MEDI-TREND

THE DOCTOR WILL REALLY SEE YOU NOW

White-glove service, not generally associated with the cost-beleaguered medical industry, is catching on among doctors. Frustrated with managed care, they’re quitting HMOs and setting up competition—expensive, specialized groups for patients willing to pay. Such service has long been available on Park Avenue and in a few progressive practices in Seattle; but now, MDVIP, a four-month-old company in Boca Raton, Fla., has been helping several Florida doctors launch upscale medical groups. It expects 100 affiliated physicians by next year. “We’ve already started moving into the Northeast and California,” says Andrew Ripps, MDVIP’s chief operating officer. “The potential is tremendous.”

It works like this: Doctors quit their HMOs and close their practices, then relaunch with no more than 600 patients paying $1,500 a year. For the fee, plus a per-visit cost averaging $50 to $75, patients get same-day or next-day appointments, special phone numbers, and other services. Patients can still use private medical insurance, Medicare, or out-of-network provisions for reimbursement. “It’s so much more professionally satisfying,” says Robert Colton, an internist who switched after becoming fed up with shrinking HMO reimbursements and a 3,000-patient load that didn’t allow time for care.

LIMIT: 600 patients per M.D.

But some medical ethicists are troubled by the trend. “We’re going to have a class of haves and have-nots,” says John Lincourt, a bioethicist at the University of North Carolina at Charlotte. But to MDVIP, it’s about choice. “We view it much the same as the choice between private school and public school,” says Edward Goldman, an MDVIP investor. “Not everyone can send their kids to private school.” Or to a white-glove doctor. Aixa M. Fascul