



EPISODE 123 Concierge Medicine - A Remedy For Burnout?

With guest Dr. Jim Lindberg

SEE THE SHOW NOTES AT: www.doctorscrossing.com/episode123

[0:0:00]

JL: “Our patients are very respectful. There's not a sense that, wow, I'm paying for this access. So, I'm going to call Dr. Lindberg on the weekend and just chit-chat.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 123. When you're at the crossroads as a physician and questioning your career, it can go a number of different ways. One of my mottos is “Fix it up before you give it up.” I tried that myself and spent a number of years in my dermatology practice making changes that didn't make things better but by the nine year mark, I knew I needed to leave.

www.doctorscrossing.com/episode123



A fair amount of my guests on this podcast talk to us about how they too determine clinical practice was not where they were meant to stay. However, there are a lot of you out there who really want to still be practicing, but the setting isn't working for you. And we know there are so many reasons why this is true.

Today, we have a delightful guest, Dr. Jim Lindberg, an internist and pediatrician who is going to talk with us about the option of having a concierge practice. In a concierge practice model you get to have a lot more control over what your day-to-day looks like as a doctor caring for your patients.

Dr. Lindberg has over 10 years of experience in concierge medicine. In 2011, he joined a concierge practice and then almost four years ago, he started a concierge practice with four other physicians at Hoag Health in California. He is currently the medical director for this group. Jim is going to help us better understand concierge medicine, including how it compares with a DPC or direct primary care practice, the type of physician who this model would be a great fit for, the benefits for patients and physicians, what the opportunities are like and more. And without further ado, I am very honored to welcome Dr. Jim Lindberg to the podcast. Hey. Hey. Hey.

JL: Hi Heather. Thanks for having me. I'm really glad to be here.

HF: Well, as always, like I love my guests, I get to learn so much and then my audience gets to benefit too. So, where would you like to start? Because you've been in medicine for a long time, you've seen a lot of different ways of practicing. I'd love to hear a bit about how you got into the concierge model.

JL: Sure. Well, like you say, I've been a lot of places and done a lot of things in my practice and it's ranged from seven years in academic medicine, teaching at a university here full-time, to private practice, solo practice to being in a multidisciplinary group, and then ultimately finding my way into concierge medicine. And along with that, I'll call it



executive health corporate medicine, which is I would say a similar kind of cash practice, if you will, which is very different.

And so, I've done a lot of different things and I've landed in concierge medicine because it's a great way to practice, having experienced these other environments for both me and my patients. And so, that's a real quick fly through of the journey I've been through. But I have experienced a lot of different practice environments and really love concierge medicine.

HF: Before we go any further, are you able to define concierge medicine before we get into a lot of the details?

JL: Sure. Concierge medicine is a way of practicing where a physician in our case has a very limited number of patients. In large medical groups in our area a primary care physician tends to have upwards of 1,500 to 2,500 patients that they're responsible to care for. In our concierge practice, our doctors have 350 patients. So, we have the opportunity to really get to know our patients well. We don't have time constraints.

Our patients pay a membership fee to be part of the practice. That membership fee is largely in concierge medicine, not responsible for covering medical care so much as all the access that our patients have. So, my patients, for example, have my cell phone, have my email, have my, they're able to text me, they're able to call me on weekends. They're able to call me after hours if need be. So, it really is an access and service fee in the concierge model. And for that service set, they pay a membership fee. So, I'd say concierge medicine is a limited membership based practice where patients get the clinical care in addition to a high touch service.

HF: We had a podcast on earlier where this lovely young married couple were talking about their direct primary care practice. I'm interested if you could compare and contrast direct primary care with concierge practice.



JL: Well, it's a great question. There is a lot of overlap. I think a direct primary care, typically your fee, your monthly fee or annual fee covers all of the medical care that you get in the practice as well. In a concierge practice on the other hand, the membership fee covers only nonclinical service. It's all the other benefits and features and services that you get as being part of the practice. The actual clinical care is still billed to insurance.

Direct primary care is all inclusive. I think that's probably the biggest distinction whereas concierge care is membership plus the cost of clinical care. And that would probably be the biggest distinction, I think.

HF: Okay. That's helpful. Let's talk a little bit about the kinds of patients and conditions you're seeing and what physician specialties would be a good match for concierge medicine.

JL: Sure. Most concierge practices are primary care. Family medicine or internal medicine, primary care specialties, each of those has a benefit within concierge medicine. I think that the types of patients that we see are patients that either are very interested in their health, and so they want access. They want to be able to have a conversation and develop a relationship with their physician. And the typical practice where oftentimes through no fault of their own doctors are forced to spend 5, 10, 15 minutes at the most with their patients.

So, there are patients that are very interested in their health, they're engaged. Sometimes they're patients that have chronic illnesses that require more attention than they feel they can get in a busy 2,500 patient practice.

And it's really not a practice. And this is a misnomer. I think it's not really a practice necessarily for the affluent. It's a practice for patients who are interested in their health. Some of them are affluent, others are not. And it's just how they prioritize the



relationship, again, with the doctor access, the amount of attention they would like to have with their physician.

In terms of specialties, there are some specialists who are involved in concierge and some specialties lend themselves. We're in the middle of exploring endocrinology and actually gastroenterology and rheumatology are three practices where there are patients who have a lot of, you can imagine the diabetic patient that has a lot of intensity of care with their specialist and they're wanting to be able to call their doctor after hours if need be, and or get in to see their physician the next day and ask questions, have access.

Those three specialties we're exploring now and the models actually look very encouraging. I think that we're interested in exploring a multi-disciplinary group, which would include primary care and specialists in that mix. And so, our patients then would have membership access to primary care and at some level specialty care as well. So, that's a model that we're exploring here in our practice.

HF: I'm glad you brought out this point that concierge practices aren't just for the affluent, because when I mention it to clients of mine, that's usually their concern. They'll say, "Oh, well, I really would like to have more time." However, there are a lot of my patients assuming now who wouldn't be able to afford this model. And then they feel that there's something, I don't want to say unethical, it might be too strong of a word, but they're feeling this is a mismatch with my values, but what I'm hearing you saying is that's not necessarily true.

JL: Right. Absolutely. And in fact, in our practice, we established upfront that each of our physicians are allowed and encouraged to have up to 10% of their practice as scholarship patients even who don't pay any membership fee. And the other thing I think that's important is that you can have a patient that can afford it, our fee right now is about



\$425 a month, just for disclosure. But it doesn't mean that every patient in our practice is paying that much money.

And so, really when you're in private practice with a concierge practice, the physician has control over how much the fee is, who's paying what fee. And even if he or she has patients that can't afford a fee at all, but you want to continue to deliver care, well then you can offer them a scholarship and they wouldn't pay any fee at all.

I think that's the beauty of concierge. As a physician, you still retain control. You're not forced to charge anything that you don't feel good about. Everyone is in different circumstances. You might have a patient that loses a job or that has a situation where there's a hardship that's even short term, say 60, 90, 120 days. Well, we have the ability to scholarship that patient and the physician has, even in our practice, the ability to identify individuals that they would like to scholarship for a period of time to maintain continuity of care. It's all about providing great care.

And so, I think if you establish a concierge practice with that as a foundation, there shouldn't be any issue with the ethics of it whatsoever. You can provide even better care in my estimation by having the time to take care of your patients.

HF: Do you find, Jim, that patients tend to stay for a long time? Because \$425 is a significant amount for a lot of people. Do you find that they might start and get some things taken care of and then just find that they can't maintain that monthly outlay of money?

JL: Some patients do. I have a lot of patients I've seen for years. That's obviously an important characteristic of the practice, is kind of retention, if you will. So we work very hard at it, and you essentially can provide so much value to patients that what I tell our people is they have to feel like \$425 is a bargain. They have to. We have to give them so much value and attention and care that someone says, "Wow, I couldn't do without this."



It's really about how you structure the practice, how you think through the experience. We spend a lot of time talking about patient experience, which is a big factor in a concierge practice as well, above and beyond the care they receive.

HF: I want to dive in a bit more about this access, but before we do that, we're going to take a short break because I want to share some resources with you. Now, my dear listeners, I've talked before about freebies that I have for you. So I wanted to feature one of my freebies that's on the Doctor's Crossing website under the freebies tab. And this one is about preparing for an interview. It's 10 tips for interview prep.

And this is such an important area because the nonclinical interview is so different than the clinical interview when it was just like, "Hey, you're a great doctor, we want to hire you." And in this freebie you'll find commonly asked questions that my clients are asked in these different nonclinical interviews that we also talk about preparing the short stories or vignettes that you can tell during an interview, how to look good on camera and other great tips.

So if you'd like to get this interview prep, you can just go to doctorscrossing.com and go to the freebies tab. You can also go to this link doctorscrossing.com/interviewprep, and that'll take you to the freebie. And I'll also link to it in the show notes.

All right, we are back here with my lovely guest, Dr. Jim Lindberg. Jim, I wanted to ask you, when you mentioned, "They have my cell phone, they have my email, they can reach me on weekends, evenings." Like I was getting a little horrified. Well, how does that actually translate in reality?

JL: Well, it's funny because the initial impression when I talk about this with colleagues and when we're recruiting for our practice is exactly that. But in fact, what's very interesting is, I get and we get as a general rule, very few calls after hours and very few calls on the weekends. And what I find is the calls I do get, I'm actually really glad I received because

it allows me to address something more quickly and provide that higher level of care that we're looking for. But our patients are very respectful. There's not a sense that, "Wow, I'm paying for this access, so I'm going to call Dr. Lindberg on the weekend and just chit-chat."

HF: Yeah, exactly. I'm going to make sure that I really get my money's worth.

JL: Right. They have better things to do and they're respectful of our time. And when they call, usually, it's with a good question or there's a problem. I remember picking up a call once when I was filling my car up from a patient who it turns out had appendicitis and it was on a Saturday. He was thinking he ate something that was bothering him. But I was able to, while I'm standing in the gas station talking to him, any internist or family doctor would be able to determine that it was probably acute appendicitis. I had him go to the emergency room and he got operated on that night.

Now, that's an extreme example obviously, but the point being is that patients have better things to do than call me over after hours or on the weekend. So, it's an unfounded fear of this type of practice that patients are going to abuse it. Because in my experience, you always have a patient here or there that may, and then again, as physicians, we have a chance to set boundary conditions and help them understand when they're potentially inappropriately accessing this. But it happens very rarely.

HF: A pump side consult in a way.

JL: Yeah, exactly.

HF: Hey, you're on a group, so obviously I assume that you cover each other when you're on vacation. Is that correct?



JL: Correct. Yeah, when we take vacation, exactly, we cover each other and it works out really well. So we have a great quality of life personally. And you can imagine when I do a primary care visit, I've got 30 minutes. For a simple primary care visit, I've got well over an hour for a physical exam. There's no pressure, my nurse isn't knocking on my door with the next three or four patients in the queue to be seen.

So, it's a great way to practice and I think for any of your listeners who are interested in another approach to care, primary care and like you said in the introduction looking to stay in medicine but just maybe not enjoying medicine the way it's practiced now in their situation, it's a great alternative and it's been an approach I've really enjoyed.

HF: Now you mentioned that we recruit physicians. Because we often think of concierge practice as something that someone starts, they hang their shingle out, you kind of got to do it on your own. How often is it a group model where they might be hiring a physician versus a solo physician or maybe two physicians in their own group?

JL: Far more likely the latter that you've got solo physicians and or a very small group, two, three doctor practices that are concierge. We're kind of unique in this regard I think. And I've had experience in both arenas where it's a primary care or it's a private practice setting and now our group model.

And what's important about concierge medicine, and if anyone who's contemplating it is getting help in setting it up, it's not intuitive necessarily. And the kind of key success factors to concierge medicine, I'd really encourage them to sort of access someone with experience in it to help them set it up right from the beginning. And so, someone's converting their practice to concierge or if someone's looking for a job in concierge with a group like ours, or to join another group of a couple of doctors that are doing concierge.



I think it's important to sort of assess the practice to determine the long-term viability. Because it is a very different model than primary care practice. It's just different. I was going to say it's more complicated, but it's really not, it's actually very simple. But if it's not set up right, it can be challenging.

HF: What does a physician do who's in solo concierge practice in terms of coverage and not feeling like he's always responsible for his patients?

JL: Yeah, that's difficult. That's a real challenge to be a solo concierge doctor. And I have some good friends that are solo. And essentially what they try to do is just connect with other concierge doctors in their area and kind of create an informal network of coverage to allow them some time off. But it's really not an optimal situation. I think the optimal situation is to maybe have two doctors in a practice that can cover each other because I do think a 24/7 access concierge with a solo doctor can be very challenging in addition to having to run the business, if you will, to be the only doctor responsible for all the care. It could be challenging.

In my opinion it would be whether it's two doctors or a small group of doctors or if you are solo, you could again connect with other concierge doctors in your area and kind of create this informal coverage network, which I've seen work.

HF: Are you able to talk a little bit about income possibilities?

JL: Well, I would just say this. I think concierge doctors, generally, their incomes are higher than a traditional practice in virtually every case in every setting. I would just say it's very competitive and typically higher than a traditional physician within the same specialty or primary care. Every doctor I know who's transitioned from traditional practice to concierge has probably doubled their income.

HF: Well, that's significant.



- JL: With many fewer patients if they set it up properly and their patients are happy to be part of the practice. And so, happy doctor, happy patients, it's a good combination.
- HF: What kind of physician would you say makes a good fit for this role? And that could be someone setting up their own practice or a physician who might be hired into a practice.
- JL: I would say concierge medicine is a relationship. It's all about the relationship and that sounds like that would apply to any practice, of course. But it's especially important in concierge because that's really what members are looking for, is that close relationship with their physician, trusted advocate partner. Again, they're going to be calling, and you just have to be willing to do this. I'll get calls from patients I've known for years. You really become part of their family virtually. So you have to be someone where you draw energy from that and it's not a burden. Now, it's not 2,000 people, it's just several hundred and of those several hundred, not every one of them you develop that really deep relationship.

But I'd say the physicians that like people, they like interacting, they're conversational. A lot of the visits you can imagine, someone comes in for a bronchitis, and you have a half an hour. Well, it's not going to take half an hour to assess the bronchitis. So you have time and you take the time to talk about their recent trip, talk about their family, talk about their exercise, talk about their nutrition, anything else that they might be concerned about. It's a much deeper relationship.

And I would say when I interview doctors for our practice, and I know a lot of times there's a lot of talk about physician burnout, which of course is real. I spend a lot of time on very much a physician advocate in many ways. But we look for physicians that are drawn to this kind of practice that aren't necessarily trying to run away from a different practice. They may not be happy with their current practice and look for something different, but there needs to also be attraction to this sort of practice.



And it's really interesting. We can have two doctors. One doctor will thrive and another doctor will struggle a little bit, but it's partly because of who they are again, where they draw their energy from. It's a process. We talk to lots of doctors before we hire one.

HF: I like that you make this point because it's interesting. I talk to so many physicians who are burned out and through this process we kind of tease out is this someone who says "I really love hearing Mr. Jones' stories and I take notes on what their pet's names are." And you can start to hear that there's this heart connection for patient care even in spite of all this stress. Whereas other physicians might either be like, "I've done this 20 years, I don't need to do patient care anymore." So there's a whole spectrum but you're absolutely right. I think when we distill away all the other problems and issues, there is a certain person who still wants that relationship, still wants to be the doctor, they just need a different setting.

We're getting really close to time and there's so many things I still want to ask you, but one of them is when I have physicians who are thinking about doing something on their own where they need to attract patients, and it could be even having their own telemedicine practice, one of their concerns is, "How do I get those initial patients?" Especially if maybe they don't take insurance or they're going to pay this fee that you're talking about, which is significant in some ways for sure. There's this fear of, "I don't know if anybody's going to show up." How do you get through that transition point?

JL: Well, I guess the first point I'd make is there are lots of people who are looking for that. And so, I think just starting with that point, that there are a lot of people looking for that. And what we find now by far the greatest way that we get new patients is word of mouth. Now you have to have patients to get patients with word of mouth. So, if you're starting from the very beginning, we actually do outbound marketing frankly.

We do digital marketing but we also find that a lot of content, whether it's speaking, whether it is going to meetings, offering your services in different environments, you just

have to kind of start, you got to kindle that initial fire, but know that there are lots of people out there looking for this. Because if you think about a large medical group and primary care, they may have a month, two month, three month wait to get in to see their doctor and then it's 15 minutes. And as they're talking to their doctor in 15 minutes, the doctor's thinking about the next patient. And it's not the doctor's fault, it's the way that model is structured.

And so, all we do is structure a model that is truly patient-centric and frankly physician-centric because it allows the physician to just really regain the joy, if you will, of practicing medicine again in an environment where people are there because they want to be, people appreciate your counsel and you have the ability to really tap into the part of medicine that you loved when you started medicine. That tends to sort of fade a bit as you're battling the administrative, I call it institutional friction, of practicing medicine. And you can reduce that in a concierge practice and the patients will come. It does take a little effort. You can't just put a shingle up, say "Concierge medicine" and expect people to knock on your door. But once it gets a little traction, people will be very surprised and docs will be surprised how successful they are.

HF: And also I think too, have you seen a range of the price point in terms of the monthly fee? When we were speaking with the direct primary care couple I think theirs is a lot lower for their model. And so, have you seen quite a range for that?

JL: Yeah, there's a big range and it ranges. We're at the upper level. There are actually practices that charge quite a bit more than we do, believe it or not. There are many practices that charge a fraction of what we do. And so, I think that's where you sit down with somebody that understands concierge medicine and you take an inventory of, "Okay, what kind of practice do you want? What are the things that are important to you in your practice?" And then the price point bubbles up from that assessment or that analysis and then you construct your model and then you go out and find patients. So,



you're exactly right, the price point is all over from \$50 a month to \$1,000 a month, actually.

HF: That's really helpful information, Jim. I think other physicians will be thinking, "Wow, I could figure out what's going to work for me, what's the price point." The last thing I wanted to ask you is, are there other services that you give your patients in this model or that you've seen the concierge model such as, is there a nutritionist or someone who helps with a weight loss program or exercise or other features to these offerings?

JL: Yeah, there are. And there again, that fits into the pricing structure because while we may be a little more expensive than others, we actually have a gym, we have about a 3,000 square foot fully equipped fitness facility in our office. We have four exercise labs in our office where we can do gas exchange. We have a staff of exercise physiologists, we have nutrition support. All these services are included as part of the membership.

While \$425 is not inexpensive, when you consider all the other benefits and features that we're able to offer through our practice, it's actually quite the bargain. Hence my point that people should walk away feeling like "We get all that from only \$425."

Now, obviously not everyone can offer something like that. So, you price it accordingly. And you could have just a nutritionist, you could have a relationship with a local nutritionist, not an employed nutritionist. You could have a relationship with a local gym as part of your membership. So, there's all kinds of really interesting ways to put together a concierge offering and practice that will really be attractive and again, a fun way to practice. And so, there's different options.

HF: It sounds almost like a wellness center, which I think is the direction we're going with. More in health is to be more holistic, without, we care for patients. So this has been a wonderful conversation, Jim. I can't thank you enough for coming on and sharing this rich, deep experience you have in concierge medicine.



JL: Thanks Heather. I really, really enjoyed talking to you and I'm happy to have joined you.

HF: Yes. Thank you again. My dear listeners, it's great to have you here. And just a little reminder, if you're interested in some interview tips for your nonclinical interviews, you can find this at www.doctorscrossing.com. Just go to the freebie tab and if you scroll down, you'll see a number of freebies and there is one on 10 interview tips.

All right. Well, thanks so much for listening. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:34:10]

Podcast details

END OF TRANSCRIPT