

Direct Primary Care -A Refreshingly Different Model of Primary Care



## Disclosure

Dr. Richard Haug has no financial conflicts of interest relevant to this activity.



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# Learning Objectives

- · Learn about the Direct Primary Care (DPC) Model
- Learn how DPC can reduce downstream costs
- Understand how the DPC model pairs with other health plans
- Discuss misconceptions of Direct Primary Care
- Understand how DPC provides a benefit to employers/businesses
- Discuss resources available to help set up a DPC practice
- · Answer questions related to DPC



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# Is our current healthcare system working?

Nearly half of Americans say the healthcare system is failing them. Six in ten report having had a bad healthcare experience. About half of patients say they have trouble affording health care—even those who are insured. All told, Americans' satisfaction with their healthcare system hit a new low in 2022.

https://www.forbes.com/sites/sallypipes/2023/03/27/the-future-of-health-care-is-here-if-you-know-where-to-look

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## Physician Burnout??

- ☐ Physician burnout was present and impacting physicians prior to the COVID-19 pandemic; however, the pandemic and subsequent experiences dropped the percentage of physicians reporting being very or somewhat happy with their jobs from 75% to 48%.
- ☐ Family physicians suffer from significantly higher rates of burnout than physicians in many other specialties with 51% of family physicians reporting being burned out in 2022.
- ☐ Burnout negatively affects quality of patient care including a two-fold increase in odds for unsafe care, unprofessional behaviors and low patient satisfaction.
- ☐ Burnout is driving physicians to reduce or leave clinical practice, thus contributing to the primary care workforce shortage.

https://www.aafp.org/about/policies/all/family-physician-burnout.html

## Direct Primary Care



Cuts out the middleman – insurance companies



Has grown substantially over the last 3-4 years but has been around for 20 years



Newer model but similar to town doctor of early 1900's



Value based vs. Volume based

Incentives aligned (Doctor -> Patient)

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## DPC Growth

- □ 2009 practices according to DPC Frontier Mapper in 48 states and Washington, DC: https://mapper.dpcfrontier.com/
- $lue{}$  From 2017-2021 DPC Membership has increased 241%  $^1$
- ☐ The number of active DPC physicians per 100K people has increased 159% compared to only 6% increase in primary care providers per 100K people. ¹
- □ 48 DPC members per 100K Americans in 2017 to 163 in 2021, translating into a 36% average annual increase or a 241% total increase over four years
- ☐ Despite the growth 68% of consumers surveyed in the 2021 Hint Health DPC Consumer Insight Survey had not heard of DPC

1. Trends in Direct Primary Care 2022 - Hint Health

## What Sets Us Apart?

#### Personalized

- Lower patient panel size
  ~ 600
- Always see the same physician

#### • Accessible

- Texting
- Same day or next day appointments
- Portal/Email/phone/vi deo visits
- Someone answers the phone

#### Longer visits

- 60min new patient visit
- 30-45min for follow ups/procedures
- Less wait time for patients

#### In house lab/pharmacy

discounted rates

#### Ability to Innovate

· Customize your practice

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## Included In Office Procedures

- · Skin biopsies
- · Laceration repairs
- · Skin abscess drainage
- Precancerous skin treatments (freeze therapy)
- · Wart removal
- Ingrown toenail removal
- Joint injections
- · Earwax cleaning

- EKGs
- Strep Tests
- Pregnancy Tests
- · Hearing Examinations
- GYN exams

## No Middle-Man = Affordable Pricing

#### Example Lab Pricing

- Lipid Panel (cholesterol): \$9
- CBC (blood count): \$5.76
- CMP (liver/kidney/sugar): \$6.79
- TSH (Thyroid): \$11.68
- Lyme Ab: \$18.43

## **Example Pharmacy Pricing**

- Amoxicillin Course: \$2.40
- Atorvastatin: \$3.30
- Escitalopram (Lexapro): \$3.60
- Lisinopril/HCTC: \$3.00
- Nexium 20mg: \$10.20

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### We Think About Costs

We are healthcare consultants – help navigate costs for patients

- ECHO \$ 300
- MRI \$ 450-550

We help reduce downstream costs and testing

- Able to handle 80-90% of patient care needs more time
  - Less specialist visits
  - Less ER/Urgent care visits

How does this work for patients

#### PPO/POS plans

- Makes the most sense with high deductible plans
- HSA legislation in the House and the Senate bipartisan bill just reintroduced March 3rd 2023
  - The Primary Care Enhancement Act

#### **HMO Plans**

• Can work but because we are out of network they need another primary

#### Medicare

- Providers usually opt out of Medicare
- Our patients sign a Medicare Opt Out and Waiver agreement

#### Health Shares

- Christian Health Share
- Zion Health Share

#### Indemnity Plans

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Why should a DPC physician opt out of Medicare?

## The Only Reason To Opt out of Medicare is if you want to:

- 1. See a Medicare patient
- 2. Under private contract
- 3. For covered services
- Without opting out the provider must ensure all membership charges are levied for "non-covered services"
- Most DPC doctors will opt out of medicare
  - Often providers will build a waiting list of medicare patients their first year in practice prior to opting out

## How does DPC Benefit Employers

#### Works best with:

- ❖ Self-funded plans
- ❖ High deductible plans with HRA
- Employers that are not able to offer traditional employer sponsored plans

#### Benefits:

- ❖ Lowers cost (10-20% reported)
- **❖** Improves accessibility
- **❖** Lower absenteeism
- ❖ Reduced patient cost sharing

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## DPC: A unique healthcare solution for employers – White Paper

Compared utilization and downstream costs

- ❖ 900 members enrolled in DPC
- ❖ 1100 members not enrolled in DPC
- 2 year period

#### Findings:

- Total Healthcare Utilization:
- -12.6% in DPC group

**&** ER Visits

- 40.5% in DPC group
- Hospital Admissions
- 19.9% in DPC group

#### Costs:

- Similar between both groups (1% greater in DPC arm) because of DPC fee and waiving the medical deductible for all services
  - Huge savings for employees

Millman White Paper: https://us.milliman.com/-/media/milliman/pdfs/2021-articles/4-5-21-direct-primary-care-a-unique-healthcare-solution-for-employers.ashx

## Patient Example

- 20 year old male works in automotive
- Acute onset of left eye pain, redness, sensitivity to light and tearing
- Showed up in our office on a Friday afternoon without an appointment
- Exam done and small speck of metal visualized
- Set up with same day urgent visit at ophthalmologist: \$145

- Saved workers comp claim
- Saved patient (or employer) \$400-\$1000
- Avoided lengthy ER visit
- Patient was evaluated without being sent to urgent care
- Care coordinated by our office - called two ophthalmology offices

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## DPC Misconceptions

- DPC increases the doctor shortage
  - DPC is keeping doctors in practice longer
  - Drawing new doctors into family medicine
  - 51% of family physicians reported burnout in 2022¹
- DPC is only accessible for the wealthy (DPC=Concierge)
  - \$78 per month = \$2.60 per day,
    - We care for uninsured
    - o illegal immigrants
    - o Middle class that makes just too much for subsidies
      - ➢ In 2023, you'll typically be eligible for ACA subsidies if you earn between \$13,590 and \$54,360 as an individual, or between \$27,750 and \$111,000 for a family of four
  - Is the High deductible plan accessible?
    - o Patients often avoid care
  - 1. https://www.aafp.org/about/policies/all/family-physician-burnout.html

## DPC Misconception s – Part 2

- Patients who have insurance will not be able to use it
- DPC can't eliminate burnout if I'm on call all the time
- ❖ It's too risky

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# How can I make this work?

#### DPC Alliance

• https://www.dpcalliance.org/

#### Opting out of Medicare

• https://aapsonline.org/opting-out-of-medicare-a-guide-for-physicians/

#### Go to a conference: AAFP + DPC Alliance 2023 DPC Summit

• https://www.dpcsummit.org/home.html

#### AAFP DPC Toolkit

• https://www.aafp.org/family-physician/practice-and-career/delivery-payment-models/direct-primary-care/toolkit.html

#### Books

#### Podcasts

• My DPC Story

Questions?

Thank you!

