

Doctor cuts out insurance middle man

Vicky Taylor, vtaylor@publicopinionnews.com 7:30 p.m. EST January 29, 2016



(Photo: Markell DeLoatch/Public Opinion)

SCOTLAND - The doctor makes house calls. He spends at least half an hour with patients during office visits. He also offers virtual office visits using the latest Internet technology.

Leave your health insurance card at home, however, because he doesn't take health insurance.

It's back to the basics for Franklin County's Dr. Kenneth Rictor and his pioneering movement to return to a simpler, more productive time when doctors had time to really get to know their patients, spend quality time helping them stay well and treating their illnesses with empathy when they do get sick.

It's called Direct Primary Care and it's a movement that is catching on among family physicians across the country. In Pennsylvania alone, about 30 practices are listed with the Direct Primary Care Coalition, including Rictor's Scotland Family Medicine practice. Nationwide, there are probably about 1,300 DPC practices, according to one report by Kaiser Health News.

Tired of being in a situation where at times more than 60 percent of their practice's income is eaten up with costs associated with billing insurance companies - while the amount of time they can spend with patients dwindles - doctors like Rictor are opting out of what has become traditional fee-for-service practices depending on health insurance to pay those fees.

In the DPC model, patients pay a monthly membership fee for all their office calls and anything their physician can do in the office, including in many cases, some tests.

The story of Rictor's transition from an insurance fee-for-service practice to a DPC practice began about the time the Affordable Care Act became law in 2010. Faced with more regulations and increasingly complicated insurance filing requirements, he began to look for other alternatives for his practice that, at the time, served 4,000 patients.

After investigating and weighing those alternatives, he decided DPC might work for his practice. So in January 2014, he sent letters out to his patients explaining his decision and asking them to be a part of the change.

"I explained the concept of Direct Primary Care and told them that as of March 1, 2014, I would no longer be a part of the insurance industry for billing with the office," he said.

He had already contacted Medicare and insurance companies whose policies he accepted, telling them his practice, Scotland Family Medicine, was opting out of the insurance model and wouldn't be accepting insurance any longer.

In his letter to patients, he tried to let his patients know why he was changing the game for his practice.

"It was to maximize our time for our patients and to free up care issues for them," he said.



Dr. Kenneth Rictor, right, of Scotland Family Medicine, checks Larry Rowles' blood pressure during a house call Thursday, Jan. 21, 2016 in Pleasant Hall. Dr. Rictor is a part of Direct Primary Care and visits patients at their home. (Photo: Markell DeLoatch/Public Opinion)

At first the response wasn't pretty. He said most patients believed the only way they could afford care was to have insurance, he said. He called it a "conditioned response."

"Patients believed that the only way they could afford care was to have insurance," he said. "(They) were so used to having the insurance for everything that they could not conceive of a new type of model."

Patients could stay with his practice, he said, by paying a \$65 membership fee per adult, plus \$10 for children in the family. In return, all of the care they received from his family practice would be covered without additional cost.

Some patients were already paying fairly high insurance deductibles for office calls, he said. Now they had the choice of paying the membership fee instead of co-pays, or switching doctors.

Initially, about 250 people signed up for memberships. Since then, 300 people have joined - a combination of previous patients coming back and new patients deciding the DPC model would work better for them than the traditional insurance-driven model.

"We still have about 1,500 previous patients that are on the fence about Direct Primary Care," Rictor said.

Today, Rictor's patients are guaranteed at least 30 minutes with the doctor at every visit, and they usually get an appointment the day they call, or at most, the day after. They get deep discounts on generic prescriptions dispensed at the office, and deep discounts on outside services such as MRIs and other tests, thanks to agreements Rictor has worked out with other providers who have agreed to the special fees if they can bypass insurance forms and hassles.

"Our patient satisfaction has never been higher and the patients feel that they are our main focus rather than the documentation and coding of care," Rictor said.

The national average ratio for a doctor and patient population is one doctor for 2,500 patients, while DPC providers have a ratio of one doctor for 600-800 patients.

"Once we reach that number we will then look for other providers that would like to switch to DPC or (look at training) new doctors coming out of residency to adopt this model," Rictor said.



Dr. Kenneth Rictor, of Scotland Family Medicine, greets Suzy Rowles at her home Thursday, Jan. 21, 2016 in Pleasant Hall. Dr. Rictor is a part of Direct Primary Care and makes house calls. (Photo: Markell DeLoatch/Public Opinion)

Just because a patient chooses to join a DPC practice doesn't mean they have to drop their regular medical insurance, however. Some keep their regular health insurance but just don't use that part that pays for office calls or the care they get at the DCP practice. Others who don't have regular health insurance find it cheaper to join a practice such as Rictor's and get high deductible health insurance to cover other medical needs.

Rictor refers such patients who need that type of insurance to meet the requirements of the Affordable Care Act to an insurance agent who works with them to obtain it.

One of Rictor's patients -- a young man in his 30s -- pays \$65 for membership in Rictor's practice, plus another \$200 for a high deductible catastrophic health insurance policy. He says the total cost of the two is less than the cheapest policy he could find on the Affordable Care Act marketplace website.

And he says he feels he has better coverage than he would with a standard health insurance policy with co-pays and deductibles that seem to rise every year.

Many of Rictor's patients are families, however, looking for what they consider to be better care and more time with their doctor during office calls.

Because Rictor limits the size of his practice, he sees only about a dozen patients a day and promises each of them at least a half hour of his time at each office call. He said that way, he can get to know his patients in a way he never could when he had a fee-for-services practice and accepted health insurance.

His patients like knowing they can get an appointment immediately and don't have to wait a week or two to see a doctor or resort to seeing a doctor they don't know at a walk-in clinic if they are sick. In fact, Rictor even has time to make house calls if the patient's situation warrants it.

They can also reach Rictor by phone or email at any time, even weekends and at night, if they get sick or perhaps their child starts running a high fever after normal office hours.

"I was thinking today about how useful DPC is in the medical market place," he said. "A mistake people make is assuming if you have insurance then you don't need or won't use direct primary care."

He said he finds it ironic that today patients are mandated to have health insurance or face a tax, but even with that insurance they have less access to care.

"We are able to provide more comprehensive and accessible care without participating with the insurance companies than we were when we were a total fee for service office," he said.



Dr. Kenneth Rictor, of Scotland Family Medicine, makes a house call Thursday, Jan. 21, 2016 in Pleasant Hall. Dr. Rictor is a part of Direct Primary Care and visits patients at their home. (Photo: Markell DeLoatch/Public Opinion)

In Dr. Rictor's words, here is where DPC fits in every market:

- For the patient that does not carry health insurance, DPC acts as a complete health care for the patient and their family. Their healthcare costs are fixed with a monthly payment. When kids are \$10 a month, pediatric care is very affordable.
- For the patient that has a catastrophic plan with insurance, DPC is the perfect fit. Outpatient care is directed by the DPC office through complimentary office visits, discount labs, discount medications, discount imaging and complimentary office procedures. In many cases, the patients will never need to use the catastrophic care and keep any out-of-pocket expenses down to a minimum.
- For the patient with complete insurance coverage, DPC offers convenience of care and increased accessibility. Care can be given using today's technologies so that an office visit is not always necessary to receive care. This saves the patient time and provides an efficient, readily available healthcare service with a personal caring approach.
- For the medicare patient, DPC can provide a way to reduce drug cost with discount medicines. Home visits and phone visits can provide access to those patients that are homebound. We have medicare patients that tell us they spend less out-of-pocket costs with the DPC program than with the medicare office.
- DPC welcomes and serves all patients. You won't hear, "Sorry, we don't take your insurance," "Sorry we don't take medical assistance patients" or " Sorry, we stopped taking Medicare patients."

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