

Probation January 2021

I have arrived at a settlement agreement with the Medical Board of California (essentially a plea bargain) that avoided the costs and risks of a hearing, though it has created some major disruption in the practice and I remain angry about the whole situation. I will be on probation for 35 months.

(Oh, and the state apparently lost my record and did not assign a probation monitor - my third call to the Board about this, on 1/15/2021, finally resulted in them recognizing the error and assigning someone - ironic, since **my** record-keeping has been criticized.)

And the next lovely development: I have been taking extreme precautions when not at work to not be exposed to the virus, so that I would not be at risk for passing it on to vulnerable patients, including living apart from my family for many months, after an exposure scare. Yet, the Medical Board asked me to travel to Sacramento on February 11 2021 for an in person interview, at a time when we had far fewer cases in Humboldt than the rest of the state. And what did the CDC say about travel at that time? [Staying home is the best way to protect yourself and others from COVID-19](#)

Are you glad to know that the Medical Board of California is taking its mission of protecting healthcare consumers seriously?

BOTTOM LINE: WHAT DR. BASCH'S PROBATION STATUS MEANS TO YOU:

Medical care:

Ability to prescribe (including controlled substances,) to make home visits when needed by debilitated patients, etc.: no change. I should be able to care for you as I always have.

Billing implications:

Medicare - no changes. Private insurance I remain in network with Partnership, HealthNet and Anthem Blue Cross and other private insurers with the exception of Blue Shield of California, with whom we are Out of Network.

Blue Shield assumes this probation implies that I am delivering you substandard care. You will need to call your individual insurance company to find out what that will mean for your coverage. Prescriptions, laboratory and x-ray orders will generally be covered even when an out-of-network physician writes the order. We believe we will still be able to advocate on your behalf for prior authorization for needed studies like MRIs, sleep studies, and so on, though of course I can never guarantee what any insurance company will do.

I absolutely understand any patients who choose to transfer care elsewhere. We are happy to send records once you are actually scheduled to see someone. A recent poll of local providers found that the majority were not accepting new patients, and we are in

a health provider shortage area in general here on the North Coast. For those who prefer to stay, we are planning on offering discounted cash services for those whose insurance will not cover care with me, to the extent we can. To cover our overhead and stay open - even without the physician being paid! - will require a charge of charge \$65 for a 15-minute visit and \$130 for 25 minutes. If this is a hardship, please let us know and we will do what we can.

Access issues:

The other issue with probation status is that I am going to be asked to take a number of additional continuing education classes (for instance, the state thinks I need to take an ethics class, \$2400 to learn that I should not date or fondle patients, etc.), complete additional documentation, be available for unannounced visits and inspections, and so on. The effect of this is going to be taking me away from my practice to complete these activities, limiting the number of patients that I can see when I am here, because the documentation burden will be considerable to satisfy state regulators (not just to provide the excellent care that you have come to expect from me.) A local physician who just completed probation informed me that his costs simply for the probation and monitoring itself were \$24,000 per year. These factors together doubly threaten my ability to manage the finances in a way to keep the practice open in this trying time. The pandemic has already resulted in financial challenges, as we have worked to keep you all safe and to protect my staff. We have had to buy additional equipment, invest in telehealth resources, and pay for personal protective equipment, among other things. Although I practice medicine as a calling, not for wealth, I still do need to pay rent and buy food for myself and my family, as well as to pay my staff, office rent, and other overhead expenses. Many of you may know that my income even before all this began was about one third of what I earned while at the residency or while working at Northcountry clinic. In this challenging time, I am going to ask you to bear with us while we try to survive this interval, and please do your best to have patience with me and my staff through these changes, as we are all clearly struggling to figure out how to provide the care that we believe you deserve under circumstances that make it difficult to do so.

HOW YOU CAN HELP:

PLEASE see me for your urgent needs rather than going to Urgent Care because you believe I am too busy - I am NOT too busy to see people for bladder infections, injuries and other straightforward visits; these visits will even help us stay open, and as many of you know, my knowledge of your history often allows for more appropriate treatment and follow-up.

Keep it Simple ~ Visits will have to be shorter: If you have multiple and complex issues, please consider splitting these up into several appointments. When I spend more than 25 minutes or review more than 3 problems we are losing money. While I have always felt comprehensive visits and making time for a human relationship allow for optimal care, the current reimbursement system does not make it possible to keep the doors open doing that, which is why it is so rare in medicine these days.

Have formal visits: During this time, I will no longer be able to have extensive unpaid conversations via e-mail, the patient portal or by phone messages. Reach out for brief questions, but I may be more likely to ask you to make an appointment for complex issues.

If you receive **prescriptions for controlled substances**, I need to **write those prescriptions during visits**, so my notes clearly document my thinking process and review of your medication use and leave no room for misinterpretation.

Finally, thank you: I am grateful to the many patients who wrote letters and who have reached out to me to thank me for my care for them, to the colleagues who have spoken up for me, and to the lawyer who donated her time to counsel me and help to prepare my defense. Your support has helped me to get through this experience thus far, and I am more grateful than I can express. Connie Basch, MD