Alternative Primary Care: A New Frontier?

by John Rossheim, connect.curaspan.com

Frustrated with spending too little time with each patient and too many hours on insurance administration, a small segment of family physicians across the country is trying out alternative models of primary care. Practice models by the names of direct primary care, micropractice and concierge medicine begin by refuting one or more long-held assumptions: that most office visits must consume less than 15 minutes; that overhead must continue to crowd out compensation for primary-care physicians; that insurance administration can create process bottlenecks.

These innovative efforts to provide better-coordinated, higher-quality, affordable care should interest hospital executives and clinicians since they further goals mandated by the Affordable Care Act (ACA) as well as by economic realities. Reduce readmissions. Reroute ED visits. Improve care coordination.

Direct Primary Care: Flat and Affordable Fee.
The premise of direct primary care is simple: It's cheaper and much easier to just pay the doctor directly out of pocket for basic preventive care than to go through the administrative process of filing claims with private or public payers.

"You don't need insurance for common medical events," says Samir Qamar, MD, CEO of MedLion Direct Primary Care, which will soon expand from its current five California locations into Oregon, Washington and Florida.

In the direct-primary care model, the patient or his employer pays the doctor a flat monthly fee – typically $50 to $60 per month – for unlimited appointments and access to basic care. The physician has no dealings with insurers but strongly encourages the patient to complement the direct-care arrangement with a catastrophic plan for in-patient care. The combination of direct primary care with insurance for "rare events" usually costs patients less than comprehensive insurance.

The economic separation of payment from office visits can have a profound effect on patient access to primary care. "Most doctors are paid only if they see the patient face-to-face, so

most patients don't get a response if they e-mail their doctor," says Dr. Qamar. Each MedLion physician takes 15 minutes of each hour to communicate with patients, either through e-mail or by phone. "When we know a patient well, we can use these kind of consultations to decrease office visits and reduce doctors' workload."

Direct primary care aligns with some of the goals set by the ACA. "Hospitals have told us that 40 percent of their inpatient admissions don't have a primary-care doctor, because they have to pay out of pocket," says Dr. Qamar. "To reduce readmissions, hospitals are paying us directly. And if we provide high-impact preventive care, we can keep people from having to go the ED."

The ACA specifically contemplates the bundling of direct primary care with insurance for rare events. "The Act says that direct primary care wrapped together with a catastrophic insurance plan is eligible for health-insurance exchanges," says Dr. Qamar. "If patients have a choice between competing entities, we want to be in there as an affordable option."

Micropractice: Longer Visits, Lighter Overhead.
Although direct primary care shares with micropractice the goal of improved access to preventive care, the two approaches diverge from there.

The strategy of the micropractice physician? To reduce primary-care practice overhead and increase time with patients by using IT pervasively to replace office staff. Micropractice doctors, usually operating as soloists or in pairs, have no support staff or perhaps one, relying on computer systems to schedule appointments, maintain patient charts and file insurance claims.

"My patients schedule their own appointments, because otherwise that requires an employee," says Gwen Hanson, MD, a micropractice physician in Bellevue, Wash. "They love the online scheduling, because they can do it at 3 a.m., pick the time they want, and usually get in to see me the next day or sooner."

When patients don't have to play phone tag with overwhelmed schedulers, access to care is improved. "One way to help prevent hospital readmissions is to get patients in to see their primary-care doctor as soon as possible after discharge," says Jeff Cain, MD, president-elect of the American Academy of Family Physicians (AAFP). "Open-access scheduling helps with that."

With dramatically lower operational expenses, Dr. Hanson can see fewer patients and spend more time with each, a half hour for a routine appointment. She takes copious progress notes and types them into the patient's electronic chart during the visit, taking care to look at the patient and not the computer as she writes.

"Micropractice physicians are providing very effective patient-centered primary care," says Dr. Cain.

Micropractices do typically seek reimbursement from insurers. "Patients like that I do the billing, because they don't get put on hold when they call with a question," says Dr. Hanson, who does not take Medicare or Washington's Medicaid program, because "the billing was much more difficult."

The broader effects of micropractice on the primary-care system are mixed and uncertain. "The down side is that I don't get to see as many patients," says Dr. Hanson. "But micropractice could be opened up to nurse practitioners and physician assistants." Such innovations will be necessary if this practice model is to become more common; today there are fewer than 1,000 micropractices in the United States, according to the AAFP.

Concierge Medicine: Personal Attention — for a Price.
Concierge medicine shares some traits of direct primary care and of micropractice: Patients or their employers pay a primary-care doctor a flat fee in exchange for better access. One key difference is the size of that fee: Concierge practices typically charge an annual ante of about $1,000 to $5,000 or more.

Concierge physicians manage outpatient procedures for patients and even see them in the hospital, working hand-in-hand with hospitalists to pick up on issues that might have fallen through the cracks. Because they have established deeper relationships with their patients, it's easier to know what's going on with them.

A concierge doctor is likely to see about 500 patients annually, compared to 2,000 for the typical primary-care physician. Concierge physicians' particular strengths are anywhere, anytime access, deep knowledge of the patient and her medical history, and coordination and supervision of care across all settings. Concierge physicians justify their fees because they believe they are providing the best patient care.

John Rossheim is a writer and editor who covers information technology, careers and

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