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She continued, "Did you trip? Are you heavy? Do we need to work on weight loss?"

And the visits are not limited. Patients can see Gitnes as many times as they need.

"I don't flatter myself to think people really want to spend a large amount of time with me in my office, unless they have a really good reason to be there," Dr. John Egar joked.

Egar is the owner of the newly formed Siuslaw Medical Clinic, another concierge clinic in the area, which follows a similar format. As of right now, he is the sole doctor at the clinic, but he's looking to bring on others.

The long-time local physician was inspired by Gitnes' use of the model after becoming frustrated with the experiences he had as a physician in the medical system.

"You don't really have time to see a patient," he explained. "And then there's the amount of red tape you have to go through to even get the prior authorization for each and every visit, each and every test, each and every referral."

By getting rid of the red tape of insurance and overhead, Egar and Gitnes believe that they can give patients something that many in the region feel they lack: access.

"Say you moved into Florence and you're now on the waiting list for a primary care doctor," Egar said. "Maybe waiting in the walk-in clinic for one prescription isn't good enough for you. Or maybe you need responsiveness right away, and a phone tree in a different state won't help you. I would be able to provide these things the same day, with all the services that we normally provide in a primary healthcare clinic like at PeaceHealth. And having the security may be worth it for those who could afford to pay it."

The clinics are not intended to be a complete replacement for hospitals, and patients are still strongly encouraged to keep their health insurance.

"We're not everybody's primary care," Douda said. "A lot of our patients have primary care through PeaceHealth."

Gitnes added, "It's nothing against PeaceHealth. It's a numbers game. There's so many patients here, and there's only so many providers. They are trying to get through all the patients, but there's not enough providers."

Attracting and retaining clinicians has always been a difficult task in a small, rural community like Florence, which is constantly in competition with larger cities with higher pay and more amenities. This tends to create longer wait times for doctors to see a patient.

But the entire healthcare system, and how clinician/patient relations are organized, also contributes to wait times. And it's those trends that Egar and Gitnes are trying to buck.

"At a clinic I worked at in Springfield, on my first day they said my first roster was 3,000 patients," Gitnes said. "I thought, 'My gosh, how am I going to get to know my people?' You don't. You have patients every 15 minutes, five days a week. You come in, you have one ailment that you're allowed to treat. Someone had diabetes and hypertension, you don't get to treat both. You get to pick one. What kind of care is that?"

The reasons for the 15-minute wait time are many.

A September 2016 article by Forbes found that for every one hour a physician sees a patient, they are required to spend two hours on paperwork. There are multiple forms from administration officials and lawyers seeking information, beyond the typical paperwork that is needed to keep track of patient care. The study found that only 27 percent of a physician's time is actually spent face to face with a patient.

"The providers are getting very fed up," Douda said. "This is not

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— Melinda Gitnes, Northwest Reflections

what they went into medicine for. They're not coming into the profession to fill out paperwork."

And then there's dealing with insurance companies.

"When I worked in Springfield, there was a group of physicians who just said, 'That's it, we're done,'" said Gitnes. "The insurance companies were dictating to the clinics who you would see, how many you would see and what you would see them for. You were spending your whole time filling out documentation and submitting them to the insurance companies. And then they would kick it back to you, saying you didn't put something in the right section."

The publication The Hill reported in August 2017 that 24 percent of patients were denied medical treatment by insurance companies. In 70 percent of those cases, the denied treatment was for an illness or condition described as "serious."

Most consumers reported waiting more than a month to even hear whether their claim was denied, the report said. And 29 percent said their condition worsened while they waited for a decision. Thirty-four percent had to put off or forgo treatment entirely because their insurance provider refused to pay for it.

All told, the report stated an estimated \$471 billion was spent annually just on billing and insurance-related administrative costs alone, regardless of the final outcome.

"It's just become such a nightmare for the medical side to provide the type of healthcare they want to provide," Gitnes said. "Every provider wants to have more time with their patients and have a better relationship. But it's frustrating because they have to do what they're being told to do. That's how it is in most places. A lot of the providers, myself included, just said 'enough.' We can still provide care, but we can do it differently."

Gitnes and Egar see concierge health as a way to help counteract these issues. By not having to deal with insurance companies directly, they are able to give direct care in a timelier manner and save costs by not having to hire additional staff to just to work with insurance.

Because the overhead is smaller, and the paperwork is less, they are able to spend more time with patients, and limit the number of patients they see in a year.

"I will limit my patients to 300 so that I will guarantee the patients the care they expect," Egar said. "If I have time on my hands and I'm twiddling my thumbs, I may take on more patients, but by and large I will be happy with those 300 patients."

Gitnes is topping her panel at 250 patients per year.

"If the care I'm providing is going down, then maybe I have to see less than 250 people," she said.

While these clinics do provide a better quality of care, they are not intended to be the sole medical facility for their patients. They still do not cover actual lab work, surgeries or specialists, though they are looking into expanding their offerings.

Again, patients to these clinics still need to hold onto their insurance.

"We don't encourage anybody to change their insurance," Douda said. "We had one business who signed up five people and say, 'Maybe we should go back to this.' We told them to wait. The problem is,

insurance is built for big, catastrophic events more than it is for everyday living."

Beyond emergency needs, insurance will still be needed to cover the costs of medications, blood work and referrals to specialists.

While concierge is a supplement to insurance and not a replacement, Douda has found some in the community who just don't have access to health insurance at all.

"In my mind, I thought we would have a particular population of Florence that's going to use us because they have the money," she said. "Then we realized there's a majority of people in Florence that are living and working in a town they can hardly afford, and so they aren't insured. That's something that slapped me in the face."

She spoke of one business owner who couldn't afford health insurance for themselves and were relying solely on the emergency room for care.

"We're at least affordable," Douda said. "It's enough so they can start getting care."

Gitnes and Douda hope that the majority of people do get proper insurance, using their clinic as a way to gain better access to healthcare. But better access has raised issues about the fundamental fairness of concierge medicine.

Does paying separately for an off ramp from the long wait lines and short visits of traditional medicine create a disparity in who receives the best medical services?

"A lot of people are here on fixed incomes," Egar said. "They expect their Medicare to suffice. For us to say, 'No, we're going to charge you extra for being a pa-

tient at this clinic, and if you're not a member, then you don't get in,' that feels unfair to them. And it is. The system of payment that I'm operating is not fair, and it grieves me. I will try and reassess in the future, but for now, it's a simple set price a month for all comers."

Neither of the clinics believe the concierge clinics are the answer to all the problems with healthcare.

"I think the funding model in

this country with all the complexities and regulations is just a patchwork of Band-Aids that doesn't deserve to hang around," Egar said. "I think both people on both sides of the aisle would say it's broken. You have to start and imagine what's the best and most efficient situation, and then plan your solution from there."

What that solution could be is anybody's guess.

"If I had the answer to fix healthcare, I would be a bizzil-

lionaire and have the Nobel Peace Prize," Gitnes said. "I try and keep it simple because I'm a bit of a simpleton. I don't know how to change the world, but I know how to change the world I live in."

For more information on Siuslaw Medical Clinic, 1845 Highway 126, visit siuslawmedical.com or call 541-999-6599. For more information on Northwest Reflections, 5292 Harvard Ave., visit nwrhealthandwellness.com or call 541-590-3906.



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