




**D P C**  
**SUMMIT**

**BUILDING THE TECH BACKBONE  
OF A MODERN DPC PRACTICE**

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1



- ▶ Navigate to <https://aafp1.cnf.io/> and tap the session titled "Building the Tech Backbone of a Modern DPC Practice: Tools, Integration, and Workflow Design"
- ▶ OR just point your phone's camera at the QR code to join directly



2

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3

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4

## Learning Objectives

1. Identify core technology components that support efficiency, scalability, and physician autonomy within a Direct Primary Care (DPC) practice.
2. Apply a structured decision-making framework to evaluate EHRs, communication platforms, and automation tools based on DPC-specific needs.
3. Analyze common technology implementation and integration challenges, including security and compliance risks, to support safe and effective practice operations.



5



6

**The New York Times**  
"All the News That's Fit to Print" TUESDAY, JUNE 27, 2023 Registered With Permission

**National**

**A.I. May Someday Work Medical Miracles.  
 For Now, It Helps Do Paperwork.**

The best use for generative A.I. in health care, doctors say, is to ease the heavy burden of documentation that takes them hours a day and contributes to burnout.





ALDRIDGE AI FOR THE NEW YORK TIMES  
 Dr. Matthew Hitchcock, a family practice physician in Tennessee, uses Aldridge A.I. software to produce summaries of patient visits.

ALDRIDGE AI FOR THE NEW YORK TIMES  
 Aldridge, founded in 2018, provides an automated solution to a modern clerical overload in health care by using A.I. to record and generate a summary of patient visits.

ALDRIDGE AI FOR THE NEW YORK TIMES  
 Using A.I. software, Dr. Michelle Thompson said, has freed up two hours in her workday and has helped patients become more engaged in their care.

**By STEVE LOHR**

**D**r. Matthew Hitchcock, a family physician in Chattanooga, Tenn., has an A.I. helper. It records patient visits on his smart-

For now, the new A.I. in health care is going to be less a genius partner than a tireless scribe.

From leaders at major medical centers to family physicians, there is optimism that health care will benefit from the tai-

very different from A.I. algorithms, already approved by the Food and Drug Administration, for specific applications like scanning medical images for cell clusters or subtle patterns that suggest the presence of bone or breast cancer. There are

**THE NEW YORK TIMES**

**From a Compaq Presario in rural Tennessee — to the front page.**

*Generative AI in clinical documentation.*




7

**THE THESIS**

The biggest technology mistake in DPC isn't choosing the wrong tool.

**It's bringing the wrong mental model.**



8

START HERE

# Why are you building a DPC practice in the first place?

*Your why drives your technology stack.*



9

WHAT TECHNOLOGY SHOULD DO IN DPC

## Five jobs. Nothing more.

<b>01</b> <b>Reduce friction</b> <i>for the patient</i>	<b>02</b> <b>Improve experience</b> <i>for providers and staff</i>	<b>03</b> <b>Buy back time</b> <i>for the relationship</i>	<b>04</b> <b>Protect privacy</b> <i>and security</i>	<b>05</b> <b>Preserve autonomy</b> <i>workflows, relationships, data</i>
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*If it increases friction or steals time, it's just overhead.*




10

THE TECHNOLOGY BACKBONE

## Three domains. One backbone.

<p>01</p> <h3>Software</h3> <p>EHR. Scheduling. Messaging. Membership billing. Automation.</p>	<p>02</p> <h3>Communications</h3> <p>Phones. VoIP. Texting. Fax workflows. Task routing.</p>	<p>03</p> <h3>Infrastructure</h3> <p>Computers. Tablets. Networking. Security.</p>
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11

WORTH SAYING OUT LOUD

# Your network is a medical device.



12

DECISION FRAMEWORK

# Five filters before you buy.



**Patient experience**

*Less friction. Better access.*



**Provider & staff experience**

*Lower cognitive load.*



**Time ROI**

*Meaningful hours saved.*



**Workflow fit**

*Built around your model.*



**Ownership & security**

*You own the data.*



13

EVALUATING AN EHR

# Skip the demo. Ask for a sandbox.

THE DEMO

**Curated workflow.**

Rehearsed clicks.

A polished sales rep.

*Optimism.*

THE SANDBOX

**Real test account.**

Fake patient. Real friction.

Try to break it.

*Honesty.*

*The friction you feel today is the friction you'll feel every day for the next decade.*



14

MINDSET SHIFT

DPC is not a visit model.  
**It's an access and relationship model.**

*Your communication system isn't a side feature. It's the product.*



15

DESIGNING FOR SUSTAINABLE ACCESS

**Channels carry the load differently.**

SOLO SPORT

**Calling. Texting.**

Depends entirely on you in that moment. The whole burden lands on one person.

TEAM SPORT

**Email. Shared inbox.**

Nurses and staff can jump in immediately. Often before the doctor sees it.



16

REFRAME THE BOTTLENECK

Most clinics don't have a technology problem.  
**They have a routing problem.**



17

CHATTANOOGA, TN  
**A normal day.**

The screenshot displays the UniFi network management interface for a network named 'UDM - Hixson'. The main view is 'Flows', showing a 'Flow Summary' with the following data:

Category	Count	Percentage
Total Blocked	5,050	
Low	4,910	(97.2%)
Suspicious	139	(2.7%)
Concerning	1	(<0.1%)

Below the summary is a table of 'Top Triggered Policies' and 'Top Affected Clients'.

Policy	Count	Client	Count
Region Blocking	3,746	X-Ray Computer	3,115
Block inter-VLAN Traf...	1,154	00:00:5e:00:01:b0	525
SNMP	139	ChristothersMini 2a...	370
Block inter-VLAN Traffic	10	Saras-Mac-mini a...	309
Malware and Trojans	1	Robbys-Mac-mini ...	290

The main table shows a list of flows with columns for Source, Destination, Service, Risk, Dir., In., and Policy. The first few rows are:

Source	Destination	Service	Risk	Dir.	In.	Policy
Robbys-Mac-mini 64:8a	Eriks-Mac-mini 78:a9	Other	Low	↔	Access and Se...	Block li
117.177.8.178	68.169.169.11	Other	Low	↓	Internet 1	Region
ChristothersMini 2a:f5	Eriks-Mac-mini 78:a9	Other	Low	↔	Access and Se...	Block li
ChristothersMini 2a:f5	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
Saras-Mac-mini a5:4d	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
ChristothersMini 2a:f5	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
45.91.64.7	68.169.169.11	Other	Low	↓	Internet 1	Region
Radiology PACS Gateway	Pharmacy Window's com...	Other	Low	↔	Radiology	Block li
185.94.111.1	68.169.169.11	CHARGEN	Low	↓	Internet 1	Region
139.59.13.156	68.169.169.11	Other	Low	↓	Internet 1	Region
ChristothersMini 2a:f5	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
Saras-Mac-mini a5:4d	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
Saras-Mac-mini a5:4d	Kathleens-Mini 0b:20	Other	Low	↔	Access and Se...	Block li
113.200.63.216	68.169.169.11	-	Low	↓	Internet 1	Region
Saras-Mac-mini a5:4d	Eriks-Mac-mini 78:a9	Other	Low	↔	Access and Se...	Block li

18



INTENTIONAL INFRASTRUCTURE

# Three networks. Minimum.

## CLINICAL

Your work. Your EMR. Your patient data.

## GUEST

Wi-Fi for patients and visitors.  
Fully isolated.

## IoT

Printers, TVs, smart devices.  
Quarantined.

*Plus: encrypted devices, MFA, password manager, auto-updates, written BYOD policy.*



19



WHERE WE STARTED

# A kid. A Compaq. A bigger idea than he knew.

*Three decades later, the lesson is the same:  
be intentional about what technology does for you,  
and what you refuse to let it do to you.*



20

THE GOAL

**The best technology  
is the technology  
that disappears.**



21

**Build your stack  
in service of the relationship.**

*Not the other way around.*



22

*Live Content Slide*

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

## Social Q&A for Building the Tech Backbone of a Modern DPC Practice: Tools, Integration, and Workflow Design



23

# QUESTIONS?

**Stay in touch**

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24



25