

Haven't Seen Your Doctor in a Few Years? You May Need to Find a New One

Even though quietly dropping a seldom-seen patient might not have an immediate medical consequence, patients ought to be informed, experts said.

December 23, 2022 By Kaiser Health News

When Claudia Siegel got a stomach bug earlier this year, she reached out to her primary care doctor to prescribe something to relieve her diarrhea. The Philadelphia resident was surprised when she received an online message informing her that because she hadn't visited her doctor in more than three years, she was no longer a patient.

And since he wasn't accepting new patients, she would have to find a new primary care physician.

"I think it's unconscionable," Siegel said, noting that many patients may have stayed away from the doctor's office the past few years because of the covid pandemic. "There was no notification to patients that they're on the verge of losing their doctor."

Though it is dismaying to learn you've been dropped from a physician's practice because a few years have passed since your last visit, the approach isn't uncommon. Exactly how widespread the experience is, no one can say. But specialists also do this.

The argument for dropping the occasional patient makes some sense. Since many primary care doctors have a waiting list of prospective patients, removing those they rarely see opens up patient slots and improves access for others.

"Most primary care practices are incredibly busy, in part due to pent-up demand due to covid," said [Dr. Russell Phillips](#), director of Harvard Medical School's Center for Primary Care and a general internist at Beth Israel Deaconess Medical Center.

"Even though continuity of care is important, if the patient hasn't been in and we don't know if they're going to come in, it's hard to leave space for them," he said.

Patients often move away or find a different doctor when their insurance changes without notifying the practice, experts say. In addition, physicians may seek to classify people they haven't seen in

a long time as new patients since their medical, family, and social history may require a time-consuming update after a lengthy break. Patient status is one element that determines how much doctors get paid.

Still, the transition can be trying for patients.

“I can completely understand the patient’s perspective,” said Courtney Jones, a senior director of case management at the Patient Advocate Foundation. “You believe you have a medical team that you’ve trusted previously to help you make decisions, and now you have to find another trusted team.”

Siegel said she rarely went to the doctor, adhering to her physician father’s counsel that people shouldn’t go unless they’re sick. Although she hadn’t been to her doctor’s office in person recently, Siegel said she had corresponded with the practice staff, including keeping them up to date on her covid vaccination status.

After receiving the online dismissal through the patient portal for the Jefferson Health system, Siegel called the family medicine practice’s patient line directly. They told her three years was the protocol and they had to follow it.

“I asked, ‘What about the patient?’” Siegel said. “They didn’t have an answer for that.”

It was a month before Siegel, who has coverage under Medicare’s traditional fee-for-service program, could see a doctor who was accepting new patients. By that time, her stomach virus symptoms had resolved.

Jefferson Health doesn’t have a policy that patients lose their doctor if they’re not seen regularly, according to a statement from spokesperson Damien Woods.

However, he said, “Patients not seen by their provider for three years or more are classified in the electronic medical records as new patients (rather than established patients), per Center for Medicare and Medicaid Services (CMS) guidance. Whenever possible, Jefferson works with these patients to keep them with their primary care provider and offers options for new providers in certain circumstances.”

American Medical Association [ethics guidelines](#) recommend that physicians notify patients in advance when they’re withdrawing from a case so they have time to find another physician.

But the organization, which represents physicians, has no guidance about maintaining a panel of patients, said AMA spokesperson Robert Mills.

The American Academy of Family Physicians, which represents and advocates for family physicians, declined to comment for this story.

A primary care physician’s panel of patients typically includes those who have been seen in the

past two years, said Phillips, of Harvard. Doctors may have 2,000 or more patients, studies show. Maintaining a workable number of patients is crucial, both for effective patient care and for the doctors.

“Practices realize that a major contributor to physician burnout is having more patients than you can deal with,” Phillips said.

Demand for physician services is expected to continue to outstrip supply in the coming decades, as people age and need more care at the same time the number of retiring physicians is on the upswing. According to [projections from the Association of American Medical Colleges](#), by 2034 there will be a shortage of up to 48,000 primary care physicians.

Maintaining a regular relationship with a primary care provider can help people manage chronic conditions and promptly identify new issues. Regularly checking in also helps ensure people receive important routine services such as immunizations and blood pressure checks, said [Dr. David Blumenthal](#), a former primary care physician who is president of the Commonwealth Fund, a research and policy organization.

Health care organizations increasingly focus on requiring doctors to meet certain quality metrics, such as managing patients’ high blood pressure or providing comprehensive diabetes care. In this environment, “it could be problematic for physicians to be accountable for the health of patients who do not see them,” Blumenthal said.

Money also figures into it. Steady visits are good for a practice’s bottom line. Practices may also decide to avoid new Medicare patients or those with certain types of insurance because the payments are too low, said [Owen Dahl](#), a consultant with Medical Group Management Association, an organization for health care managers.

In general, doctors aren’t obligated to continue seeing a patient. A doctor might dismiss patients because they aren’t following clinical recommendations or routinely cancel or miss appointments. Belligerent or abusive behavior is also grounds for dropping a patient.

In certain instances, physicians may be legally liable for “patient abandonment,” a form of medical malpractice. State rules vary, but there are common elements. Those rules generally apply when a doctor harms a patient by dropping them abruptly at a critical stage of treatment. It would generally not apply if a patient has not seen the physician for several years.

Even though quietly dropping a seldom-seen patient might not have an immediate medical consequence, patients ought to be informed, experts said.

“It’s really good customer service to explain the situation,” said [Rick Gundling](#), senior vice president at the Healthcare Financial Management Association, an organization for finance professionals. As for Siegel, he said, “This woman should not be left hanging. If you’re the patient, the physician should be proactive.”

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