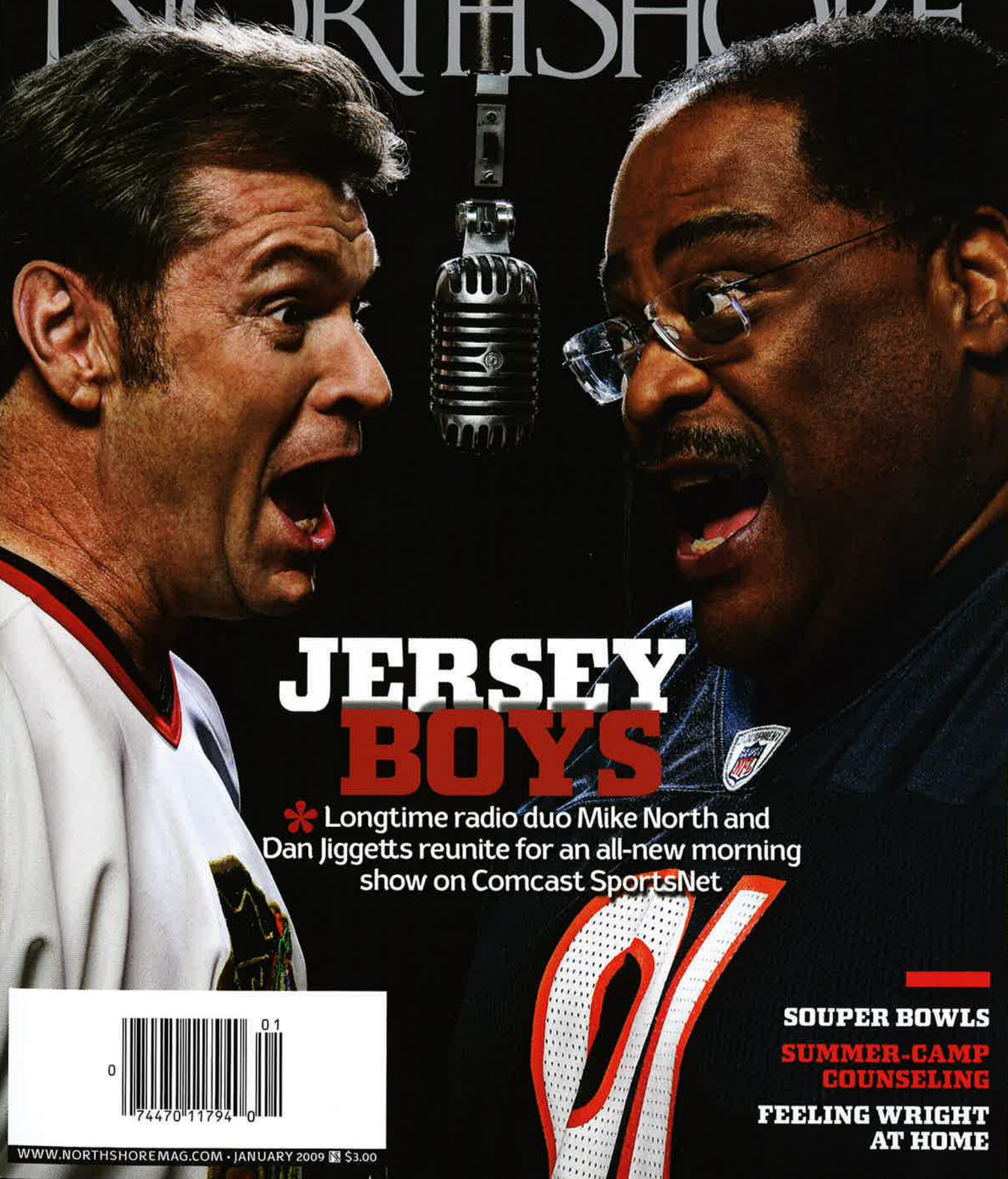


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Power to the Patient

Despite the prevailing dynamic in health care, you're the boss when it comes to your relationship with your doctor — and a new model of medicine is recognizing that essential truth.

By Terri Yablonsky Stat / Illustration by Marci Roth

Two years ago, Lee Karon, 77, of Highland Park spent several excruciating nights in a row in the emergency room for stomach pain. “They thought it might be my gallbladder,” she says, “but the hospital didn’t have anybody at that hour to do the scan.”

She went home and called her doctor the next day.

“He said he didn’t think it was anything and I should come in to the office the next day.” But when Karon arrived — a full two days later — the doctor examined her and said, “You’re sicker than I thought.” Karon had emergency gallbladder surgery the next night, nearly four days after her first trip to the ER. When she told her doctor afterward she wasn’t happy with

her care, he replied, “Well, we found the problem, didn’t we?”

That was it.

Lee Karon and her husband, Sheldon, packed up their medical records and found another practice.

This kind of medical horror story has become all too common these days. Short visits, harried doctors, delayed test results, bungled records, aloof staff ... any of this sound familiar?

As medical reimbursement continues to decline and malpractice insurance soars, doctors have to see many more patients each day to stay afloat. The average family physician sees approximately 20 to 25 patients each day, according to the American Academy of Family Physicians. The median length

DOCTOR
IS IN

PATIENT
POWER



of an office visit with a family physician is 15 minutes. What this means is that getting the care you expect — and deserve — is tougher than ever. But what's a patient to do?

While we don't hesitate to fire a lax attorney or an unreliable lawn service, we shy away from "firing" a bad doctor and finding someone new. The thought of starting from scratch with a new doctor can be daunting. Scariest still is sticking with a doctor we doubt. But like Karon, more and more disgruntled patients are taking their business elsewhere. And what they're quickly discovering is they have more power than they thought.

"Many patients feel they have no power in a doctor's office, but in fact they hold all the power," says Dr. Phyllis Hollenbeck, author of *Sacred Trust: The Ten Rules of Life, Death and Medicine* (Book Publishers Network). "They are employing the doctor and have every right to, in effect, fire them if they are not satisfied with the service being provided."

Hollenbeck says medical consumers need to be more discriminating about whom they choose to handle their health. "Medicine is a service profession. It should be a humbling experience to have the chance to be a physician, not a passport to arrogance," she says. "Doctoring is about understanding the connection between medical science and the human spirit. From the moment the doctor opens the exam-room door, people need to be put at ease so they can tell their story. Their life is in our hands, so it's only fair that our job security is in theirs."

The fortunate ones have already found a way around the problem, diverting their business to what are being called "concierge" or "boutique" medical practices. For a premium annual "retainer," these patients get unlimited access to their doctor of choice, and the doctors get the luxury of dramatically reduced patient loads. Annual retainers range

from \$1,000 to \$15,000 per person, per year, while in the Chicago area the typical fee is \$1,500 to \$2,400.

Dr. Martin N. Sachman, a solo practitioner in Northbrook, transitioned to a concierge practice three years ago.

"It's been absolutely terrific," Sachman says. "I'm practicing a brand of medicine I think my patients deserve. I had over 2,500 patients before and now have fewer than 600. We allow 30 minutes for a routine or sick visit and a full hour for a physical exam, with more time if


says. "There's still some stress, but it's a much calmer environment. When you burn out, it's bad for you and for your patients."

Mort Kessel of Highland Park, 61, has been Sachman's patient for almost two decades. He and his wife stayed with Sachman through the transition. "Once I found out more about it, it seemed like it would be a good idea for us to be a part of it. The responsiveness is much better, and we have the ability to talk with him and not

The Search for Dr. Right:
Just as you date around before deciding on a mate, choose your doctor with the same discretion.

BEFORE you decide on a new physician, consider interviewing them at their office (insurance generally does not cover this). Think about the following:

- Get a feel for the staff. Do they seem happy? Are they interested in you and engaging?
- Did the doctor make eye contact with you, say hello, shake your hand and acknowledge you in the visit?
- Did the doctor review your record before entering the room?
- Did the doctor and staff answer your questions thoughtfully and respectfully?
- Were you satisfied with your care?



needed. The patient feedback is the most gratifying. They love the time and the ability for me to be hands-on. I can call patients just to see how they feel or see them in the emergency room or nursing homes. I can even make house calls. The pace is much slower. I think I'm practicing better-quality medicine because I can do more-in-depth exams."

Sachman's annual retainer has been \$1,500 since September 2005. His retainer for new patients is \$1,800 per year. While the retainer is paid out-of-pocket, and there is a small office visit fee, the practice bills insurance and accepts Medicare for all visits. "It's so much more rewarding for my patients and for me to practice this way," he

feel we have to race through the conversation because he is so busy," Kessel says. "Having fewer patients gives him the ability to deal more personally and individually with us. Obviously there's an additional cost, but it's worth it."

Roberta Greenspan and Michael Friedlander, principals at Specialdocs Consultants, Inc., a Highland Park firm that helps doctors transition to concierge practices, say the "boutique" concept really started to take hold on the North Shore three years ago, but it's been popular on the well-heeled East and West coasts for twice as long.

"We have at least six concierge practices on the North Shore," says Greenspan. "It's not a fad; it's a

growing trend. It's an exciting, viable option for those doctors who are not willing to sacrifice on the kind of care they give. They're working twice as hard to stay in the same place financially. The only way we know of for doctors to remove themselves from the current state of fast-food-model medicine and get back to the real practice of medicine is to open a concierge practice."

However, such exclusivity is not without controversy of its own, the most obvious element being the number of Americans such a retainer-based system leaves behind.

Conscious of these disparities, Greenspan says her agency will not accept a client whose sole purpose for making the transition is all about economics.

"We believe all of our physicians should give back, and they must accept a number of pro bono/scholarship patients who do not pay the annual fee," she explains. On average, this amounts to about 10 percent to 15 percent of patients.

Another option for patients who don't have the means to pay out-of-pocket retainers and other pricey "boutique" medicine fees is what doctors are calling "hybrid plans," an interesting cross between mainstream fee-for-service care and the more exclusive concierge medicine.

"We're trying to offer boutique or concierge medicine without having to do what most others have done, which is to send a letter to 3,000 patients and say, 'I'm cutting my practice down due to economic reasons,'" says Dr. David Donnersberger, one of four doctors working in a hybrid medical practice in Winnetka. "It's not ethical to fire 2,000 patients so you can focus on the wealthiest 300 patients."

The practice does accept Medicare but does not participate as an "in-network" provider for any private insurance plans. For patient convenience, the office staff will submit bills to the appropriate Medicare and

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private insurance carriers, knowing in advance how much will not be covered and therefore will be the responsibility of the patient.


The result is care that is certainly more expensive, but patients say the extra cost is worth it.

"You never feel rushed," says Lee Karon, who switched to Donnersberger's practice after her gallbladder ordeal. "I've never had a doctor spend two hours getting my history. He's extremely thorough, and his office is run so well. When you call, you get the same woman on the phone. Before, you were lucky if you got through. If he gets a test result back at 10:15 a.m., you will hear within minutes. I walk in, and the receptionist asks how I am. At the other place they barely greeted me."

Donnersberger says this is possible because his office doesn't need to double-book. "It's rare if we see even eight to 10 patients a day." He also makes house calls for homebound patients, personally calls patients with test results, cares for his own patients in the hospital, offers same-day visits, has an on-site lab, greets patients in the waiting room and takes vital statistics himself.

"A doctor is a caregiver, an educator and an advocate," he says. "You as a doctor have to do all three of those things well. Most of the time when patients have problems with doctors it's not in the doctor's role as caregiver but as educator and advocate. That's when things fall apart."

With the changing political regime, there's no telling what the future holds for our health-care system. Let's hope the voices of the discontent have been heard.

One thing's certain: You are your own best advocate. Keep track of your medical records. Don't be afraid to change doctors if you're unhappy with your care. Rest assured, there's a good match if you take the time to find it. And if you feel your voice is not being heard, as in Lee Karon's case, by all means, speak up. 

Bethany Methodist Communities — "Called to Care"