

the Rheumatologist

An official publication of the ACR and the ARHP serving rheumatologists and rheumatology health professionals

VOLUME 8 NUMBER 9
SEPTEMBER 2014



IMAGE POINT FR/SHUTTERSTOCK.COM

page 32 **CONSIDER A HYBRID**

CONCIERGE PRACTICE

How to stabilize your practice's income & improve patient satisfaction

>> By Wayne Lipton

See page 32 →

The concierge membership fee is for non-covered services.

Fellow's Forum **CASE REPORT**

Granulomatosis with Polyangiitis

Refractory gastrointestinal hemorrhage in a patient with GPA

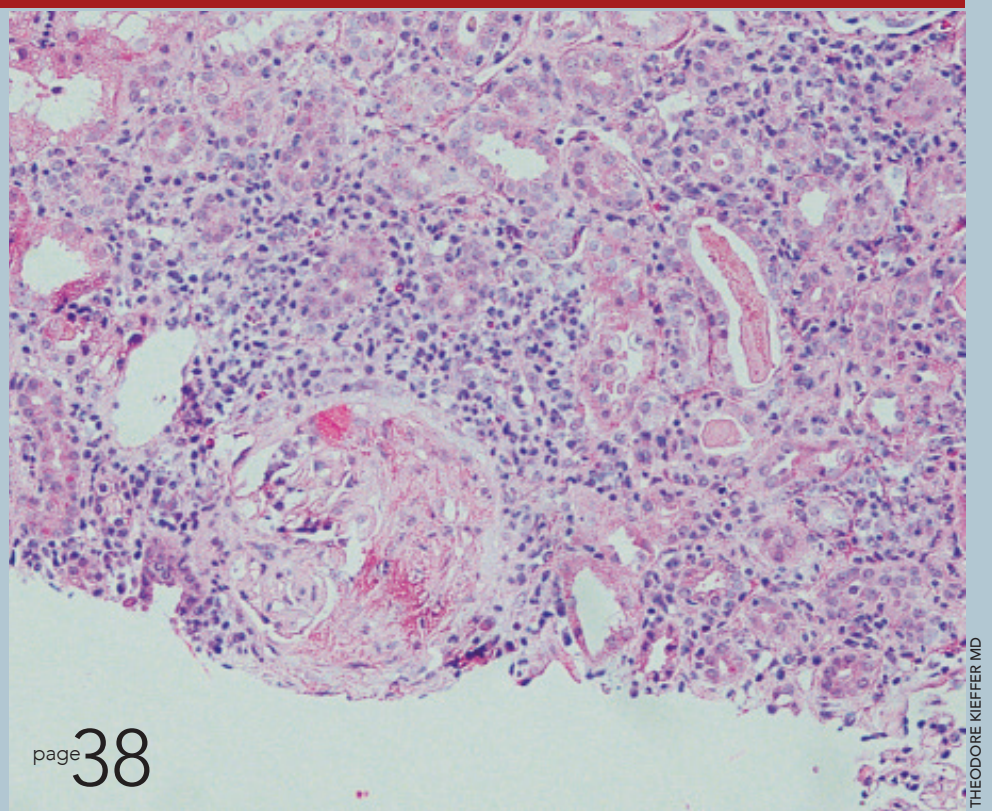
>> By Tehniat Haider, MD, Steven Hugenberg, MD, Veronica Mesquida, MD, & Mell Gutarra, MD

Granulomatosis with polyangiitis (GPA) is an antineutrophil cytoplasmic antibody (ANCA)-associated systemic necrotizing vasculitis that affects the upper airways, lungs and kidneys. It can involve other organ systems, but gastrointestinal (GI) involvement is uncommon. We present the case of a 35-year-old male with a new diagnosis of GPA and severe life-threatening GI manifestations.

Case Report

A 35-year-old white male was admitted to an outside hospital with pneumonia, new skin lesions, and respiratory and renal failure. He was placed on mechanical ventilation. There was concern for vasculitis; labs revealed a low serum complement C4, marked proteinuria and a positive C-ANCA/proteinase 3 (PR3) antibody. An illicit drug screen was negative for cocaine. In addition, the serum cryoglobulins, glomerular basement membrane antibodies, anticardiolipin antibodies

continued on page 38 →



page 38

The kidney biopsy showing crescentic glomerulosclerosis.

THEODORE KIEFFER MD

WILEY

AMERICAN COLLEGE OF RHEUMATOLOGY
EDUCATION • TREATMENT • RESEARCH

PRSR1 STD
U.S.
POSTAGE
PAID
Lancaster, PA
Permit 161

The Rheumatologist
John Wiley & Sons
111 River Street
Hoboken, NJ 07030
Change Service Requested



In a hybrid program, physicians continue spending the majority of their time in a traditional relationship with their patients & a smaller portion of their time delivering the personalized services of concierge care.

Specialty care physicians have recently begun experiencing the same pressure on reimbursements that primary care physicians have been struggling with for years. Across the board, procedural and ancillary service revenues have been slashed or are at risk for reduction. Rheumatologists, in particular, are seeing overhead escalate and income stagnate, with a growing percentage earning less than in previous years.¹

When faced with similar cuts to reimbursement and the overall challenges of a rapidly changing provider landscape, some primary care physicians turned to *concierge medicine*. Concierge medicine is a membership-based approach to patient care that directly funds physicians for additional time to perform non-covered or enhanced services.

Until recently, specialists, such as rheumatologists, didn't see the need to explore alternative practice models. However, increasing demands and marketplace uncertainties, along with patient interest, are now leading a growing number to consider the potential of concierge medicine. But implementing such programs isn't as simple as announcing a new program. Many specialists have found that with the need for continuing referrals, consultations and patients' insurance needs, concierge practice often doesn't provide the solution needed.

Over the past few years, some specialists have discovered that a "hybrid" model of concierge medicine gives them the opportunity to provide a stable source of revenue, while offering a practice option many patients today desire. In a hybrid program, physicians continue spending the majority of their time in a traditional relationship with their patients and a smaller portion of their time delivering the personalized services of concierge care.

Below are some questions and answers about how this new approach works for rheumatologists and other specialists, as well:

Q. What's the difference between a full model & a hybrid model of concierge care?

A. In a full-model concierge care program, the entire patient panel pays a membership fee in order to see their physician. The patient panel size is kept small so the physician can offer extra time and personalized concierge services. Therefore, when a practice converts to a full concierge model, the physician must dismiss a large portion of their patients, including those on Medicare, who either can't or don't wish to pay the membership fee. This can prove ethically and personally challenging for specialists who would have to dismiss patients who in turn may find it difficult to find specialized care.

In a hybrid program, the physician offers an *optional* concierge care program for those patients

who are seeking extra time, service and enhanced advocacy from their physician. Typically, only a small percentage of the practice joins the concierge program. The majority of the patients remain in the physician's traditional practice. Physicians can maintain their full patient panel and don't have to dismiss patients who cannot participate.

Q. Can a hybrid work for any specialist?

A. We've found the concierge model doesn't work well for specialists providing predominantly episodic care. It does work well for rheumatologists whose patients see them on an ongoing, recurring basis and whose medical needs strongly relate to their rheumatologic health needs. Many of these patients typically consider their rheumatologist

their go-to doctor, sometimes spending more time with their specialist than their primary care physician. *Note:* This is not about transforming a specialist into a primary care physician. It is about providing a greater consultative and advocacy role for specialists who seek this opportunity.

Q. What do patients receive for their membership fee?

A. The membership fee typically covers services that are not covered by insurance, such as an annual comprehensive screening exam. For rheumatologists, this means a 60- to 90-minute exam that includes a comprehensive patient and family history, and a collection of screenings customized to each particular patient. It often includes a discussion about nutrition, exercise and mobility planning, as well as lifestyle issues. The actual elements are tailored to the practice and the patients. The fee also includes enhanced services not available in the traditional practice. These may include off-hour emergency access via cell phone, dedicated office staff and phone numbers, relaxed office visits, advocacy and coordination with other healthcare professionals and transferable electronic medical records.

Q. Will my concierge patients be overly demanding?

A. Hybrid programs tend to be limited in nature, with most practices consisting of 25–100 members. This represents a small percentage of time each day dedicated to the concierge program. Physicians have reported that because patients know they can reach their physician whenever needed, they are much less likely to be overly demanding or make unnecessary calls or request after-hours visits.

Q. What does a program like this cost for the patient?

A. The annual fee to join a concierge program varies, but generally the range is between \$1,600 and \$3,000 per year.

Q. Does the hybrid concierge model work in group practices?

A. Hybrid concierge programs work well in group practices in which some or all of the physicians can choose to offer the program. The practice's

traditional program remains intact and continues to accept insurance plans as before, allowing for flexibility among the participating physicians.

Q. How does this affect my relationship with payers?

A. The concierge membership fee is only for non-covered services. Insurance plans continue to pay for procedures and covered services as before.

Q. What is the best way to start a

hybrid concierge program?

A. There are many important issues to explore. To be successful, a practice must analyze patient interest and demographics. You will need to look carefully at the regulatory and insurance environment in your state. The program must be strategically marketed and introduced to patients. Once launched, the concierge program, including scheduling and billing, will need to be managed. To ensure ease of launch and implementation, look for resources with experience and a solid track record in this practice format.

Q. How much will it cost? What is the potential ROI?

A. Some firms will assume the cost of market research and marketing and in return, will charge a percentage of the patient fee.

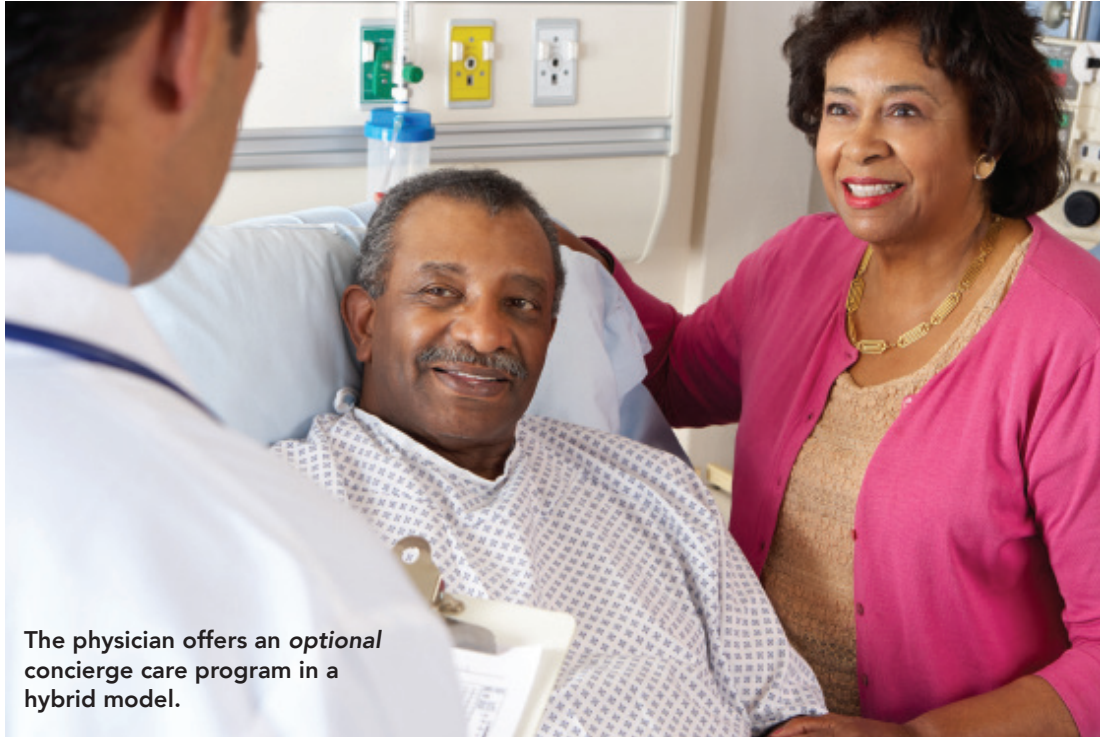
Do Your Homework

The current marketplace continues to bring uncertainty and challenges for many rheumatologists. The key is to study your own needs and those of your patients before deciding whether you should consider making changes to your practice model. | THE RHEUMATOLOGIST |

Wayne Lipton is president and CEO of Concierge Choice Physicians, which he founded in 2005. He was one of the first consultants to develop concierge programs for specialists.

Reference

1. Rheumatologist Compensation Report: 2013. Medscape. <http://www.medscape.com/features/slideshow/compensation/2013/rheumatology>.



The physician offers an optional concierge care program in a hybrid model.

MONKEY BUSINESS IMAGES/SHUTTERSTOCK.COM

Rx

Be #1 in Recruitment and Win \$ 500

THANK YOU

ACR members for sponsoring 2 or more new ARHP members in 2013-2014

Lin Brown, MD	Robert Johnson, MD
Vivian Bykerk, MD, FRCPC	Jeffrey Jundt, MD
Edward Engel, MD	Paul Katzenstein, MD
Gerald Falasca, MD	Allsa Koch, MD
Brian Feldman, MD, MSc, FRCPC	Anne Miller, MD
Joseph Flood, MD	James O'Dell, MD
Richard Furie, MD	Sara Stern, MD
R Michael Gendreau, MD, PhD	Ananda Walallyadda, MD
	Mary Chester Wascko, MD, MSc

AMERICAN COLLEGE OF RHEUMATOLOGY
ADVANCING PATIENT CARE AND RESEARCH

Corporate Roundtable

The Rheumatology Research Foundation is making good strides in its mission to advance research and training to improve the health of people with rheumatic diseases.

The Foundation is increasing its funding for research and training thanks in large part to the generosity of its Corporate Roundtable donors. Participation in the Corporate Roundtable is a direct investment in the Foundation's efforts to develop the next generation of rheumatology professionals who will provide high quality care for patients, as well as accelerate research that will lead to advanced treatments and, one day, cures.

Donations from the Corporate Roundtable support the Foundation through the Journey to Cure: The Campaign to Advance Patient Care and Accelerate Discoveries. The Foundation thanks the Corporate Roundtable donors for their exemplary support.

Leadership (\$7,500,000+)

Medical (\$2,500,000+)

Partner (\$1,000,000+)

Rheumatology Research Foundation
Advancing Treatment | Finding Cures

Corporate Roundtable Presentation of July 24, 2014