**Practice Trends** 

## Lawyer: Concierge Care Models Differ Greatly

BY JOYCE FRIEDEN Senior Editor

BALTIMORE — Some of the physicians who embrace concierge care are ideologues who want the government and insurance companies to stop interfering in the doctor-patient relationship. And others? They're in it for the money and the lifestyle, John R. Marquis said at a meeting of the American Society of Law, Medicine, and Ethics.

Another reason physicians give is to improve patient care, said Mr. Marquis, a partner in a Holland, Mich., law firm. But there are two levels to the patient care issue.

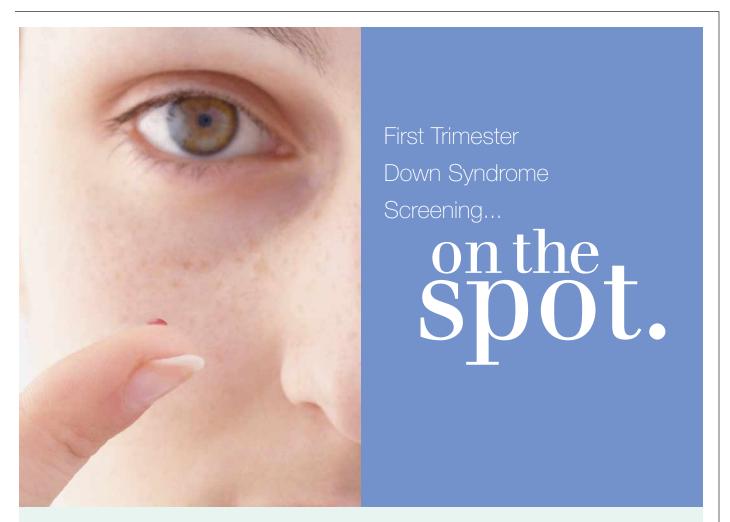
"Some say, 'I could practice better medicine if I spent more time with patients.' But there has been no proof of that whatsoever," said Mr. Marquis, who helps physicians set up concierge practices. He added that from an ethical perspective, physicians are not supposed to imply that concierge care will mean better care for their patients. Others profess the desire to provide better preventive care, Mr. Marquis said, noting that, to him, this seemed like a legitimate reason for moving to concierge care.

"Physicians don't get paid for doing preventive care, generally speaking. You'd be surprised at the number of physicians who say, 'I really would love to see healthy patients, because I have a lot to say to them. I'd like to plan their diet, their lifestyle, get them on nonsmoking programs, and I want to be part of their lifestyle," he said at the meeting cosponsored by the University of Maryland.

According to Mr. Marquis, there are two basic models of concierge practice. The first, practiced by the ideologues, is a "feefor-care" model, in which the physician charges a set fee—say, \$100 per month—in exchange for giving patients access to all the primary care they need, including sick visits, physicals, immunizations, and lab work. These physicians opt out of Medicare and don't bill insurance, although they may remain on some managed care panels.

The second model, used more by physicians interested in increasing their incomes, is a "fee-for-noncovered-service" model, in which the doctor charges patients a per-visit fee but also charges an annual fee for services not covered by Medicare, such as a yearly physical. "These people are driven more by money," said Mr. Marquis.

Proponents also say that the type of intensive medical care provided is very good for people with chronic illnesses, and that the increased income ultimately will make medicine more attractive and lead more people toward a medical profession.



She deserves the earliest reassurance. So give it to her on the spot with Ultra-Screen® IRAsm (Instant Risk Assessment). Ultra-Screen® IRAsm provides 91% detection with a false positive rate of 5%. Complete results are available as early as 11 weeks, 1 day. The IRAsm patient provides a dried blood sample as early as 9 weeks, which is then analyzed for two biochemical markers (free Beta hCG and PAPP-A).

The results are combined with a NT ultrasound evaluation at 11-14 weeks. Through a connection to NTD Labs' server, a combined risk result is obtained immediately at the time of the ultrasound

examination. You or your genetic counselor can then provide counseling to your patient. The addition of Fetal Nasal Bone Assessment increases detection to 95% and lowers the false positive rate to only 2%. Ultra-Screen® IRAsm enables you to fully assess her risk during a single office visit.

So don't be second-guessed. Choose the only first trimester Down syndrome screening protocol validated by 18 studies and 2 NIH trials.

Tel: 1-888-NTD-LABS Email: info@ntdlabs.com www.ntdlabs.com



## INDEX OF ADVERTISERS

<b>3M Pharmaceuticals</b> Aldara	33-34
Berlex, Inc. YAZ	3-4
Biovail Pharmaceuticals, Inc. Zovirax	13-14
Celgene Cellular Therapeutics LifebankUSA	5
Conceptus Incorporated Essure	27-28
Cytyc Corporation ThinPrep	35
<b>Digene Corporation</b> Digene HPV Test	24
Duramed Pharmaceuticals, Inc. (a subsid	
Pharmaceuticals)	16.16
Mircette Enjuvia	16a-16b 28a-28d
ParaGard	37-40
Seasonique	55-56
Endo Pharmaceuticals Inc.	
Opana	43-45
ETHICON, Inc.	
Gynecare TVT	11
Gynecare Thermachoice	30-31
Laserscope	
Corporate	21
Martek Biosciences Corporation Corporate	10
McNeil-PPC, Inc. Monistat	15
Monistat	15
Medison America, Inc.	
3D XI	42
Merck & Co., Inc.	
Gardasil	8a-8d
Corporate	22-23
Novo Nordisk Inc. Vagifem	7-8
NTD Laboratories, Inc. Ultra-Screen	54
Organon USA Inc.	
NuvaRing	25-26
Sepracor Inc.	
Lunesta	40a-40b
Wyeth Pharmaceuticals Inc.	
PREMARIN	18-20