

Panel Studies retainer care, practice trends

By Joel B. Finkelstein *AMNews* staff. May 17, 2004.

Washington—“what will it take to get physicians excited about practicing medicine again?”

That was the question Sen. Robert f. Bennett, (R, Utah) asked a panel of physicians testifying recently before the Joint Economic Committee. Their answer: Opting out of the mainstream, health insurance-oriented system of reimbursement.

Like these physician panelists, a seemingly growing number of physicians are eschewing insurers and Medicare in favor of cash payment and retainer practices, also called boutique practices.

The American Medical Association’s Council on Ethical and Judicial Affairs last year determined that the trend is not necessarily a bad thing.

“Retainer practices provide an opportunity for patients to develop a more personalized relationship with their physician,” said Council Chair Leonard Morse, MD, in an earlier statement. “But physicians should also make sure that all patients, including those who do not pay retainer fees, continue to receive the same quality of care.”

The panel of doctors told lawmakers that retainer care allows them the freedom to practice the type of medicine they think most appropriate.

“If a practice is limited to 600 patients, such as in my current practice, the 12 hours a week, or even 18 hours, can be devoted to annual preventive exams, with adequate time still available for routine and urgent care,” said Bernard Kaminetsky, MD, a Boca Raton, Fla., internist. By contrast, in a typical practice with 2500 patients, just doing one hour annual preventive exams would take 50 hours a week, 50 weeks a year, he said.

The physicians testified that they chose retainer care to avoid spending too much time with paperwork and too little with patients. Conventional practices end up charging uninsured patients more to cross-subsidize the high cost of administration for low-paying patients with private coverage and Medicare, the doctors said.

“The move to cash-based practices is concrete evidence of the atmosphere of fear and frustration in which doctors practice today,” said Kathryn Serkes, policy and public affairs counsel for the Assn. of American Physicians and Surgeons. The group says thousands of doctors across the country are choosing this approach

“Money is not the issue—control is. More doctors would rather treat uninsured patients, possibly for free, than jump through insurance and government regulatory hoops,” she said.