication
- Court denied, AND ordered hospital to hire separate counsel for employed treating doctors
- On appeal, the Court referred to the prior cases of *Stephens* and *Lee*
- <u>Importantly</u> noted that a privilege does not automatically apply
- Privileges prevent facts from disclosure and are to be carefully applied
- Court made very important point that knowledge of an employee is imputed to the employer
- Appeals Court followed prior cases and allowed ex parte communication:
- The treating physicians are employees of [the hospital]. Their knowledge of [plaintiff] exists because they are treating her as agents and employees of the hospital, and that knowledge is presumptively shared with their employer.

2013 – *Boula V. United States* – North Carolina Federal Court

- Medical institution was the Defendant
- A number of treating doctors were not named as parties
- Patient's counsel objected to email communications to treating doctors about testifying
- No North Carolina case law addressing this issue
- Federal Court must apply state law as it believes State Court would
- Court cited to *Phoenix* case and held North Carolina would adopt that reasoning
- [t]he privacy and confidentiality concerns are substantially, if not completely, eliminated when the treating physician is employed by the defendant medical center.

2014 – HALL V. CRENSHAW - TENNESSEE

- Wrongful death related to care at clinic
- Claimed named clinic only
- Wanted to depose the treating physicians owners who were also employees of the clinic
- Physicians were not Defendants in the case
- Counsel for the clinic asked the Court for permission to speak with treating doctors
- Trial Court denied AND entered protective order precluding ex parte contact
- On Appeal, the Court cited to *Phoenix*, *Stephens*, and *Boula* cases
- Focused on the ability of corporations to communicate with its own employees, and not doctor-patient privilege:
- A corporate defendant has an independent right to speak freely with its own employees, springing from the employeremployee relationship, and the fact that the plaintiff had filed a lawsuit does not serve to bar communications that are otherwise allowed.

ONE STATE OUTLIER

• Washington

- 1988 case Louden v. Mhyre
- Court reviewed all the other case law from other states but rejected it based on doctor-patient privilege
- 2014 case Youngs v. Peacehealth
- Severely chipped away at prior rule
- Modified their prior rule and allowed ex parte communications when the attorney represents the employer of the doctor, and the communication is strictly limited to facts of the alleged negligence

APPLICATION OF RULE TO INDIANA

- In our case we argued that doctor-patient privilege is created by statute and must be strictly applied
- Focused on Indiana corporate law that an employer is presumed to have the knowledge of employees
- Hospital is presumed to have knowledge its employed doctors gain by treating patients
- Trial Court granted our Motion and permitted ex parte contact with hospital's employed surgeon
- Unfortunately, Plaintiff's counsel did not appeal this issue
- Still no definitive case law on this question in Indiana

PRACTICAL CONSIDERATIONS AND OPEN QUESTIONS

- Most likely this will only be an issue in litigation situation
- Normal Root Cause Analysis and Peer Review should not be implicated
- Indiana has strong Peer Review statutory protections for these investigations
- Other states' case law appears to favor ex parte communications
- Safest to seek Court permission first because it is contrary to existing rules on communicating with treating doctors
- Unclear if this would apply to medical staff who is not employed
- Unclear if nurse practitioner is PRN vs. full time
- Unclear if treating doctor is employed and represented by different counsel
- Unclear if locum tenens would be considered employee or ex parte purposes
- If uncertain consult with hospital counsel