CONCIERGE MEDICINE: INCORPORATING COMPONENTS INTO YOUR HEALTHCARE SYSTEM

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Submitted to the Graduate Faculty of

The Department of Health Policy and Management

Graduate School of Public Health in partial fulfillment

of the requirements for the degree of

Master of Health Administration

University of Pittsburgh

2015

UNIVERSITY OF PITTSBURGH

GRADUATE SCHOOL OF PUBLIC HEALTH

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MARCH 30, 2015

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ABSTRACT

A reform has long been needed to simplify and stabilize many of the areas within the healthcare sector. The volatile atmosphere that currently exists has caused multiple healthcare stakeholders to develop negative viewpoints towards the future. This is particularly evident in practicing physicians. Actions need to be taken to correct the issues that have developed. A potential solution to these problems could be realized by healthcare organizations adopting components of concierge medicine into their practices. This essay focuses on how concierge medicine can create an environment that may retain physicians as well as entice them to join the organization. This essay has significance, importance, and relevance in public health because how care is delivered directly impacts the health of the public. Therefore, healthcare systems need to be cognizant of the benefits of concierge medicine and should consider incorporating aspects into their organizations.

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1.0 INTRODUCTION

The rapidly, ever-changing role of hospitals, providers, families, patients, and all others touching the healthcare process creates a very unique, innovative, and complicated healthcare delivery system. A healthcare reform has long been needed to simplify and stabilize the financial components and increase access to those needing services, among many other things, all while improving the delivery of care from a customer service perspective. A potential solution to these issues could be solved by adopting components of concierge medicine into healthcare practices. Concierge medicine is a personalized health delivery system in which a physician provides care to patients who pay a retainer fee for these health services.

The discouraging atmosphere surrounding the future state of healthcare stems from all angles but has been well documented from the physician's perspective. A survey, completed in September 2012, conducted on behalf of The Physicians Foundation by Merritt Hawkins, found that over 84% of physicians agree that the medical profession is in a decline ("A SURVEY OF AMERICA'S PHYSICIANS…"). Additionally, 77.4% are "pessimistic" or "very pessimistic" about the future state of the medical profession and over one-third would choose a new career path if they could start over again ("A SURVEY OF AMERICA'S PHYSICIANS...").

Yikes.

Fortunately for the healthcare sector, the physicians gave an answer or, at least, an idea for a step in the right direction within their response: concierge medicine. The purpose of this

essay is to give insight into how concierge medicine can be incorporated into healthcare systems in order to retain providers (ex. primary care physicians) while using those aspects to provide a more valuable patient experience.

With physician unhappiness staring the healthcare systems blankly in the face, concierge medicine can bring about the change necessary to reverse the damage done. Additionally, this solution is achievable. Not only does concierge medicine create the environment for healthcare systems to retain their providers but it will also entice physicians to join their organizations. This can occur while simultaneously fixing a number of other healthcare problems along the way. Therefore, healthcare systems need to be cognizant of concierge medicine and should consider incorporating aspects into their organizations.

1.1 WHAT IS CONCIERGE MEDICINE?

Concierge medicine is a model of healthcare delivery in which a medical doctor, most often internal medicine or a family medicine physician, provides healthcare services to patients who pay an annual, semi-annual, quarterly, or monthly fee or retainer (CMTDPCJOURNAL, "THREE YEAR ANALYSIS..."; "Concierge Care Characteristics..."; Hargrave, "Retainer-Based Physician Practices."). The healthcare services provided differ from a typical primary care physician's services in that unique perks and benefits are provided with payment of the fee. There are many aspects of this type of care delivery that are beneficial to both the physician and patient which are described later in this essay. Some consumer benefits include 24-hour physician availability via personal phone or e-mail, house calls, and same day appointments to name just a few (CMTDPCJOURNAL, "THREE YEAR ANALYSIS..."). Concierge medicine is

also known as boutique medicine, direct care, retainer-based medicine, membership medicine, cash-only medicine, plus an additional variety of related terms (CMTDPCJOURNAL, “THREE YEAR ANALYSIS...”).

Movement to this healthcare delivery model is growing and will affect where patients choose to go for care and how providers will choose to practice. When the Medicare Advisory Commission (MedPAC) took notice of this trend, they contracted with the National Opinion Research Center (NORC) at the University of Chicago and Georgetown University to conduct a survey to determine how this method of delivery would affect both Medicare and access to care ("Retainer-based Physician Practice."). Many of the results are cited throughout this essay. Overall, it seems as though this type of medical practice should and will be continued to be research and evaluated as more data become available.

1.1.1 History of First Concierge Medicine Practices

In order to comprehend where this direct-care method of healthcare delivery is currently situated in the marketplace and where it will be headed in the future, one must first understand the roots from which it was conceived. The next few sections of this essay include brief discussions surrounding two of the oldest concierge medicine practices, where those organizations are today, and an overview of the overarching practice models of concierge medicine.

1.1.1.1 MD^2

The history of concierge medicine is most often described as beginning in 1996 when Dr. Howard Maron and Scott Hall, FACP, left their respective physician practices to form an innovative, retainer-based, medical service called MD^2 (Tetreault, “The History of Concierge

Medicine; MD^2,"What is Concierge Medicine?"). The first MD^2 practices were opened in Seattle, WA and Bellevue, OR (Tetreault, "The History of Concierge Medicine"). This was considered to be the first service of its kind and the concept of "concierge medicine" was ultimately named after.

The foundation of MD^2 is based on the rule that only a finite number of families, 50 per physician (MD^2, "What is Concierge Medicine?"), could be retained to receive the healthcare services. This restriction, therefore, enables the physicians to provide greater time and attention to those patients as well as being convenient to suit the lifestyle of those families. The patients invited into this practice are considered to be very wealthy as the retainer fees for MD^2 are in the five-figure range (PR Newswire, "New Primary Care Model"). Success of this new method of care delivery ultimately led others across the nation to mimic this healthcare model (Von Drehle).

Today, MD^2 continues to be to provide "superior, personalized healthcare services", according to their website. However, the organization has since expanded to include nine medical offices spanning the nation with one corporate office (MD^2 "What is Concierge Medicine?").

1.1.1.2 Qliance Medical Group

Garrison Bliss, an Internist, followed in the footsteps of his previous partners who created MD^2 by founding his own practice, Seattle Medical Associates, in 1997 (Tozzi; Von Drehle). Bliss' approach to the concierge medicine healthcare delivery model was different; however, as his target consumers were average individuals who could afford a less expensive, monthly retainer fee (Von Drehle). This successful practice eventually caught the eye of his disgruntled, primary

care physician cousin, Dr. Erika Bliss, and they transformed and grew the organization to what it is today: Qliance Medical Group (Qliance) (Tozzi; Von Drehle).

Qliance's goal is to provide care an atmosphere and care experience that is "a*ffordable, convenient, reliable, and compassionate*", according to their website, in which they boast "unlimited access" ("Home - Qliance."). This care is provided today by Qliance from six different locations throughout the state of Washington by 27 providers ("Home - Qliance.").

Most recently, Qliance has published data from its practice showing lower overall healthcare costs, higher patient satisfaction, and better care (PR Newswire, "New Primary Care Model"). The organization has grown to accommodate 35,000 patients and has claimed that they have saved roughly 20% on the average cost per patient in comparison to today's fee-for-service models (Von Drehle).

1.2 FEE OR RETAINER-BASED MODELS

The NORC team at University of Chicago and Georgetown University defined three unique general practice models of concierge medicine during their research for MediPAC. Those include: fee for extra services, fee for care, and hybrid models (Hargrave, "Retainer-Based Physicians: Characteristics..."). While each of those direct-care practice models are bucketed into three categories, the NORC report also mentions that the fees charges, insurances accepted, services and benefits offered, and they way in which the practice is managed is variable. Additionally, the number of providers and specialties within each practice also varies. Those three practice models are summarized below.

1.2.1 Fee for Extra Services Model

Fee for extra services, or fee for extra care, is a model in which a patient pays a physician a retainer fee to be part of his or her group of patients. This fee covers an annual physical exam and enhanced services that are typically not covered by insurance such as certain kinds of preventative care (Hargrave, "Retainer-Based Physicians: Characteristics..."). However, any supplementary office visit other than the annual physical exam is an additional charge (Hargrave, "Retainer-Based Physicians: Characteristics..."). Private insurance might or might not be accepted in this practice model (Hargrave, "Retainer-Based Physicians: Characteristics...").

Speaking directly to an example from within the current concierge medicine data, there is hope for this model in particular. This model has been used successfully by two small hospital-based groups of physicians who work within a larger medical center (Hargrave, "Retainer-Based Physicians: Characteristics...").

Additionally, it is also the model for the physician management company, MDVIP, who has the largest number of concierge medicine doctors affiliated with their organization (Sack). They are based out of Boca Raton, Florida and began in 2000 (MDVIP, "Frequently Asked Questions."). MDVIP also works as a consultant to help physicians transition over to the concierge medicine style practice (Rabin).

NORC found that this model makes about roughly 37.5% of concierge medicine practices as of 2010 (Hargrave, "Retainer-Based Physicians: Characteristics..."). They did note that this percentage might not be applicable to all of those participating in concierge medicine practices.

1.2.2 Fee for Care Model

Fee for care is a model in which a patient pays the physician a program fee which covers all primary care services (Hargrave, "Retainer-Based Physicians: Characteristics..."). According to NORC, some of these patients purchase high deductive insurance to cover the costs that are outside the scope of these services. Typically private insurance is not accepted in these practices, however, the physician will sometimes negotiate with the patient's employer to pay for the retainer fee (Hargrave, "Retainer-Based Physicians: Characteristics..."). The Qliance Medical Group is an example of a fee for care model and was quoted as being the first to develop this style (Hargrave, "Retainer-Based Physicians: Characteristics...").

NORC found that this model makes about roughly 37.5% of concierge medicine practices as of 2010. They did note that this percentage might not be applicable to all of those participating in concierge medicine practices.

1.2.3 Hybrid Model

A hybrid model is a practice where the physician may have consumers who have traditional provider insurance plans as well as those choose the retainer model route (Hargrave, "Retainer-Based Physicians: Characteristics..."). There are many reasons for a physician to choose this delivery model. Some include the physician wanting to continue to treat previous patients who do not want to pay the retainer fee (Hargrave, "Retainer-Based Physicians: Characteristics..."). Additionally, some physicians forecasted the foundation of their current customers would not make the retainer-only model financially feasible (Hargrave, "Retainer-Based Physicians:

Characteristics..."). The NORC study suggests that this model is typically chosen by physicians who are transitioning into a concierge medicine practice.

NORC found that this model makes about roughly 25% of concierge medicine practices as of 2010. They did note that this percentage might not be applicable to all of those participating in concierge medicine practices. From other research and statistics presented in this essay, it seems that this model is the fastest growing and easiest for current physicians to transfer to because it is less "disruptive" to the providers (Williams).

1.2.4 Variability and Success of All Models

The variability of services offered and pricing of the retainer fee in these concierge medicine practices depend on which of the previous models the specific practice chooses to adopt. Having a combination of any of the above is essentially creating a new line of business, strategy-wise, and each set of patients need to be treated differently from those currently in the traditional style of healthcare delivery.

If an organization does not carefully chose which direct-care model to implement or lacks the knowledge to properly manage that model, the risk of failure is much higher. One unsuccessful provider, quoted in the NORC study, who chose a hybrid model found that she was unable to maintain two different practice management styles therefore the patients did not see the point in paying the concierge fee (Hargrave, "Retainer-Based Physicians: Characteristics...").

1.3 CURRENT IMPLEMENTATION

Many statistics relating to the current implementation of concierge medicine could be discussed in the essay. The focus of this section, however, is on the number of participating practices over the last decade and the geographical location of these practices. The specific provider specialties that are represented in concierge medicine are discussed in the "Target Audiences" section of this essay.

The number of physicians participating in the concierge medicine care delivery model is somewhat uncertain as it varies widely according to many sources. This variability could be due to how one defines a concierge medicine practices. Concierge Medicine Today (CMT) estimates there are more than 5,500 physicians currently participating in concierge practices across the nation (CMTDPCJOURNAL, "BEST of 2014: CMTs…"). Other sources cite around 5,000 (PRWeb, "Concierge Medicine Today Releases..."; Reid). This has drastically increased over the last eleven years from 146 in 2004 ("Concierge Care Characteristics..."), approximately 250 in 2005 (Hargrave, "Retainer-Based Physicians: Characteristics..."), 756 in 2010 (Hargrave, "Retainer-Based Physicians: Characteristics..."), and 4,400 in 2012 (Leonard; O'Brien). Please see the chart listed in Appendix A for a graphical depiction.

Concierge medicine physicians practice in numerous states across the country. Most physicians practicing direct-care are located in the metropolitan areas of Los Angeles, Miami, Washington DC, and Naples, Florida (Hargrave, "Retainer-Based Physicians: Characteristics..."). The best states to work in or begin to a concierge medicine practice are Utah, California, Texas, Florida, Washington State, New York, Colorado, Georgia, Tennessee, and North Carolina according to CMT (CMTDPCJOURNAL, "BEST of 2014..."; PRWeb, "Concierge Medicine Today Releases..."). The results from the NORC study, published in 2010,

found at least one concierge physician in all but 11 of the states. A map to display the data found by the NORC study is located in Appendix A (Hargrave, "Retainer-Based Physicians: Characteristics...").

2.0 BENEFITS OF CONCIERGE MEDICINE

A variety of sources cite a seemingly endless list of benefits for both providers of concierge medicine as well as the consumers. The benefits and outcomes of concierge medicine, outlined below, directly address some of the main issues that generally occur within the healthcare sector and larger healthcare organizations. By incorporating these aspects, organizations can begin to improve their systems. Other benefits and perks mentioned below are simply enhanced services or benefits that go above and beyond the standard patient care experience. In the "Recommended Methods for Incorporation" section of this essay, conclusions are drawn from adapting concierge medicine into healthcare organizations that will result with these benefits below.

2.1 PROVIDER BENEFITS

The providers of healthcare are publicly expressing their disheartening view of the current systems in the United States and are calling for change. The Merritt Hawkins survey showed that physicians are spending more time on non-clinical work, working less overall, and seeing less patients then they were previously ("A SURVEY OF AMERICA'S PHYSICIANS..."). Those factors of larger patient loads, over-packed work schedules, and spending more time doing administrative tasks versus clinical patient care could be why that data was apparent in the survey. Additionally, those facts could be generating the negativity surrounding healthcare. By

addressing those particular issues and creating a more enjoyable work environment, stress could be alleviated and consequently improve physician attitudes.

Overall, adopting new methods of delivering care could help to satisfy the providers and patients and brighten the future of healthcare. This can be achieved by adapting qualities of the concierge medicine type of care delivery into healthcare systems. Ultimately, this could help to retain primary care physicians from retiring from medicine (Sack). Additionally, concierge medicine has the potential to encourage others to join these direct-care participating organizations.

2.1.1 Smaller Patient Loads

A typical primary care physician is currently seeing anywhere from 2,000 to 3,500 patients (Von Drehle). This large load of patients keeps the physicians working hard and continuously busy. Eventually, it is likely that trying to maintain a large patient load and overcoming the needs of the demand will lead physician burn-out. In a national survey conducted by the Mayo Clinic of 7,288 physicians, and published in the *Archives of Internal Medicine* in 2012, found that 46% reported at least one symptom of burnout (Gunderman). When this was occurring to one internist, Martin Kanovsky of Chevy Chase, he consulted with MDVIP and decreased his patient roster from 1,200 to 400 patients (Rabin).

One of concierge medicine's original purposes is based on the foundation of managing a smaller number of patients. Even though each direct-care practice patient load varies, they are all under the typical patient roster per physician. The average amount of patients in the physician practices in 2010 was 250 patients (Hargrave, "Retainer-Based Physicians: Characteristics...").

The total amount of patients seen daily by physicians also changes in concierge medicine. Most physician practices see roughly 30 to 50 patients a day (Perez). For Dr. Cynthia Williams, an internal medicine physician working for a large medical group in Houston, TX, this was decreasing her normal patient workload from roughly 30 patients a day to only 22 (Williams).

2.1.2 Improved Work Schedules

It is well known that physicians work long hours and it seems as though it is typically longer than 40 hours a week. The Physician's Foundation in 2012 released data that showed 79.3% of physicians work 41 or more hours a week ("A SURVEY OF AMERICA'S PHYSICIANS..."). According to a more recent report, "Work/Life Profiles of Today's U.S. Physician", release by the American Medical Associations (AMA) in 2014, the majority of physicians work between 40 and 60 hours a week (AMA, ""2014 Work/Life Profiles..."). However, roughly 25% work from 60 to over 80 hours a week (AMA, ""2014 Work/Life Profiles..."). A graphical depiction of the AMA's data is located in Appendix A (AMA Wire®, "AMA Wire®: How Many Hours...").

Concierge medicine physicians fortunately have the ability to manage their time how they choose therefore improving their overall work schedules from a personal perspective. The current data shows that only 10% of direct-care providers work over an average of 55 hours a week (Tetreault, ""Survey: How Many Hours...").

2.1.3 Increased Time Spent with Patients

It is safe to say that people choose to practice medicine because they truly want to interact with patients. As previously explained, the Merritt Hawkins survey found that physicians are spending

more time on on-clinical work than they have in the past and this does interfere with patient interaction ("A SURVEY OF AMERICA'S PHYSICIANS..."). About half of the physicians surveyed, according Medscape's 2013 Physician Compensation Report, spent only 13 to 20 minutes with each patient (Medscape, ""Physician Compensation..."). This is a major reason to why concierge medicine is a highly attractive option for physicians. The increased amount of time spent with patients was found, in the NORC study, to be the primary motivator to choose this type of healthcare delivery by an "overwhelming majority" and a stress reliever (Hargrave, "Retainer-Based Physicians: Characteristics...").

Concierge medicine allows physicians to spend more time in the exam room with their patients. It has been reported that concierge medicine providers spend at least 30 and up to roughly 60 with each of their patients compared to 18 minutes in a traditional care model (Hsieh; Perez). This enables the development of a more personal relationship with their healthcare provider which has been cited as one of the top reasons for joining this type of practice (Williams).

2.2 CONSUMER BENEFITS

There is an exhaustive list of claimed benefits for patients that participate in a concierge medicine practice. According to the NORC study, the larger amount of time spent with the patient during a visit was considered to be most attractive benefit while the same or next day appointments, 24-hour telephone access, and preventive-care physical exams were the most reported services in the GAO report (Hargrave, "Retainer-Based Physicians: Characteristics..." ;

"Concierge Care Characteristics..."). Other consumer benefits range and vary depending upon the target audience.

The majority of the patient benefits can be categorized into two overarching categories: timely access to care and added benefits and perks. A few examples are provided below. Additionally, data published regarding patient satisfaction is discussed.

2.2.1 Timely Access to Care

Historically, access to care in the United States is very much affected by the cost of care. The 2013 Commonwealth Fund International Health Policy Survey found that 63% of 2,002 American adults surveyed could not access care due to those high costs (Osborn). However, with the passing of the Affordable Care Act (ACA), more individuals are becoming insured which will test the ability of physicians to see all of those patients. If the demand is very high, appointments for both primary care and specialists might be harder to come by.

Currently, the average appointment wait time for a family physician is from 5 to 66 days according to the 2014 Merritt Hawkins "Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates" survey (Merritt Hawkins, "2014 Survey..."). The average cumulative wait time to see a family physician in all of the 15 markets Merritt Hawkins studied was 19.5 days (Merritt Hawkins, "2014 Survey..."). The wait time for certain specialties tends to range.

Using the concierge medicine model, patients would not need to worry about not getting in to see a physician. A study completed in 2012 by MDVIP found that their patients were 50% more likely than patients in a traditional healthcare model to be able to schedule an appointment to see a provider ("MDVIP Survey Shows...").

With concierge medicine, there are virtually no waiting lines as most of the physicians are available to their patients 24 hours a day, 7 days a week. Many of the direct-care practices include physicians' personal cell phone numbers and e-mail addresses. The majority of concierge medicine practices typically offer same or next day appointments as well as house calls. Whereas, only 48% of 2,002 American adults surveyed in the 2013 Commonwealth Fund International Health Policy Survey stated they were able to get to same or next day appointments when they needed care (Osborn).

2.2.2 Added Benefits and Perks

The additional perks of being a part of a retainer medicine practice vary greatly depending upon the practice. Some benefits are also non-quantifiable such as the personal well-being gained from having a closer relationship with one's physician. This is garnered through more individualize care that comes with this style of delivery from being one of the few compared to one of the many in a traditional model.

2.2.3 Patient Satisfaction

There is not a substantial amount of data available for patient feedback regarding concierge medicine and retainer-based healthcare delivery models. As more information is digested and analyzed hopefully more will become publically available.

The consumer satisfaction information that has been published thus far is very positive. In 2012, MDVIP completed a survey of their patients who stated that they were significantly

more satisfied with their primary care services and personalized healthcare model compared to traditional practices ("MDVIP Survey Shows..."). This survey also included non-MDVIP patients who maintained the traditional style of healthcare delivery. The results also showed that 97% of MDVIP patients felt that have a more personalized relationship with their physician compared to 58% of those in traditional practices ("MDVIP Survey Shows..."). Additionally, Qliance's data has shown their patients are highly satisfied (PR Newswire, "New Primary Care Model").

2.3 TARGET AUDIENCES

Now that a foundation has been established for what concierge medicine is, where it began, what the current models of delivery look like, and what the benefits are, one must now gain an idea of which audiences, both providers and consumers, participate in these health delivery styles.

The next few sections of this essay describe the target audiences for direct-care medicine. Specifically, the section regarding providers details the overall unhappiness of physicians and the breakdown of physician specialties participating. The "Consumer" section speaks to the income brackets of the patients who are most interested in choosing this method of healthcare delivery.

2.3.1 Providers

2.3.1.1 Unhappy Physicians

As mentioned previously, a large number of current physicians practicing in the United States have a bleak outlook of the current health system. The Merritt Hawkins survey showed that, within the new few years, “over 50 percent of physicians plan to cut back on patients, work part-time, switch to concierge medicine, retire or take other steps that would reduce patient access to their services” ("A SURVEY OF AMERICA’S PHYSICIANS..."). About 7% of those physicians mentioned switching to concierge medicine in particular ("A SURVEY OF AMERICA’S PHYSICIANS..."). Due to these facts, physicians have the option of choosing to leave their current work situations and opt to practice a different delivery system such as concierge medicine. These physicians are the target audience.

2.3.1.2 Specialty Driven

It seems that regardless if a physician is unhappy or not, the movement towards concierge medicine is specifically high in one specialty. In 2010, the large majority, 77%, of concierge medicine doctors were internal medicine physicians (Hargrave, “Retainer-Based Physicians: Characteristics...”). This increased from 2005 when the percentage was roughly 62% (Hargrave, “Retainer-Based Physicians: Characteristics...”; “Concierge Care Characteristics...”). Family medicine was the second largest specialty represented at 21% (Hargrave, “Retainer-Based Physicians: Characteristics...”). In 2010, the majority of concierge medicine doctors worked in solo practices and were primary care physicians with some varying specialties (Hargrave, “Retainer-Based Physician Practices.”).

Nonetheless, an assortment of specialties is currently represented amongst the group including pediatrics, dermatology, endocrinology, cardiology, general surgery, gynecology, oncologists, and more (Hargrave, "Retainer-Based Physicians: Characteristics..."; MacStravic; Prince). It has been reported that more specialists, other than just those in the primary care realm, are moving to the concierge style of medicine (Prince). Please see Chart 1 for an overall physician specialties breakdown of the 2005 NORC study (Hargrave, "Retainer-Based Physicians: Characteristics...").

Still, the growing number of physician specialists and overall large number of primary care physicians participating in the direct-care models could be solely from unhappiness and their perceived outlook of the future. These situations could be what are triggering the move to this style.

2.3.2 Consumers

Historically, concierge medicine is known to be associated with wealthier, affluent families who are willing to pay more for the lifestyle benefits associated with these types of services. It has been stated that people still believe that the market is narrow for all similar practices whether it is upper or middle-class families (Tozzi). I believe that there is some misperception overall about the target consumers due to one of the first successful concierge medicine practices, MD^2, having an extremely wealthy client base.

This, however, a wealthy consumer is not a standard that must implicitly be followed in order to be successful in direct-care medicine. A survey completed by Concierge Medicine Today and The Concierge Medicine Research Collective, between August 2010 and February 2013, found that less than 4% of patients looking for this style of healthcare delivery model are

top level executives or celebrities (Tetreault, “Executives and Celebrities...”). Some research and analysis has also shown that roughly 61% of this direct-care style of health delivery across the United States is than a $135 per individual a month (Tetreault, “Concierge Medicine’s Best Kept...”).

It seems as though the target consumers for these types of services are potentially unlimited. To date, all types of healthcare consumers choose to participate in this type of medicine. Since the pricing for membership varies, cost of the retainer fee might be potentially less than what individuals are currently paying for their health insurance.

3.0 THE NEED FOR UNDERSTANDING CONCIERGE MEDICINE

3.1 THE IMPORTANCE OF UNDERSTANDING

The importance of understanding what this type of direct-care medicine is directly relates to the change in the healthcare dynamic due to the factors discussed below. This includes the Affordable Care Act (ACA), the nationwide costs and overall health risking, the costs running a medical practice, effects on insurance and reimbursement, the changes in the way healthcare business is being done, the shortage of direct care providers, and the push from consumers to provide more personalized care. These aspects, among others, coupled together have been the catalyst to move towards the concierge medicine style of providing care.

Below, the framework is laid for the current hurdles healthcare organizations are facing then an example of a current concierge medicine practice is discussed.

3.1.1 Affordable Care Act (ACA) and Insurance Reimbursement

President Barak Obama signed the newest implementation of health reform (Patient Protection and Affordable Care Act) into law on March 23, 2010 ("President Obama Signs..."). Various policies of the act have since been and are still being adopted today. The ripple effect from all of

these changes has yet been fully felt so the health care sector has yet to see all of the benefits and side effects from these policies.

The current reimbursement for healthcare services has and will continue to change due to the ACA. Insurance companies which are moving towards higher deductible plans which will inevitably cause higher out-of-pocket costs for patients. Since reimbursements are moving towards a more quality and value focuses payments then the outcome is more variable. The majority of concierge medicine practices' payment style is direct since there are no more third party payers. This enables more control over financial outcomes.

With the decrease in insurance reimbursements, which has been confounded by the ACA, healthcare systems and physician practices must find a way to continue to be profitable. for example, for insurance companies, the reimbursements for private Medicare plans were projected to rise only by 0.4 percent in 2015 (Humer). This creates a trickledown effect on the providers. Being able to stay afloat while insurance reimbursements are increasing at a much smaller rate it is understandable that physicians are looking for alternative ways to provide services.

3.1.2 Nationwide Costs and Overall Health Ranking

The much-debated sector of healthcare is currently in a stage of rebirth in the United States. We are facing constant rising costs while having an overall unhealthy population. These expenditures are reaching all-time highs as roughly 17.9% of the gross domestic product (GDP) in the United States in 2012 was health expenditures which were higher than the world average of 10.2% ("Health Expenditure, Total (% of GDP).").

However, these expenses are not reflected in the overall health of the United States when compared to other countries. The United States ranked last out of 11 countries in overall health in the Commonwealth Fund's "Mirror, Mirror on the Wall" 2014 Update (Davis). Overall, it is clear adjustments need to be made to control and improve the United States healthcare system. The option of adapting the concierge medicine healthcare delivery model could be an answer.

3.1.3 Costs of Running a Medical Practice

In addition to direct medical costs from care increasing, the infrastructure and operational costs are also negatively impacting the providers' budgets. The most difficult task of running a medical office or group practice, according to the MGMA-ACMPE (formerly the Medical Group Management Association-American College of Medical Practice Executives) study of 1,067 physicians, is the rise of operating costs ("Medical Practice Executives..."). David Gans, M.S.H.A, an MGMA-ACMPE senior fellow, stated that the expenditures of operating a medical practice are growing twice as fast as the consumer price index and that cost of providing medical services is rising faster than inflation (Porter). Many concierge medicine providers consider themselves to be financially stable but most choose to practice this type of care delivery for reasons other than money (CMTDPCJOURNAL, "BEST of 2014..."; Hargrave, "Retainer-Based Physicians: Characteristics...").

3.1.4 Changing the Way Business is Done

Even large health systems are reevaluating the way they do business. The Affordable Care Act ignited yet another wave of consolidation throughout healthcare with hospital mergers

doubling between 2009 and 2012 (Lineen). At the end of 2013, the percentage of hospitals in a system is at roughly 62% (Lineen). A lot of these decisions are based on the movement from fee for service to a value and risk-based market. Successful, well-performing organizations are even merging to help with the transition. Geisinger Health System and AtlantiCare's recent affiliation is an example of this (Lineen). If the larger healthcare organizations are bracing for impact then what do we expect of the private physician practices?

3.1.5 Shortage of Direct Care Providers

It is generally known that there is currently a shortage of direct patient providers as well as projected in the future. This includes many types of providers including both physicians and nurses. Our already burdened health system needs a reliever or a more attractive outlook in order to prevent a bigger hole from being dug.

For physicians in particular, trends are showing that the shortage will grow even larger in the coming years. According to a Forbes article, by 2020, there will be a shortfall of about 90,000 physicians which encompasses about 10-15% of the current practicing workforce (Hsieh). Within the next five years, 44% percent of physicians between the ages of 60-69 will be retiring (AMA, ""2014 Work/Life Profiles..."). Since there is already a shortage of doctors, we need to ask ourselves the question: how can we stop even more from migrating away out of larger healthcare systems?

It has been said by leaders in the concierge medicine or direct-care market that this style of delivering healthcare is attractive to primary care providers and will solve the shortage of care givers problem (Von Drehle). Explain how easy/difficult it is for providers to move to this type of practice therefore making it ideal for current physicians

3.1.6 Healthcare Consumer Demand

As a society, we are moving towards a more patient empowered model with responsibilities being placed more on the health consumer than previously. This responsibility and education being required of our patients has also led them to demand more personalized care.

The benefits of a health delivery system that has more targeted, personalized care for patients range with some being financial while others are for social aspects of healthcare delivery. The February 2013 issue of *Health Affairs* cited that the healthcare costs of patients who are the most engaged in their care are 8 to 21 percent less than patients who are considered to be the least engaged in their care (Hibbard).

4.0 A SNAPSHOT OF A CONCIERGE MEDICINE PRACTICE

What does an example of a concierge medicine practice look like? Most of the service variation within practices seems to be the added benefits and perks provided to the consumers. Additionally, the costs differ depending upon the target audience of patients the provider wishes to care for.

4.1 THE CENTER FOR INTERNAL MEDICINE

Kevin Lutz, MD, FACP, of Denver, Colorado, runs The Center for Internal Medicine whose medical program functions as a retainer medicine practice (Lutz). Dr. Lutz transitioned over to this new model in April 2009 (Console). At that time, he terminated all insurance and agreement contracts he had with his previous clientele (Console; Brown). Most interestingly, Dr. Lutz does not like to use the verbiage "concierge medicine" when discussing his practice but notes that is what the consumer understands most easily (Console).

There is only one physician, according to Dr. Lutz's website, at this practice. Dr. Lutz's patient enrollment has a maximum of 250 patients with the medical focus of the patient being comprehensive, wellness, and preventative based (Lutz). In order to obtain more information regarding enrollment, the consumer must contact the practice to see if slots are available or if Dr.

Lutz is at capacity. When Dr. Lutz implemented this new model of practicing medicine, the number of patients was capped at 500 (Brown).

4.1.1 Service and Fees

Dr. Lutz's services, according to his website, are "routine appointments, yearly physical exams, tests performed in the office, vaccinations", and the care he provides at Presbyterian/St. Luke's Hospital. The services at The Center for Internal Medicine office are provided by both him and his staff (Lutz).

The annual fee for The Center for Internal Medicine, which can be paid monthly, quarterly, or annually, is $3,000 per person with 20% off any additional adult family members (Lutz). No fees are charged for family members who are between the ages of 16 and 21 (Lutz). This annual retainer fee might be able to be paid using a patient's Health Savings Account (HSA) or Flexible Spending Account (FSA). The physician-patient relationship can be terminated at any time and prorated refund will be returned to consumers who have paid their annual fee in full (Lutz). When Dr. Lutz went live with this retainer model, he was only charging $2,500 for the annual membership fee (Brown).

As with most retainer-based practices, Dr. Lutz's program strongly encourage consumers to maintain their existing health insurance coverage for hospitalizations, prescriptions, laboratory tests, and other services that are not provided by their annual program fee (Lutz).

4.1.2 Patient Feedback

According to Dr. Lutz's reviews on vitals.com, he has a three of out four stars for an overall rating from 12 responders (Vitals.com, "Kevin T Lutz, FACP, MD"). A direct quote from a patient who published their comment on June 29, 2009 stated the following:

> "I signed up for Dr. Lutz's concierge practice and have never had medical care like this before. I can get in for an appointment when I want one without any hassle. The appointments are much longer than my previous doctor and much more in depth, too. Dr. Lutz has figured out how to give his patients what we need – TIME"

5.0 RECOMMENDED METHODS FOR INCORPORATION

Now having an understanding of concierge medicine and what benefits it can bring, what can healthcare systems do to incorporate this method of care delivery into their processes?

In order to discuss the potential methods of incorporation, there must first be an acknowledgement of the limitations. The setting on which these ideas that are being discussed below can be implemented are in service lines in which care is provided on an outpatient basis. The type of medicine practiced by the physician is not much of a limiting factor but these suggestions would be more beneficial for primary care providers such as internists, family medicine physicians, or pediatricians, but other specialties have been successful such as dermatologists.

By incorporating concierge medicine into healthcare organizations, physicians will be happier at work, patient-centered care will be available to the consumer, and organizations can combat healthcare sector hurdles while retaining providers.

To be targeted in the method of incorporation, the recommendations below are split into two main ideas for healthcare systems: new service lines and adjustments to current provider practice models.

5.1 NEW SERVICE LINES

One method to incorporating concierge medicine into a health system is by creating new service lines to accommodate a new method of delivering care. These new service lines could expand the current methods of delivery by creating a unique, exclusive pathway for patients in need of specialized services or primary care. This would provide greater access, more timely care, and additional perks and benefits to the consumers. These pathways are described below.

5.1.1 New Specialist Service Lines

Many specialties are represented within large healthcare systems. Each organization has unique operations and management for each of those specialties and all service lines extending from the business. In order for a concierge medicine-type practice to work within a larger system, a new service line would need to be created in one of those specialties.

Using pediatrics as an example, a children's hospital could have a portion of their pediatric physicians dedicated solely to this new business line. A separate location could be built and designed to accommodate a specific clientele who would want to pay for more on-demand access to physicians. This business could be cash-only and insurances would not be accepted to pay for any of the services or for the retainer fees in order to not violate any reimbursement laws. However, the pediatricians would still have admitting privileges to their employed hospital in case of situations that needed to be escalated. This method would allow all aspects of concierge medicine to be incorporated into this system.

5.1.2 "Pocket of Providers"

In essence, the idea of "Pockets of Providers" is the same as creating a new specialist line of business except with primary care physicians in particular. Depending how the business line is developed from a financial perspective, it could be considered a new line of business or just an adaption to the current provider practice model. Further detail is explained below regarding adjusting or modifying current delivery care models.

5.2 ADJUSTMENTS TO CURRENT PROVIDER PRACTICE MODELS

The majority of the physicians who practice for healthcare systems are seemingly guided by their encompassing entity in how to operate. It is understandable that giving full reign to these physicians is not the best interest of either party but giving some freedom to the providers would encourage retention and generate employment interest.

More specifically, the latitude that could be given to physicians deals with adjustments to their current healthcare practice models. Examples of this include limiting the number of patients on the individual physicians' rosters, flexibility with their schedules, or a modified implementation of the direct-care model.

At first these suggestions might sound alarming. However, since the current health system in the United States is moving from one of quantity to one of quality, patient-centered forms of delivery need serious consideration. Properly managing these suggested adjustments will allow for physicians to provide higher value care without major fallouts.

The below options could potentially alleviate some of the negativity from providers surrounding their current practicing methods while providing greater access, more timely care, and additional perks and benefits to the patients.

5.2.1 Limit Number of Patients

The idea of limiting the number of patients a physician manages sounds to be in direct contradiction with the benefit of greater access. Fortunately, if completed properly, the benefits overcome the perceived shortcomings by encouraging more medical school graduates to choose this career path in primary care, as one example (Reid). Also, having type of care delivery can attract other physicians to want to work for that organization, therefore increasing the overall patient capacity.

The methods in which the select number of patients is incorporated into the practice allows for more overall providers to join the marketplace as well. This, in turn, allows for more patients to find a primary care provider. Additionally, if the healthcare organization chooses the hybrid model of concierge medicine, then this factor will not be as much of an issue. It is possible to maintain the two distinct business models therefore allowing for the overall size of the patient population to remain the same (Williams).

5.2.2 Flexibility with Schedules

The current demand on the physicians is almost humanly unreasonable. Physicians seem to be driven by schedules and templates predetermined to fit a maximum amount a patients in a week while attempting to allow for some educational, managerial, and research-time to complete their

duties. One cannot forget the amount of law-required paperwork that needs to be completed for all patients that are seen. This is obviously negatively affecting physicians' well-being. A RAND study from 2011 discovered that almost half of the physicians who responded to the survey found their jobs to be "extremely stressful" (Friedberg).

Until relief is given, maybe by allowing nursing staff to perform more duties for example, physicians will be required to continue that work. As mentioned earlier, the majority of physicians practice between 40 and 60 hours a week (AMA, ""2014 Work/Life Profiles..."). In order to help them, organizations can either limit their number of work hours for physicians or allow them to be more flexible with their current schedules.

5.2.3 Modified Adoption of a Concierge Model

Due to the current layout or reporting structure of primary care physicians, it might be impossible for an organization to adopt a full-scale model of concierge medicine delivery for every physician. However, by allowing physicians options to adopt a smaller implementation, the hybrid direct-care model of concierge medicine for example, it would keep the roster of patients higher but some benefits from this model will shine through. This would enable the physicians to have smaller portion of patients who function under concierge medicine.

This is already occurring in many areas of the country throughout the United States. More specifically, some providers are still practicing under the traditional model, some are full-scale concierge medicine, and some are utilizing the hybrid model all while being employed by the same organization. An example of this is successfully happening in a large medical group in Houston, TX (Williams) as well as within the University of California San Diego Health System for primary care ("UC San Diego Health System.").

6.0 CONCLUSIONS AND POTENTIAL RESEARCH

It is clear that the healthcare sector needs to have an overhaul in multiple areas.

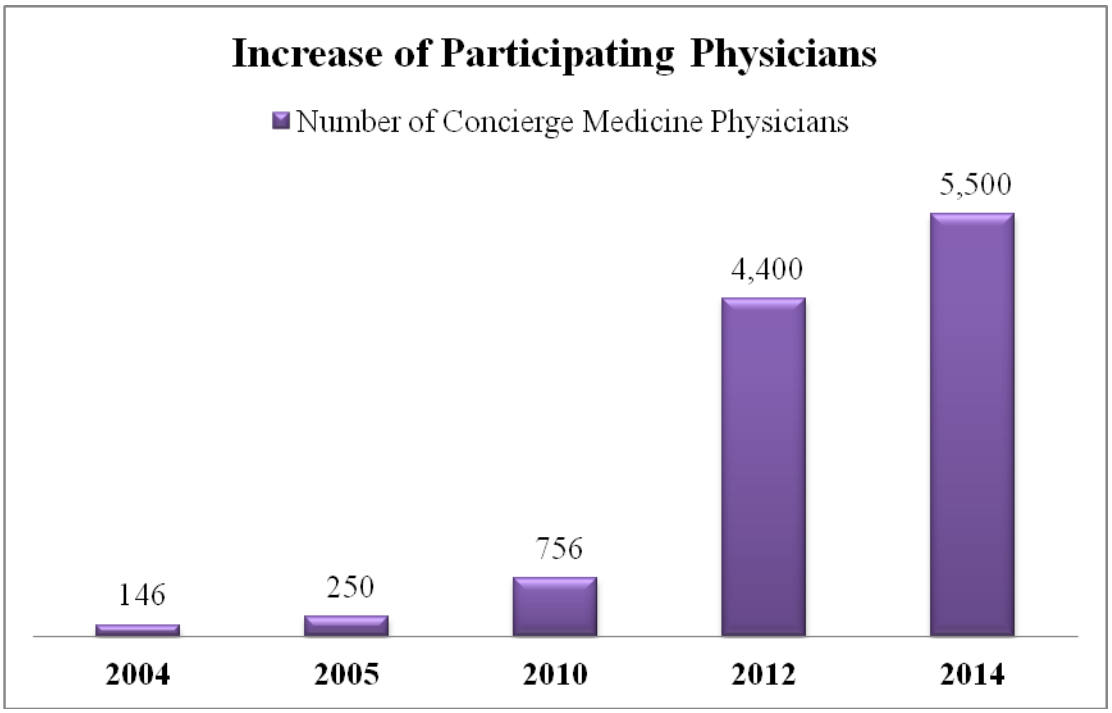
Another aspect that needs to be researched and considered is the idea of small healthcare providers or direct-care specific physician groups partnering with larger institutions to providing concierge medicine style of care delivery on their behalf. This model could be a joint venture with a limited number of years per a contract. The smaller organization would pay a fee, as laid out per the contract, to order to gain access to a set list of patients wanting this on-demand service. This "partner" organization would then follow certain specific, detailed guidelines to maintain its relationship with the larger healthcare entity.

Creating another example, using UPMC in Pittsburgh, PA, UPMC would own the concierge medicine service line (name, branding/marketing, etc.) while specified, contracted primary care physician practices would manage the day-to-day operational aspects in line with UPMC designated outlines. This would enable the primary care physicians to remain their own, individually functioning practice while reaping the benefits of being part of UPMC. Meanwhile, a certain amount of money would flow back into the UPMC system thus benefitting and enabling all parties involved. The primary care physician practice's overall financial success would be self-driven through their own determined amount of patients managed within their practice.

Something similar is already occurring within the healthcare market in the United States. The Advisory Board Company cited an example related to this in which the North Shore Medical

Group (part of Partners HealthCare) has been collaborating with MDVIP physicians in offering an option of concierge medicine to their patients (Lazerow).

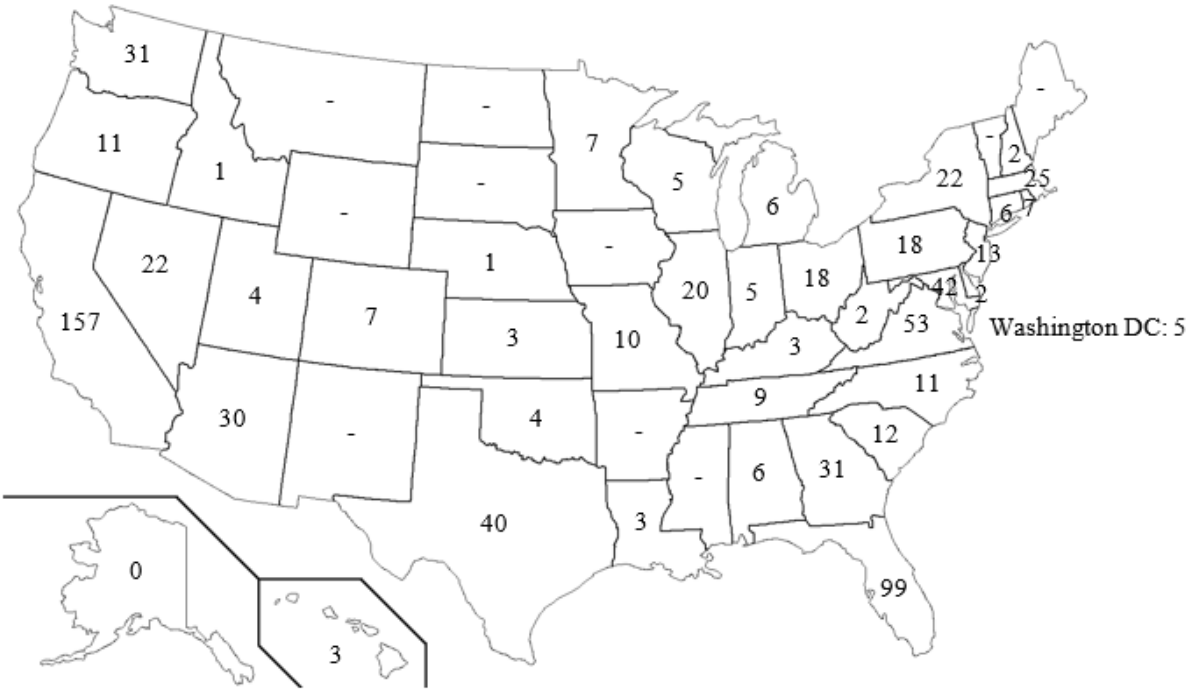
APPENDIX: FIGURES



Sources: CMTDPCJOURNAL, "BEST of 2014..."; Hargrave, "Retainer-Based Physicians: Characteristics..." ; O'Brien; "Concierge Care Characteristics..."

This chart depicts the increase of participating physicians in concierge medicine over the last decade.

Figure 1: Increase of Participating Physicians



Source: Hargrave, "Retainer-Based Physicians: Characteristics..."

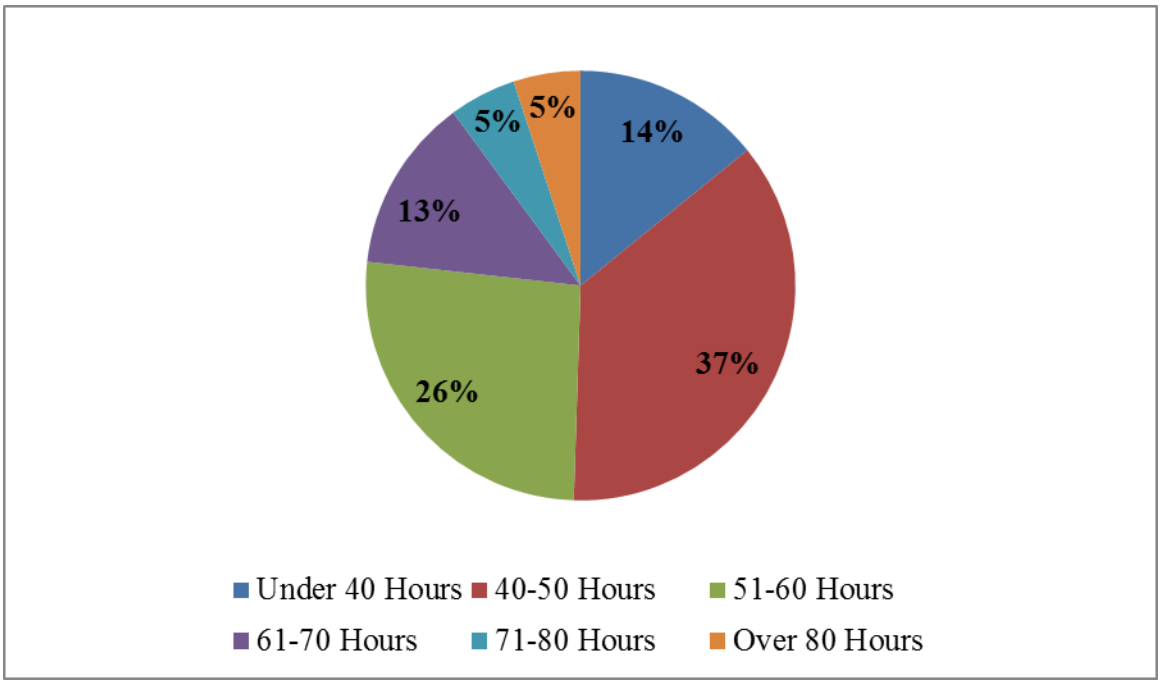
This map depicts the number of participating concierge medicine providers across the United States in October 2009. This information is based on the analysis by NORC of the 756 retainer-based physicians they identified.

Figure 2: Distribution of Concierge Providers

Table 1: Retainer Physicians by Specialty

Medical Specialty	Concierge/Retainer Physicians Identified	Percentage of Overall Physicians Within Specialties
Cardiology	1	Less than 1%
Endocrinology	2	1%
Family Medicine	70	21%
General Practice	1	Less than 1%
Internal Medicine	255	77%
N/A	423	-
Nephrology	1	Less than 1%
OB/GYN	1	Less than 1%
Pediatrics	2	1%
Total Overall	**756**	

Source: Hargrave, "Retainer-Based Physicians: Characteristics..."



Source: AMA Wire®, "AMA Wire®: How Many Hours..."

Figure 3: Distribution of Physician Work Hours

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