

Pioneering Practice

Local doctor brings old practice, new technology together

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With a classic black doctor's bag in hand, Dr. Andy Gray walks out the door of his office to his sport utility vehicle.

He's wearing a green suit and cowboy boots — the boots a telltale sign of his West Texas ranching heritage.

The cattleman-turned-doctor is paying a house call to 72-year-old Dr. Jim Chappell's house.

That's right. A house call.



Jim Watkins / Avalanche Journal

Dr. Andy Gray examines patient, Dr. Jim Chappell, during a house call. Chappell taught Gray when he was in medical school. Gray started his concierge practice in January. Tired of the hassles and expense of insurance companies and Medicare, and longing to spend more time with his patients, Gray took a risk with the new practice. So far, he says, it's paid off for himself and patients.

Gray, 50, says he started his concierge medical practice in January. Though practices vary greatly, concierge takes its name from the head bellhop of a hotel — always at the customers' beck and call. Tired of the red tape of modern medicine, Gray chose this relatively new method of practicing medicine to become a more attentive physician and provide a higher quality of care to his patients.

By the fishpond on side porch, a quick check of Chappell's heart and blood pressure finds him in good shape. The older doctor and former assistant dean of Texas Tech University Health Sciences Center says he is fighting prostate cancer and will undergo chemotherapy soon.

Chappell says he taught Gray in the early '80s when Gray was in medical school at Tech. Now, the teacher uses Gray as his primary care physician.

"I think what Dr. Gray is doing is very personalized," Chappell says. "Very one-on-one. I like the sense of the doctor knowing who I am, what I am and what I stand for. It's a sense of ME in that.

"This is what I taught physicians to do," Chappell says. "How many do it? Well, I can point to Andy. I think it's the way medicine should be practiced."

Chappell pays an annual fee to Gray for his service. In return, Gray will see Chappell whenever he needs it, as many times a year as he needs it. Gray will run tests, make house calls and spend hours with a patient rather than minutes.

"When I have questions, I go to (Gray)," Chappell says. "Very recently, I was quite dehydrated, and I was getting concerned. I called Andy, and he came over. He got me hydrated again. I was as dry as a powder puff."

As Gray walks out the back gate, he beams a broad smile. This is the kind of medicine he's always dreamed of providing, he says. The small practice is a lot like those of the old-fashioned country doctors who'd ride up to people's houses with a horse and buggy.

Only now, Gray carries high-tech gizmos such as portable EKG machines and lap-top computers.

"It's a response to a somewhat failing health care system in that the doctors and patients weren't happy with the way services were provided," Gray says of concierge practice. "This type of practice only is set up to take a small number of patients. I'm set up for no more than 600. Before, I had 5,000 or 6,000 patients. Most of them were in nursing homes or hospice care. Even though I really enjoyed that, I didn't feel like I could spend time with my patients."

Dr. Garrison Bliss of Washington state began the first concierge practice in 1997, according to the American Society of Concierge Physicians. About 150 concierge practices exist in America. Dallas/Fort Worth, San Antonio, Austin, Houston and Lubbock have confirmed practices set up or setting up.

There's nothing wrong with the high-volume, large, managed-care practices that serve as the workhorses of modern medical care, Gray says. He worked for Covenant Medical Group for five years. If every doctor went to a concierge-style practice, a doctor shortage would ensue.

However, Gray didn't think he could give his patients the best level of care and the right amount of time under the constraints of managed health care.

Most modern practice doctors spend a lot of time and resources handling billing through Medicare and private health insurance companies.

Because these entities have shaved off the financial amount they will pay to doctors over the years, the doctors have to see more patients to make up the difference, Gray says. That means more patients get less time with the doctor.

Also, if the doctor has to take more time with one patient, that can mean major backups in the waiting room, he says. That doesn't happen in concierge-style practices.

"Generally, there's no waiting, and instead, we're the ones waiting on them," Gray says. "For a busy executive who doesn't want to wait around, this is perfect. Instead of the doc-in-a-box mentality of, 'OK, you've got a sore throat today, you'll have to reschedule another time next week for that sore back,' this gives us time, too, to research the illness and review patients' records."

Gray says he doesn't accept insurance, though he will file with an insurance company for some procedures at the customer's request. Also, because Medicare has taken issue with payment to some concierge doctors, he doesn't accept that, though Medicare does pay for any treatment out of the office that he orders, such as physical therapy or hospitalization.

Each medical practice differs, he says.

Dr. William Jones, a general practitioner in Austin, says he stopped taking insurance for about two years and intends to become a concierge doctor by Sept. 1.

Jones, who met Gray at the American Society of Concierge Physicians Conference this year in Denver, said he was fed up with the hassles posed by insurance companies.

"When we went to a cash-only practice, that downsized my practice to 600 from about 1,700," he said. "Basically, I just feel like most professionals charge a fee for a service rendered. If you like the service, you keep coming back. If you don't like the service, you don't. That, to me, is the simplest, cleanest kind of business to have, and it makes the service provider perform the best that they can because they want you to come back."

After changing the practice to cash only, Jones says he takes differing fees for differing services. People who have longer visits pay more than people who are in and out.

But, after Sept. 1, his office will go to a flat fee for the year, much like Gray's, Jones said.

"Every year, insurance companies have been limiting what they'd pay for the past 13 years," Jones says. "They pay less each year for what you do. That means if you want to stay solvent, you have to increase your patient volume. Nationwide, the average time for an office visit is 5.7 minutes. That's because doctors are having to see 10 patients an hour. Obviously, you can't get good health care in 5.7 minutes."

Already, Jones says, he's seen a difference in how well he can treat his patients. He sees about 12 patients a day instead of 24. That usually includes about three 1-hour physicals.

Most of the people who have stayed like the new system, both doctors say. And, patients feel better knowing they can contact their doctor any time. The fees usually are cheaper because the cost of dealing with Medicare and insurance companies has been taken out of the equation.

"I think there's a place for both kinds of health care," Jones says. "When I started practice 30 years ago, it was all about patient care. We charged fees that were fair, or you'd go broke."

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