

Just what the doctor ordered:

Concierge medical services flourish in Metroplex

BY STEPHANIE PATRICK
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All primary care physicians spend time with their patients, but most don't routinely spend an hour or more with one patient.

Debbie Kellum's physician does.

And house calls, a regular part of a physician's practice decades ago, are largely unheard of in today's managed-care environment. But Kellum can request a home visit from her physician.

"I don't have a lot of time to wait, so it's perfect for me."

-Debbie Kellum, patient

"I don't have a lot of time to wait, so it's perfect for me," said Kellum, the owner of clothing, gifts and home décor retailer Ashlins Ltd. in Grapevine. "I know I have someone treating me who knows all about me and is watching over my overall well-being."

That's because membership has its privileges.

Kellum is one of a growing number of patients nationwide opting for care in membership medical practices. The mini-trend, also referred to as boutique, retainer or concierge medical services, has grown slowly in the last few years as more patients are willing to pay membership fees in return for more personalized, service-oriented care. Their physicians usually focus more on preventive medicine

and wellness programs.

To make the model work, the estimated 300 or so membership-accepting physicians nationwide typically charge wide-ranging rates between \$75 and \$1,000 each month. What's included in those fees also varies by physician, according to the Society for Innovative Medical Practice Design (SIMPd), an organization of health-care providers that promotes a direct financial relationship with its patients in order to restore the integrity of the patient-physician relationship.

Insurance companies don't cover the physicians' fees as in-network services because the extra attention and access are not considered basic health care. However, the physicians are attracting patients because their medical practices usually limit patient rosters to a fraction of what other medical practices maintain and, in some cases, also include spa-like amenities such as heated exam tables and terry-cloth robes.

That's exactly the case at Destination Health, a Southlake medical practice opened this year by Dr. Robin A. Hall. The holistic-oriented practice, which includes Kellum and more than 30 other members, has an upscale, hotel-like atmosphere complete with a concierge, a health library and Internet access in the reception area.

Same-day appointments and house calls are available. If a patient needs to reach Hall after-hours or on the weekends, calls are immediately routed directly to her cell phone.

"I wanted to get back to really taking care of people," said Hall, a long-time physician, who previously founded Colleyville Family Medicine and later sold that traditional practice to the nonprofit Health Texas. "That's what I was trained to do and that's what I feel is my mission and my vocation."

As medical reimbursement rates



Dr. Robin A. Hall

PHOTOS BY JON P. LUZZI

continued to drop and her previous office's expenses began to rise, Hall, like many physicians, found herself seeing more and more patients each day to compensate. That meant spending only about five to seven minutes with each.

"I'm not about putting a Band-Aid on something or just trying to give a pill for an ill," said Hall, who also is an assistant clinical professor at the University of North Texas Health Science Center at Fort Worth. "I'm about really trying to find out what the underlying problem is so that we can treat it ... in five minutes' time, it's very difficult because many times the real reason a person is there is not the reason [that] they told the receptionist."

So, rather than growing her new practice to a roster of thousands of patients, Hall hopes to see only about 200 patients.

A single patient at Destination Health pays \$5,000 annually; a couple is charged \$7,500; a family of up to four members, all over the age of 15, pays \$10,000.

Hall focuses on screening her

patients for diseases before they manifest themselves. To do that, her members' annual health assessments typically take an entire day to complete and include full physicals plus lab work. Each assessment also includes more unusual care such as an assessment by a dietician, who is a certified diabetic educator; breakfast served in the office after a patient has fasted and lab work is taken; a light lunch; and meetings with a life coach and a yoga therapist.

"People don't realize how much our minds and our thoughts create our physical concerns," said Hall, who added that Destination Health takes a more holistic approach than even most membership practices.

Her patients' mammograms and computerized tomography scans are performed off-site and, if a problem is found and the patient requests it, Hall will accompany the patient to consultations with specialists.

Regardless of a patient's health status, by the end of the assessment, each is given a two-to-three page "Plan for Balance" summary of his or her health needs, both physically and

emotionally. The summary includes each patient's goals and Hall discusses what habits and behaviors each needs to change to meet those goals.

"I would much rather know ahead of time before symptoms occur," she said. "In the long run, that saves you a lot of money than if you end up sick and have to be out of work."

Regular office visits for ailments such as colds or sore throats are covered in the membership fee. There are extra charges for unusual lab work and aesthetic care, such as non-surgical facelifts.

Former Dallas Cowboys running back Tony Dorsett, whose wife has been Hall's patient for several years, recently began seeing Hall and said he likes the convenience. He sometimes goes in more than once a week.

"She knows my medical history and my lifestyle," Dorsett said.

The membership movement, which started 10 years ago in Seattle, has many supporters. Detractors, however, call it elitist.

Families USA, a national non-profit that champions affordable health care, said advocates for working families who have health insurance, as well as advocates for the uninsured, are alarmed by the trend.

"If a patient gets more and better health care if they pay more out-of-pocket, what happens to the person who can't afford to pay more out-of-pocket? Is the quality of the care reduced?" said Kathleen Stoll, the organization's director of health policy. "Will this trend make health care less accessible and affordable for the less-than-rich?"

The American Medical Association's reaction is mixed. In a written position, the organization states individuals are free to select and supplement insurance for their health care on the basis of what appears to them to be an acceptable trade-off between quality and cost.

Retainer contracts, whereby physicians offer special services and amenities (such as longer visits, guaranteed availability by phone or pager, and various other customized services) to patients who pay additional fees distinct from the cost of medical care, are consistent with pluralism in the delivery and financing of health



Dr. Hall performs a checkup on patient Debbie Kellum.

care, according to the statement. However, they also raise ethical concerns that warrant careful attention, particularly if retainer practices become so widespread as to threaten access to care.

"When entering into a retainer contract, both parties must be clear about the terms of the relationship and must agree to them," said the AMA in the statement. "Physicians must present the terms of the contract in an honest manner and must not exert undue pressure on patients to agree to the arrangement. If a physician has knowledge that the patient's health care insurance coverage will be compromised by the retainer contract, the information must be discussed with the patient before reaching an agreement."

Also, patients must be able to opt out of a retainer contract without undue inconveniences or financial penalties, according to the AMA.

Dr. Christopher Ewin, a family physician in Fort Worth and the president of the Tarrant County Academy of Medicine, said the membership or retainer model is the "first serious effort in the last 50 years to create a genuine marketplace in medicine,"

because people will pay for service.

"We need to move away from a government-and-employer-based financial arrangement and [into] a patient-financed system," he said. "The system is broken and so, when [you as the patient] are paying me, then I'm working for you and I'm not working for the insurance company."

Ewin, who founded the retainer practice One To One MD a few years ago, said the average employer pays about \$1,700 a year in loss-and-productivity costs for each employee that's sick and doesn't have access to care.

However, getting both patients and employers to see the cost-savings before contracting for his services has been difficult, said Ewin, who sees four to six patients each day in his office. He has one employee and patients may contact him at his home, cell phone or via encrypted e-mail.

His patients, ages 6-20, currently pay \$56.30 a month. Patients ages 21-34 pay \$84.44, those ages 35-59 pay \$112.59, and those 60 and older pay \$140.73 each. Prices go up every Jan. 1 to accommodate for Ewin's overhead costs.

"There are no visit fees and no co-

pays, but if someone needs some lab work, or they need X-rays, supplies or pills, I can't afford to pay for that," said Ewin, who usually asks his patients to maintain health insurance coverage to help cover those costs.

In June, Ewin was named president of SIMPD's board of directors for the organization that has more than 140 members.

"We are focusing a lot of our efforts on explaining to other doctors how to do this," Ewin said.

Ewin and Hall also said, while some membership-practice patients are wealthy, their patients range from executives to stay-at-home moms, and payment plans are available to make costs more affordable.

Hall also is working to encourage local companies to offer Destination Health memberships to top executives as perks, like they do golf memberships.

"It's weird. People will take their cars in for 30,000-mile check ups because they don't want anything to happen to their cars, but they don't look at their own health that way," she said. "Health is the greatest asset that we have."

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