




D P C
SUMMIT

The Hidden Cost of Churn:



Keeping the Patients You Love and Letting Go When It's Not a Good Fit

Douglas Farrago, MD and Emily O'Rourke, MD

1



- ▶ Navigate to <https://aafp1.cnf.io/> and tap the session titled "The Hidden Cost of Churn: Keeping the Patients You Love and Letting Go When It's Not a Good Fit"
- ▶ OR just point your phone's camera at the QR code to join directly



2

Activity Disclaimer

The material presented here is being made available by the DPC Summit for educational purposes only. Please note that medical information is constantly changing; the information contained in this activity was accurate at the time of publication. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.

The DPC Summit disclaims any and all liability for injury or other damages resulting to any individual using this material and for all claims that might arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application. This material might contain recommendations/guidelines developed by other organizations. Please note that although these guidelines might be included, this does not necessarily imply the endorsement by the DPC Summit.



3

Disclosure Statement

It is the policy of the AAFP and ACOFP that all individuals in a position to control CME content disclose any relationships with ineligible companies upon nomination/invitation of participation. Disclosure documents are reviewed for potential relevant financial relationships. If relevant financial relationships are identified, mitigation strategies are agreed to prior to confirmation of participation. Only those participants who had no relevant financial relationships or who agreed to an identified mitigation process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this activity have indicated they have no relevant financial relationships to disclose.



4

Learning Objectives

1. Analyze common causes of patient churn in Direct Primary Care (DPC) practices, including financial, behavioral, and systemic factors.
2. Apply practical strategies to reduce avoidable patient churn, such as clear expectation-setting, effective communication, value reinforcement, and community-building.
3. Evaluate patient–practice alignment and implement mindset and boundary-setting strategies that support physician well-being and sustainable, patient-centered care.



5

How Did We Come to these Recommendations?

- Trial and Error
- Researching other industries
- Advice from other DPC doctors



6

What Do You Want to Hear First?

- **Good News**
 - You can control a lot of this
- **Bad News**
 - You have to pay attention, or it will affect you financially and psychologically



7

This Lecture will be a Success if...

- **Understand Churn**
 - the good and the bad
- **Realize How it Affects you**
 - financially and emotionally
- **Learn Methods to Slow it Down**



8

What is Churn?

- Definition
- Churn Rates
- Results
- Analysis



9

Reasons for Churn

- **Dismissal**
 - Non-payment
 - Bad Behavior
- **Cancellation**
 - Financial
 - Moving
 - Unhappy



10

Why All Levels of DPC Experience Should Learn About Churn

- Newbies
 - Need the money to survive
- Experienced Docs
 - Cheaper to keep the patients you have than to market for new ones
 - Attracting a new client costs five to 25 times more than retaining an existing one, according to the oft-cited Bain & Company



11

Plug the holes



12

The Ego Blow of Churn

- Why are Patients Leaving?
- Am I a Bad Doctor?
- Embarrassment
- Imposter syndrome
- YOU are NOT ALONE!



13

FIRST! Are There Real Reasons they are Leaving?

- Is It YOU?
 - The WOW Experience
- Did You Change?
- Disney World



14

Churn Starts with Bad Marketing

- Marketing on DPC Cost Savings and then Charging High Prices
- Marketing on 24/7 Care and then setting (reasonable) restrictions
- Marketing to be Everything to Everyone
- Bait and Switch will cause CHURN



15

Not All Patients are for YOU

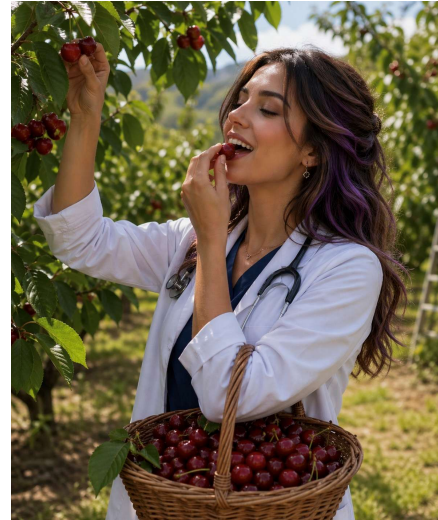
- Churn Starts with Red Flags before Enrollment
 - Skeptical about Doctors or Medicine
 - Want You to “Sell” DPC to them
 - Want You to Agree to a List of Medical Demands
- Patients You Don’t Align With
- The Meet and Greet Controversy



16

Cherry Picking Patients?

- Picture Your Ideal Patient
- Enrollment Green Flags
- Marketing to the Patients You Want
 - Marketing to Your Ideal Patient
 - Marketing to Your Unique Practice
 - Set Boundaries for Prospective Patients



17

Pruning Your Practice Makes It Healthier

- Happy Doctor
- Ideal Patients Refer Ideal patients
- Financially Viable Practice



18

How to Prune Your Practice



- Dismissal for Abusive Patients
- Setting Boundaries
- Dismissal for Non-payment



19

How Else Can You SLOW the Churn?

- Setting Clear Expectations
- Golden Rule
- Careful Communication
- Professionalism



20

Hedonistic Adaptation

- Definition
- DPC patients experience it
- DPC doctors experience it too!



21

Showing that You Care

- Read up
- Follow up
- Investigate the No Shows



22

Market to your OWN patients

- Don't let them forget the value of your services
- Keep them engaged
- Educate patients by reaching out
- Keep Communicating with Low Utilizers
- Happy Patients Will Brag About You



23

Keeping Your Sanity

- Take care of yourself first
- Relationships are the key to happiness and life
- Goal is to create customers for life



24

The Four Agreements of DPC

1. Be impeccable with your word
2. Don't take anything personally
3. Don't make assumptions
4. Always do your best



25

Conclusion

1. All practices have churn. Some churn is good. Most churn is bad.
2. If you don't fix it or patch the holes in the bucket to slow it down, then it will affect you financially and mentally. There are concrete and proven ways to do this.
3. You are not alone. Please take care of yourself as well as your patients.



26

Live Content Slide

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

Social Q&A for The Hidden Cost of Churn: Keeping the Patients You Love and Letting Go When It's Not a Good Fit



27

QUESTIONS?

Contact Information

Douglas Farrago
support@dpcnews.com

Emily O'Rourke
fountaindpc@gmail.com



28

