

2026 DIRECT PRIMARY CARE DATA BRIEF

OVERVIEW

The direct primary care (DPC) model gives family physicians a meaningful alternative to fee-for-service (FFS) insurance billing, typically charging patients a monthly, quarterly or annual fee for all or most primary care services. This brief summarizes key findings from the 2026 DPC Practice Information Survey, which requested information regarding 2025 practice characteristics. The survey's main objective is to gain a better understanding of family physicians' practice characteristics, their satisfaction with and attitudes toward the DPC model, and the impact of practicing medicine in a DPC setting.

ABOUT THE SURVEY

The DPC study was conducted in 2018, 2019, 2022, 2024 and 2026. The 2026 DPC Practice Information Survey was emailed to an audience of family physicians who had engaged with DPC-related content within the previous three years, some of whom were members of the American Academy of Family Physicians (AAFP), the DPC Alliance or both. This included attendees of the DPC Summit, visitors to [AAFP.org/dpc](https://www.aafp.org/dpc), members of the AAFP's Direct Primary Care Member Interest Group and purchasers of DPC products or CME. The final analytic sample included 313 respondents (unweighted), for a response rate of 9.3%. Of these, 167 respondents (53%) were currently practicing in a DPC setting. Unless otherwise specified, "respondents" refers to the full analytic sample of 313 survey respondents.

KEY FINDINGS

- Over half (53%) of respondents were currently practicing in a DPC setting, and an additional 12% indicated that they were either open or transitioning to DPC practice. Among respondents not currently in a DPC practice, 93% indicated either familiarity with or baseline awareness of the model, which was an increase from previous surveys.
- Respondents currently practicing in a DPC setting overwhelmingly reported improvements across most outcomes measured, including care quality, patient relationships and work-life balance. The financial impact was less consistently positive, with only 30% reporting higher earnings.
- Eighty-nine percent of DPC respondents reported having an ownership stake in their practice. The majority of these respondents (74%) were sole DPC practice owners, and a modest portion (15%) identified as a partial owner or shareholder of a DPC practice.
- Among all survey respondents, the average patient panel size in 2025 was 504 patients (up from 402 in 2024). Forty percent of respondents currently practicing in a DPC setting indicated that patient panel growth was a major challenge.
- Respondents reported an average of 40 patient encounters per week, with an average of 42.3 work hours per week.
- Sixty-six percent of respondents reported that their practices had adopted AI-enabled tools for clinical or administrative tasks. Atlas.md was the EHR system most commonly used by respondents (26%), and 52% of respondents indicated that their EHR system collected both ICD-10 and CPT code data.

DPC PRACTICE CHARACTERISTICS *Respondents currently practicing in a DPC setting reported the following:*

- Pure DPC remained the dominant practice type (71%), but its share declined steadily from 90% in 2022 and 84% in 2024. This shift indicates growing diversification in DPC practice types, including increased use of hybrid and concierge models.
- Sixty-nine percent of DPC practices ran a single physician panel, while the average number of non-physician clinicians with independent panels per office more than doubled from 0.61 in 2024 to 1.29 in 2025.
- Sixty-three percent opened an independent DPC practice after leaving a health system or group; 8% established a DPC practice immediately following residency.
- Most reported improved care quality and patient relationships compared with traditional practice; however, financial benefits of DPC practice were far less uniform.
- Over half (54%) of DPC practices dispensed noncontrolled medications in-house, down from 65% in 2022 and 63% in 2024.

DPC PRICING AND FEES *Respondents currently practicing in a DPC setting reported the following:*

- Sixty-four percent charged an enrollment fee (up from 62% in 2024 and 59% in 2022).
- A majority (61%) had monthly membership fees between \$51 and \$100 for adults ages 19 to 65 years.
- Seventy-eight percent had monthly membership fees of \$100 or less for children younger than 18 years; 42% had fees between \$150 and \$250 for families of four.
- Only 8% capped the number of visits covered by membership fees.
- A small subset (9%) still incorporated some FFS billing.
- Ninety-four percent had no per-visit charges.

EMPLOYER-BASED CONTRACTS FOR DPC SERVICES

Respondents currently practicing in a DPC setting reported the following:

- Fifty-five percent had employer-based contracts for DPC services, down from 65% in 2022 and 63% in 2024. Seventy-nine percent of respondents with employer-based contracts for DPC services offered an identical service bundle.
- Among respondents with employer-based contracts for DPC services:
 - Sixty-nine percent contracted with employers that had fewer than 10 employees, and 59% contracted with employers that had 10 to 25 employees.
 - Forty-four percent utilized a standard pricing schedule in all of their contracts, while 20% negotiated on a case-by-case basis.
 - Over a quarter (26%) contracted with employers that requested data as part of their contracts. Most data requests (95%) focused on visit counts, while only 23% focused on quality measures.

PATIENT PANEL AND VISITS

- Among all survey respondents, adults ages 19 to 64 years made up 60% of reported patient panels, and patients 65 years and older made up 28%.
- The average number of e-visit encounters per week was 13, up from 11 in 2024 and 7 in 2022. E-visit encounters included virtual visits and telemedicine.
- Over half (54%) of respondents currently practicing in a DPC setting reported an average in-office DPC appointment length of more than 30 minutes; only 4% reported an average of less than 15 minutes.

TECHNOLOGY USE

- Atlas.md was the leading EHR software used by respondents (26%). This was a change from prior surveys in which Elation Health was the top-selected EHR software (26% in 2024 and 53% in 2022).
- Sixty-six percent of respondents reported that their practices had adopted AI-enabled tools, with 49% using AI for clinical purposes.

PRACTICE INFORMATION

- Among all respondents, physician workweeks averaged 42.3 hours (up from 39.8 in 2024), with direct face-to-face patient contact accounting for 24.5 hours of the average workweek.
 - Survey respondents reported that, on average, 80% of their patients had private health insurance.
 - Respondents currently practicing in a DPC setting reported the highest average full-time equivalent (FTE) counts for nonclinical and administrative support employees (3.38 FTE) and medical assistants (2.26 FTE).
 - The top reported challenges among respondents currently practicing in a DPC setting were patient panel growth (40%), nonvisit care burden (33%) and revenue stability (29%).
 - Over half (53%) of respondents in a DPC practice reported annual member termination rates of 1% to 5%, while relatively few (4%) reported levels greater than 10%.
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Survey data indicate that physicians choose DPC for:

- Improved care quality: **96%**
- Increased autonomy: **94%**
- Reduced administrative burden: **91%**

Respondents currently practicing in a DPC setting cited overall career fulfillment more often than income as a driver for choosing the model; only 17% indicated that income was a driver. This suggests that DPC physicians emphasize practice experience and professional autonomy over financial upside.

Respondents currently practicing in a DPC setting reported that **DPC improves most outcomes measured, including:**

- Care quality and patient relationships: **99%**
- Work-life balance: **89%**
- Paperwork burden: **86%**

The only exception was earnings; 47% of respondents reported lower earnings in DPC practice, and only 30% reported higher earnings.

Taken together, these findings suggest that respondents viewed DPC as a clear quality-of-practice gain, even when it involved a financial trade-off.

Respondents with DPC employer contracts, by employer size*

<10 employees: **69%**

10-25: **59%**

26-100: **40%**

101-250: **20%**

>250: **22%**

**Survey question: "Did you work with employers with the following number of employees at the end of 2025?" Respondents could select more than one category.*



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