



OLIVER KYLE

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Concierge Care Gives Time for Kids

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The pace of his practice finally got to Scott Serbin, M.D.

Last December, he left the urban Pittsburgh practice where he and one other pediatrician cared for 2,500 young patients. He went solo, establishing what he says is the first retainer practice for children.

Today, he cares for only 220 patients. For a set fee, his patients get immediate, hour-long appointments with no office waiting time, as well as house calls when appropriate. Their parents get telephone advice plus his pager number, and they are on immediate callback status 24 hours a day. Routine immunizations are covered by the fee.

Plus, "I do an advanced fitness profile and personal fitness training, something the average pediatrician is not involved in," Dr. Serbin said.

He was "extremely harried" in his old practice, he told PEDIATRIC NEWS.

Pediatricians often see 30-35 patients a day. They have phone calls to return, they're poorly paid, and the work is incredibly fast paced, Dr. Serbin pointed out.

"There's risk of error in moving that fast, and it's just not fun. You enjoy kids, but there's no

time for kids," he said.

He said that his new practice resembles old-time medicine, a total doctor-patient relationship. "I know my patients intimately. I'm really a part of their lives, instead of being an assembly line doctor."

To customize a retainer practice for children, Dr. Serbin decided to tier his fees based on the age of the child.

It takes more time and effort to care for babies than it does for school-aged children, he pointed out. Therefore, he charges \$100 per month for children younger than 7 years, and \$50 a month for

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children 7 years old and older. "If a family has more than two children, each additional child is just \$20 a month. A discount is offered to parents who pay the fee up front.

Although his patient base does trend toward a "higher income bracket," Dr. Serbin said he does have lower-income patients as well. People will choose to pay extra for certain services, regardless of their income, he said. "You certainly see a lot of low-income folks send their children to parochial schools."

Like many other retainer practitioners, he doesn't deal with insurance, except to bill for vaccines as a nonparticipating physician.

"We purchase vaccines from our usual distributors, administer them to the patients, and bill the insurance companies as we always have," Dr. Serbin said. But because he does not participate in those plans, insurers are not obliged to reimburse him at the same rate as they would a participating physician. Payment rates vary according to the insurer, but "most plans pay for vaccines regardless of who administers them."

Initially, he considered participating, but Blue Cross and Blue Shield, Pennsylvania's largest insurers, were "not too excited about the concept." So far, he's enjoyed the independence. "It's not a triangular relationship anymore; it's a physician-patient relationship," he said.

TALK BACK

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"I can communicate based on my medical decision making without the insurance company's input."

Dr. Serbin also finds it a lot easier to make referrals, as some health plans have discontinued referrals for pediatric subspecialists, he said.

Charles Scott, M.D., a pediatrician in Medford, N.J., pointed out that charging a yearly fee while continuing to bill insurance for certain services may not be legal in all areas of the country.

"The practice of charging an access fee is officially frowned upon by officials in New Jersey, and pending legislation will likely make it fully illegal in our state" in the future, Dr. Scott said during an interview with this newspaper.

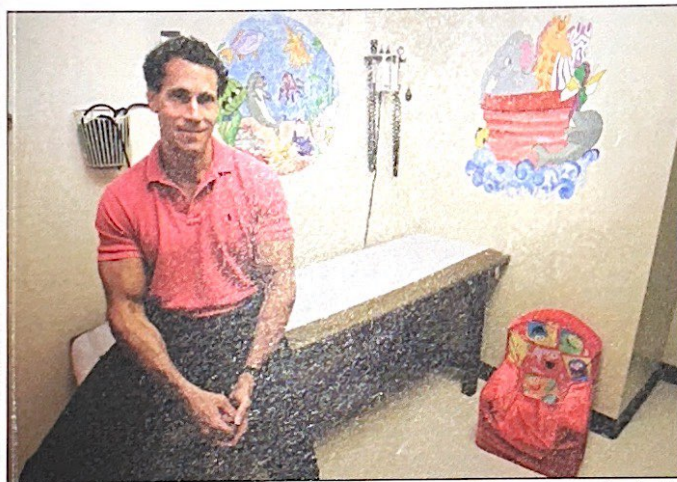
Dr. Serbin contends that legal issues are a gray area for those physicians who choose to participate with insurance plans. "If you choose not to participate, it shouldn't be an issue."

Retainer physicians "know that there are ethical dilemmas associated with their practices, that colleagues are really scrutinizing them for their ethics," said Matthew Wynia, M.D., an internist and director of the American Medical Association's Institute for Ethics, who recently did a survey of 83 retainer practices.

The survey found that retainer physicians report better quality of care and fewer hassles, but they also see fewer minorities, fewer Medicaid patients, and fewer patients with chronic illnesses than do regular practitioners.

Although Dr. Serbin promises that patients "get everything they need," not all medical services are covered under the retainer contract.

His patients get 24/7 access to him via telephone and pager; however, his contract specifies that he gets 4 weeks of vacation each year and one weekend off each month.



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He'll arrange to meet parents at the emergency department if necessary. But when one of his patients required an emergency department visit for stitches, the patient's mother had to pay the hospital's copay.

"Everyone still needs insurance," to pay for services such as lab work, x-rays, or long-term treatments like chemotherapy, especially if they're getting retainer services from a physician who doesn't participate in insurance, Dr. Serbin said. "If I send someone to a specialist, to an oncologist, that's covered by insurance," he said.

Others who spoke with this newspaper wondered how a one-person practice could guarantee round-the-clock access to patients. Dr. Serbin claims that this type of practice works best as a solo practice. People know exactly whom they're going to see. "They value me as a person." Children do get sick 24/7, he said. "But now that I have far fewer patients, they seem more respectful of my time. If someone calls at 3 a.m., it's because they really need me, rather than someone

who's calling because their insurance is paying for it."

None of his patients has left the practice, except to move from the area, Dr. Serbin said. "There's been a tremendous level of satisfaction. People feel that it's a worthy expenditure."

Dr. Serbin said his biggest concern is that the practice isn't growing as quickly as he thought it would. "I need at least 500 patients to make it an economically viable practice."

As to the future of retainer care pediatrics, Dr. Scott said that he is doubtful it will become a major trend.

"It doesn't bode well for medicine, and it smacks of elitism, but in defense, it is what America has pushed some doctors into doing," now that insurance is in control of everything, he said.

Many families can't afford the access fee, he said. "Only a few doctors are so charismatic as to make parents feel they can't live without that one pediatrician only, and that he or she is worth an additional \$1,200 or even \$2,000 a year."