



## KAISER HEALTH NEWS

# Patients Get the Personal Touch

You'll get more face time with your doctor if you're willing to pay a monthly or annual fee. **BY SHEFALI LUTHRA**

A GROWING NUMBER OF PRIMARY care doctors are offering middle-income patients and Medicare recipients a service that generally has been viewed as health care for the wealthy. It's called direct primary care (DPC), and it's modeled after so-called concierge medicine. With DPC, doctors generally bypass insurance companies to provide personalized health care while charging a flat fee on a monthly or yearly basis.

Patients with concierge plans sometimes pay thousands—or even tens of thousands—of dollars a year, but DPC costs about \$100 a month. Patients receive comprehensive primary care, including basic medications, lab tests and follow-up visits in person, by phone and by e-mail. Doctors no longer have to wade through heaps of insurance paperwork, so they can focus

on patients. They spend less on administrative support, which helps drive down costs. In turn, physicians say they can give care that's more personal and convenient.

Interest is up in part because the Affordable Care Act, which requires that most people have insurance, identifies direct primary care as an acceptable option. Because DPC doesn't cover specialists or emergencies, consumers who choose the option also need a high-deductible health plan. The DPC membership fee doesn't count toward your insurance deductible, isn't eligible for reimbursement from a health savings account, and is usually ineligible for reimbursement from a flexible spending account. Still, the combined cost of the monthly fee and a high-deductible plan is often cheaper than traditional coverage.

The health law's language was an "Open for Business sign" for many doctors, says Jay Keese, who heads the Direct Primary Care Coalition. Before the law was passed in 2010, there were fewer than two dozen direct primary care practices nationwide. Now there are more than 500 group practices, and the total number of participating doctors may exceed 1,300. In a 2015 survey, the American Academy of Family Physicians estimated that 2.5% of its 68,000 members offered direct care, with another 1.1% planning to convert their practices to DPC. "When I go out to chapter meetings, I hear a lot more interest," says AAFP board chair Wanda Filer, a doctor in Pennsylvania.

Interest from consumers is growing, too. Harken Health, which offers health plans in the Chicago and Atlanta

metropolitan areas, has enrolled about 35,000 people in DPC coverage. Qliance, which is based in Washington State, sells a direct primary care offering on the state-run exchange. Qliance has also partnered with Expedia, Comcast and Seattle's firefighters union to include DPC among the health plans they offer their employees.

**The cost factor.** Doctors who have chosen direct primary care say they see patients at all income levels. Stanford Owen, a physician in Gulfport, Miss., says he treats "waitresses and shrimpers, as well as doctors and lawyers." He charges \$225 for initial visits, \$125 for a follow-up, if needed, and about \$50 per month thereafter. In the past year, he has started charging an additional \$20 co-pay per visit.

Direct primary care is also catching on with Medicare Advantage, the private health plan alternative to traditional Medicare. Iora Health, the DPC system that operates Harken Health's clinics, has launched outlets in Arizona, Colorado, Massachusetts and Washington that cater specifically to Medicare Advantage patients. People who have enrolled in plans administered by Humana and the Massachusetts-based Tufts Health Plan can apply that coverage toward membership in Iora clinics, which operate on a DPC model. ■

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