

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 pro-

grams, 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 "fee-for-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. ■



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