Retainer Practices Reporting Better Care

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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% versus 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.

The retainer practices see fewer minorities and fewer patients with chronic illnesses than do regular practices, as well as fewer Medicaid patients.

"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 of the retainer physicians said working fewer hours was one of the benefits.

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 pursuing this approach.

Indeed, several participants at the meeting 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.

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%).

Taking these factors into account, 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 for retainer physicians averaged 9.14 hours per months versus 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 specific fees charged, 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 for the past 6 months. ■

POLICY & PRACTICE

Ads Influence Prescribing

Direct-to-consumer advertisements appear to have an impact on physician prescribing practices, a study by Richard L. Kravitz, M.D., of the University of California, Davis, found (JAMA 2005;293:1995-2002).

A total of 152 family physicians and general internists were recruited from solo and group practices and health maintenance organizations to participate in the study, which focused on advertising for prescription antidepressants.

Standardized patients were randomly assigned to make 298 unannounced visits, presenting either with major depression or adjustment disorder with depressed mood. When the patients with depression made a general request for an antidepressant, only 3% of the physicians prescribed paroxetine (Paxil). However, when they asked for the prescription by name, 27% were given a prescription for Paxil.

And patients with adjustment disorder symptoms were more likely to receive a prescription for an antidepressant if they made a brand specific request (55%) versus a general request (39%).

E-Prescribing Standards

Medicare should adopt a program-wide system of uniform national electronic prescribing standards for its new prescription drug benefit, according to the Pharmaceutical Care Management Association (PCMA). A uniform national standard is key to maximizing the participation of private plans in the Part D benefit and in helping to reduce regional variations in health care delivery and outcomes, PCMA said in comments to the Centers for Medicare and Medicaid Services on its proposed rule for Medicare e-prescribing standards.

"PCMA believes that Medicare e-prescribing holds the potential to transform the health care delivery system," PCMA President Mark Merritt said in a statement. "Regrettably, a 50-state patchwork approach would increase costs, decrease efficiency, and severely undermine the promise of e-prescribing." The organization also urged CMS officials to pre-empt duplicative and conflicting state laws that could increase costs.

CMS: Pay for Performance Works

Preliminary data indicate that pay-for-performance is improving quality of care in hospitals. A 3-year demonstration project sponsored by the Centers for Medicare and Medicaid Services is tracking hospital performance on a set of 34 measures of processes and outcomes of care for five common clinical conditions.

Reports from more than 270 participating hospitals on their experiences during the project's first year show that median quality scores improved in all of the clinical areas. For example, scores increased from 90% to 93% for patients with acute myocardial infarction; from 64% to 76% for patients with heart failure; and from 70% to 80% for patients with pneumonia.

These early returns demonstrate that using financial incentives works to deliver better patient care and to avoid costly complications for patients, said CMS Administrator Mark B. McClellan, M.D.

New Medicare Wheelchair Policy

Ability to function is the primary criteria in the CMS's new national coverage policy for power wheelchairs and scooters. The criteria look at how well the beneficiary can accomplish activities of daily living such as toileting, grooming, and eating with and without using a wheelchair or other mobility device. The criteria are "part of our efforts to ensure that seniors who need mobility help will get it promptly, and that we are paying appropriately for mobility assistive equipment," Dr. McClellan said in a statement.

The coverage policy is one element in Medicare's year-old effort to improve the coverage, payment, and quality of suppliers for wheelchairs and scooters. That effort was launched after Medicare spending on mobility equipment rose to $1.2 billion annually.

Uninsured Rates Among the States

Minnesota has the lowest uninsured rate among employed adults (7%), followed by Hawaii, the District of Columbia, and Delaware, each with uninsured rates of 9%. The states with the highest rates of uninsured residents include Texas (27%), New Mexico (23%), and Florida (22%). The report was conducted by the Robert Wood Johnson Foundation, which analyzed 2003 data from the Centers for Disease Control and Prevention.

While some states fare better than others, the problem is pervasive among workers in every state. More than 20 million working adults do not have health insurance. In eight states, at least 1 in 5 working adults is uninsured, and in 39 other states at least 1 working adult in every 10 does not have health coverage.

Unhealthy Habits

Very few Americans are doing all they can to maintain a healthy life, according to a nationally representative survey of 153,805 adults (Arch. Intern. Med. 2005;165:854-7).

Mathew Reeves, Ph.D., of Michigan State University, East Lansing, found that only 3% followed four steps that define a healthy lifestyle: not smoking, holding weight down, eating adequate amounts of fruits and vegetables, and exercising. Women tended to follow these steps more than men, as did whites compared with minority populations. But no one group came close to what is necessary to lead a healthy life, Dr. Reeves said.

When assessed individually, these health statistics didn't look as grim: Seventy-six percent of the respondents said they didn't smoke, 23% included at least five fruits and vegetables in their diets, and 40% maintained a healthy weight.

—Jennifer Silverman