

A New Twist on Concierge Medicine: It's Not Just for the Wealthy Anymore

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Concierge or retainer-based medicine (also known as boutique medicine) is not a new phenomenon. It was originally developed in Seattle in the mid-1990s and has been continuously emerging ever since. It has traditionally been viewed as a means for the well-off to assure quick, reliable, convenient access to a particular physician. However, there is a growing trend to view concierge medicine as a means to assuring better access to healthcare for entire populations that sometimes have been shut out of the healthcare system. This article will explore the origins and rise of concierge medicine, and the new developments that are expanding its reach into traditionally under- and uninsured populations.

INTRODUCTION TO CONCIERGE MEDICINE

Concierge medicine traditionally has been characterized as a means for affluent individuals to receive top-quality medical care from a provider accommodating the patient's schedule and location, rather than the making an appointment to see the provider at the provider's office when the provider can accommodate the patient. The patient pays an annual retainer or membership fee for this service, and the number of patients in a concierge medical practice is typically kept far smaller than in a traditional office based practice. This practice is used most often by primary care physicians, but some specialists are using it as well.

In 2005 there were approximately 200 concierge physicians across the country and in 2009 there were approximately 750. Some believe there are approximately 5,000 physicians nationwide practicing under some sort of concierge or retainer model today. One survey indicates that 16 percent of physicians plan to transition into a concierge practice over the next few years.

One of the primary benefits of concierge medicine for physicians is that the physician can limit the number of patients in their practice, which allows for more "one-on-one" relationships with patients as well as a practice that economically does not depend on seeing a high volume of patients to be profitable. There are numerous benefits received by the patients, which typically include appointments within a certain time period (e.g. same day or within 24 hours), longer appointments, open-ended physician access via telephone, email or pager, home visits, coordination of specialty-care, unlimited or a set number of appointments each year, amenities or services not covered by traditional insurance, and home delivery of medications.

Some practices will only take patients who pay the annual fee, while other practices also take patients covered by traditional insurance. Others see patients pursuant to the concierge model, but will also bill insurers for services outside of the scope of the

concierge agreement. Access fees can range from \$50 per year for “access” to the physician (followed by an actual fee to be paid at the time of services) to retainer fees somewhere between \$900 and \$20,000 per patient annually. Even if patients enter into a concierge relationship with a physician, they would still need insurance coverage for catastrophic events (e.g. hospital stays) and many specialty services, since most concierge practices are limited to certain primary care or other defined services.

Over the years, physicians have transitioned to the concierge model for various reasons, including a decline in reimbursements, administrative burden and time required for billing and billing increases, and barriers caused by treatment pre-authorization. Physicians believe that the concierge method reduces monthly costs and allows for improved physician care. Physicians would be able to concentrate on a fewer number of patients, which would allow them to stress prevention measures and act as advocates among specialists and hospitals.

Patients who are dissatisfied with healthcare as it exists today, due to lack of communication, difficulties in finding physicians, short office visits (among other reasons), are in favor of the concierge method since it is a different approach to healthcare.

Of course, the concierge model has attracted its share of critics and concerns. For example, several states have questioned whether this type of practice is simply disguised insurance, which should be regulated by the state’s insurance commissions. Some hospitals and other healthcare centers are opposed to concierge care, and use a form of “economic credentialing” to deny hospital privileges to physicians using the concierge model. Others are concerned that if more and more primary care physicians transition to the concierge method, then this decreases the number of primary care physicians available to treat “everyone” else, especially those who cannot afford the retainer.

There is also concern that Medicare patients will be discriminated against under a concierge model. However, MedPac has found no access problems for Medicare beneficiaries attributable to retainer-based care in its research, which found that most retainer-based physicians continued to treat Medicare patients and accept Medicare payments for covered services. Some also believe it is unethical (or even illegal) and does not serve the intended results of improved healthcare and increasing preventive services. Finally, skeptics are concerned that concierge care is a means of “selective rationing” of healthcare that will further exaggerate class distinctions by ‘reducing the resources available to uninsured and underinsured individuals – while accentuating the shift of the best care to the privileged few.’”

CONCIERGE MEDICINE FOR THE UNISURED

Millions of Americans today lack healthcare insurance, and it is widely believed that the healthcare system is in crisis. Many, especially the uninsured and underinsured populations, question whether good, affordable healthcare will be available for their families in the future.

However, concierge medicine may be evolving to provide a new avenue for increased access to healthcare for the under- and uninsured, moving beyond boutique practices thought to be designed for the affluent population. Concierge or retainer-based medicine is being transformed in some states into an affordable and convenient service for the uninsured. Physicians in these practices are starting to offer a reasonable monthly fee (sometimes in an addition to small copays for each visit) in exchange for a range of services affordable to uninsured patients. The physicians' intent is to make primary care costs transparent and affordable and subject to more convenient billing. An added benefit is that physicians are more likely to get paid under this model.

In many instances, there will be a distinction from the "original concierge model" in that the number of patients seen by physicians in the uninsured setting may not be reduced and the patients will most likely receive the same services as those who have traditional insurance. Certainly some of the same concerns present with the "original concierge model" (discussed above) will be present in this discounted model, especially those related to the state's insurance regulators. It is advisable to approach these state insurance regulators before commencing a concierge practice to avoid getting shut down later.

In this retainer-based practice, patients may be committed to a contract; however, when the patient's care needs are beyond the scope of the contract, the physicians guide the patients to other resources, such as Medicaid, or negotiate discounted services for members who need more preventive or specialized services. Unfortunately, catastrophic events will typically not be covered under the retainer model, and thus patients will still need insurance coverage of some sort for those situations, though the retainer-based physicians may be able to negotiate a lower price.

There are several successful practices through the country that have used this model. This is encouraging, as more and more physicians may transition to this model if it can be shown that it is financially sustainable.

In Oregon, Access Assured, which is an experimental program used by 2 academic family medicine practices to delivery primary care to uninsured patients, used a monthly retainer model, as well as a sliding fee schedule, for office visits. The purpose of the study was to determine whether patients would join the program. The conclusion was that the program was financially viable and resulted in an expansion of the group's services to uninsured patients.

Further, physicians in a Washington concierge practice found that 10 percent to 15 percent of their patients are uninsured, and for those patients they are able to take care of most of their medical needs. A New York physician claims that all of the patients who pay him a retainer fee are uninsured (he also accepts insurer reimbursement for those who have insurance). In Texas, a physician offers concierge services for a low annual fee and also focuses on small business employees who may not have insurance through their employer. These employees get same-day primary care services, along with discounted

tests and specialist care (though these employees are independently responsible for specialist care).

In Florida, MDVIP, which is a nationwide network of doctors specializing in preventive medicine, partnered with the Palm Beach County Medical Society, to launch a pilot program to provide follow-up and ongoing care for uninsured people whose annual income is below a certain threshold. Typically a patient who is a member of MDVIP would pay an annual \$1,500 membership fee for personalized healthcare, including comprehensive annual exams, lab testing, wellness plans, EKGs and a multitude of screenings. However, the MDVIP Project Access pilot group receives these services at no charge; the services are provided by physicians who donate their time. MDVIP's intent is to develop data that shows how this model reduces costs to the healthcare system and improves healthcare for the uninsured. After the success of the Palm Beach pilot program, MDVIP began efforts to support the uninsured community in Northern Virginia with a similar program.

One physician argues that retainer practices may be a “key building block in a revamped healthcare system.” He suggests that moving primary care from the traditional health insurance system (which is full of waste in administrative costs and forces physicians to see way too many patients in a short period of time) could help the field of primary care thrive. On the other hand, others believe that retainer practices, while filling a present need, are not the long-term solution to remedy the number of uninsured people in our country, instead calling it a “Band-aid over a festering sore.”

CONCLUSION

Even if concierge medicine is just a temporary fix to our nation's healthcare crisis, it is certainly worth exploring. While certain hurdles will need to be overcome (e.g. insurance regulations), this model of practice has been proven successful in many instances, at least so far, and it could greatly simplify the lives of many physicians if structured appropriately. Moreover, healthcare access for the uninsured could be greatly improved. If a reasonable financial structure could be developed, many of the uninsured could afford primary care and preventive medicine, which could cut down on un-needed emergency visits to hospitals or medical clinics. This seems like a win-win proposition for many in our state and local communities.