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WEALTH IN PERSPECTIVE

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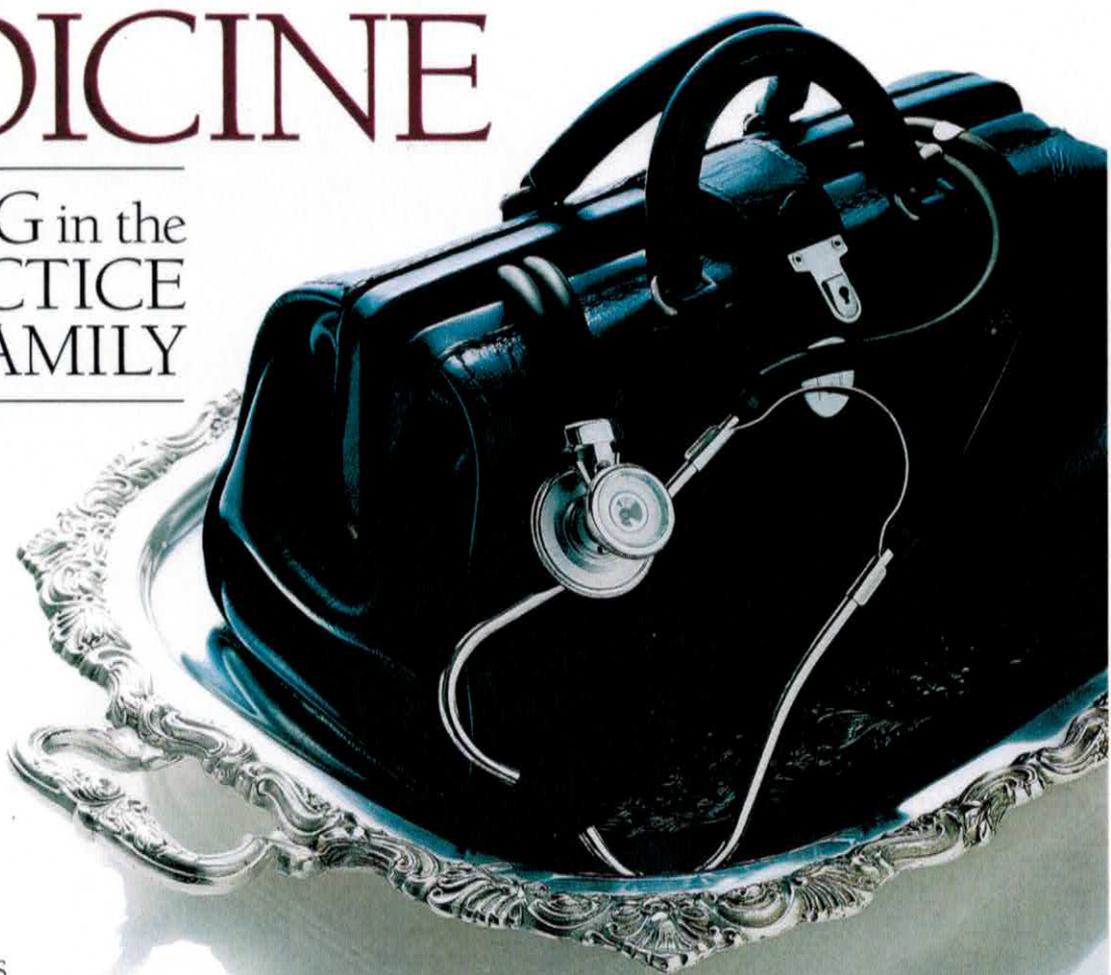
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# The "Highly Attentive" Approach

HOWARD MARON, former team doctor for the NBA's Seattle Superonics, is considered the pioneer of the retainer-based model and a leader in the field of concierge medicine. In 1996, Maron started MD<sup>2</sup>, the first company to offer concierge medical care.

*What is concierge medicine and what need does it fill in the current market of medical services?*

FIRST OF ALL, let me clarify that I only came up with the concept—not the term "concierge medicine." I know what a concierge is, but to describe what I do as simply opening doors and directing people diminishes the other important thing that I do. I am the primary care physician for my patients. I prefer "highly attentive medicine."

*So what is highly attentive medicine?*

AT THE RISK of coming up with a poor analogy: I'm a member of a golf course that has 300 members, and that course is incredibly underutilized. The value of having very few members is that when I show up to play, I can play. As a consequence, the course gets fewer players and it's in better shape. Similarly, highly attentive medicine means having a staff-to-patient ratio that is strongly in favor of the patient. They're paying me to keep my practice small—not to be too busy—so I can meet their needs when they need me. Unfortunately, there are other retainer practices that are spin-offs of what we do. Yes, they are retainer-based, but their numbers are different. I have nothing in common with another retainer-based practice if it is not highly attentive.

*MD<sup>2</sup> offers personalized medical services to upper-income patients. Wouldn't these patients already get this type of service from their personal physicians?*

You MEAN, do they already have some influence that could have them jump a little higher? Some of them are hospital contributors, so naturally the hospital would do everything it can. But if the only doctor they have is me, as high as they thought I could jump for them, if I already have 30 patients in my schedule that day, how could I? What could I do? Most rich people don't want to carry a big stick

and muzzle others, but even if they did and tried, they couldn't, because their doctor was booked.



*MD<sup>2</sup> charges up to \$20,000 a year, while others claim to provide the same service for as little as \$1,200. What accounts for the difference in price?*

IN GENERAL, what matters is how many patients you have. I take care of only 50 families. Some retainer practices say they have

limited their practices to 600 families per doctor. They're walking the middle ground when there is no middle ground. How can they be available to make house calls if they have 10 times the amount of patients?

*Describe a typical patient experience at MD<sup>2</sup>.*

WE DON'T HAVE a waiting room. Our office is locked. It's fully staffed. The door is closed, but it's available all the time by appointment. When a patient comes to the door, the door is locked behind him and he has the entire office to himself. We're not in a hurry. If a patient needs to do business in the meantime, needs to attend to a phone call, fine, we'll wait. Again, how can a doctor do that unless he has very few patients?

If the patient needs to see a cardiologist, I can be there. When the patient is undergoing cardiac catheterization, I will often be there in the procedure room with him. That's because I'm interested—I want to see it with my own eyes—and I have a great rapport with the cardiologist that I'm using. For the patient, having me there, seeing a familiar face, actively discussing the situation at his bedside inside the cath lab, that could be comforting.

It is not rare for somebody who is literally sitting at Boeing Field, on a plane about to take off, to realize he forgot that he needed to get his blood drawn or maybe needed a flu shot. The staff or I would go down there and do a house call at his private jet.

*Do the medical needs of wealthy patients differ from those of, say, middle-income patients?*

ABSOLUTELY NOT. More than anything, we're providing convenience, service, confidentiality.

Middle-income patients are incapable of getting that. Do they need it? Of course. They also may need a \$20 million house or a private jet, but they can't get those. I know that's a horrible analogy.

*Concierge medical groups do not, as a rule, include specialists. How do you get your patients access to the most highly sought-after specialists in various fields?*

HOSPITALS TODAY need more private contributions and funding. Our patients may have private foundations that are contributors or potential contributors. Do I take advantage of that fact? Yes, to some degree. I'm constantly reminding hospitals to be more responsive to satisfy this group of people. On a grander scale, it's what allows the hospital to take care of the indigents.

The best doctors are busy. But because I have an interesting patient population, when I call my network of doctors, they are honored. It's not that the patients are wealthy; it's that they are interesting and important. I, to some extent, parlay their fame and status into generating responsiveness, and I don't feel guilty about it.

*What percentage of the cost of doctor visits is picked up by insurance? Does the practice have a policy to avoid double billing for services covered by a patient's insurance plan?*

THIS QUESTION probably applies to other retainer services, but not to us. We just charge a flat retainer fee. We do not ever bill for anything that we do in this office. The retainer is substantial enough that we don't feel we need to nickel and dime over the primary care services that we provide.

*How will concierge medicine change the landscape of medical services in the next decade?*

MY PREDICTION is that it is going to spawn ideals that will lead to a solution to the inefficient system. I don't know what it would look like, but I think out of these different tiers of medicine people will find and accept a tier that should be the basic tier for all. As for tiers above that, people can earn the money to get the level of service beyond what is basic.

—MC