http://www.forbes.com/sites/russalanprince/2013/05/30/what-is-concierge-healthcare/

Different types of Concierge Healthcare:

- Travel Medical Assistance
  - evacuations
  - foreign physician/hospital database access
- Private Health Advisories (plus #1)
  - comprehensive physical exams
  - EMRs
  - second opinion and complex disease management
- Private Physician Practice (plus #1, #2)
  - doctor on-call for you
  - increased personal interaction
- Total Care Platform (plus #1, #2, #3)
  - medical contingency plans
  - calendared longevity plans
  - immediate emergency telediagnosis/treatment

http://www.worldclinic.com/about-us/

World Clinic is 24hr access to your physician through video or phone for remote diagnosis and treatment via the prescription medical kit kept by the client.

http://health.usnews.com/health-news/hospital-of-tomorrow/articles/2014/04/01/physicians-abandon-insurance-for-blue-collar-concierge-model

Doctors are starting to provide these services with low-cost retainers payments and no required insurance to take control back from insurers.

"We realized that insurance paying for primary care is akin to using car insurance to try to pay for gasoline," says Dr. Doug Nunamaker, Atlas MD's chief medical officer. "It's something that's otherwise fairly affordable until you try to pay for it with insurance: My premiums would be much higher because they wouldn't know how much gas I would need, they would tell me where to get gas, and I'd have to pre-authorize trips out of town."

Covers most procedures, clients pay wholesale medication costs, and can receive house calls at no extra charge; clients referred to in-network facilities for more expensive preventative procedures covered under ACA

Switching to retainer model is risky for physicians. They lose medicare/medicaid patients, they have to market themselves with no insurance companies to refer to them, and they cannot re-enroll for medicare for 2 years.

http://atlas.md/wichita/

AtlasMD: A low-cost retainer practice

Monthly Membership Fees

- Children 0-19 years olds, $10/month with at least one parent membership
- At this time we are not able to provide routine vaccinations, call to discuss how we can help arrange these for you.
- Adults 20-44 years old, $50/month
- Adults 45-64 years old, $75/month
- Adults 65+ years old, $100/month
- Nursing home and home-bound patients, please call for details

(So a family of four would pay about 170 a month)

500-600 patients per physician (compared to average 2,000 of regular physicians)

http://www.businessweek.com/articles/2012-11-29/is-concierge-medicine-the-future-of-health-care

"There are 4,400 concierge doctors in the U.S., 30 percent more than there were last year, according to the American Academy of Private Physicians, their professional association."

"In 2011 the average American medical practice spent $82,975 per doctor dealing with insurers, according to the Commonwealth Fund."

"By 2020, the Association of American Medical Colleges estimates, there will be 45,000 fewer primary-care doctors than the U.S. needs."

"In 2010, Qliance says, its clients visited emergency rooms 65 percent less than similar patients. Thirty-five percent fewer of them needed to be hospitalized. They required 66 percent fewer specialist visits."

As concierge health care increases, the risk of government regulation (bc of doctor shortage) increases, and the demand for lower-priced smaller coverage insurance plans increases.

http://ispub.com/IJLHE/7/1/7969

The advent of concierge medicine has a positive impact on health, but certain precautions should be taken considering its limitations:

"The physician making the switch to concierge medicine must keep the patients that they will lose in highest priority, making sure the appropriate arrangements are made to find them a new primary care physician. The issue of abandonment is a major concern with concierge medicine. If a physician chooses to switch to a concierge practice, there will be hundreds of patients searching for a new primary care physician."

"We believe that a concierge practice should offer scholarships that would address the needs of minorities, the poor, and the elderly. This would help to eliminate any disparities in healthcare. Physicians should make their services accessible to all patients, not only the wealthy."

"We recommend that concierge physicians develop a 'menu' of fees and services to offer. Services offered should reflect patient need and be available accordingly."

http://online.wsj.com/news/articles/SB123445381743877781?mg=reno64-wsj&url=http%3A%2F%2Fonline.wsj.com%2Farticle%2FSB123445381743877781.html

Since its start in 1996, exclusively with wealthier patients, concierge medicine has spread to more modest income people with annual fees ranging from $550-$1500.

Right now, around 5,000 doctors and 1 million patients are involved in concierge care

Two kinds of concierge practices:

- "fee for care": patients pay a high fee, doctor drops out of insurance/medicare and provides all primary care for no extra charge; limited to small number of patients
- "fee for non-covered services": patients pay lower fee for services-like exercise and nutrition counseling and close attention-that are not covered by insurance

Patients can opt for a high-deductible policy and pay monthly or annual fees pre-tax dollars from a health savings account

Concierge care is dependant on the patients' willingness to work at their own health, and good rapport between physician and patient

http://conciergemedicinenews.wordpress.com/2014-concierge-physician-salary-report/

reasons for decrease in annual salary of concierge physicians included increased state and federal business taxes, and fewer patients renewing membership

85% of concierge physicians maintain solo practices, others practice concierge medicine within hospital environment

80% of CPs accept insurance at their practice, the rest have cash-only menu-style healthcare

65% of concierge practice fees are less than $135/month

CPs found mostly in primary care, family medicine, cardiology, and pediatrics

CPs make equivalent to specialist physicians, and usually treat about 10% of patients for free

switching to concierge medicine reduces administrative costs, operational expenditures, and staffing

CPs tell patients how much things cost. Medicine is one of the last businesses to start doing that

http://www.bostonglobe.com/business/2014/08/21/companies-fight-for-concierge-medicine-market/K9pSqM2eRiiWESiRqN7r5N/story.html

A big rivalry between MDVIP and SignatureMD. SignatureMD is suing MDVIP for requiring physicians to sign longterm non-compete contracts and practicing a monopoly. Before that, MDVIP sued SignatureMD for hiring an ex-MDVIP employee and stealing trade secrets.

http://www.heritage.org/research/reports/2014/08/direct-primary-care-an-innovative-alternative-to-conventional-health-insurance

ACA has helped direct primary care practices grow, because it has and will continue to cause doctor shortages and narrow networks.

Dealing with insurance-related administrative tasks takes up half of a physician's day. 40% of of primary care revenue goes to claims processing and profit for insurance companies.

Overwhelming evidence for better health of CM patients:
"The five-state study also showed positive health outcomes for these patients. In 2010 (the most recent year of the study), these patients experienced 56 percent fewer non-elective admissions, 49 percent fewer avoidable admissions, and 63 percent fewer non-avoidable admissions than patients of traditional practices. Additionally, members of MDVIP "were readmitted 97%, 95%, and 91% less frequently for acute myocardial infarction, congestive heart failure, and pneumonia, respectively."[21]

"Two-thirds of direct primary care practices charge less than $135 per month,[23] and these lower-cost practices account for an increasing proportion of the market."

One big barrier to CM is a lack of consensus on relevant policy. There might be legal issues with how federal and state laws affect CM, so physicians are hesitant to make the transition.

- Some states exempt DPCPs from insurance regulations, others place patient limit to qualify for insurance regulation exemption
- Secretary of Health and Human Services essentially sets the criteria for what direct primary care practices qualify for the exchanges.
- Lots of issues with the ambiguity of direct primary care classification. If the tax code recognizes it as "insurance", that lots of issues ensue (problems with having multiple insurance plans, HSA accounts, etc.)
- restriction with medicare patients

Recommended policy changes:

- review state regulation that inhibits growth of direct primary care practices
- address insurance regulation issues (physicians could face impediments through state insurance/provider regulation and cannot practice in confidence)
- Reform federal tax code to allow direct primary care payment for services through health savings account
- Establish federal rules allowing medical home services to include direct primary care arrangements (HHS hasn't set criteria yet)
- Change current law to allow Medicare patients to pay doctors directly outside of traditional Medicare program
- Encourage states to enable Medicaid patients to pay doctors for routine medical services

http://conciergemedicinenews.wordpress.com/2013/11/13/concierge-medicines-best-kept-secret-the-price/

Patients of Concierge Medical Care asked the reason they chose to switch:

- 34% said price was the main reason they chose concierge medical care
- 29% said insurance compatibility was the main reason they chose concierge medical care
- 17% said Medicare acceptance/participation was the main reason they chose concierge medical care
- 6% said more time with my doctor was the main reason they chose concierge medical care
- 6% said less office staff to deal with was the main reason they chose concierge medical care
- 2% said limited/no waiting was the main reason they chose concierge medical care
- 6% indicated a variety of other reasons not included in the list above

jfffj

Escape Fire: The Fight to Rescue American Healthcare (Documentary)

"½ of Americans with chronic illnesses are not receiving optimal care due to the brevity of their doctors visits"

Doctors are being paid based on the volume of service provided to their patients, not the quality of care. To order a test for a patient can earn their physician anywhere around $1,500, while just spending 45 minutes with them to understand their life and problems, ask questions, and educate them on how to be healthier would only earn them about $15. There is a serious problem with PCP incentives in this system. This leads to ⅓ of the medical procedures done in the US either not improving health in anyway, or even making it worse. 20-50% of medical scans in the US should not have been done.

Less invasive and sustainable treatments like acupuncture, meditation, and mind/body yoga that have been proven incredibly effective (with no negative side effects) have not yet been integrated into the system.

Extreme advertising of prescription medication reinforces societal expectations of quick health fixes rather than sustainable lifestyles changes that are proven much more effective.

PCPs are being forced to increase their productivity to cover rising healthcare costs, when their lack of time spent with patients is a larger part of the problem that is raising them in the first place.

http://www.washingtonpost.com/blogs/wonkblog/wp/2012/07/12/in-massachusetts-an-accountable-care-organization-thats-actually-working/

> Blue Cross Blue Shield in MA switched to a system much like an accountable care organization about three years ago, where physicians and hospitals collect a lump sum every year. If they can provide care at a certain level of quality for cheaper than that sum, they net profit. So far, the 7 providers participating have saved money and quality of care has even risen by 3.7% annual increase.

HIGH-LEVEL STAKEHOLDERS

- patients
- patient's families
- primary care physicians
- traditional private practices
- low-cost 'retainer' practices
- high-cost 'concierge' services
- insurance companies
- hospitals
- pharmacies
- health care policy makers

PATIENT PAIN POINTS

- barely any facetime with your doctor (15 min/visit)
- finding a pcp within your network is difficult
- getting an appointment is difficult and takes too long
- either paying high insurance premiums or high out-of-pocket costs with a high deductible plan
- no good way to develop long-lasting relationship with doctor and manage preventative care plan
- no express route of doctor interaction for small issues (prescription changes, minor common illnesses, general inquiries, etc.)
- no tangible interaction with personal health record to gain insights and take steps toward bettering health

TRADITIONAL PRIMARY CARE PHYSICIAN PAIN POINTS

- seeing too many patients, always being pushed to increase productivity
- not enough time to establish good relationship with each patient

- too time/cost-intensive to manage insurance billing issues (usually have to employ people to deal with them)
- feeling of loss of control in treating patients the way they want to treat them (insurance middle man creates obstacles and distance)
- lower paying salary compared to other physicians but very high workload/long hours
- provided the wrong incentives (administering expensive tests vs. actual patient interaction)

RETAINER/CONCIERGE PRIMARY CARE PHYSICIAN PAIN POINTS

- have to abandon many patients in transition
- have to refuse many patients to be able to provide high level of care
- can't treat medicare/medicaid patients
- insurance companies view care method as competition and won't accept any of their insurance claims
- face stigma of "abandoning oath" or "selling out"
- need to advertise themselves (lack of referrals from insurance companies)

OPPORTUNITIES

- platform for doctors in retainer practices to keep in close contact with patients, make "menu" of services/fees very accessible, apply for scholarships, prescriptions, referrals, etc.
- PCPs time/management of insurance billing and other paperwork is compromising their ability to provide care.
- patients don't have a quick, easy way for minor physician consultations that could prevent major illnesses in the long run
- patients don't have someone to hold them accountable to physician recommendations in between PCP visits, because PCPs are too busy
- the health care system is too siloed, so many care providers (PCPs, ER nurses, ER physicians, specialists, mental health physicians and counselors, personal trainers, lifestyle counselors, etc.) interact with patients and don't know what the others are doing or saying. It wastes a lot of time and can lead to preventable medical error
- shopping cart health tracking platform where doctors can pick and choose what metrics are necessary for each patient, provide relevant education materials, track and communicate with them in between visits, and sync this information with their electronic health record to make visits more efficient and effective
- low PCP morale because of overwhelming work conditions and lack of perceived impact on patient health (and lack of PCPs because of this)
- lack of connection between PCPs and lifestyle counselors, acupuncture, mind/body yoga, and meditation programs
- improving the culture surrounding the way we seek and interact with PCPs, so that they become a more involved part of our lifestyle rather than a sick-care manager

- switch physician incentive to quality of care rather than volume of care/make accountable care organizations easier and more implementable
- business education for PCPs to easily facilitate transition to concierge medicine

Yes, good point about the PCP. I wasn't sure what term to use and there are so many floating around (concierge physician, direct primary care physician, retainer doctor, etc.) But it was my intention that this new clinic and concierge physician are replacing the existing PCP. I agree about the use cases, I was actually trying to put together some scenarios:

-A patient needing a routine procedure, so the cMD performs that procedure, updates the careplan/patient history accordingly, and follows up with the patient.

-A patient who visits their cMD and needs a non-routine procedure, so the cMD refers them to another low cost pay-for-service institution or one covered by their health plan, updates the careplan/patient history accordingly, and follows up with patient.

-A patient who experiences an accident and has an ER visit. The patient informs their cMD via the instant communication feature, and the cMD is able to either get to the patient in the ER to physically communicate with the ER physician/nurses, or does so virtually. The physician then updates the careplan/patient history accordingly and follows up with necessary treatments or referrals. (I'm not quite sure how the ER visit fits exactly into this ecosystem or how feasible that is, but this is what I was envisioning within the diagram)

-A patient who has a condition that would be better treated by a specialist, so the cMD refers the patient to a suitable physician, keeps in contact with them to check up on the patient, updates the careplan/patient history accordingly, and and follows up with the patient.

-And maybe even a cMD patient who needs to see a physical trainer regularly, so the cMD refers them, communicates the patient's goals, and regularly follows up with the trainer to check progress.

I'm also not very familiar with how an ER visit would fit into the concierge ecosystem. Within the diagram I was thinking something as simple as the cMD being able to communicate with the doctor that the patient interacts with at the hospital, either in person with the patient, or virtually. This could be achieved through the instant communication between patient/cMD, and the patients ability to easily add contact information for their ER doctor through the system.