

CLINICAL COMMENTARY

"How Much is That Doctor in the Window?"

Peter C. Galier M.D., F.A.C.P.

"Hi Steve, what brings you in today?" Steve was one of my longstanding patients. He was healthy, pro-active in his health, and well versed in the latest recommendations in health maintenance. He was a retired business executive who served on the boards of several large foundations.

"What is your price going to be?" I was a bit perplexed by this question. It had been a long day and I was sure I had missed all, or part, of his sentence.

Steve placed a list of prices for various "concierge services" for various doctors on the table.

They went by many different monikers: Concierge practice, executive health programs, VIP programs, in home/office care providers. The menu was broad, as were the prices.

Some described different "levels of care." There was a certain basic package then, as services were added on, the package grew along with the price, similar to a full service car wash.

Basic levels included "same day" return call from the office (not necessarily the doctor), or a guaranteed same day or next day appointment. For an additional amount, you could get a same day appointment guaranteed, with all calls returned by your doctor on the same day, as well as all test results personally reviewed with you by your doctor.

The top tiers included personal access to the doctor's email and cell phone, 24/7 availability, offer to travel with the patient, or accompany them to other medical providers to help them understand the encounter better. It sounded similar to the concert-goer with a lanyard around his neck and "backstage pass" written on it.

"Non-crowded waiting rooms"

"Minimal waiting time for your doctor."

"As much time as you need with your doctor."

"Practice limited to 500 patients."

You could almost hear the bark of the carney: "Step right up folks! Sign up now before it's too late!"

I had taken care of Steve for years. I kept his health maintenance up to date, discussed the pros and cons of tests and interventions. I worked him into busy schedules when he was acutely ill, helped him navigate the long and painful illness of his wife, and the grief that followed. I replied to his emails, and returned all of his calls. Nothing about it was heroic, nothing "above and beyond the call of duty". I only did what I saw and learned from my mentors.

Steve was not concerned about the bells and whistles of this type of practice. He was concerned about access. A concern that somehow "health reform" will overwhelm the system. I thought, "Could it be that doctors will go to the highest bidder"?

Many executive health programs exist, and many provide access to tests that normally are not done for screening; full body PET scans, tumor marker panels, and the like.

Some programs serve a unique population who may not be able to go to an ordinary office such as politicians, or easily recognized personalities. Most many provide the promise of TIME with the doctor, and access when the patient desires it.

The cost of these programs can be direct and indirect. Costs of these tests and services are not covered by most insurances and overutilization of these services can create certain issues to patients truly in need of these diagnosis modalities.

In our current healthcare system where some patients have poor access to medications, this produces a growing divide in society.

Health scans are often marketed to the "average patient." For a few hundred dollars, you can get a scan of your chest, abdomen, pelvis, a bone density of your heel, and a vascular exam. If only an affordable advertisement was made for a health "scan" that included looking for what most people need: mammograms, colonoscopies, and cholesterol!

This efficiency in time or money is lost in the inefficiency of chasing down the invariable “incidentalomas” that are found.

One patient told me “for a thousand dollars, you think that a doctor would have gone over these scans with me, but they told me to see my primary care doctor.”

No worries, I’ll unravel the test, seek advice from my colleagues (uncompensated) and try to haggle with your insurer as to why I need a triple phase contrast CT to be sure the finding “most consistent with a benign hemangioma” is just that.

Times are tough for medicine; healthcare expenditures are 18% of GDP and rising. Times will get tougher. Health care reform may not turn out to be all it was hoped to be. No one will know for quite a while. However, there is one constant in medicine that will never change, the patient.

People look at their physician not just as a “provider”, but as a counselor, a confidant, a friend, and a healer.

They want time and guidance, not necessarily tests. More patients will need care from doctors in the future, not less. The entire medical community will need to improve access to help this need, not limit it. We will be shooting ourselves in the foot if we believe anything less than this. Let’s just hope we won’t have to worry about affording the retainer if that happens.

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