

# DIRECT PRIMARY CARE Summit



2018

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# Lines in the Sand: Boundaries & Sustainable DPC

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Submit your questions to: [aafp3.cnf.io](http://aafp3.cnf.io)

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# Learning Objectives

- Create boundaries prior to opening a DPC practice to pave a path for a sustainable practice.
- Modify their business model after opening to correct for unanticipated lifestyle challenges inherent to DPC.
- Compare and contrast challenges of DPC practices through an open-forum discussion.

# AGENDA

Boundaries

Traditional  
Boundaries in  
Healthcare ....

The SPACE in  
DPC

Contract

Structure

Sample  
Structure  
80/ 20 Rule

DPC  
Boundary  
Themes

Questions

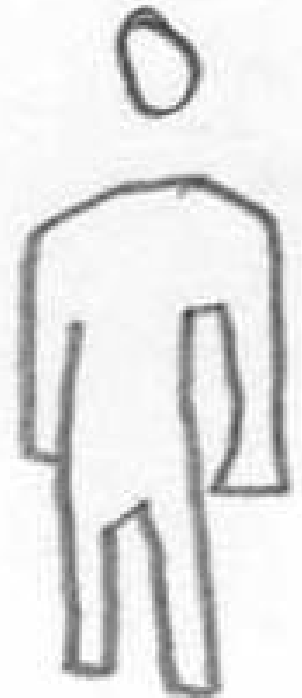
# Boundaries

“Healthy boundaries are a crucial component of self-care in all aspects of our lives. For example, ‘in work or in our personal relationships, poor boundaries lead to resentment, anger, and burnout’(Nelson, 2016). . . a clear place where you begin and the other person ends”





SPACE





# Traditional Boundary Challenges in Healthcare

1

## Over-Familiarity

- Patients have your cel phone?
  - After hours availability
  - First-name basis
  - Home, T-ball, Daycare Visits?

2

## Business Relationships

- Trading care for Advertising, Car repair, a real estate lease..

3

## Gift giving & accepting

- Flowers, cookies, cards, blue jeans?

4

## Treating friends, Staff &/or Family

- Caring for your accountant, real estate agent, mentor, lawyer etc??

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Direct Primary Care is a *business* model. There are inherent ‘violations’ to traditionally held boundaries, but the SPACE between patient and physician remains. This space must be clearly outlined for patient, physician and practice well-being.



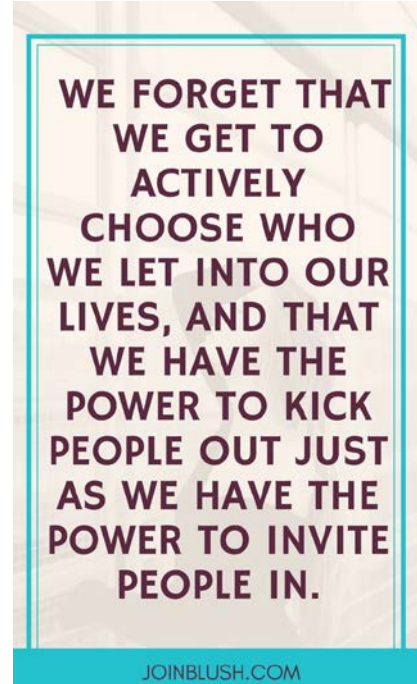
The SPACE in DPC: what  
are you offering?

# Patient Contract

Legally defines your services and the limits of the care you can and will provide.

**A contract with your patient is a MUST.**

**Consider also having a welcome to the practice letter.**



# Practice Structure

Plan your day, even in the beginning

## **Structure = Sustainability**

Everything all at once works when you're small

Registration Fee

Watch out for same day new patients

Establish a daily workflow.

Set aside time to work ON your business.

Decide practice rules on late patients, walk ins,  
multiple cancellations & after-hours communication



# A Day/Week in DPC: Example

7:30-8:30: Labs, Imaging, route work to MA's for day

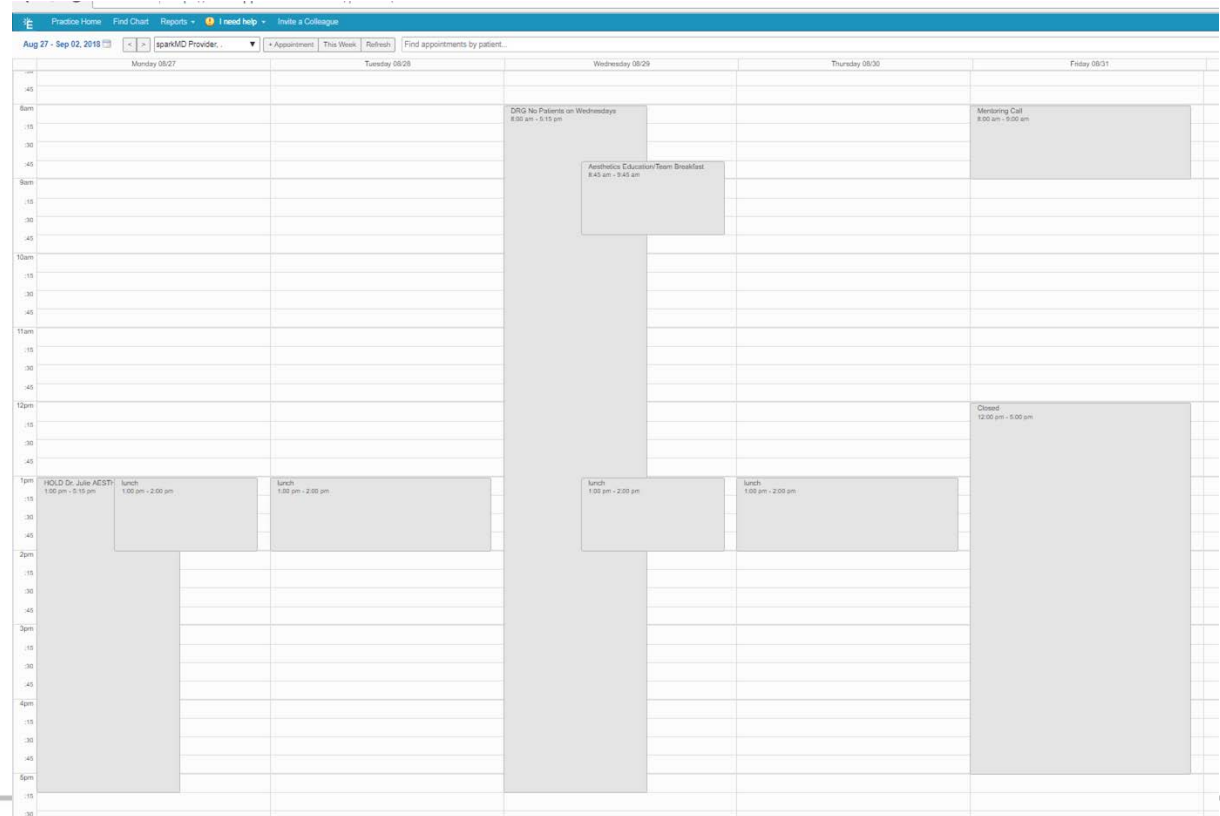
8:30-8:45 “SCRUM”

8:45: am lab draws start

9:00-1pm: patient care time

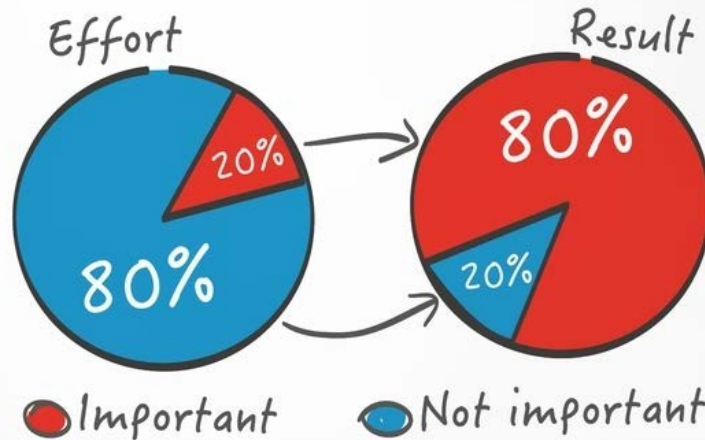
1:00-2:00 Lunch  
(review labs/messages again)

2:00-5:00 Patient Care  
(review labs/messages again)



# PARETO'S PRINCIPLE

Expand your business  
with the 80/20 rule



# DPC & Boundaries: Themes



## The “I have to pay even when I don’t come in?” patient

Your patient contract should solve this problem. A registration fee helps tremendously to establish that patients pay you directly for what you do.

## The “I’m paying so I am going to utilize you for e.v.e.r.y.t.h.i.n.g”

Entitlement to YOU can be a problem in DPC. Be very clear what you are selling.



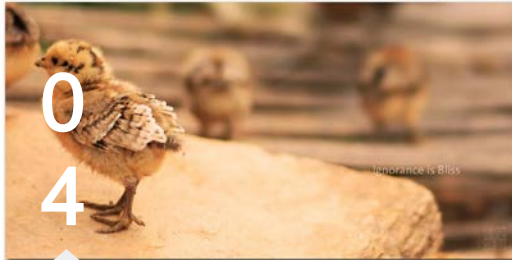
## The “just real quick” patient

DPC patients can feel like they are your ONLY patient. Be wary of enabling this feeling. Overtime





# DPC & Boundaries: Themes



## The afterhours communicator

Texting & email are E.A.S.Y. Be aware of when YOU choose to text patients. Do not reinforce unnecessary after hours communication. Schedule messages.



## The patient “no one” can help

Your happiest patients are your greatest advocates. Be conscientious of what you're building.

## The “You didn't tell me...”

Have a narcotic contract if you prescribe narcotics, stick to it like GLUE. Be VERY wary of borderline behavior- the patient has the disease NOT you.



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“Daring to set boundaries is about having the courage to love ourselves even when we risk disappointing others.”

~Brene Brown

# Questions?

Submit your questions to:  
[aafp3.cnf.io](http://aafp3.cnf.io)

Don't forget to evaluate  
this session!

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