

HEALTHY LIVING

VIP treatment . . . from your doctor

BY BILL HENDRICK
Cox News Service

Eighty-nine-year-old Florence Day “felt abandoned” when her doctor told her that she’d have to pay \$1,500 cash to keep seeing him.

“I’m on a fixed income, and just couldn’t afford it,” said Day, who lives in Sandy Springs, Ga., and had to find another doctor. “It’s a terrible thing for people. I would have liked to have stayed, but I couldn’t. I was very disappointed.”

What happened to Day is occurring more and more with the rapid growth of concierge medicine, in which doctors charge patients an annual fee ranging from a few hundred dollars to \$20,000 to stay in their practices.

Florida-based MDVIP, a company helping doctors run concierge practices, requires affiliating physicians to be accessible 24/7 by cell phone and e-mail, provide head-to-toe annual exams and build in time to allow for same-day visits.

Its doctors help patients who leave their practices find new physicians who accept their insurance.

Experts say such practices — also called “boutique,” “retainer,” “preventive” and “executive” medicine — are growing because doctors are seeking new ways to find more time for patients, and provide better care. Experts estimate there are about 1,100 concierge practices nationwide, most formed by small groups of doctors who generally follow the MDVIP model.

A few months ago, Tom G. Stanek, 60, of suburban Atlanta, was told by his doctor he’d need to pay an annual fee of \$1,600 or find a new physician.

“Even though it’s hard to leave somebody you’ve been with for so long — over 15 years — it’s just too much money,” Stanek said. “I told him it was the fee. He had 3,000 patients, and he’s going down to 600. I can see his point of view, but ... I’ll lose that great relationship developed over



ELISSA EUBANKS / COX NEWS SERVICE

Dr. Kelly Ahn says goodbye to patient Ken Koushel at his Sandy Springs, Ga., practice. Ahn’s patients pay him an annual fee to have him on call 24/7, provide head-to-toe yearly exams and allow same-day visits. Concierge practices such as Ahn’s are becoming more popular.

Concierge practices offer more personalized care for patients who can afford it. But do they leave others out?

the years.”

Stanek and Day are among tens of thousands of people who’ve decided they can’t afford to pay more or don’t feel they need a closer relationship with their doctors.

But thousands of others, like Harriett Powell, 51, of Johns Creek, Ga., are concluding that it’s dangerous to put a price ceiling on health care. She’s paid the \$1,500 fee requested by her doctor.

Her physician, Dr. Kelly Ahn, 41, is



CONCIERGE MEDICINE

- Concierge practices represent less than 1 percent of all family and internal medicine doctors in the United States.
- The AMA says concierge medicine is consistent with its policies regarding delivery of care.
- It is growing because of rising costs and cutbacks in insurance reimbursements.
- Typical concierge practice sees 600 or fewer patients.
- The Government Accountability Office said concierge practices have not affected access to care for people on Medicare.
- A GAO report says concierge care presents no problem for Medicare beneficiaries. ■

affiliated with MDVIP, which describes its practices as “personalized preventive care” models.

In MDVIP practices, in which doctors keep \$1,000 of the fee, physicians are required to accept no more than 600 patients, rather than the 2,500 typical of family practices.

It provides each person with a CD ROM containing their medical histories and creates Internet “portals” that can be visited via password for instant communication with doctors and their staffs.

“Patients get a level of care that is not possible in a traditional primary-care practice of 2,500 patients,” said Dr. Edward Goldman, co-founder and CEO of MDVIP.

For the fee, patients in MDVIP practices get a comprehensive annual evaluation, which includes the identification of risk factors that predict the diseases a person is most likely to develop, based upon personal and family history, genetics, lifestyle, habits and occupation.

Ahn said he chose to join because he was frustrated that he had so many patients he couldn’t “take care of them” like he wanted.

The trend is catching on at a time when the number of doctors going into primary care is dropping. Last year, only 7 percent of medical school graduates chose family practice, a field with a median income of \$150,000.

The American Medical Association reports that there are about 250,000 practicing family physicians, internists and general practitioners, compared to about 472,000 specialists.

Critics contend that concierge practices are elitist, dumping thousands of patients into longer lines in emergency rooms and in offices of family doctors who remain independent.

Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania, said he has “sympathy for some of the doctors who are overwhelmed,” but that “concierge medicine can’t be done without excluding people.” ■

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