Important Questions About the Transition

Specifically for Our Current Patient Panel

1️⃣ “Why are you changing the model now?”

Over the years, our practice has gradually evolved toward more relationship-based, prevention-focused care.

We realized that the traditional fee-for-service structure — even in a direct-pay setting — still creates pressure toward reactive visits rather than deeper ongoing support.

This transition allows us to intentionally structure the practice around access, continuity, prevention, and long-term relationships with families.

2️⃣ “How is this different from the way the practice worked before?”

Previously, many families participated on a fee-for-service basis with an annual practice retainer, while others chose concierge-style memberships.

Moving forward, we are creating a more unified relationship-based model where all membership tiers include a greater emphasis on proactive support, access, communication, and continuity of care — not simply office visits.

3️⃣ “Why move away from pay-per-visit care?”

Fee-for-service medicine naturally centers around office visits and episodic care.

But many of the things families value most — guidance, education, prevention, communication, and continuity — actually happen between visits.

The membership model allows us to support families more intentionally and consistently rather than only during isolated appointments.

4️⃣ “Are office visits still included?”

Yes — office visits remain an important part of care.

But the value of the membership extends far beyond visits alone.

Families are also receiving enhanced access, communication, prevention-focused support, mentorship, and continuity throughout the year.

5 “What if my child rarely gets sick?”

Many families who use the practice the least for illness actually benefit tremendously from the guidance, reassurance, prevention, and relationship the model provides over time.

The goal is not simply managing sickness — it’s supporting healthy development and helping families navigate each stage of childhood with confidence.

6 “Is this basically concierge medicine?”

In some ways, yes — in that it emphasizes access and relationship-based care.

But our vision is less about exclusivity or luxury and more about creating a sustainable model centered around prevention, mentorship, and whole-family wellness.

7 “Why can’t you continue offering both fee-for-service and memberships?”

We realized that trying to maintain multiple care models within the same practice ultimately limits our ability to fully deliver the kind of proactive, relationship-centered care we envision.

Moving toward a unified membership structure allows us to better protect physician time, improve access, strengthen continuity, and create a more intentional experience for families.

8 “Will this improve access?”

Yes — that is one of the primary goals of the transition.

By intentionally managing the size and structure of the practice, we are able to provide more responsive communication, longer visits, and greater continuity of care.

9 “What are families really paying for?”

In my experience, parents often need guidance and advice that doesn’t necessarily require a physical exam or presence of the child to discuss. In fact, sometimes it helps if the child isn’t in the room demanding your attention! We’ve expanded our access to include weekly “office hours” by age group, so that parents can come for such concerns as potty training, tantrums, understanding the right nutrition for your child’s age, constipation, etc. So families are not simply paying for office visits.

They are investing in:

- access
- guidance
- prevention
- continuity

- relationship-based care
- and a more personalized healthcare experience overall

🔟 “Will I still feel known and supported?”

Absolutely.

In many ways, that is the entire purpose of this transition — to create a practice environment where families feel even more supported, connected, and cared for over the long term.

1️⃣1️⃣ “Why memberships instead of just raising visit prices?”

Memberships allow us to shift the focus away from transactional medicine and toward ongoing partnership.

Rather than families feeling like they are paying separately every time a need arises, the relationship becomes more continuous, proactive, and supportive throughout the year.

1️⃣2️⃣ “What do you hope families understand most from the Transitions Webinar?”

I hope families understand that this transition is not about charging more for the same care.

It’s about intentionally creating a *different experience of care* — one centered around relationship, prevention, access, and long-term support for families.