

**Title:**

Ethical Implications of For-Profit Physician Care for Indigent Population

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**Session Title:**

Rising Stars of Nursing Invited Posters - Group 1

**Slot (superslotted):**

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

**Slot (superslotted):**

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

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**Keywords:**

For-profit physician care and Indigent Population

**References:**

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**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>	<b>TIME ALLOTTED</b>	<b>FACULTY/SP EAKER</b>	<b>TEACHING/LEARNING METHOD</b>	<b>EVALUATION/FEEDBACK</b>
<b>Example</b>  Critique selected definition of the term, "curriculum"	<b>Example</b>  Definitions of "curriculum"  Course of study Arrangements of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners	<b>Example</b>  20 minutes	<b>Example</b>  Name, Credentials	<b>Example</b>  Lecture PowerPoint presentation Participant feedback	<b>Example</b>  Group discussion: What does cultural training mean to you?
The learner will be able to discuss the ethical implications (nonmaleficence, autonomy, and justice) of concierge medicine.	Define nonmaleficence, autonomy, and justice Explain how they are violated in concierge medicine	5 min	Joan Maninang, BCSN	Poster Presentation	discussion of learning outcomes and question

The learner will be able to discuss the roles of nurse practitioners as primary care providers for the patients left in traditional healthcare settings.	Explain the roles of Nurse Practitioners are primary care providers	5 min	Joan Maninang, BCSN	Poster Presentation	Discussion of learning and questions
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#### **Abstract Text:**

Primary health care physicians (PCPs) are facing dissatisfaction in their work environment due to demands of labor, increasing work hours and number of patients, and decreasing insurance reimbursements and salaries. As a result, PCPs have increasingly been exploring different types of practices, one of which is concierge medicine. A 2012 survey of 13,000 physicians reported that 6.8% are embracing this type of practice, with this number expected to grow in the next three years. Concierge medicine is a new health care delivery model in which physicians limit the patients they see. In traditional practice, a PCP cares for 2000 patients annually, but in concierge medicine a PCP sees 400-600. The services provided include longer visits, same day appointments, personalized wellness programs, telephone and email consultations, preventive care, and coordination with fitness trainers and dietitians. In return for providing such personalized care, concierge physicians require their patients to pay an annual retainer or service fee of \$2,000-\$20,000. However, concierge medicine does pose affordability barriers to indigent populations. Because of the high retainer fee this type of practice requires, low-income populations are less able to participate. Ethical concerns arise because this creates a “two-tiered” system, dividing healthcare between the wealthy and the poor. Ethical principles such as justice, nonmaleficence, and autonomy are violated by concierge practice. With rapid scarcity of PCPs and increasing numbers of patients needing care in traditional practice settings, patients are less likely to receive adequate and quality care. To reduce the gap of the “two-tiered” system, physicians offer scholarships and fee waivers for ten percent of their patient population who cannot afford the retainer fee. As an alternative, 600 clinics nationwide opened for Medicaid patients to receive similar services and care as those participating in concierge medicine but at a lower fee.

#### **Conclusion**

The growing numbers of people who will be receiving health care under the affordable care act increases the need for PCPs. PCPs entering into a practice like concierge medicine further limits those PCPs available to the general public. Concierge medicine fees limit the economically disadvantaged from being able to participate in this type of healthcare.

#### **Recommendations**

Nurse practitioners (NPs), with similar skill sets as PCPs, are a potential and viable solution to this current health care problem. The scarcity of PCPs in traditional care allows opportunities for NPs to provide

primary care. Thus, optimal utilization and training of NPs will help improve delivery of care to patients left in traditional practice.

More research needs to be conducted on the impact concierge medicine will make in the delivery of care to all populations, but in particular those more vulnerable, like the poor. Further research into the special programs offered within the concierge model for indigent populations needs to be conducted to assure quality and quantity of care delivered to this population is adequate.