

HEALTH

'Boutique medicine' is not for everybody

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BY MARY LEONARD

CHEVY CHASE, Md - Tucked in a ritzy high-rise building between the Gianni Versace and Cartier boutiques, right across the street from Saks Fifth Avenue, is a designer doctor, an *haute clinique* for upscale shoppers in this tony suburb of Washington, D.C.

In these difficult days of depersonalized HMOs and drive-by delivery of medical care, when health consumers are angry about too little choice and too much inconvenience, the new David Drew Clinic is appealing directly to the anxieties of the "worried well" and especially the worried well-to-do.

In May it sent hundreds of engraved invitations to upper-income individuals, promising them the finest of care in an "exclusive doctor-patient relationship." It also appealed to their own sense of mortality, warning them to take steps so they don't end up like celebrities Gilda Radner, Frank Zappa, or Lee Atwater, "stricken in the prime of their lives with diseases that could have been cured, if detected early."

On the surface, Dr. Timothy Soncrant, the clinic's solo practitioner, appears to be bucking the trend of volume-driven, one-size-fits-all medicine. Soncrant, 41, trained at Boston University and a former researcher on aging at the National Institutes of Health, is serious about personally designed care and lots of high-tech diagnostic tests, no matter what the cost, to prevent disease and early death.

In truth, Soncrant may not be bucking a trend at all. More likely, he is in the vanguard of something new - so-called niche medicine - that capitalizes on the wide public backlash to managed medical care and, with great attention to demographics, aims to carve out a market of those affluent baby boomers who are nearly obsessed with aging and anxious about the latest disease-of-the-month.

"This is a sign of what could exist a decade from now: a niche for doctors catering to a group of extremely upscale people, maybe 15 percent of the population, who will pay significantly more for health care because they value time and convenience and demand special attention," says Dr. Robert Blendon, a professor of health policy at Harvard University.

Douglas Allen, a businessman who manages the clinic, doesn't expect sick, insurance-dependent people to show up in its tastefully appointed penthouse suite or to pay as much as \$6,000 out-of-pocket for three office visits a year. Niche patients more likely are healthy but worried - worried they will

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die and leave their businesses or families unintended, worried they haven't modified their lifestyles enough to guarantee longevity.

This clinic isn't for patients who hate being poked, probed, and put under the microscope in what amounts to a physical fishing expedition. Some health policymakers say many tests aren't worth taking anyway, because their benefits in detecting disease haven't been proved and can create more stress than they relieve. Soncrant advises genetic tests for some patients, even though there is considerable controversy about the medical merits and ethical questions over what a doctor should counsel, say, a woman who tested positive for a breast cancer gene.

Yet for those with a need to know and a way to pay for it, the David Drew Clinic is just what the doctor ordered.

"Baby boomers are traumatized. They're receiving their AARP cards in the mail, they're watching depressing medical news on TV every night, they're trying not to feel like geezers and trying to do everything - diet, exercise, stress management - to experience a healthy, long life," says Daniel Perry, executive director of the Alliance for Aging Research, a nonprofit group in Washington.

"I'd expect some of these 'worried well' to respond to calls for customized care, particularly at a time when they fear market changes are dumping down traditional health care delivery," Perry said.

Medical care always has been delivered unequally to the rich and poor, and for decades silver-plated checkups at the Mayo Clinic and other specialized institutions have been available for those who could afford them.

What's giving impetus now to upscale, alternative-care clinics is fear more than economics: Surveys show many people think the insurance industry's drive to cut costs has reduced dramatically the overall quality of health care, limiting not only

their access to the best doctors and hospitals but also putting such time and financial strain on physicians that they can't possibly provide first-rate treatment to them or their families.

Those fears very recently have turned into political action, driving lawmakers in Massachusetts, dozens of other states, and Congress to regulate the managed-care industry and codify patients' rights. An example of the issue's potency: The omnibus bill endorsed last month by legislative committees on Beacon Hill grew in the number of consumer-friendly provisions and still is gaining momentum. "This managed-care bill goes further than anybody expected," says Michael Kelly, director of government relations for the Massachusetts Medical Society.

With an estimated 140 million Americans now getting their medicine through some form of managed care, a consumer backlash could have big consequences in the very competitive marketplace. "Empowered by their high level of education and their access to information, [consumers] are increasingly becoming activist," Regina Herzlinger of Harvard Business School wrote in "Market-Driven Health Care," her recent book. "Patients won't be patient anymore."

"If you go to your lawyer or financial planner, they will spend more than 15 minutes with you. Why can't your doctor?" asks Soncrant, whose appointments at the David Drew Clinic last four hours. Soncrant says he never keeps a patient waiting and even makes house calls. "Generally, there is no recognition for the value of this approach in the insurance community," he says.

The whole premise of managed care is to rein in physicians and hospitals to do less, not more. But HMOs and other health-care providers are recognizing their clients' discontent with much of the managed-care approach and are seeking new ways to placate them. In January, Connecticut-based Oxford Health Plans, with 1.8 million members on the East Coast, began offering managed-care coverage for alternative medicine - including acupuncture,

You are cordially invited to participate in a revolutionary, technologically advanced health program that detects heart disease, impending stroke and cancers before catastrophic illness occurs.

The David Drew Clinic

has arrived in the Washington, D.C. area. It provides to those with means the most thorough, comprehensive and enlightened medical care available anywhere and affords peace of mind to you and your family.

The "revolutionary, technologically advanced health program" promised by the David Drew Clinic is for "those with me

homeopathy, chiropractics, yoga, and massage therapy - after surveys showed that one-third of all subscribers used and liked those services. Oxford president Bill Sullivan says it touched a nerve and met a need: 120 companies have signed up so far, even though the benefit raises the premium on health plans 2 to 3 percent a year.

Another area of niche medicine - women's health centers - is hot. They appeal to women who think their special health needs have been neglected by traditional medicine, and they promote a warm, nurturing environment. For entrepreneurs, the demographics are compelling: Women purchase more health care and make more family health decisions than men; they live longer; and as female baby boomers reach menopause, they seek more medical advice.

Rina Spence, who owns upscale, spa-like health centers for women in Cambridge, Braintree, and Wellesley, calls the success of this niche a reaction to the "bureaucratization" of medicine and a sound business response to women wanting high quality, caring, and convenient medical attention. In May, Spence opened her first out-of-state

center; it's across the street from the David Drew Clinic on boutique row in Chevy Chase. She intends to open another one this fall in McLean, Va., also an affluent Washington suburb.

Soncrant says he sees between 40 and 50 patients, and they aren't millionaires or hypochondriacs. Mainly they are middle-aged or older professional men and women who are intensely concerned about staying well, either because of commitments they want to keep or because family medical histories make them anxious.

Soncrant says he believes in and subjects his patients to unusually thorough testing: three physicals a year; ultrasound imaging of all major organs, sometimes more than once a year; extensive cardiovascular workups and blood screening for cancer; bone-density measurements; and genetic testing if a family history warrants it.

"I don't know of anyone else who is so comprehensive," Soncrant says.

Perhaps for good reason. Professional and government guidelines recommend nowhere near the kind of testing that the David Drew Clinic orders, and there is no in-

surance plan that would cover ranging diagnostic tests without a compelling reason for doing them. Lesli Spence, a spokeswoman for the National Genome Institute, calls genetic "black box" - full of potential information but far from predictive now, part of the hands of nonspecialists.

"I worry the prevention people have oversold the idea that there is some way to become immortal," says Sager, a professor at Boston University School of Public Health. "Partly because some of the interest in prevention is financially rather than clinically, they think we need to look at each test and assess the evidence for doing it."

Soncrant insists he is on the cutting edge; new technologies for early diagnosis can change medical outcomes, he puts so much stock in prevention. He tried to name the clinic after a prominent field. He rejected "Papanicolaou George, who developed the Pap smear as too hard to spell, so settled in David and Drew, the names of his