

Membership and Personal VIP Care at First Internal Medicine

Service	PERSONAL VIP CARE	BASIC MEMBERSHIP	This is what other, insurance-based, primary care practices typically provide
Appointment length (time with provider, problems discussed)	45-60 minutes or longer Any number of problems.	30 minutes, 3-4 problems can be reviewed depending on complexity	15 minutes, 1-2 problems discussed
Appointment scheduling	Guaranteed same day appointment.	Guaranteed appointment by the end of the next business day.	Earliest appointment often not available sooner than in 1-2 weeks.
Management of minor acute problems (cold, flu, bronchitis, UTI, back pain) without office visit	24/7 direct access to Dr Huzicka via phone and email. Unlimited number of phone consultations.	Patient contact through the office for same day response. One (1) personal telephone consultation per month in lieu of office visit.	Most insurance carriers do not cover this service. If providers offer the service, they charge \$50-\$100 per encounter. Online medical services charge \$50-75 per encounter.
Provider access after hours, during weekends and holidays	Direct access to Dr Huzicka's cell phone 24/7 for personal phone call (preferred) or text messaging.	Answering service (or voicemail) for on-call physician with call back within 30 minutes.	Call back frequently provided by a call center RN rather than an on-call physician.
Review of test results	Full discussion of all results will be done personally by Dr Huzicka by phone or email. Follow-up testing ordered without an office visit.	Patients will be notified by Dr Huzicka via patient portal, email or telephone within 48 hours of the receipt of test results.	Patients notified by office staff. Unexpected abnormalities typically require office visit to discuss.
Email with provider	Email response by Dr Huzicka within 24 hours. Please DO NOT USE e-mail or text (SMS) for any new or urgent symptoms – CALL Dr Huzicka's cell phone instead.	Email response by Dr Huzicka within 1-2 days. Please DO NOT USE e-mail for any new or urgent symptoms – call office and use dedicated member's line.	Not covered by insurance. Providers vary in availability of this service. Providers typically require office visit to address new symptoms or unexpected results.
Telemedicine - text messaging, chat, videoconferencing	Dr Huzicka is available 24/7. Current capabilities include FaceTime, Skype, Tango; photo, audio, and video file sharing via email or cloud.	Not included in the basic membership.	Not covered by insurance. Most non-concierge providers do not offer this service. Specialized online services (e.g. AmWell) charge \$50-75 per encounter.
Preventive exam & testing	Comprehensive preventive visit lasting 90 minutes which includes full physical exam. Additional testing included in the preventive exam: - EKG and lung function test - Advanced cardiovascular testing (comprehensive lipid panel – Berkeley Heart Labs, Coronary calcium score, CIMT - carotid artery wall thickness) - Thyroid, vitamin D, PSA, testosterone or estrogen test.	Comprehensive preventive visit lasting 60 minutes which includes full physical examination. We discuss all potentially helpful preventive measures with our patients, including those rated I (indeterminate) by US Preventive Services Task Force, in order to facilitate shared decision-making. We also fully discuss measures rated D (possibly harmful).	According to Patient Protection and Affordable Care Act (Obamacare) only services given grade A or B recommendation by USPSTF are covered free of charge (details www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/). Actual physical exam is not a requirement and therefore it may not be performed during 'physical'.
Personal health coaching	Members benefit from limited number of patients in the practice as this will allow longer and more frequent appointments for everyone. Dr Huzicka can spend enough time with each patient to evaluate and manage complicated health problems in-house rather than referring everything to specialists. Also, Dr Huzicka can personally advise each patient regarding best utilization of their insurance (testing cost etc.). For Personal VIP Care members, Dr Huzicka will speak directly to specialist(s) to facilitate referral and care coordination.		Many practices pursue the idea of 'Patient-centered Medical Home'. However, in order to accommodate the growing number of patients, the physician becomes a manager of mid-level providers, nursing case managers and medical assistants without being personally involved in the patient care.

	PERSONAL VIP CARE	BASIC MEMBERSHIP	Insurance-based care
Office based testing	All included in the membership. Currently, we offer EKG, lung function testing, urinalysis, Strep/influenza /urine pregnancy tests.	Billed to insurance. Deductible may apply.	Billed to insurance. Deductible often applies.
Basic laboratory testing: Blood count, metabolic panel, cholesterol, thyroid (TSH), urinalysis, hemoglobin A1c, INR	Included in membership (retesting based on medical appropriateness is also included). Blood draw in the office.	Billed to insurance by the laboratory service provider. Deductible may apply. Blood draw in the office.	Billed to insurance by service provider. Many patients pay full price due to high deductible. Many offices do not offer on-site blood draw.
Advanced laboratory testing	Personal VIP members will receive 30% discount for cash-only tests.	We offer an expanding portfolio of tests including allergy (e.g. ALCAT), immunology, hormone, and environmental toxin tests.	Typically not offered as such testing is considered "experimental" and not covered by health insurance.
Diagnostic imaging – X-rays, ultrasound, CT, MRI Cardiology testing (Echo, stress test)	Billed to insurance by service provider. Personal phone call by Dr Huzicka to insurance company to get prior authorization as quickly as possible. Counseling provided to patient regarding most cost-effective alternatives (including cash prices).	Billed to insurance by service provider. Expedited prior authorization (within 2 business days). We utilize a network of freestanding imaging and diagnostic facilities to minimize cost passed on to the patient due to deductible.	Billed to insurance by service provider. Providers associated with hospital systems (HealthOne, Centura) often refer patients to 'their' hospitals for testing. This is associated with up to 85% higher cost which, if the patient has a deductible, is passed on to the patient. (see http://articles.mercola.com/sites/articles/archive/2012/01/21/mri-could-save-thousands.aspx)
Vaccines	Standard adult vaccines (influenza, Tdap, shingles, "pneumonia") included in the membership if not covered by insurance.	We follow ACIP recommendations. Vaccines and their administration are billed to insurance. Please note: Medicare does not cover Tdap (tetanus-whooping cough) vaccine.	Practices should follow ACIP (Advisory Committee on Immunization Practices, www.cdc.gov/vaccines/acip/) recommendations.
Travel vaccines	Typhoid (every 3 years) and hepatitis A (if not immune) is included in the membership. Please note: we are not a certified Yellow Fever vaccine provider and cannot issue International Certificate of Vaccination (yellow card).	Medical advice before foreign travel is provided as part of routine care. Vaccines are provided based on availability. We charge patient the purchase price and waive administration cost.	Often cash pay. Many practices do not provide health counseling before foreign travel and refer patients to travel clinics. Those charge \$50-100 per consultation in addition to vaccine and administration costs.
Medical certificates, form completion	Included in the membership.	Included in the membership.	Many offices charge fees for form completion, typically \$25-\$35 per form.
Copy of medical records to life insurance, social security, for legal purposes	Included in the membership.	Charges per Colorado Department of Health apply.	Charges per Colorado Department of Health apply
Cost	\$3,000 per year for one person; \$5,000 per year for two persons; \$6,000 for a family up to 4 persons. INSURANCE IS NOT BILLED unless requested by the member.	\$1,100 per year Insurance is billed and the <u>member is responsible for payment of any applicable deductible.</u> OFFICE VISIT COPAYS ARE INCLUDED IN THE MEMBERSHIP	"No additional cost." However, copays and deductibles are so high these days that many patients pay full price for their outpatient care. Only preventive services mandated by Obamacare are truly fully covered by insurance.
Membership cost is eligible for payment from HSA	Yes	Yes	N/A
Membership cost is tax deductible	Yes	Yes	N/A