Concierge Motives Include Money and Quality of Care

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

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.

"A large portion of these doctors have as their primary motive that they want to earn more money," said Mr. Marquis, a partner in a Holland, Mich., law firm. However, while money plays a big role, other factors also influence the decision, said Mr. Marquis, who helps physicians set up concierge practices.

One other big reason for the move to concierge care is lifestyle, he said. "If [I've] heard the analogy to the hamster wheel once, I've heard it a million times. 'I get up every day, I get on the hamster wheel, I run for 10 hours, I get off, and I hope to God I've seen enough patients to pay the light bill.' Concierge medicine does offer them some degree of better lifestyle as they perceive it."

'Some say, "I could practice better medicine if I spent more time with patients." But there has been no proof of that whatsoever. I think that is bogus.'

Another reason physicians give is to improve patient care. "You'd be surprised at the number of physicians who list [improving patient care] as their top priority," he said. 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. I think that is bogus," said Mr. Marquis. 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.' It sounds hokey, but I think they're being sincere when they tell me that," 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," Mr. Marquis said.

"They just want to game the system a little bit, and get a little more money out of it," he added.

Proponents believe that the type of intensive medical care provided is very good for sick people with chronic illnesses, and that the increased income ultimately will make medicine more attractive. Frank Pasquale of the Seton Hall University School of Law in Newark, N.J., agreed. Mr. Pasquale noted that concierge practices provide preventive care; "directly therapeutic" care, in which patients have the ability to jump the line and be seen the same day.

"The current [critics] are attacking concierge care as a unitary phenomenon," Mr. Pasquale said. "I say, don't attack preventive care, but the other two [directly therapeutic care and nonmedical amenities] are a problem."

Concierge care has "amazing benefits" for the doctors and patients who participate, such as more income for the physicians and more attention for the patients, he continued. But there are also problems, such as a disruption of care relationships for patients who can't afford or don't want to join the concierge practice.

"There's the worry of the 'death spiral,' where all the better physicians will go into concierge practice and everyone who can't afford a concierge practice will be left with physicians who don't have quite as good a reputation," Mr. Pasquale said.

Proponents of concierge care say that such a disaster scenario is not likely, because concierge medicine is not apt to spread. "It's just a new product," he said.

Rather than regulating concierge care out of existence, Mr. Pasquale suggests that, instead, lawmakers tax directly therapeutic care and nonmedical amenities, and use the tax proceeds to help provide access to care for the poor.

Sandra J. Carnahan of the South Texas College of Law in Houston suggested that private insurers consider dropping concierge practices from their networks.

In the case of physicians who treat Medicare patients, because taxpayer money is used to pay for the physicians' medical education, "that ought to [dictate] that they have a reasonable patient load ... and physicians should not be able to use the system to choose the wealthiest, healthiest patients who can pay the fees," she said. ■

POLICY & PRACTICE

In-Office AIDS Test, Please

Americans would much prefer to be tested for AIDS in a physician office or clinic, instead of performing a home test, according to a survey of 2,500 adults by the Kaiser Family Foundation. Overall, 62% of respondents preferred a doctor's office or clinic, compared with 26% who preferred home testing; only 10% said the location did not matter. However, respondents did think home tests should be an option; 65% said home tests help people who otherwise would not learn their HIV status. On the other hand, 27% agreed with the statement that home tests are "a bad idea" because people need counseling that is available only in a physician office or clinic. HIV testing should be treated like any routine screening and included as part of regular check-ups and exams, according to 65% of respondents. Slightly more than one-fourth (27%) of respondents disagreed; instead, they agreed with the statement that HIV testing is different and requires special procedures such as written permission from the patient.

Maine PBM Law Stands

The U.S. Supreme Court rejected a challenge to Maine's pharmacy benefit management company law. The Maine statute requires PBMs to disclose "all financial terms and arrangements for remuneration of any kind that apply between the pharmacy benefits manager and any prescription drug manufacturer or labeler, including ... formulary management and drug-switch programs, educational support, claims processing and pharmacy network fees that are charged from retail pharmacies, and data sales fees." The PBM trade group Pharmaceutical Care Management Association (PCMA) sued Maine when it enacted the law in 2003, claiming that it overstepped federal, state, and contract boundaries. But an independent pharmacy group hailed the high court's decision. "The decision to affirm the state's right to regulate PBMs is a major victory for consumers in Maine and many other states" the National Community Pharmacists Association said in a June statement. PBMs were disappointed. The state pushed into the "contractual relationship" between PBMs and their customers, Stephanie Kanwit, special counsel to PCMA, said in an interview. She noted that physicians might have fewer choices when writing prescriptions, because weaker PBMs could lead to higher drug prices.

Chiropractors Sue Insurers

Chiropractors, podiatrists, and others have petitioned the U.S. District Court in Miami to join *Solomon v. Anthem*, a class-action suit by nonphysician providers against insurance companies, charging that the companies conspired to systematically underpay providers and deny medically necessary care to patients. The American Chiropractic Association (ACA) also asked that ACN Group Inc. and United Healthcare Services Inc. be named as additional defendants. The suit seeks unspecified monetary damages and changes in the companies' practices. A similar class-action suit by physicians—known as the consolidated Provider Track cases—has been in that same court. The next steps in the Solomon case may depend upon resolution of the Provider Track cases, Thomas Daly, counsel for ACA, said in an interview. On June 19, Judge Federico A. Moreno dismissed United Healthcare from the Provider Track cases. "There is simply insufficient evidence of the wrongdoing claimed, i.e. agreeing with their competitors to defraud the doctors," Judge Moreno wrote. Two other insurers in the Provider Track cases, Aetna and Cigna, settled in 2003, agreeing to change their coding and claims procedures.

MinuteClinic: Quality Council

MinuteClinic, the nation's largest provider of retail-based health care, has created a National Clinical Quality Advisory Council. The eight-member council has five physicians, including a representative of the American Academy of Family Physicians. To develop its own standards, MinuteClinic uses quality guidance from AAFP and the American Academy of Pediatrics Red Book as well as the Midwestern Institute for Clinical Systems Improvement, Dr. James Woodburn, chief medical officer, said in an interview. Dr. Ari Brown, a spokesperson for the Texas Pediatrics Society, said that she was surprised that MinuteClinic was creating a quality council after the company was already up and running. Dr. Brown questioned the retail clinic's role in providing a quality "medical home" to patients. Dr. Woodburn said patients should have a medical home, but about 30% of the time, MinuteClinic patients either have no regular doctor or else do not want to reveal the name. If the patient does have a regular physician, the MinuteClinic mails a record of the visit to that office, Dr. Woodburn said.

Marlboro Case at Supreme Court

The U.S. Supreme Court has agreed to hear Philip Morris USA's appeal of an $80 million punitive damage award involving the death of a Marlboro smoker, rasing concerns about the future of punitive damages in tobacco and other public health matters. The estate of Oregon resident Jesse Williams was awarded the money in a fraud and negligence suit against the tobacco maker. Mr. Williams, who died of lung cancer, was a heavy smoker of Marlboros, and his estate argued that his smoking habit killed him. The high court agreed to address due process of law and punitive damage amount questions. Now that the states have signed the master settlement agreement, individual suits are one of the remaining vital weapons against tobacco products, David Dobbins, deputy general counsel of the American Legacy Foundation said.

—Nancy Nickell