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The Perfect Storm

Dear Folks,

Most of you know I left the Sutter because I wanted to practice medicine my way. I wanted to take my time with patients, address all their concerns, get away from the electronic health record, and stop working until 11:00 PM every night. I realized that I would make less money but I would get off the hamster wheel of seeing more and more patients. I had a crazy idea of taking 90-minute lunches, instead of my previous 20 minutes.

I chose to join a group of docs that I respected and they welcomed me (and my patients) with open arms. We realized we would need to hire more staff, but decided to wait until the income from my practice was established. My former office had 3 staff for 2 providers, my current office has 2 staff for 5 providers. With my busy practice, the current staff are overworked and they just cannot support my patients (and me) as I would like. This has led to a less nurturing approach to my patients, which is not the way I want to practice and not what is expected. I apologize.

I wanted to go back to paper records and avoid the EHR. For that to work, the charts need to be pulled when I return phone calls and refill medications. Unfortunately, I do not have the staff to do that. I have tried to hire extra staff to help, but never found the right person.

For simplicity, I decided to use the same biller that the other docs in the office used. That turned out to be a disaster. Without blaming anyone, many mistakes happened and there were many miscommunications. As of day 1, I was not a provider on any of the insurance plans (despite being assured by the biller that I was a preferred provider on all the insurance plans). I was never reimbursed for numerous vaccines and procedures.

Over the years, since I was last in private practice, the reimbursements have gone down and the expenses have gone up. Everything I order now needs prior authorization. The time needed to complete prior authorizations has increased exponentially. It can take me an hour to complete a prior authorization for a generic drug which costs less than the insurance co-pay. Without enough staff to help, I am spending hours doing clerical work. New rules and procedures to refill controlled substances (e.g., sleep medications, testosterone, anxiety meds) makes refills onerous. So much for going home before 11:00 PM.

One of my colleagues was set to retire at the end of June, we were ready for that. Two other colleagues are now considering changing their practices for personal reasons and are not able to commit to signing a new lease (the lease will expire 6/30/20). This is a big office for two of us who would remain. So far, we have been unable to find other physicians to join us or find another practice to join; we have not been able to hire a physician assistant or a nurse practitioner to help.

And then the Coronavirus Pandemic occurred. Patients cancelled appointments appropriately and I instituted new rules to protect the patient, myself, and our staff. I see most patients now via telemedicine, but many patients have declined these appointments or were unable to get it to work. Unfortunately, telemedicine pays substantially less than an in-person visit and I am not seeing a lot of telemedicine patients.

The Coronavirus Pandemic has had other ramifications. The landlord has been unable to renegotiate my lease. Discussions about transitioning to an employment model are frozen until we get a handle on this pandemic. Discussions about joining another practice or having others join us are just not happening. Nobody knows when the things will return to normal, if ever.

I could try to hold on longer, but the handwriting is on the wall.

With extreme reluctance, I must plan to close my practice, at least temporarily. It is quite possible that this drastic step can be avoided. Maybe we will find new physicians to join us, my practice will be acquired by a medical foundation, or a new biller will be able to fix the reimbursement problems. Maybe I will be able to reopen this practice, but you cannot count on that. I am not sure what I will do, but I am not ready to retire. I hope with the end of the pandemic I will be able to pursue a variety of other options. In the near future, I want to look for locum tenens work (substitute physician) while I consider my options. I will be updating my website (<https://docx2.com>), so you can follow my journey there.

No matter what happens, I want you to know that it has been an honor and my privilege to care for you.

Please note, after 6/30/20 I cannot guarantee that I will be able to:

- 1) Order or review your laboratory or imaging tests
- 2) Refill your medications
- 3) See you professionally

You need to find another physician! Many of you know Maura, my former physician assistant. I think she is great, but then, I trained her. You can reach her at:

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Take care and be safe,

Charles Moser, PhD, MD