

Changing Medicine

New Payment Model Provides Personal Satisfaction for NJAFP Member and His Patients

THE INTRODUCTION of the Patient Protection and Affordable Care Act in 2009 raised significant questions and caused nearly all physicians to wonder about the future of medicine. In response to the anticipated changes, Stephen Nurkiewicz, MD, a family physician with a solo practice in Hammon- ton, began investigating how to best maintain a financially viable practice while simultaneously providing his patients the best quality care and practicing the type of medicine that gave him personal satisfaction.

Initially, Dr. Nurkiewicz assumed he would join a physicians group, either associated with a hospital system or independently, to find the technical support required to maintain a practice while wading through the changing healthcare industry. However, after examining the requirements, he was not comfortable moving forward with either option.

“The options, which included up to a 30 percent cut in income, significant financial outlays at the onset and a two-year holding pattern, were not desirable to me. That’s when I decided to investigate the concierge-style practice,” said Dr. Nurkiewicz.

Similar to the direct primary care model, concierge medicine provides family physicians with an alternative to traditional fee-for-service insurance billing. Patients, who are still responsible for carrying their own medical insurance, pay standard co-pays for visits as well as an annual, semi-annual or monthly retainer or membership fee that provides enhanced access and communication with their physician, expanded clinical and laboratory services and in-depth care coordination and care management.

After speaking with other physicians who switched to the concierge model and completing a 3-month long evaluation with a concierge network to determine the feasibility for his practice, Dr. Nurkiewicz made the decision to move forward with implementing the change.

The appeal for Dr. Nurkiewicz was he would be able to practice the “old style” of medicine he found enjoyable while ensuring financial stability. Limited to 400 patients, not only would Dr. Nurkiewicz be available to patients through modern technology – via cell phone, texting and encrypted email – but he would also be available to see patients in local hospitals, nursing homes, rehabilitation facilities and their homes and still have the flexibility to spend more time with them.

The concierge network chosen by Dr. Nurkiewicz would also allow him to retain existing patients uninterested in or unable to afford the retainer fee, rather than discharging patients to another practice. Those patients could be treated by a nurse practitioner, with Dr. Nurkiewicz consulting on complex cases, or an associate physician at the practice ensuring the continuation of long-standing relationships with patients.

“During the evaluation period, I was provided with an estimate on the number of my existing patients who would likely sign-up for the concierge-style of care as well as revenue estimates based on specific numbers of contracted patients. Once I looked at the financials, I felt that it was a good choice for me,” he said.

In April 2014, almost five years after he started his research, Dr. Nurkiewicz went live with his concierge services. After introducing the model of care to his patients, 110 patients signed contracts to receive concierge care. Based upon the estimates provided, it was financially viable to move forward.

Since he implemented concierge care at his practice, Dr. Nurkiewicz has found the change to be worthwhile and rewarding.

“It’s really a win-win for me and my patients. I can practice at a normal pace and be more thorough when I need to be. When a patient gets ill, I can be there physically. It’s good for the continuity of care for patients and for my own personal satisfaction,” he said.

Dr. Nurkiewicz’s cites the story of a now de-



Dr. Nurkiewicz

ceased patient as a testament to the positive benefits of providing concierge care. The 86-year-old widow, who lived alone and suffered from hypertension, was enrolled in Dr. Nurkiewicz’s concierge care by her daughters. After diagnosing her with aortic stenosis, he was able to admit the patient into the hospital and continue providing care for her, consult with her cardiologist and guide her and her family through the testing required prior to a transcatheter aortic valve replacement (TAVR). While the patient successfully completed a rehabilitation program after her surgery, she was later diagnosed with a brain tumor. Dr. Nurkiewicz was then able to transition the patient to hospice, during which time he continued to manage her care through home visits.

“Because I was personally able to care for the patient through both situations, the family was very happy with the service,” said Dr. Nurkiewicz. “It was a lot of technical medical management, and I was readily available for the patient and her family.” ▲