



The Doctor Will See You NOW

The popularity of concierge care in Seattle is growing. But it doesn't come cheap

By Malia Jacobson

HOW WELL DO YOU KNOW YOUR DOCTOR? With today's primary care physicians juggling thousands of patients—the national average is 2,300—you're lucky to get 15 minutes of face time at your annual checkup. That is, unless you pay a fee to a concierge medicine service for round-the-clock, personalized primary care. Those who pony up will see a lot more of their doc: Think appointments that stretch up to 90 minutes; 24-hour phone, email and text access; house calls; and even a personal physical escort to specialist appointments.

Concierge medicine has its roots in Seattle, beginning in the mid-1990s when former Seattle SuperSonics physician Dr. Howard Maron and Dr. Scott Hall founded concierge clinic MD2. A few years later, Virginia Mason Medical Center began developing its program, one of the country's first concierge practices housed within a multidisciplinary academic hospital. Since then, it's estimated that some 12,000 doctors nationwide have adopted a concierge model. Concierge medicine's long local history, combined with the region's aging, affluent population, pegs Seattle as one of the nation's hottest concierge medicine markets. According to The Concierge Medicine Research Collective, Seattle is the eighth-fastest-growing city for concierge medicine in the United States because of its burgeoning population, along with a strong local culture of innovation in health care.

Center, Auburn Regional Medical Center; Topiwala National Medical College, 1990

11 YEARS **Dennis W. Shaw, M.D.**, *pediatric neuroradiology, interventional radiology, MRI*; Seattle Children's Hospital, 4800 Sand Point Way NE, Seattle, 206.987.2134; Seattle Children's, UW Medical Center; University of Washington, 1983

Paul Sicuro, M.D., *nuclear medicine, cancer imaging, cardiac imaging*; Virginia Mason Medical Center, Radiology, 1100 Ninth Ave., Seattle, 206.223.6851; Virginia Mason; University of Washington, 1989

Lloyd E. Stambaugh III, M.D., *musculoskeletal imaging, nuclear medicine, body imaging*; Radia Inc., PS, 11521 NE 128th St., Kirkland, 425.952.6100; EvergreenHealth Medical Center, Swedish Medical Center, Providence Regional Medical Center; Duke University, 1994

Mark Zobel, M.D., *pediatric radiology, PET imaging, body imaging*; Overlake Imaging Associates, 1135 116th Ave. NE, Suite 260, Bellevue, 425.688.0100; Overlake Hospital Medical Center, Seattle Children's Hospital; Washington University, St. Louis, 1989

ENDOCRINOLOGY, DIABETES & METABOLISM

These specialists are concerned with the thyroid, pituitary and adrenal glands, among others, as well as nutritional disorders, sexual disorders and problems such as diabetes and hypertension. Endocrinologists are also internal medicine specialists.

Mandana Ahmadian, M.D., *thyroid disorders, parathyroid disorders, adrenal and pituitary disorders*; Bellevue Endocrinology Consultants, 1380 112th Ave. NE, Suite 205, Bellevue, 425.289.0374; Overlake Hospital Medical Center; University of Cologne Medical Faculty, Germany, 1995

Matthew D. Davies, M.D., *osteoporosis, pituitary disorders, thyroid disorders*; Swedish Medical Center, Endocrinology, 1229 Madison St., Suite 1500, Seattle, 206.292.2200; Swedish Medical Center—Cherry Hill; University of Illinois, 1994

Anthony Joseph DeSantis, M.D., *diabetes, pituitary disorders, thyroid disorders*; Endocrine & Diabetes Care Center at UWMC, 4245 Roosevelt Way NE, Seattle, 206.598.4882; UW Medical Center; Albany Medical College, 1993

Kenneth M. Gross, M.D., *thyroid disorders, hypogonadism, adrenal and cholesterol/lipid disorders*; Polyclinic, Endocrinology, 904 Seventh Ave., Seattle, 206.860.2389; Swedish Medical Center—First Hill; State University of New York, Stony Brook, 1976

Concierge care, also called retainer-based medicine, is like enhanced primary care. For an annual fee, typically between \$1,500 and \$2,000, patients get more direct access to their doctor, same-day appointments and coordination of medical care across different specialties. Leland Teng, M.D., section head for concierge medicine at Virginia Mason, recalls escorting one of his patients to an appointment with a lung specialist. “The specialist asked her about her condition, and she said, ‘I don’t really know. That’s why he’s here,’” and she pointed to Dr. Teng.

That scenario illustrates how concierge medicine helps address a common problem in modern health care. Often, patients don’t understand the complexity of their medical situation, and they don’t know how to ask for what they need, Teng says. Details, important ones, can fall through the cracks. With a patient load that maxes out at a few hundred, a concierge medicine provider has the time to manage the interface between primary care and whatever specialty care the patient might need, weaving together a comprehensive care plan from a complex medical picture.

Not surprisingly, this results in better patient outcomes. A study in the *American Journal of Managed Care (AJMC)* found that concierge care reduced preventable hospital care to the tune of \$120 million in health care savings per year and a per-capita cost decrease of \$2,551 per patient; more than most annual concierge program fees. In other words, concierge care saved enough money to pay for itself.

Although it’s somewhat counterintuitive, concierge care can reduce out-of-pocket medical expenses, because longer visits facilitate patient education and better preventive care, says Robert Goode, M.D., who opened Lake Washington Primary Care on Mercer Island after spending nearly two decades as a Seattle-based primary care physician in both traditional primary care and concierge care settings. “During a 45-minute appointment, a physician isn’t rushing through,” says Goode. “I have time to talk to a patient about preventative care,

or explain to a patient why they don’t need antibiotics. Or why physical therapy or massage might be a better option for their knee pain than an MRI and surgery. And with better doctor-patient communication, patients are more likely to understand and follow through with the recommendations.”

This often means sick patients deal directly with their doctor instead of the local emergency room. Goode recalls staying late to stitch up a cut for a patient who would have otherwise required

Local Concierge Practices

Seattle’s concierge market is soaring. Here is a sampling of local concierge practices.

SEATTLE PREMIER HEALTH

Seattle, seattlepremierhealth.com

PARTNERMD

Bothell, partnermd.com

MD2

Bellevue, md2.com

LEWIS AND JOHN DARE CENTER

Virginia Mason Medical Center, Seattle, virginiamason.org/dare

MEDNORTHWEST

Seattle, mednorthwest.com

LAKE WASHINGTON PRIMARY CARE

Mercer Island, lakewapc.com

BROADWAY CONCIERGE MEDICINE

Seattle, broadwayconciergemedicine.com

QLIANCE MEDICAL GROUP

Seattle, qliance.com

MEDTRIQ

Bellevue, medtriq.com

EVERGREENHEALTH SIGNATURE CARE

Woodinville, evergreensignaturecare.com

COHO MEDICAL GROUP

Bellevue, cohomedical.com

urgent care. The *AJMC* study found that concierge patients had 49 percent fewer avoidable hospital admissions, 63 percent fewer unavoidable admissions, and were readmitted to the hospital 97 percent less frequently for respiratory and cardiac conditions.

A *British Medical Journal* study of Seattle-based Qliance, a retainer-based primary care group practice with locations in Seattle, Kent, Lynnwood, Tacoma and Bellevue, found similar results: Qliance patients had 82 percent fewer surgeries, 65 percent fewer emergency room visits and 35 percent fewer hospitalizations than patients with traditional primary care.

SO, WHO GETS THE MEDICAL royal treatment? Right now, it’s available to those who can afford it: Approximately two-thirds of concierge patients earn more than \$100,000 per year. But that may be changing. Coho Medical Group in Bellevue practices direct primary care, a type of concierge care that gives patients access to a doctor for a low monthly set fee—Coho charges between \$59 and \$99 monthly, depending on a patient’s age. It keeps costs low for patients by eschewing insurance (most patients have a catastrophic, high-deductible plan).

But the concierge model’s strict cap on patient loads doesn’t do anything to ease the nationwide shortage of primary care doctors or the strain felt by traditional primary care clinics struggling to serve thousands. Virginia Mason’s five concierge doctors serve a maximum of 1,500 patients combined, almost 1,000 fewer than a single primary care doctor in a traditional setting.

That’s a fair critique, says Goode: Concierge care won’t help address excessive patient loads at traditional clinics. But, he points out, the problem is not only the number of patients seeking care; it’s that traditional primary care attracts fewer physicians to treat them. Freshly minted doctors who do enter primary care settings can expect long hours and lower pay than those who pursue specialty fields. Primary care doctors experience some of

the industry’s highest burnout rates. A 2015 study found that half of family physicians felt “burned out.”

In order to attract more primary care doctors, the field needs to change, says Goode. “Concierge care is not a solution for the current shortage of primary care physicians,” he notes. “But I hope that by giving medical students who may want to practice primary care another option besides long hours at a busy clinic, we can attract more primary care physicians into the field.”

ACENTRAL CRITICISM OF concierge care is that it divides patients into “haves” and “have nots” based on their ability to afford personalized care.

It’s true, says Goode, that with medical care, like anything else, you can pay more for better quality. And a practice that only accepts 300 patients is, by definition, more exclusive than other medical clinics serving thousands. But like many concierge doctors, he bristles at the idea of running an elitist practice. “I have patients earning several million a year and I have patients in bankruptcy,” he says. “One woman decided to cut out daily lattes to afford my \$89 monthly fee, because that was

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Robert Goode, M.D.
Lake Washington Primary Care

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He sees people from all walks of life, he says. “I enjoy the socio-economic diversity of my patients. I like giving the same level of care to a millionaire and to someone with financial struggles.”

Virginia Mason’s Teng also acknowledges that concierge medicine offers excellent care to those who choose to pay the fee. But the Virginia Mason concierge program benefits the larger community, not just the patients with cash to spare, Teng says. “Our concierge practice generates funds that go back into the pot to support medical care for all patients, paying for extra staffing and other needs for general primary care.”

And the trend toward more personalized attention and coordinated care is spilling over into other areas of health care. Patients who can’t afford or can’t access a concierge medicine service can use nurse navigators or special hospital-based medical personnel who help patients coordinate medical procedures within one hospital or health system. Nurse navigators are “facilitators” who, along with doctors, can help steer patients through increasingly complex hospital procedures, says Glenn R. Barnhart, M.D., chief and executive director, Cardiac Surgical Services at Swedish Heart & Vascular Institute. Over the next few years, Swedish plans to expand its nurse navigator program to enable more seamless coordination between specialties.

But because nurse navigators work in hospitals, they can’t provide the type of outpatient coordination offered by a concierge service, he says.

Over time, as more physicians enter the concierge market, prices will likely come down, says Goode, and more patients will opt in. If concierge medicine’s model appeals to more physicians and attracts more of them into primary care, eventually, heavy patient loads at traditional primary clinics may balance out. So while this free-market health care model doesn’t yet serve the masses, it may yet pave the way for more accessible, affordable health care for all. ■

11 YEARS Irl B. Hirsch, M.D., diabetes;** Endocrine & Diabetes Care Center at UWMC, 4245 Roosevelt Way NE, Seattle, 206.598.4882; UW Medical Center; University of Missouri, Columbia, 1984

George W. Moore, M.D., diabetes, thyroid disorders, adrenal disorders; Western Washington Medical Group, 1909 214th St. SE, Suite 211, Bothell, 425.420.1650; Providence Regional Medical Center; University of Oklahoma, 1972

PEDIATRIC ENDOCRINOLOGY

Martin A. Goldsmith, M.D., diabetes, growth disorders; Pediatrics Northwest, 34503 Ninth Ave. S, Suite 220, Federal Way, 253.927.3243; Mary Bridge Children’s Hospital; Albany Medical College, 1975

Kathryn D. Ness, M.D., MSCI, pediatric endocrinology, sexual development disorders; Seattle Children’s Hospital, 4800 Sand Point Way NE, Seattle, 206.987.2640; Seattle Children’s, UW Medical Center; Vanderbilt University, 2000

FAMILY MEDICINE

Family practice physicians care for the whole family, including children and the elderly.

Kirsten M. Andrews, M.D., psychosomatic disorders, addiction medicine, nutrition and disease prevention/control; Polyclinic, Family Medicine, 904 Seventh Ave., Seattle, 206.860.4424; Swedish Medical Center—First Hill; Brown University, 2004

Laura-Mae Baldwin, M.D., women’s health, maternal and child health care, rural health;** UW Neighborhood Northgate Clinic, 314 NE Thornton Place, Seattle, 206.528.8000; UW Medical Center; University of Southern California, Keck School of Medicine, 1980

Katherine Brown, M.D., preventive medicine, women’s health, obesity; Polyclinic, Family Medicine, 509 Olive Way, Suite 900, Seattle, 206.860.4700; Swedish Medical Center—First Hill; University of Pennsylvania, 1990

Paul E. Buehrens, M.D., preventive medicine, diabetes, geriatric medicine; Lakeshore Clinic, 12710 Totem Lake Blvd. NE, Kirkland, 425.821.4040; EvergreenHealth Medical Center; Case Western Reserve University, 1978

Jonathan Adam Drezner, M.D., primary care, sports medicine, musculoskeletal injuries; Sports Medicine Center at Husky Stadium, 3800 Montlake Blvd. NE, Seattle, 206.520.5000; UW Medical Center; University of California, Los Angeles, 1996

Sally Esser, M.D., women’s health, diabetes, geriatric medicine; Lakeshore Clinic, 10025 NE