

# “TRANSITIONING WITHOUT PAYERS - WHERE TO BEGIN”

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There are 3 main areas that a neurologist should focus on when trying to decide if a concierge option within their practice might make sense. One must first understand the philosophy of “concierge” or “client-based” medicine. Second, the neurologist should define their goals when adopting this strategy while ensuring they also understand the interests and expectations of the patients/clients. Then the neurologist will need to develop the financial model that will make this successful. Questions that will need to be answered include: is the idea to make more money, to work less, or to work smarter? What can one charge a patient while still taking insurance in a hybrid model? Lastly, what logistics and documents are critical to a successful practice. Unique nuances for these alternative practice models may include setting up a private phone line as well as niche ideas on marketing and advertising.

## Philosophy

The first question a neurologist should ask is whether they really want to augment the “doctor/patient” relationship to include a “professional / client” relationship. A successful concierge physician must like to spend time with patients, must like to talk to patients on the phone or by email and must not mind house calls. These activities, poorly reimbursed by current payor models, feel very different when the patient has paid you for them, thereby becoming your client. By spending more time with the client, the physician will develop a closer relationship with that person. They must have a good bedside manner (and enjoy it) to be successful. The concierge neurologist must be amenable with being on-call all the time. You might get emails from clients after business hours, on weekends, while at family functions, and vacations. It is usually simple things from patients you know well. It is not like being on call for acute stroke.

It is important to know what the patient wants in the concierge agreement. Most patients want access. This means they would like to email and call you directly without going through office staff or an EHR portal for medical questions or to report symptoms or issues. They want the comfort to know that a question or problem is a simple phone call or email at any time. I have never met anyone that abused this privilege. The concierge patient wants timely appointments at convenient times and to not be rushed. The older patient, especially with mobility problems, wants house calls more than anything else. That may be all they want.

There are barriers to the direct exchange of money between doctors and patients. Healthcare still seems like an entitlement that should be basically free if one is insured or has Medicare, for instance. Patients may feel like they get good service from you already without paying an additional fee. It should be clear, though, that a physician is a well trained professional whose time has value. While we are always willing to go the extra mile for a patient with a problem or a crisis, there is a limit to how much we can give of our otherwise unreimbursed time. When the patient and doctor understand this, the “client-based” or “concierge” model, through the mutually agreeable, fair exchange of payment is satisfying to both parties.

## Financials

What should concierge pricing look like? The easiest way to price concierge services within a traditional practice is through a yearly retainer fee. The exact figure is a balancing of many concepts. A comparatively lower price may result in more sign-ups. If you feel equivocal about taking money from people, you might like to price low. It is possible that the client may expect less from you if they have paid less. A comparatively higher price may limit the number of sign-ups and may exclude many who could use the service but not be able to afford it. However, a higher price may put forth an appearance of real value and exclusivity that many patients may find attractive. One idea is to price high, but build in some discounts to certain underserved populations. Pricing services less than local hybrid concierge internists, if available, may help encourage more patients to become clients.

For some physicians, beginning with a hybrid model of concierge services while still taking insurance may be best. Unless the service becomes a large part of the practice, it is not necessary to set up a separate business entity. You can set the number of clients you can handle without reducing your regular practice. However, over

time it may be possible to reduce your high-volume insurance-based practice and evolve more into a concierge-style practice, depending on your success. The hybrid model allows you to test it out, to dial it up or down, and see how it works without making a major leap away from insurance. Clients will pay the yearly fee up front. It is then at the physician's discretion when to withdraw the funds from the practice as part of one's salary.

What can we charge patients for? We can't charge for anything considered a covered service. This can be a tricky issue for the neurologist. What can we learn from our concierge internist friends? Only a little. In the hybrid model in which the internal medicine physician still takes insurance, the patient is charged a yearly fee for comprehensive wellness care. The concierge services are included in this package. In the full concierge model, the physician simply drops participation with all insurance products, including Medicare, and charges a typically much larger yearly fee, foregoing any additional billing. This is also an option for a purely outpatient neurologist but may be seen as somewhat risky.

The services I offer for the additional fee include: 1) non-urgent follow-up appointments within 2 business days, 2) appointments outside regular times to allow for a longer visit, 3) direct phone and voicemail access, 4) email, 5) private fax line, 6) house calls with the visit billed to insurance or Medicare and an additional travel fee billed to the client per visit and 7) formal video conference visits subject to an additional fee. All of these services are verified as not essential medical services and are not billable to insurance. Of course, seeing a sick patient with an urgent problem right away and providing on-call services for patients at all hours for emergencies is necessary and part of our doctor / patient compact. However, quick routine appointments during my lunch hour or the ability to contact me rather than a covering physician at any time is not essential, and has value.

### **Logistics and Documents**

My formal contract includes the services provided, a description of all fees, rules for renewal and termination, services excluded from the membership fee, a disclaimer about the use of electronic communication with regard to privacy issues, rules for program modification or termination and a statement about governance in accordance with state law. A basic contract may be created by the physician, but unless the physician is an attorney, it should be reviewed and modified as appropriate by a lawyer with experience in healthcare matters.

Another document is called the "Electronic Correspondence Consent." It requires the patient to sign that they understand that email may contain private health information and is not encrypted. This document states that I will use all possible protections including a password on my cell phone and the client agrees to do the same. The document states that electronic communication is not appropriate for an emergency but that paging the on-call physician or calling 911 is more appropriate for this circumstance. It states that electronic communication is not a substitute for medical care and that the client must alert me in writing for changes to contact information.

One can also design a house call addendum document which asks the client to attest to the fact that leaving their home is a hardship. This document also spells out the travel fee.

Finally, clients with Medicare sign an Advanced Beneficiary Notice of Noncoverage (ABN) form, which asks them to acknowledge they are paying for non-covered services and that they will not attempt to forward the bill to Medicare.

It is necessary to have a private phone number for concierge clients, and should not be your personal cell phone. One option is to purchase a separate cell phone but all mobile phone plans allow texting. I prefer to not give clients the ability to text me as this is hard to control. I use a "Wireless Home Phone," available from wireless carriers. It is a box that receives cellular signal and attaches to a basic cordless phone. You can select a number with your local area code. For mobility I forward calls to a VOIP number that goes to my mobile phone and receives voice mail if I cannot pick up the call. I make calls from the desk phone attached to the wireless base if I am home, or from my cell phone using the "Doximity Dialer" which allows the patient to see a selected call-back number on caller ID rather than my private cell phone or a \*67 blocked caller ID.

It is essential to set up a separate email address for clients. A partner may monitor this if you are away. I print out an email thread once the issue is resolved, scan it into the medical record, and then erase the emails from the server. There are also HIPAA compliant electronic fax services for a nominal fee.

I have a separate business card for concierge clients with all my private contact information. I include an envelope-sized brochure in a packet my office sends to all new patients informing them of my concierge option. I have sent letters and personally spoken to all my concierge internist colleagues and word spread throughout my community resulting in added success.

While financially profitable, understanding patient needs and demands within populations have been truly enlightening in both practice models. Many wealthy patients specifically look for cash neurologists to get more attention. Some uninsured patients (to whom I give a discount) see the value in paying my rate for a more attentive appointment and better access, rather than pay a similar cash rate to a large practice.

In conclusion, “concierge” or “client-based” medicine is a rewarding endeavor in which the neurologist can test out ways to monetize services not covered by insurance. The hybrid model allows flexibility and the ability to test the waters without leaving the insurance based practice all at once. Becoming a “concierge” doctor gives a certain level of pride and gets you noticed in the community. But most important, it allows for a fair and satisfying way for the doctor to give the patient / client what they really want from healthcare: more attention, better access, a closer relationship and a higher level of mutual respect.