




D P C
SUMMIT

DON'T WAIT: ENGAGING EMPLOYERS FROM DAY ONE

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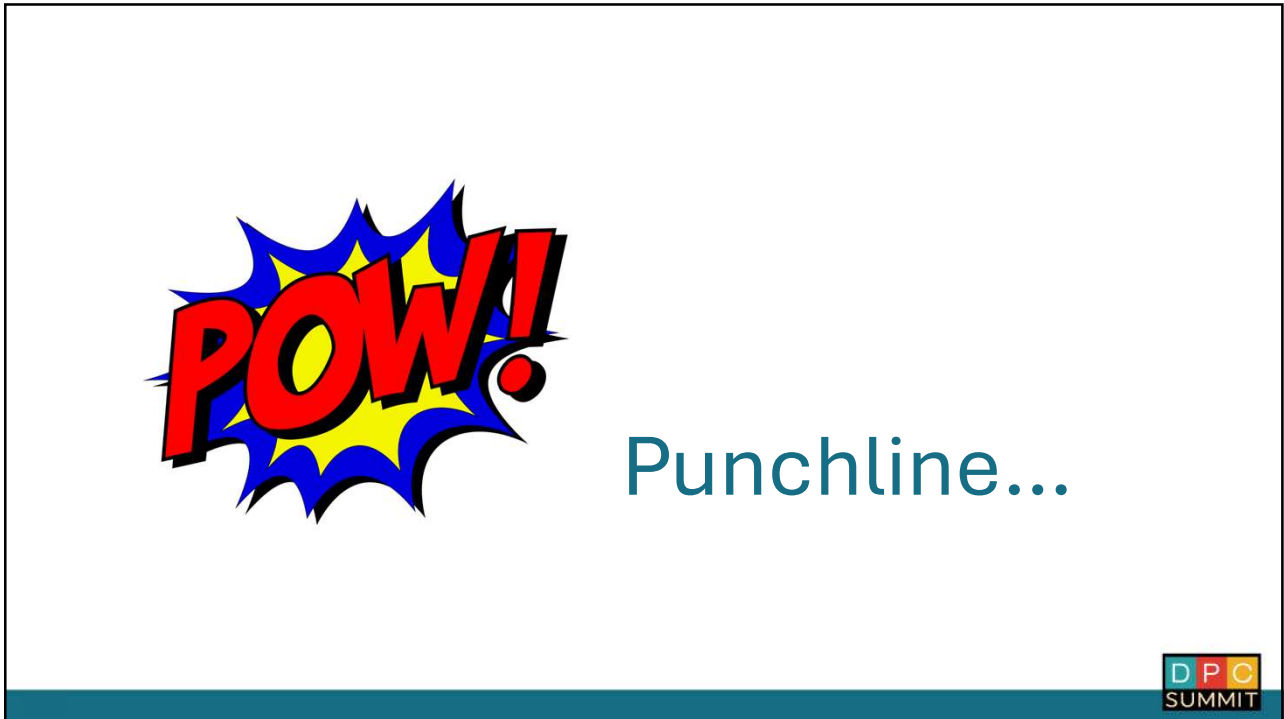
- ▶ Navigate to <https://aafp1.cnf.io/> and tap the session titled "Don't Wait: How to Engage Employers From Day One in DPC"
- ▶ OR just point your phone's camera at the QR code to join directly



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Learning Objectives

1. Differentiate how small and large employers structure healthcare benefits and assess how these approaches influence opportunities for Direct Primary Care (DPC) partnerships.
2. Analyze employer-DPC agreements to identify essential contract elements and potential red flags that may affect practice sustainability and physician autonomy.
3. Develop strategies for engaging local employers and benefits advisors and outline practical steps for onboarding employer groups into a DPC practice.



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Who Is This Dude?



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Why THIS ~~60%~~ NOW in 101?

Show of hands...



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DPC & Entrepreneurship

“We romanticize entrepreneurship so much that people don't do the work. It's not just a dream, not just a goal; it's a lot of hard work. A lot of people are **wantpreneurs**, not entrepreneurs.”

“What does it take to be a successful entrepreneur? It takes willingness to learn, to be able to focus, to absorb information, and to always realize that business is a **24/7 job** where someone is always out there to kick your ass.”

“Don't start a company unless it's **an obsession** and something you love. If you have an exit strategy, it's not an obsession.”

MARK CUBAN



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DPC & Entrepreneurship

GRIT...

Let's set a PLAN



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Small VS Large Employers

Less Than 50 EE

- **NO** INS Required
- Maybe **NO** Advisor
- **Easy** to add DPC
- FSA / HSA works
- Owner in Charge
- **FAST** Changes

More Than 50 EE

- Requires MEC Plan (**insurance**)
- Benefits **Advisor** in play
- DPC friendly???
- **BUCA** or Self-funded plans?
- Who's in charge? CEO? CFO?
- **Slow** to change (3 years)



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What Do Employers Really Want in HC?

- Understand--the business owner or CEO is the REAL customer.
- THEY want PREDICTABILITY!
- THINK: CASH FLOW. TURNOVER. SIMPLICITY. ABSENTEEISM.
- Can DPC:
 1. Control Costs
 2. Reduce Bills
 3. Avoid HR Issues
 4. Keep Employees Working

WHAT ARE EMPLOYERS' PAIN POINTS? ***



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Employers WIN With DPC

- DPC Leads with SIMPLE, flat monthly pricing (**PMPM**)
 - Stable, PREDICTABLE budget for primary care
 - “Fixed monthly costs AND increase ACCESS to Care”
 - Decreased overutilization (ER, UC, Referrals)
- “Employers really want a trusted relationship.”**



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Sell Employers on DPC

- DECREASE costs
- DECREASE bills and claims
- Less HR hassles (DPC helps navigate the process)
- DECREASE absenteeism
- Increased Access

Expansion of
Direct Primary Care works

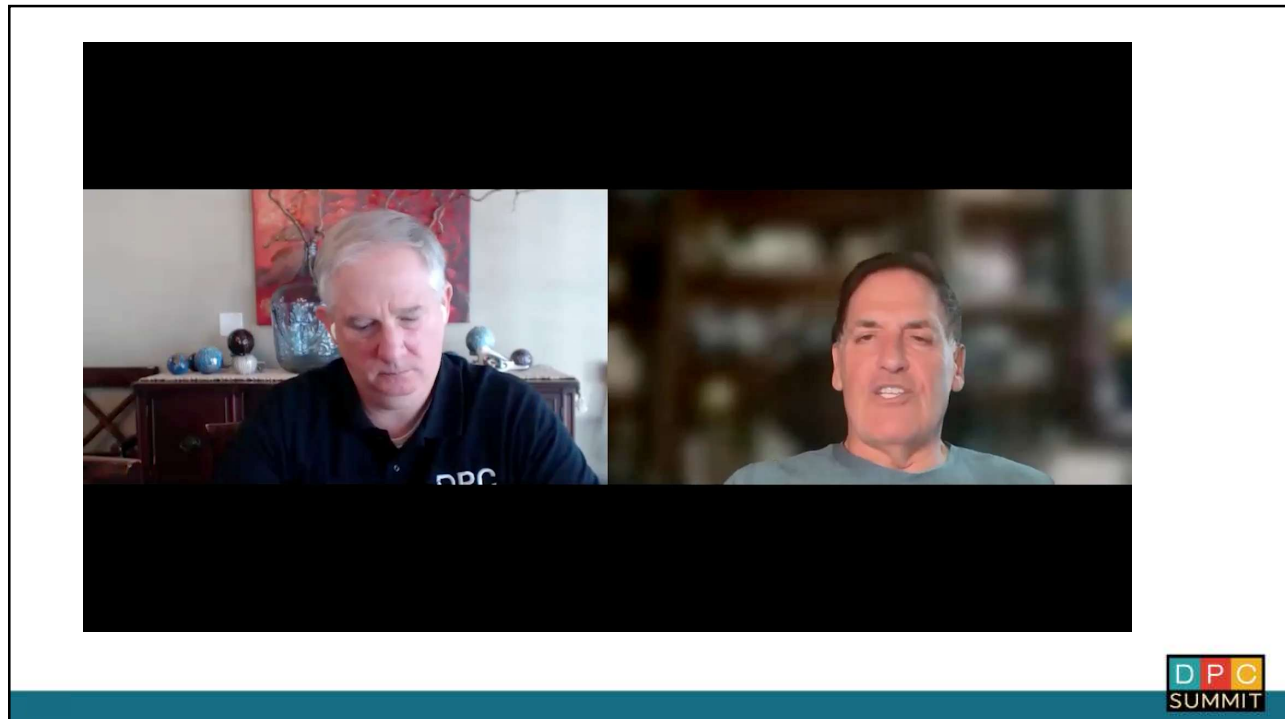
Results from participating employees

- **75% had fewer claims**
- **21.4% lower overall spending**

Get Healthcare that Works. **MITIGATE+**
PARTNERS



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Are You Ready?

- What's your 30-second employer **sales pitch**?
- Get a SLIDE presentation ready, NOW.
- Get handouts, fliers, and/or swag ready to give to owners
- Add an “Employers” section to your website
- Employee education materials:
 - DPC is NOT insurance.
 - DPC is NOT Concierge medicine

**”We help employers save up to 40% on healthcare by providing
ULTIMATE primary care access for one low monthly fee.”**

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Tips For DPC Employer Agreements

- Get LEGAL HELP for your state (check with other DPC docs in your state)
- Consider these issues
 - **Time Frame:** 1 year, 2 years, 3 years, or more? Why does it matter?
 - **Termination:** 30 days? Or 90 days' notice? Or more?
 - **Payment terms:** who pays and when? How is it paid? Explain PMPM fees (BEST: one fee for all employers; ACH draft is best; have employer pay)
 - **Eligibility:** who's in and who's out? Who qualifies? Who's the contact?
 - **Indemnification** (employers want protection from DPC's medical care)
 - **Privacy** and HIPAA for employer; needs to be clear for owner/CEO/HR



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Third Party Aggregators...Who?

- As DPC grows, 3rd party companies have formed to connect DPC to employers
- Dr. Neuhofel coined the term **Patient Care Management Organization (PCMO)**
- Problem: large employers with 1,000s of employees across large regions
- Solution: form a “network” of DPCs to connect to a single payment aggregator
- Employers want an easy button: they pay PCMO > keeps some \$ > pay the DPC
- BEWARE of the **contracts** for these third-party aggregators
- Advise good legal counsel before joining these “networks”

These can feel a lot like working for insurance...



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Finding Local Small Employers

- MANY will find you!
- Start by looking “within.” Many owners are **already** your patients.
- Where do small business owners **hang out** in your community?
 - BNI / Chamber / Civic Clubs / LEADs groups / 1 M Cups / FB groups
 - Local Newspaper or journal article? Interview?
 - Local events (sponsor?). Social media for sure.

SPEAK whenever and wherever you can in your community about HC



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Can Benefits Advisors Help?

- 100%, if you can find a **DPC-wise advisor**.... NOT EASY.
- Large employers use advisors/brokers, and they can **DERAIL the DPC train**
- **Warning sign:** benefits advisor cuts the DPC docs out of employer meetings
- A proper DPC-wise adviser will see “DPC as a tool to **add value** to a plan.”
- Start with 1 simple question: “**Do you use DPC yourself?**”
- **Ask other DPC docs** in your area for DPC-friendly advisors



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Onboarding New Employees

- Get a **LIST**
- Make it **simple** to sign up
- Get your **STAFF** ready
- Get your **SPACE** ready →
- New **equipment** or more rooms? Parking?
- **MUST** sign up through your DPC; online via website?
- **BLOCK** off slots in the schedule for new patients
- **EDUCATION** is key. Teach new patients your operations
- New patient handout? Short videos? Set the right expectations



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BONUS—RED FLAGS!

- Employer expects DPC to **REPLACE** insurance fully
- Employer **DEMANDS** specific cost savings
- Employer or broker wants **DEEP** cuts to your PMPM fees
- Owner, CEO, HR, or advisor wants to be involved in medical management
- High turnover rate in the business



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Fin...One Shot, One Opportunity

- Working with employers is more about **BUSINESS**, not healthcare
- Requires TRUST, CLARITY, and SOLVING healthcare pain points
 - Speak in plain terms
 - Price simply
 - Protect clinical boundaries at all costs
 - Educate employees directly if you can
 - Choose your partners carefully
 - You can say **NO**

WHY should DPC consider employers moving forward....



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Live Content Slide

When playing as a slideshow, this slide will display live content

Session Evaluation for Don't Wait: How to Engage Employers From Day One in DPC



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QUESTIONS?

Contact Information

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Scan QR for link to FULL
Mark Cuban Video on DPC → → →



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