

The Concierge Catch: Better Access for a Few Patients Disrupts Care for Many

By [John Rossheim](#) July 1, 2024



(E+/Getty Images)

“You had to pay the fee, or the doctor wasn’t going to see you anymore.”

That was the takeaway for Terri Marroquin of Midland, Texas, when her longtime physician began charging a membership fee in 2019. She found out about the change when someone at the physician’s front desk pointed to a posted notice.

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At first, she stuck with the practice; in her area, she said, it is now tough to find a primary care doctor who doesn’t charge an annual membership fee from \$350 to \$500.

But last year, Marroquin finally left to join a practice with no membership fee where she sees a physician assistant rather than a doctor. “I had had enough. The concierge fee kept going up, and the doctor’s office kept getting nicer and nicer,” she said, referring to the décor.

With the national shortage of primary care physicians reaching 17,637 in 2023 and projected to worsen, more Americans are paying for the privilege of seeing a doctor — on top of insurance premiums that cover most services a doctor might provide or order. Many people seeking a new doctor are calling a long list of primary care practices only to be told they're not taking new patients.

“Concierge medicine potentially leads to disproportionately richer people being able to pay for the scarce resource of physician time and crowding out people who have lower incomes and are sicker,” said Adam Leive, lead author of [a 2023 study on concierge medicine](#) and researcher at University of California-Berkeley’s Goldman School of Public Policy.

Leive’s research showed no decrease in mortality for concierge patients compared with similar patients who saw non-concierge physicians, suggesting concierge care may not notably improve some health outcomes.

[A 2005 study showed](#) concierge physicians had smaller proportions of patients with diabetes than their non-concierge counterparts and provided care for fewer Black and Hispanic patients.

There’s little reliable data available on the size of the concierge medicine market. But one [market research firm projects](#) that concierge medicine revenue will grow about 10.4% annually through 2030. About 5,000 to 7,000 physicians and practices provide concierge care in the United States, most of whom are primary care providers, [according to Concierge Medicine Today](#). (Yes, the burgeoning field already has a trade publication.)

The concierge pitch is simple: More time with your doctor, in-person or remotely, promptly and at your convenience. With many primary care physicians caring for [thousands of patients](#) each in appointments of 15 minutes or less, some people who can afford the fee say they feel forced to pay it just to maintain adequate access to their doctor.

As primary care providers convert to concierge medicine, many patients could face the financial and health consequences of a potentially lengthy search for a new provider. With fewer physicians in non-concierge practices, the pool available to people who can’t or won’t pay is smaller. For them, it is harder to find a doctor.

Concierge care models vary widely, but all involve paying a periodic fee to be a patient of the practice.

These fees are generally not covered by insurance nor payable with a tax-advantaged flexible spending account or health savings account. Annual fees range from \$199 for Amazon’s [One Medical](#) (with a discount available for Prime members) to low four figures for companies like [MDVIP](#) and [SignatureMD](#) that partner with physicians, to \$10,000 or more for top-branded practices like [Massachusetts General Hospital’s](#).

Many patients are exasperated with the prospect of pay-to-play primary care. For one thing, under the Affordable Care Act, insurers are required to cover a variety of preventive services without a patient paying out-of-pocket. “Your annual physical should be free,” said Caitlin

Donovan, a spokesperson for the [National Patient Advocate Foundation](#). “Why are you paying \$2,000 for it?”

Liz Glatzer felt her doctor in Providence, Rhode Island, was competent but didn’t have time to absorb her full health history. “I had double mastectomy 25 years ago,” she said. “At my first physical, the doctor ran through my meds and whatever else, and she said, ‘Oh, you haven’t had a mammogram.’ I said, ‘I don’t have breasts to have mammography.’”

In 2023, after repeating that same exchange during her next two physicals, Glatzer signed up to pay \$1,900 a year for MDVIP, a concierge staffing service that contracts with her new doctor, who is also a friend’s husband. In her first couple of visits, Glatzer’s new physician took hours to get to know her, she said.

For the growing numbers of Americans who can’t or won’t pay when their doctor switches to concierge care, finding new primary care can mean frustration, delayed or missed tests or treatments, and fragmented health care.

“I’ve met so many patients who couldn’t afford the concierge services and needed to look for a new primary care physician,” said Yalda Jabbarpour, director of the Robert Graham Center and a practicing family physician. Separating from a doctor who’s transitioning to concierge care “breaks the continuity with the provider that we know is so important for good health outcomes,” she said.

That disruption has consequences. “People don’t get the preventive services that they should, and they use more expensive and inefficient avenues for care that could have otherwise been provided by their doctor,” said Abbie Leibowitz, chief medical officer at [Health Advocate](#), a company that helps patients find care and resolve insurance issues.

What happens to patients who find themselves at loose ends when a physician transitions to concierge practice?

Patients who lose their doctors often give up on having an ongoing relationship with a primary care clinician. They may rely solely on a pharmacy-based clinic or urgent care center or even a hospital emergency department for primary care.

Some concierge providers say they are responding to concerns about access and equity by allowing patients to opt out of concierge care but stay with the practice group at a lower tier of service. This might entail longer waits for shorter appointments, fewer visits with a physician, and more visits with midlevel providers, for example.

Deb Gordon of Cambridge, Massachusetts, said she is searching for a new primary care doctor after hers switched to concierge medicine — a challenge that involves finding someone in her network who has admitting privileges at her preferred hospitals and is accepting new patients.

Gordon, who is co-director of the [Alliance of Professional Health Advocates](#), which provides support services to patient advocates, said the practice that her doctor left has not assigned her a

new provider, and her health plan said it was OK if she went without one. “I was shocked that they literally said, ‘You can go to urgent care,’” she said.

Some patients find themselves turning to physician assistants and other midlevel providers. But those clinicians have much less training than physicians with board certification in family medicine or internal medicine and so may not be fully qualified to treat patients with complex health problems. “The expertise of physician assistants and nurse practitioners can really vary widely,” said Russell Phillips, director of the [Harvard Medical School Center for Primary Care](#).

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