

The Herald News

Westport doctors put focus on patients, not insurance requirements

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WESTPORT — Dr. Cathleen S. Hood, a family medicine physician, has taken back her relationship with the patient and is giving health insurance and its stringent rules and complicated coding systems the boot.

Hood and her practice partner, Dr. Karen L. Ottenstein, have remade Primary Care Partnership into a new practice model that affords time to every patient and utilizes new technology alongside old-fashioned caring.

Some might call it a concierge service, but the doctors say the new model is in no way exclusive; rather it's a way for them to have a more patient-centered practice.

"It feels like we're back to practicing medicine like we were meant to," said Hood who has practiced for more than 30 years in Fall River and Westport. Ottenstein has been practicing in Westport for the past four years, and in Maine for some 25 years prior.

Under the new model, patients pay a membership fee to the practice and in return pay no co-payments or deductibles regardless of the amount of service they utilize.

"Money doesn't change hands," Hood said.

Patients can contact their physician 24/7 with problems and questions, and can speak via phone, text, e-mail and video as needed.

Visits can last an hour if that's what is needed and Hood said she enjoys learning each patient's story and practicing medicine as an art.

Home visits can be made when appropriate. Patients can make same day or next day sick visits, and have minor skin procedures done in office, along with lab work, joint injections, urinalysis and pregnancy testing to name a few services.

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"We can do a lot here without charging extra," Hood said.

Because Ottenstein and Hood believe in different modalities of healing and pain management, patients also have access and free introductory sessions to complementary medicine, like yoga, meditation, reflexology, reiki, massage and more.

"We're focusing on the patients, not the payers," Hood said.

The doctors said these services cut down on emergency room visits, and because the focus is on preventative care, many minor illnesses won't become major problems.

Primary Care Partnership, a member of the PrimaCare network of physicians since 2013, is the first practice to use the tailored patient care model in the Southcoast, and the sixth in Massachusetts.

Hood said the model does not eliminate the need for health insurance that pays for things like specialist visits and hospital stays.

The service costs \$200 per month, less for current patients, and with discounts to families.

The doctors said the practice model has been well received, with more than 300 patients remaining with the practice so far. It started on Oct. 1. New patients are being accepted.

Hood said the practice is attractive to patients who want to be partners with their physicians in their health care decisions, and who don't want to be controlled by their health insurance plan.

It has attracted a wide variety of ages, including elders and working people with discretionary income. The doctors said younger people like the technological component. One patient recently was able to text an image of a rash and receive care and advice without having to make a visit.

"Patients who are out of town can still access our care ... even after hours," Hood said.

Hood and Ottenstein said they are on-call 24/7 for their patients, and are in close contact and able to help one another because of their "manageable number of patients."

Hood has been a long-time opponent of HMO rules and regulations that decide how often patients should have check-ups, diagnostic testing and remain in the hospital, and how much services should cost.

She said the added paperwork and document procedures that go along with HMOs often have

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doctors working more than 12 hours a day, and seeing 20, 30 and even more patients per day.

"That's not sustainable," Hood said. "Insurance companies control the purse strings."

Hood, some 13 years ago and again this time around, told The Herald News how difficult things had become working with HMO guidelines that require doctors to rush through patients visits — basically working for "piece work."

Ottenstein said insurance companies often put people "into a bucket," and order physicians to treat them that way. She said in the case of a 50-year old woman, the HMO decides when she should have a mammogram and other diagnostic testing without taking into account the individual and her own varying health needs.

"The insurance company doesn't care about the patient," Ottenstein said.

Hood said she and Ottenstein saw 12 to 14 patients per day before the switch, and will now see roughly eight. They said patient numbers will be capped at some point when they feel they have reached their capacity.

The doctors said they're not looking to get rich on the new model but to simply break even and have more time for their patients and themselves.

"I've been wanting to do this for a long time," Hood said.

Ottenstein said the services she and Hood are practicing are "not new. We're just not running an hour-and-a-half behind."

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