Some retainer practices cater to specific segments of the population. John Levinson, M.D., a cardiologist at Massachusetts General Hospital in Boston, runs a “hybrid” hospital/office-based practice that includes both retainer and nonretainer patients. "When I first opened my practice, I wanted to be a concierge physician. So many different types of retainer care have emerged that the trade association for concierge care changed its name to "the Society for Innovative Medical Practice Design," he said. There is a misconception that retainer care is elitist, that patients don't want to pay for it, and that it's something they can't afford, said Marc Zwelling-Aamot, M.D., an internist who runs a retainer practice in Long Beach, Calif. The 460 patients who belong to her "choice care" program pay a $1,500 yearly fee—but can pay it in monthly installments. "That's less than what they pay for car insurance, a little more than $100 a month," she said in an interview.

For patients who cannot afford the retainer, she provides free care in exchange for volunteer work at a 501(c)3 organization such as a cancer foundation. "It really is a nice exchange. Some of my patients have gotten really involved in the volunteer work—one who was volunteering at the hospital called me and said she wanted to work there."

About 10% of her patients take part in the program.

Dr. Bliss also cares for indigent patients. Those who can't pay the monthly fee fill out a form indicating what fee they can afford. "Whatever their answer is, that's the price they pay," he said.

From the start, he assumed that 10%-15% of his patients would be indigent, he said. "If every doctor had 10%-15% of their practices with people who couldn't afford it, that would go a very long way toward solving the problem" of the poor getting health care, he said. Plus, there would be no government programs to supervise the practice, no insurance costs, and no billing involved.

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it smacks of elitism, but in its defense, it is what America has pushed some doctors into doing,” Charles Scott, M.D., a pediatrician in Medford, N.J., said in an interview.

“Without a doubt [retainer] physicians know that there are ethical dilemmas associated with their practices, that colleagues are really scrutinizing them for their ethics,” Dr. Wynia said. In a recent survey of 83 retainer practices, he found that retainer physicians reported better quality of care and fewer hassles, but they also saw fewer minorities and Medicaid patients, and fewer patients with chronic illnesses than regular practices.

The physician’s role “is to provide 24/7 access for our patients—all patients, whether they’re on Medicaid, have special health care needs, etc. That’s what the medical home is all about,” said Garry Gardner, M.D., a pediatrician in Darien, Ill.

Dr. Zwelling-Aamot, who is trained in emergency medicine, said her patients are not compromised by her “round the clock” hours. Her office is next to the hospital, and she always carries her electronic medical records with her. She uses a variety of specialists in the area to cover for her.

This is how medicine used to work, when physicians volunteered at the local hospitals and free clinics, she said.

Not all medical services are provided by these types of practices, however. Dr. Levinson’s retainer, for example, does not cover medical care. It pays for 24-7 access to him, “but even if they come to my office for a normal medical visit, I’d bill [their insurer] for medical care provided,” he said.

Initially, Dr. Serbin thought about participating in an insurance group, but Blue Cross/Blue Shield, the largest insurer in Pennsylvania “was not too excited about the concept.” So far, he’s enjoyed the independence of having a retainer care practice. “It makes it a lot easier to do referrals,” as a lot of health plans have discontinued referrals for pediatric subspecialists, he said.

Dr. Bliss said he encourages all of his patients to carry a high deductible insurance if they can afford it, at the very least. Those who can’t afford insurance can often be included in hospital compassionate care programs.

“We are also working with insurers, encouraging them to create products that carve out primary care so that patients can contract directly with their primary care physician and maintain less expensive coverage for the unlikely but potentially catastrophic costs covered by insurance,” he explained.