This year’s Medscape Physician Compensation Report estimates that the number of concierge medicine practices is growing by three percent a year. A recent survey published by Merritt Hawkins reported that 7 percent of physicians currently practice concierge medicine — and an additional 13 percent said they plan to transition at least a portion of their practices to concierge medicine.

“Doctors tell us they understand this is the path that will lead them to a happier career,” says Michael Tetreault, editor-in-chief of Concierge Medicine, who estimates that there were 6,500 concierge physicians across the country in 2015.

Indeed, the expansion comes at a time of increased strain on primary care physicians. An athenahealth survey of 2,000 doctors, conducted last spring through the Epocrates app, found that primary care doctors were less engaged than doctors in other specialties. And athenahealth research shows that primary care physicians are taking on a larger amount of work during each short visit, as measured by the number of diagnoses recorded and the complexity of codes.

But as concierge medicine expands, it’s also facing a vocal backlash from some doctors and medical ethicists, who question its effects on an already strained healthcare system.

“It’s a sign of a broken system. It represents a failure of medical ethics,” says Arthur Caplan, head of medical ethics at New York University School of Medicine.

The concierge model has been percolating in the medical marketplace for 20 years, but it has been gaining more attention lately as the shortage of doctors grows, and as millions more people are covered for the first time by insurance as a result of the Affordable Care Act.

It’s estimated there will be a shortage of between 23,500 and 41,500 primary care physicians by 2025, just as an aging baby boomer population is creating an increased demand for physician services.

That rising workload — along with the frustrations of the standard 15-minute visit — is part of what makes concierge medicine attractive to doctors, and to patients with chronic illnesses and the resources to pay for extra care.
“It’s easy to see why concierge medicine models are proliferating,” writes Rivka Friedman in a white paper by The Advisory Board Company. “Patients see the potential for a more personalized, attentive care experience; physicians see an avenue to improve work-life balance and mitigate burnout.”

With concierge medicine, physicians can get guaranteed income of anywhere from $1,600 to $5,000 or more a year per patient on top of health insurance payments. They can see fewer people each day and spend more time addressing patient concerns.

And patients who can afford the extra fees get more personal attention, along with perks such as same-day appointments and direct lines, via email or telephone, to their doctors day and night.

But critics say concierge medicine could have a negative impact on a system that already is failing large segments of society. They argue that these exclusive medical practices could end up siphoning primary care physicians away from the general population and widen the gap between those who can afford better care and those who can’t.

“It’s a little hard to justify on moral grounds,” says Matthew K. Wynia, M.D., co-director of the Center for Bioethics and Humanities at the University of Colorado. “A lot of people will be left out. It leads to further stratification in the health care market.”

And Caplan says concierge medicine could wind up contributing to the physician burnout crisis.

“If you take a significant number of primary care physicians out of the pool available to every patient and make them available only to people who can pay additional fees,” Caplan says, “it results in a bigger workload for the rest of the providers who are doing primary care.”

Martin P. Solomon, M.D., the medical director for Brigham and Women’s Primary Care of Brookline, Mass., says doctors are “falling all over themselves” to get into concierge practices. But he hopes most physicians won’t succumb to concierge medicine’s allure.

“Doctors didn’t go into medicine just to learn how to take care of rich people,” he says.

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