

CARE MODEL CASE STUDY: CONCIERGE NEUROLOGY CARE PRACTICE



Introduction

Concierge medicine, similar to direct care, is a unique model for providing medical care where patients pay a one-time annual fee that can be divided monthly to receive direct care from their physician. This “retainer” method is usually cash-based and bypasses the traditional insurance and fee-for-service reimbursement system. Concierge practices in neurology are rarer than primary care and other specialties but neurologists are increasingly interested in exploring a practice model that may diversify revenue through additional complementary services, allow for more autonomy, and offer a structure that fosters deeper, collaborative patient-provider relationships.

The AAN’s Care Delivery Subcommittee, under the guidance of the Medical Economics and Practice Committee, continues to seek out and better understand different and complex care delivery models, their core functions, and features, as well as the professional and personal advantages and disadvantages of these models for neurologists and neurology APPs. The subcommittee worked with Hope O’Brien, MD, MBA, FAAN, to learn more about her concierge neurology practice, specializing in headache and migraine care.

The Care Model

The Headache Center of Hope (HCOH), founded in 2021, is a medical practice in Cincinnati, OH, that specializes in headache and migraine care and offers two cash-based options—a fee-for-service/a la carte option or membership option. The model offers traditional and complementary services for patients including general neurology and headache consultations, onabotulinumtoxinA injections for chronic migraine, nerve blocks, and access to emergency intravenous therapy, acupuncture, infrared sauna, massage, and physical therapy.

The model allows for O’Brien to spend more time with patients that would not always be possible in traditional fee-for-service models, with initial consultations lasting an hour or longer to develop a customized plan of care for the patient. Following development of a care plan, membership in the practice includes 24/7 access to O’Brien, several follow-up visits, emergency treatments, prior authorizations, FMLA and school letter documentation for absences, and coordination of care with other specialists.

Wait times for time-sensitive conditions like migraines and other headaches often force patients to seek care at urgent care and emergency care. The HCOH model allows for immediate access to a neurologist and may bypass many of the inefficiencies of the traditional system. The concierge model also offers flexibility from the practice management perspective as funds are available upfront, allowing for the opportunity to add services or offerings to the practice nimbly, such as hiring additional staff for quicker service or adding on-site lab drawings. Current staff at the practice include a registered nurse, licensed massage therapist, physical therapist, and acupuncturist.

How It Works

Patients present to the clinic by word-of-mouth, social media, or provider referral and schedule an Initial consultation with O’Brien. Appointments usually take place within three days of patient contact with the office. Following the first consultation and development of a care plan, patients choose their management level—either purchasing an annual membership or receiving a la carte, cash-based care. From there, patients receive comprehensive headache care with access to same-day appointments, pharmacological and therapeutic interventions, labs, and other services and providers in one location. The HCOH’s spa-like design offers a “one-stop shop” approach to headache care including the non-medical therapies commonly used in headache treatments such as mindful meditation, acupuncture, massage therapy, hydrotherapy, and infrared sauna. Given the ease of scheduling in this model, patients can book services for maintenance or on an as-needed basis.

Patients that elect for the annual membership package receive O’Brien’s personal contact information as well as priority scheduling. Currently, patients still rely on commercial insurance for pharmaceutical benefits, with O’Brien and staff completing prior authorizations for all patients, especially as new migraine medications come to market.

One year since its inception, the HCOH is growing financially with the goal to “break even” as soon as membership continues to grow. All patients receive standardized questionnaires before and following appointments to collect outcome data and reviews. Patients in the HCOH model report higher satisfaction and improved headache and migraine maintenance and appreciate the “personalized care” approach to care, especially with the added benefit of seeing O’Brien promptly compared to traditional models.



Headache patient presents at Headache Center of Hope and select level of care management



Patients receive access to unique traditional and complementary services for headache care, including massage and acupuncture



Patients that select an annual membership receive priority services and 24/7 access to O'Brien

The Provider Experience

The practice model allows for O’Brien to spend more time learning about the unique challenges her patients experience and developing relationships with them, which is difficult in the current fee-for-service system where appointments are usually 15 to 30 minutes. This strengthened patient-provider relationship leads to significant provider satisfaction. The model has positive implications for work-life balance as it is more flexible than models that are dependent on work relative value units (wRVUs). However, the model does require “on call” time for patients that elect for the membership package. The small practice setting enhances staff relationships and coordination which ultimately has positive implications for patient satisfaction and opportunity for improved patient outcomes. The practice model allows O’Brien to have a well-rounded professional experience, including running an independent practice while still maintaining her academic appointment with the University of Cincinnati College of Medicine and other leadership opportunities.

Value Proposition

Value Proposition to the Patient

- + High patient satisfaction + Improved patient outcomes
- + “One stop shop” approach for specialty care
- + Access to novel approaches and treatments (e.g., clinical trials program, complementary services, including acupuncture and massage therapy)
- (-) Reliance on commercial insurance for pharmaceutical needs

Value Proposition to the Provider

- + Increased communication and collaboration with patients and among care team members
- + Positive work-life balance implications (e.g., increased job satisfaction, not wRVU-based)
- + Flexibility with enhancing practice due to payment system
- (-) Increased administrative burden, especially time spent completing prior authorizations

Value Proposition to the Health System

- + Increased cost savings due to reduction in emergency room admissions and hospitalizations
- + Increased opportunity for improved outcomes and patient satisfaction
- (-) Patients rely on fee-for-service system in addition to concierge headache care through HCOH

For more information, visit [hcohcincy.com](https://www.hcohcincy.com).