

Building a Direct Primary Care Practice

Our Experience with Hickory Medical DPC

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Objectives

1. Understand the challenges and benefits of establishing a direct primary care practice.
2. Articulate advantages of the DPC model for patients.
3. Describe the characteristics of patients enrolling in a DPC practice.



Ryan

- Oakhill – PCMH, EHR, insurance
- Work hard – make less. Work-life balance
- Not providing the kind of care that I want
- Burnout



Rudi

- Bluffton University – Administration and Teaching
- Justice-focused vocation – an opportunity to get beyond theory



Perspectives to consider DPC

- Patient perspective
- Physician perspective
- Systems perspective
- Ethical perspective

DPC Topics

Background

What is DPC
Definitions
Place of DPC within current system

The DPC Experience

Lifestyle
Outcomes
Insurance

DPC Environment

Legislation
Current Practices
Growth Opportunities

Building a DPC Practice

Pricing
Physical Space/Equipment
Technology

Legal/Financial
Employees
Marketing/Growth

Closing

What is Direct Primary Care (DPC)?

Direct Primary Care (DPC) is an innovative alternative payment model for primary care being embraced by patients, physicians, employers, payers and policymakers across the United States. The defining element of DPC is an enduring and trusting relationship between a patient and his or her primary care provider.

Empowering this relationship is the key to achieving superior health outcomes, lower costs and an enhanced patient experience. DPC fosters this relationship by focusing on five key tenets: **Service, Patient Choice, Elimination of Fee for Service, Advocacy, and Stewardship.**

<http://www.dpcare.org/#/about1/ccz5>

What is Direct Primary Care (DPC)?

	Patient	Physician	System	Ethics
Access		Focus on patients, not systems	Cost-awareness	Communal, yet market-driven
Better outcomes			Lower total cost of care	Health, not disease
Cost transparency			Transparency	
Integrated care				
Relationship				

Topics

Definitions

Patient	Physician	System	Ethics
Consumer vs patient	Roles: expert, guide, consultant	Insurance vs healthcare service	Concierge vs DPC

- Health Savings Account (HSA)
- Concierge Medicine
- Insurance

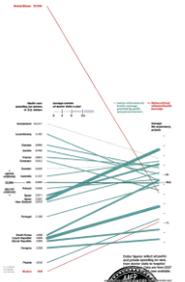
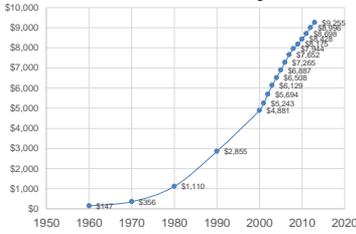
Why DPC?

Why DPC? – Current Challenges

- Meaningful Use
- EHR issues
- ICD-10
- PQRS/Quality Measures
- Medicaid Rates
- Medicare CCM program
- High Deductible insurance
- Different insurance requirements

Topics

Why DPC?



Topics

Place of DPC within Current System

Patient	Physician	System	Ethics
Transparency			
Insurance still necessary	Reduced physician burnout	Lower total cost of care	Universal accessibility
Out of pocket cost	Better continuity of care		
Improved outcomes			
Decreased fragmentation of care			
Privacy			

Topics

Pricing

Patient	Physician	System	Ethics
Transparency/Consistency			
Predictable	Predictable	Lower total cost of care	Values health, not treatment
Out of pocket costs		Reallocation toward primary care	Accessible pricing

Pricing structures

Topics

	Basic	Preferred	Premium Wellness	Annual Check Up
Monthly premium (incl. office visits)	\$45	\$59	Sold Out	\$499
Annual check-up	✓	✓	✓	✓
Office visits	✓	✓	✓	✓
Specialty care (incl. PCP)	✓	✓	✓	✓
Urgent care (incl. PCP)	✓	✓	✓	✓
ER	✓	✓	✓	✓
Immunizations	✓	✓	✓	✓
Maternity	✓	✓	✓	✓
Prescription coverage	✓	✓	✓	✓
24-hour nurse advice	✓	✓	✓	✓
24-hour nurse telemedicine	✓	✓	✓	✓
24-hour lab services	✓	✓	✓	✓
Prescription delivery	✓	✓	✓	✓

Our Fees

View of AtlasMD's fee pricing system is very straightforward – which probably isn't what you're used to. It's a simple, predictable, flat fee model. In the membership, take a look at our Membership Fees, Service and Specialty-based Guidelines, or sign up to become a member today.

Weekly Membership Fee:

- Children 0-17 years old: \$10/month (only at home payment)
- 18-24 years old: \$15/month
- 25-34 years old: \$20/month (includes routine preventative care)
- 35-44 years old: \$25/month
- 45-54 years old: \$30/month
- 55+ years old: \$35/month
- Nothing hidden and better-based pricing. Call for details.

Frequently Asked Questions:

- Sign up form and Terms of Service.

Membership

Membership Fees

- Adult: \$30/month
- Child: \$15/month
- Joining Fee: \$30 (newcomer) / \$10 (family)

Services/Fees for Members

- Scheduling fee: \$20
- Procedure fee: \$20
- Home visit (nighttime fee: \$10) (not for office)

Services provided for members at an additional charge:

- Same day appointment generally available
- Communication with you done by phone or electronic mail
- Basic lab fee members
- Discounted pricing on office lab
- Discounted pricing for procedures
- Additional time to evaluate medication room and any ways to reduce medication costs

Membership fees are paid using automatic payment with your credit/debit card, or from your checking account.

NeuCare ABOUT SERVICES PRICING CONTACT US

Membership

To provide the highest quality and value of care, NeuCare needs directly paid membership for patients. For example, monthly membership fees cover the cost of a variety of patient care services without insurance benefits. We call it **Direct Primary Care** - not insurance - call it **membership**.

Individuals	Family Plan	Members receive...
<p>Kids (18 & under) \$30/mo</p> <p>Adults (19-69) \$50/mo</p> <p>Seniors (70+) \$70/mo</p>	<p>\$120/mo (E.g. in a family (any ages) is equivalent to three (3) adults)</p>	<p>Comprehensive (Office, visit, weekly) with doctor & nurse</p> <ul style="list-style-type: none"> Office visit (any specialty) & telemedicine 24/7 Urgent & emergency services Direct primary care (DPC) visits Medical equipment (exam, crutches, etc.) Health & fitness Insurance & government, including printing on other services (like, long-term care, etc.) <p>See what other membership fees you can benefit from!</p> <p>Initial month membership fee is prorated based on start date & auto-renewal thereafter.</p> <p>Adding or Payment Plan Details</p> <p>Why a membership?</p> <p>How does this work with insurance?</p>

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Qliance is a Direct Primary Care membership and not an insurance plan. Qliance members are not eligible for other insurance plans. All Qliance members are also members of Qliance Telemedicine at an additional fee, ensuring that 24/7 access to care is available to you at anytime and anywhere.

Memberships

Ages 0 to 19	\$59.00
Ages 20 to 49	\$79.00
Ages 50+	\$99.00

**All memberships have an initial and monthly fees. These amounts will be prorated on the registration fee of \$20.00.*

By Email: info@qliance.com
By Fax: 1.877.764.2653
Or call: 877.764.2653 for assistance

Physical Space/Equipment

Patient	Physician	System	Ethics
Meets patient needs	Consider practice needs and objectives	Designed for patient - not charting-focused	Identification of community needs
Professional and credible	Rental vs. Ownership Used, New, Online, and Local		

Topics

Technology

Patient	Physician	System	Ethics
Secure, accessible, and easy to use	Increased access to health records	HIPPA compliant	Privacy – beyond insurance-based care
	Cost effective		

Topics

Legal/Financial

Patient	Physician	System	Ethics
Consistent and Understandable Private Contracts			
Seamless and invisible	Robust and built for growth	Malpractice	Consistent with mission
Easily comprehensible payments	Trustworthy and scalable partner(s)	Taxes Medicare/Medicaid	

Employees

Patient	Physician	System	Ethics
Friendly, inviting, and competent	Flexible, invested, and trustworthy	Meeting standards for required tasks	Partnerships and horizontal structures
	Open to above-market compensation		Mission driven hiring

Marketing/Growth

Patient	Physician	System	Ethics
Measured, even invisible growth	Growth plan that considers schedule	Marketing limitations in healthcare	Marketing consistent with objectives
Marketing focused on quality (value second)	Manageable growth rates	Language matters: claims, evidence, etc.	Growth must not exceed capacity
Success through satisfied patients	Nurture word-of-mouth growth	Employer and broker-based growth	
Programming: social, educational, etc.			

Topics



Lifestyle

Patient	Physician	System	Ethics
Accessibility to consistent care	Less administrative paperwork	Increased appeal of family medicine	Allows more tenable work/life balance
Assistance navigating complex system	Less time at work, more time at home	Makes primary care viable in rural settings	Value of non-fee-for-service structure
Decreased wait times, increased time with doctor	Non-fee-for-service allows resolution of basic issues by phone	Increased primary care improves outcomes	Improves quality and nature of doctor-patient interaction
Ability to receive care without a visit			

Topics



Outcomes

- Qliance (British Medical Journal – 2013)
- 35% fewer hospitalizations
 - 65% fewer emergency department visits
 - 66% fewer specialist visits
 - 82% fewer surgeries
- Qliance - 2014
- 20% savings (\$679/patient)
 - Patient satisfaction – 95th percentile



Outcomes

- Access Healthcare Direct
- 80% of patients with hypertension have blood pressure at goal (national average 50%)
 - Average time with doctor in a year – 140 minutes (traditional practice: 20 minutes)
 - Hospitalizations 4/1,000 patients/year (traditional practice: 11/1,000 patients/year)
 - 65% fewer emergency room visits

Topics



Insurance

Patient	Physician	System	Ethics
Seamless and rational integration	Minimization of all interactions	Nature of employer-based fit is developing	Nature of "proper" medical care
Catastrophic coverage (beyond DPC)	No direct billing	Lower administrative cost for insurance	Relationship to the system
Fit with employer plans and requirements	Prior-authorization still needed	Private health sharing plans and ACA	
		Medicare/Medicaid fit with DPC	
		HSA use for DPC	

Topics



Legislative – State Priorities



- Define DPC
- DPC is not insurance

Topics



Legislative – Senate Bill 1989

- Clarifies that Direct Primary Care (DPC) medical homes are medical services and not health plans or “gap coverage” under §223 (c) of the tax code relating to Health Savings Accounts (HSAs).
- Defines DPC services as a qualified health expense under §213 (d) of the tax code, allowing individuals with HSAs paired with high deductible health plans to pay for DPC services with their HSAs.



Legislative – Senate Bill 1989

- Creates a new payment pathway for DPC as an alternative payment model (APM) in Medicare (and with Dual Eligibles) that would allow CMS to pay practices an affordable flat fee up to 20% of the average overall cost of care.
 - Program starts as a demonstration under the CMS Center for Innovation and would become permanent for any practice showing improved outcomes over Fee-For-Service (FFS) in a three-year period.
 - Does not allow for “balance billing” for covered primary care services already covered in the DPC arrangement.
- Includes a waiver provision to allow qualified physicians who have opted out of Medicare to participate in the program at any time.
- Allows for Medicare Advantage plans to pair with DPC practices as primary care partners in an ACO-like structure.



Topics

Current DPC Practices



<http://www.dpcfrontier.com/mapper>



Topics

Growth Opportunities

Patient	Physician	System	Ethics
Increased office hours	Increase stability	Increasing cost savings	Maintaining relationship and patient-focus
Lower prices through negotiating position	Increased strength and awareness of DPC	Allows insurance to return to an insurance role	
Expansion of direct care to other areas	Greater flexibility in schedule/lifestyle	Stronger primary care	



Topics

Questions

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Topics

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