## WONCA Special Interest Group – Emerging Practice Models for Family Medicine

## Background:

Everyone deserves and desires high quality personalised health care. There are new strategies and emerging practice models of Family Medicine some of which are called Premium or Concierge or Special needs medical services. Commercial organised practicesd have been targeted to the well off, but we feel that this may be a useful construct for everyone (e.g., EHR, mobile telephony, web-based information, digital health, AI, etc.). One may say it is usually the more entrepreneurial who are most interested in developing a premium service practice or engaging in medical contracts such as Concierge medicine; but these financial arrangements can be associated with good incentives for quality care.

Concierge medicine is a private form of practice where doctors charge patients an out-of-pocket retainer fee for full access to their services. Patient loads typically decrease when a physician switches from more traditional fee-per-service practice to concierge medicine.

One of the reasons concierge patients like the system is because it is not just "sick care." A concierge doctor typically has more time to work on holistic and preventative care than a traditional physician. The driving event is no longer that of a patient seeing a doctor only when the patient feels sick. The fundamental model of reducing the size of the practice to a smaller patient population, creates a personalised engagement model focused on prevention that will keep the patients out of the hospital or the Emergency Department reinforcing the gatekeeping role of the family doctor, the primary healthcare provider.

There are controversies as provision of care for a small population and is linked to financial incentives may pose ethical and moral hazards. Some may view this practice as not equitable or as detracting from Universal Health Coverage.

The more so WONCA should take the lead in getting consensus amongst family doctors and to set some standards of practice. Different care models should be studied and the most important features of Premium Family Medicine Services and Concierge Medicine collated. We should also study what participating patients would want most.

There are family medicine / general practice financial arrangements around the world that is similar to US concierge medicine. Examples include those in People's Repulic of China, in Europe, in the middle East and in South Asia. Our group wish to take the lead in studying and comparing different models of contract medicine, managed care, insurance led services.

While there may seem to be only a small number of physicians practicing concierge medicine today, there are estimated to be about 5,000 in the USA according to the American Academy of Family Physicians — and that number has grown in recent years.

In addition, a survey of more than 20,000 physicians by Merritt Hawkins on behalf of The Physicians Foundation found that more than 20 percent of all US physicians today say they're either currently practicing concierge medicine or plan to do so in the future.

Elsewhere in the world, for example, many doctors in Latin America see patients in a government health centre or work for a major corporation during the day and then see "premium" patients in the evening at a private office.

Healthcare Clubs with a similar model to Concierge medicine are also rapidly emerging in China.