

## OVERVIEW

This brief presents the key findings from the 2018 DPC study. The primary purpose of the study was to determine the characteristics of a DPC practice.

“One of the things I love about my DPC practice is that the patient is my boss.”

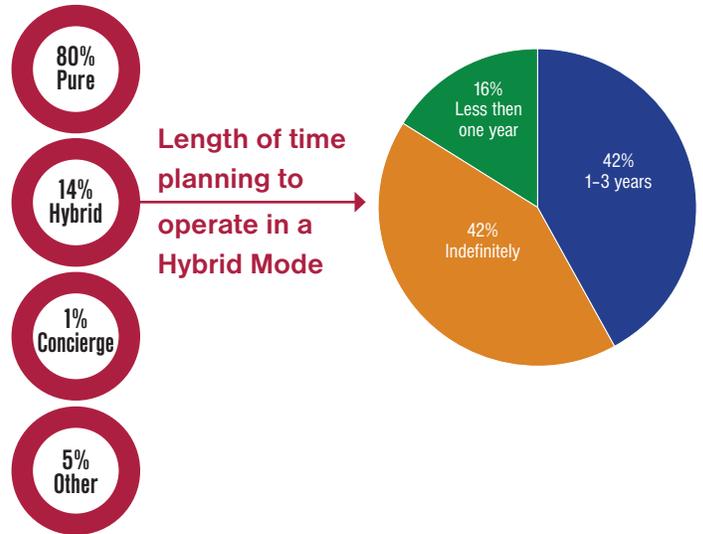
— DPC FAMILY PHYSICIAN

## Type of DPC Practice



“DPC is about focusing our attention, time, and effort on caring for our patients—directly, without oversight from nonmedical administrators, using evidence-based guidelines individualized for the circumstances of each patient.”

— DPC FAMILY PHYSICIAN

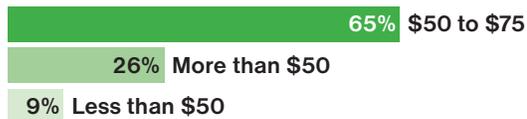


## Length of Time DPC Practice has Been Open

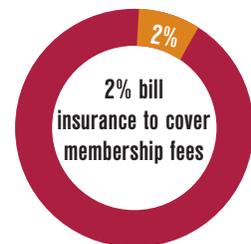


## Monthly Membership Fees as of December 1, 2017

### Individual Adults

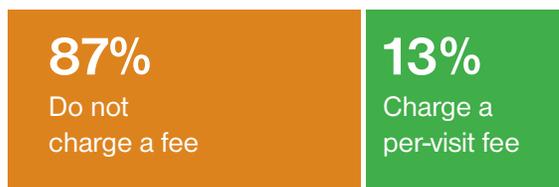


### Families



## Payment Arrangement

### PER-VISIT CHARGE



### EMPLOYER-BASED CONTRACTS



57% participate in employer-based contracts.

Among those not currently participating in employer based contracts:

- 25% are currently in negotiation
- 29% looking to pursue contracts in the next 1-3 years

## Medications



## Patient Panel

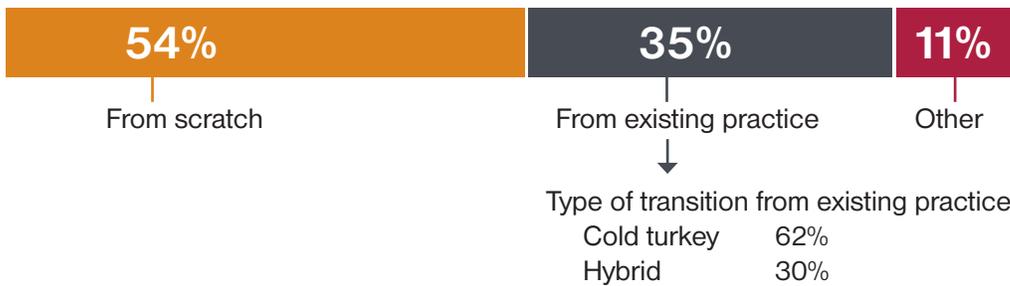


**345 patients**  
(average) Actual panel size

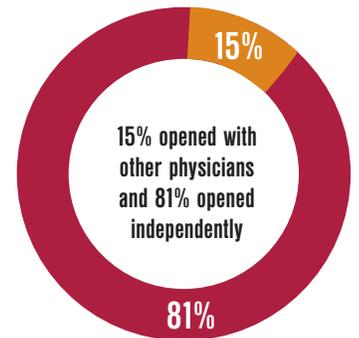
**596 patients**  
(average) Target panel size

17% have a full patient panel  
20 months to obtain full panel

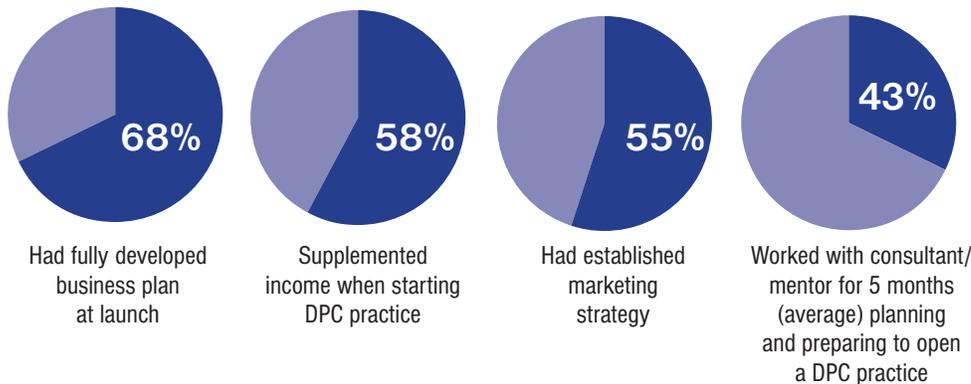
## Opening a DPC Practice



START OF EXISTING PRACTICE



## Activities Prior to Opening a DPC Practice



“Love my (DPC) practice and patients. They get more time and quality care from me. I have been able to help patients avoid trips to urgent care and the ER, putting money back in their pockets and keeping ERs more open for true medical emergencies.”

— DPC FAMILY PHYSICIAN

**About the Direct Primary Care (DPC) Study** — The DPC online survey was sent to three audiences: 1) purchasers of AAFP DPC resources (e.g., DPC Toolkit or DPC Summit), 2) DPC Member Interest Group, and 3) Member Insight Exchange (AAFP Online community) in March 2018. A total of 398 surveys were completed. Respondents working in DPC practice yielded 148 completed surveys. Of the remaining 250 completed surveys, respondents worked in a variety of practice settings (e.g., group practice, independent practice, healthcare system, etc). The findings represented in this Data Brief represent the 148 respondents working in a DPC practice. While the results from the study can be accepted with confidence given the strict methodological constraints placed on the sampling and data collection, these findings are subject to some non-respondent error. The ability to assess the magnitude of this error is limited by the amount of information we have about the individuals who complete the survey.

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