

## More MDs offer personalized care for a price

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More internists in the Birmingham area are getting out of what they consider the rat race of modern medicine and are setting up what they hope is a Marcus Welby-style practice.

The return to an idealized age of medicine — when the relationship between doctor and patient was not crowded out by insurance company dictates — comes at a price.

Patients pay an annual fee in addition to what their insurance covers. The payoff is touted as better access to their doctors and more emphasis on preventive care.

Drs. Calvert Dodson and Preston Harrison of Red Mountain Internists are starting such a practice at the end of September. They are going

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from practices of about 2,000 patients each to a maximum of 600 each.

Patients will pay \$1,500 a year to join and are promised an extensive annual physical, longer appointment times with little to no wait and the ability to contact their doctor by cell phone or pager at any time.

Dodson and Harrison will stay partners in Red Mountain Internists, but they are also joining MDVIP, a Boca Raton, Fla.-based company that runs a national network of primary care doctors with retainer-fee practices. The doctor keeps

\$1,000 of the fee and MDVIP gets \$500.

Dr. Rob Spiegel, formerly a specialist in hospital care, set up a similar practice on his own in April called Signature Health in Homewood.

He, Dodson and Harrison join three other physicians in the Birmingham area with similar retainer practices, often described as concierge or boutique practices.

Critics say this kind of practice further fragments American health care between the haves and have-nots. The American Medical Association has issued guidelines for the retainer practices and said they would raise ethical concerns if they became widespread and threatened broad access to care.

Proponents say it allows doctors to take better care of their patients. The financial freedom from complete dependency on insurance payments gives doctors more time to educate and emphasize prevention rather than merely treating illnesses, many of which could have been avoided.

When Dodson began at Red Mountain Internists in 1990, he was seeing 12 to 14 patients a day. These days, it's not unusual to treat 20 to 22, several of whom are in for an annual physical. When he starts the MDVIP model, he'll allot 90 minutes to a patient's annual physical and at least 30 minutes for routine office visits. Patients are told the extra fee will pay for a more thorough yearly physical that is tailored to their needs.

"This gives me the best op-

tion for treating patients the way I was trained to do," Dodson, 48, said.

Dodson and Harrison are first recruiting among their existing patients for the new practice. Other internists at Red Mountain who are not switching to MDVIP will be able to treat those who don't join.

### Assuring continuity

"We wouldn't have made this change without being able to make sure there was continuity of care for all our patients," Dodson said.

Spiegel didn't have to worry about that because he worked for a hospital before and started his private practice from scratch. He will treat a patient's child, ages 16 through 25, without requiring an additional retainer, as well as relatives visiting from out of town.

"The heart of my practice is the family," Spiegel, 41, said.

Spiegel said he and his nurse have made house calls, and he plans to have a nurse call patients regularly to make sure they are making progress on their health goals.

"I love it," Spiegel said. "I've really gotten to know the patients. This is fun."

Some insurance companies have frowned on the arrangements. Blue Cross and Blue Shield of Alabama doesn't contract with any of the doctors in retainer practices. What most doctors do in those cases is charge patients an office visit fee that's close to what a co-payment would be. The doctor can still file claims with Blue Cross. Once patients meet their deductibles, Blue Cross sends the patients checks for out-of-network office visits.

### Similar UAB group

Clearly, there is demand for this kind of health care. UAB Health System started Camellia Medical Group, with Dr. Doug Tilt, in 2003. That practice requires a \$3,000 annual



fee but caps enrollment at 300 patients. Tilt's practice has had a waiting list for several years, and Camellia brought in another doctor, Gorman Jones, last year.

Dr. David DeAtkine started a practice with MDVIP about five years ago, and it has been full, with a long waiting list, for several years. DeAtkine is an endocrinologist in addition to being an internist, and treats many patients who have diabetes. He sees about 10 patients a day, compared with 30 or more before he switched to MDVIP. He said nationally a routine visit with an internist is shorter than 10 minutes, which often does not allow time to get to the problems.

"I think what we're doing with MDVIP is not innovative," DeAtkine, 47, said. "I think it's a return to the way internists used to deal with their patients. We feel like we're going back to the old days."

DeAtkine said he doesn't feel his practice is elitist. The annual fee divides into \$125 a month.

"The demographics of the practice is very broad," he said. "I have truck drivers. I have school teachers and retired people — lots of just regular folk."

MDVIP will have three doctors in Alabama when Dodson and Harrison start their practice. Nationally, the company has grown from 40 doctors in 2004 to 250 today in 22 states and the District of Columbia. While that's huge growth, it's still a fraction of the 723,118

doctors practicing in the United States.

## To early to tell?

The Center for Studying Health System Change in Washington said retainer practices are still too few to affect access to care.

"Our sense is this is kind of on the margins," said Alwyn Cassil, spokeswoman for the nonprofit group.

Cassil said research showing the benefit of such retainer practices is scarce.

"Is it that patients are really getting better care, or is it that this is making them feel better about the care they're getting?" Cassil said.

Dr. Edward Goldman, a founder and chief executive officer of MDVIP, said he has proof that doctors in his network are delivering better, more personalized care.

The company tracked 14,000 of its patients in 2006 and found that MDVIP patients had 53 percent fewer hospitalizations than those using traditional practices, Goldman said. He said MDVIP participants tend to be sicker than the average patient, and the analysis controlled for demographic differences between the population at large and MDVIP patients. Goldman said he hopes to publish the findings soon.

Now MDVIP is studying the total cost of care and expects to find that the retainer fee pays for itself through overall lower health care costs. The group also is doing a pilot

study with Medicaid patients this fall to see how well the MDVIP model works with low-income patients.

"We think we can effect the savings with all groups," Goldman said.

## MD's attention cited

Troy Rhone can't put a price on the value he believes he's gotten from DeAtkine's personal attention.

Rhone, 33, has a congenital heart abnormality, and his health has always been complicated. He didn't feel that other doctors he was seeing took his health concerns seriously, even though he had suffered from mini strokes and one full stroke.

"I felt like I needed a doctor who would spend more than two to three minutes with me and say, 'Come see me in a week or two,'" Rhone said.

Rhone has been a patient of DeAtkine's for two years, and most of that time DeAtkine was trying to get specialists in Birmingham to identify the cause of the strokes. Ultimately, DeAtkine referred Rhone to the Cleveland Clinic, where doctors diagnosed and operated on a blood clot on his heart valve two months ago.

Rhone said other doctors dismissed his concerns, but not DeAtkine, who suspected a heart problem all along.

"I credit him with saving my life," Rhone said.

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