

Retainer Practices Are Reporting Better Care

BY JENNIFER SILVERMAN
Associate Editor, Practice Trends

DALLAS — Physicians in retainer practices are reporting better quality of care and fewer hassles, but the new approach is not without its flaws, according to a survey presented at a national conference on concierge medicine.

The retainer practices see fewer minorities and fewer patients with chronic illnesses than do regular practices, said Matthew Wynia, M.D., an internist and director of the American Medical Association's Institute for Ethics, who presented the findings. In addition, "the number of Medicaid patients in retainer practices is much smaller—6% vs. 15% in traditional practice," Dr. Wynia said.

The AMA mailed out surveys to 144 physicians from retainer practices—also known as concierge or boutique medicine practices—and received 83 responses. As a control group, researchers mailed surveys to 463 primary care physicians in nonretainer practices from the AMA's master list, and received 231 responses.

Data were collected between December 2003 and February 2004.

"We wanted to find out who was entering into these types of practices, what types of patients were they seeing, and what types of services were being offered," Dr. Wynia said at the conference, sponsored by the Society for Innovative Medical Practice Design.

Weighing in on some of the potential benefits of concierge care, 50% of the retainer physicians said they thought they were offering more diagnostic and therapeutic services than traditional practices. In terms of more revenue, 70% of retainer physicians said they were doing better in this type of practice than they had in traditional practice. Fifty percent said working fewer hours was one benefit of being a retainer physician.

Not surprisingly, physicians in the nonretainer practices did not see as many benefits to concierge care. While 90% of the retainer physicians believed the type of care they provide was better quality care, only 50% of the traditional physicians thought that was true. Eighty percent of the retainer physicians thought that concierge care would result in fewer administrative hassles, yet only half of the nonretainer physicians felt the same way.

When queried about the potential risks of a retainer practice, respondents from both groups expressed concern that society and their peers would disapprove of their decision to start a retainer practice.

You risk having people "look down their noses at you," Dr. Wynia said. In a surprising statistic, "5% of people in retainer practices thought they should be discouraged" from this approach, he added.

Indeed, several participants at the meet-

ing told this newspaper that their employer or practice partners did not know that they were attending a conference on concierge care.

More than half of retainer physicians and 80% of nonretainer physicians thought that concierge care created a risk of a more tiered system of access to health care.

Loss of patient diversity and insurance contracts and legal challenges were other concerns cited by the survey respondents.

Despite these potential risks, the vast majority of respondents thought that these practices should be allowed to exist. "Only 25%-30% of nonretainer physicians thought they should be discouraged or illegal," Dr. Wynia said.

Most retainer and nonretainer physicians thought concierge care created a risk of a more tiered system of access to health care.

Conversion to retainer practices takes time, he said. Retainer physicians surveyed said most of their patients—about 88%—didn't follow them to the new practice. In addition, most retainer practices have some patients who do not pay the retainer fee (a mean of about 17%).

Once these factors are considered, transitioning from an average nonretainer practice of 2,300 patients to

a retainer practice would involve transferring 2,025 patients to someone else and adding 560 new patients, Dr. Wynia said. In addition, physicians on average would continue to see 140 patients who did not pay a retainer.

When queried about the transition to a retainer practice, 63% of retainer physicians said they gave their patients more than 90 days notice before making the transition, Dr. Wynia said.

In other survey findings:

► Retainer-physicians panels averaged 835 patients vs. 2,300 patients for nonretainer practices.

► Retainer physicians saw an average of 11 patients per day; nonretainer physicians saw an average of 22 patients.

► Retainer physicians provide slightly more charity care than do their peers in traditional practice. Charity care averaged 9.14 hours per months vs. 7.48 hours per month for nonretainer practices.

► Most retainer practices are located in metropolitan areas and on both coasts. Most started in 2001 or later and most physicians transitioned to retainer practice from another practice model rather than straight from residency.

► House calls, same-day appointments, 24-hour access pagers, and coordinated hospital care were common services provided by the retainer physicians.

The survey did not ask about salary or fees charged to patients, but Dr. Wynia estimated retainer fees ranged from "several hundred to thousands of dollars per year."

He clarified that his presentation reflected the results of a research project and did not represent a policy statement of the AMA. The data are still unpublished and have been in review the past 6 months. ■

POLICY & PRACTICE

Teen Boys Ignore Sun Protection

Boys aged 15-17 years are the group least likely to protect their skin from sun exposure, according to a survey released by the American Academy of Dermatology. Only 32% of these boys said that they are "very careful" or "somewhat careful" about sun protection, compared with 58% of girls of the same age. "Our focus has primarily been on young women," Darrell S. Rigel, M.D., professor of dermatology and dermatologic surgery at New York University Medical Center, New York, said in an interview. The survey results mean that dermatologists should also be directing their sun safety messages to teen boys as well. However, he said that getting that message out can be difficult because dermatologists generally see more women, of all ages, than men in their practice. The results are based on a national telephone survey conducted among 505 adolescent boys and girls (aged 12-17 years).

Bill to Thwart Medicare Cuts

A bipartisan bill (H.R. 2356) introduced by Rep. Clay Shaw (R-Fla.) and Rep. Ben Cardin (D-Md.) seeks to halt impending cuts to Medicare physician payments and replace the flawed formula that determines those payments. Following up on a recommendation of the Medicare Payment Advisory Commission, the bill would increase payments by no less than 2.7% in 2006. It would also repeal the sustainable growth rate adjustment, replacing it "with a methodology that ensures adequate and appropriate payments as well as stable updates for Medicare providers," Rep. Cardin said in a statement. Physicians face a 4.3% cut in Medicare payments in 2006 and subsequent cuts totaling 30% from 2007 and 2012, if the formula isn't fixed. The bill was referred to the House Ways and Means and Energy and Commerce committees. A similar Senate bill (S. 1081) would provide a positive update for 2 years.

Sunscreen Use Falls

More and more Americans are going outside without their sunscreen, according to the results of a survey released by the Sun Safety Alliance. About 60% of American adults reported using sunscreen when outdoors this year, a drop from the 72% who reported using sunscreen in a 2004 survey. When asked why they aren't using sunscreen, about 35% of survey respondents said they forgot. Respondents reported other reasons for not applying sunscreen, including that they liked the feel of the sun on their skin and the way they looked with a tan, or they did not have sunscreen handy. However, more respondents reported having encouraged others to practice sun safety behaviors; in 2004, 79% of respondents said they encouraged sun safety in others, compared with 82% this year. The survey respondents also favored public policy to address sunscreen use among children. About 51% of those surveyed said that one state's recent legislation

requiring sunscreen education for all children in kindergarten through grade 8 should be passed in all states. The national telephone survey, which was conducted by Harris Interactive in May, polled 1,000 adults.

Few Seeking Quality Improvement

A majority of physicians are not actively engaged in quality improvement practices and are reluctant to share information about the quality of care they provide with the general public, a survey of more than 1,800 physicians revealed. Only one-fourth of respondents said they were using an electronic medical record routinely or occasionally, and one-third said they were redesigning their systems to improve care. In addition, just one-third said they had access to any data about the quality of their own clinical performance. Although 7 out of 10 thought physicians' clinical information should be shared with leaders of the health care systems at which they work, fewer respondents (55%) thought patients should have access to quality data about their own doctors. The survey was conducted by the Commonwealth Fund between March and May 2003 and published in the journal *Health Affairs*.

Medicaid Patients and Drug Access

Medicaid patients are finding it just as difficult as the uninsured to get access to prescription drugs. Researchers from the Center for Studying Health System Change found that 22% of Medicaid beneficiaries aged 18 and older could not afford to get at least one prescription filled in the previous year. Although access problems experienced by Medicaid beneficiaries were comparable with those experienced by the uninsured, only 9% of adults with employer-sponsored health coverage said they could not afford a prescribed drug in the previous year. The findings were drawn from HSC's Community Tracking Study Household Survey, a national survey involving 46,600 people in 2003 and 60,000 people in 2001.

GAO Weighs In on Health Fraud

The Federal Bureau of Investigation is not monitoring its spending on health care fraud investigations as carefully as it should, according to a report from the Government Accountability Office (GAO). The report, requested by the chairman of the Senate Finance Committee, Chuck Grassley (R-Iowa), found that some agents who previously were assigned to work on health care fraud had been shifted to counterterrorism efforts. The GAO said it had been told by the FBI that the bureau wasn't too concerned about not spending enough because most of the time such spending was "historically far in excess" of the budgeted amount. The GAO recommended that the FBI improve its monitoring capability and establish better reporting procedures. The bureau said it already has taken steps in that direction.

—Mary Ellen Schneider