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WALKING THE PLANK

Bermuda leaders wager their political capital by pushing for independence. Voters and big business are not amused.

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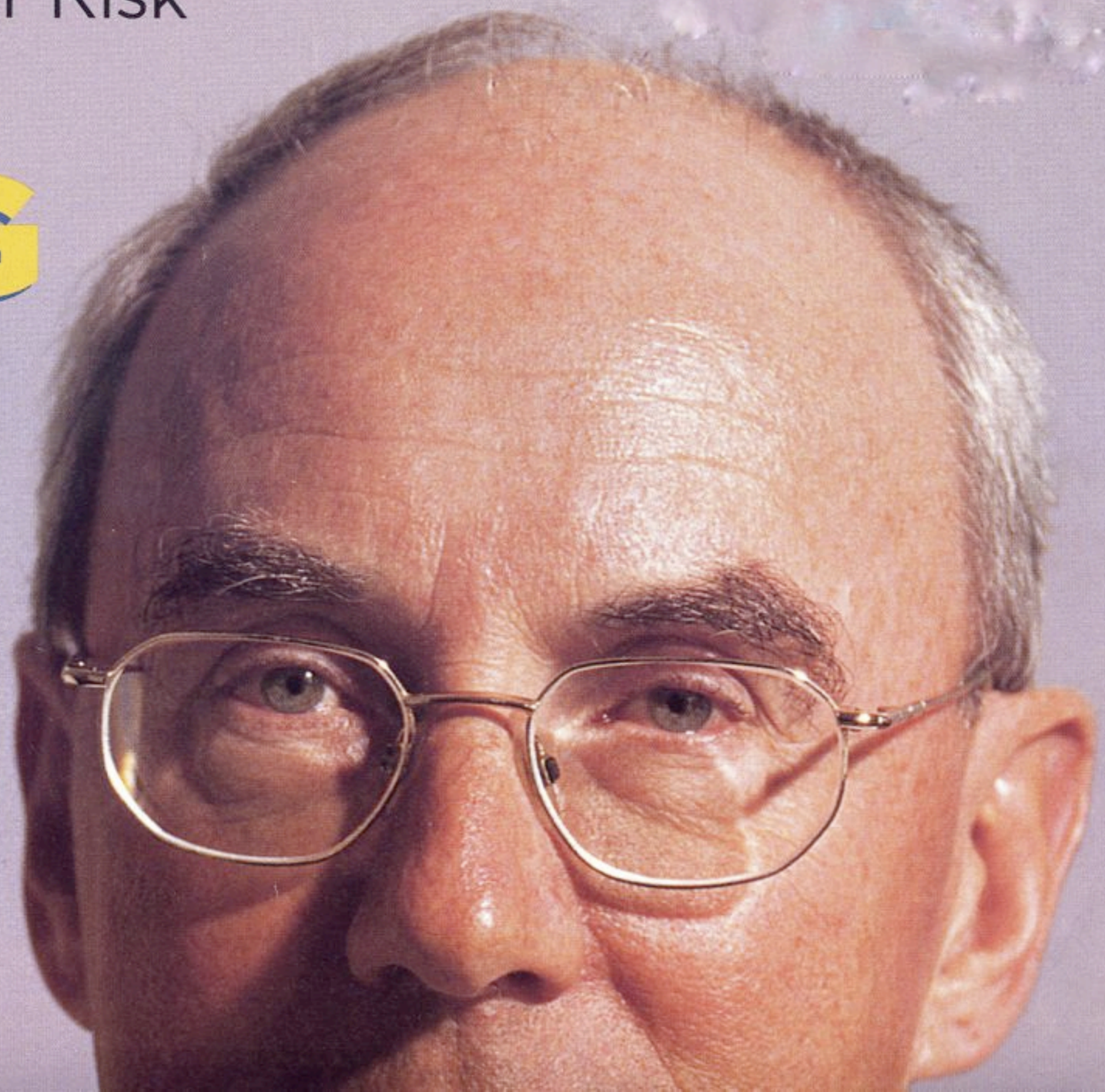
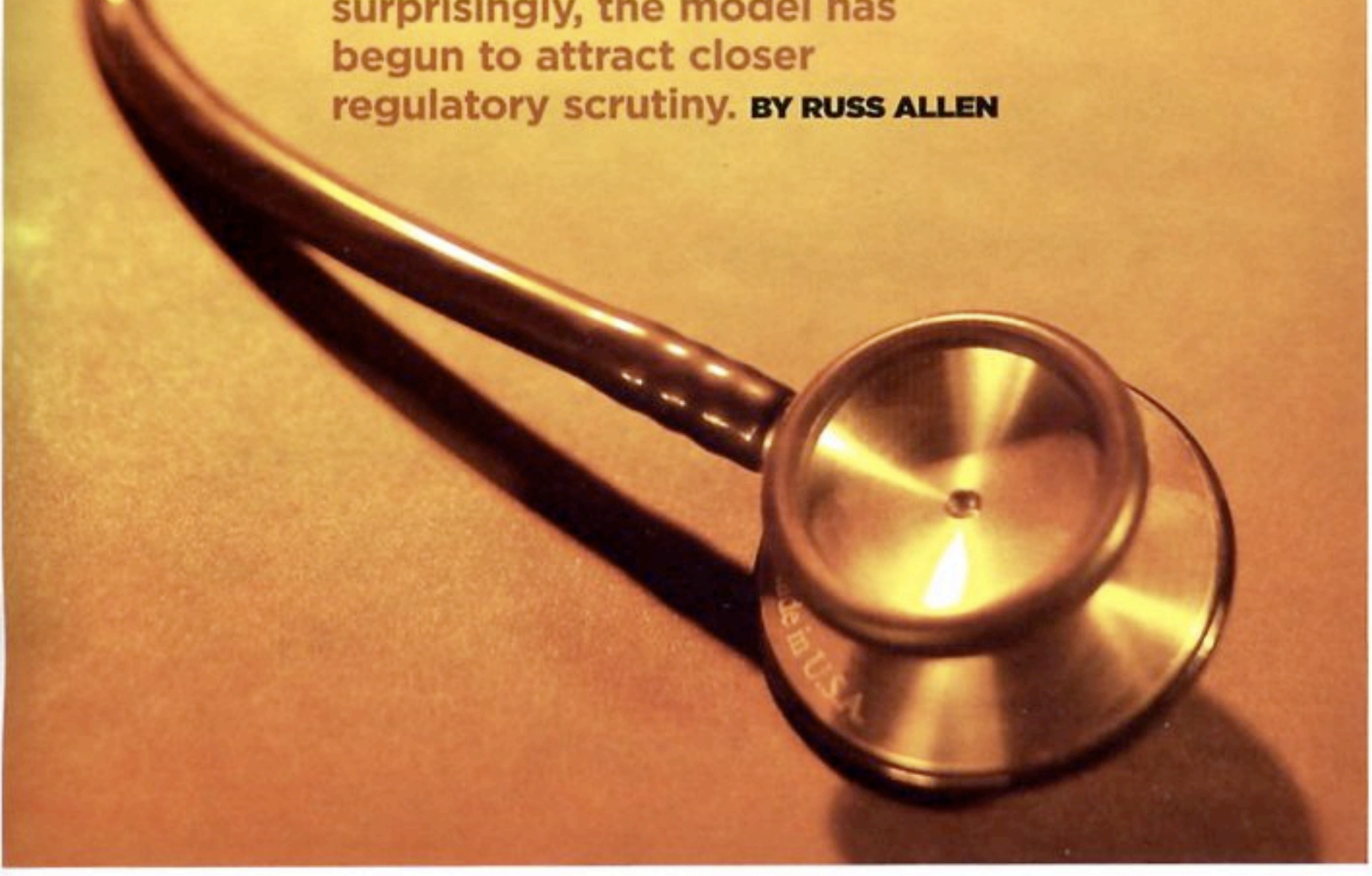


TECHNOLOGY:

Why Consumer Plans Complicate Bill Review

Doctors on Retainer Catch On

A new model driven by doctors dissatisfied with traditional managed care catches on with the few who can afford it. Not surprisingly, the model has begun to attract closer regulatory scrutiny. BY RUSS ALLEN



What would it be worth to you, if you never had to wait for an appointment with your doctor or sit around in the waiting room? What would it be worth if you received exhaustive preventive care year in and year out? How much would you pay if you could summon your doctor 24 hours a day, seven days a week to your house for a call? Would you pay $100 per month more for such premium care? How about $1,000 per month? Maybe even more?

These are price points in a small but now well-established niche of health care called retainer medicine. And patients buying these establishment or conversion of an estimated several hundred physician practices nationwide to a contractual form of old-fashioned medicine.

Internists and family practitioners in retainer practices give their patients better access and more time and personal care, offering:

- Patient-to-physician ratios that are a fraction of those in managed-care practices.
- Executive-health-type services, such as comprehensive physicals.
- In-hospital advocacy and better coordination of specialist care.
- Various types of in-office testing as part of the

practices. They say they are sick plans and tired of having to squee into their schedule to stay financ

Retainer medicine has spread markets on the east and west coa based MDVIP has helped to set up physicians in retainer-medicine f states—offering the doctors exper transitioning to, maintaining, and practices. Using the MDVIP ident marketing, the practices agree to 600 patients per physician and a per month, per person. (Primary- in conventional practices typicall of patients each.)

"Our doctors develop an indiv plan for each patient and work to track with it, like a wellness coac Engelhardt, CFO and general cou

The Lewis and John Dare Cen Mason Medical Center in Seattle retainer practice created at, and hospital medical center. At three Dare physicians charge $250 per person (pro-rated for additional fa and accept no more than 300 pat

MDVIP assisted with another r when it helped to open a concierg practice at Tufts-New England Me first such practice at a major acad center. And, finally, at the highes spectrum is MD^2. *(For more info please turn to page 23.)*

REGULATORS RAISE THEIR

Most retainer-medicine practices a patients' health care insurance for they've priced themselves into the retainer physicians do this to main income. But insurance companies, especially Medicare regulators have practice over the last half-dozen ye

Retainer practices may be deem for physician accessibility or othe considered paid for by third partie Medicare and Medicaid Services (look at the propriety of retainer m reviewed some offices, including t Members of Congress have looked retainer-based physicians from co Medicare at all. Furthermore, the Accountability Office is currently practices across the country to so patients are disadvantaged by the (The American Society of Concier offers a report to the GAO at http physicians.com/.)

"There are concierge models c not legal," says Engelhardt, whos like others, have had to be cautio they promote and market themse position now is that retainer char additional preventive care and no access to the doctor.

"That and the time to implem a total physical exam are the add what differentiates MDVIP," says prefers the term "personalized pr over the terms "retainer or conci

"Access is a difficult thing to de

"A LOT O