

DIRECT PRIMARY CARE Summit



2018

Deliver Exceptional Care. On Your Terms.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS



FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.



American College of
Osteopathic
Family Physicians

Rise UP!

The DPC climb to World Domination
(aka how to expand your DPC practice)

Jeff Davenport MD

Submit your questions to: aafp3.cnf.io

Activity Disclaimer

The material presented here is being made available by the DPC Summit Co-organizers for educational purposes only. This material is not intended to represent the only, nor necessarily best, methods or processes appropriate for the practice models discussed. Rather, it is intended to present statements and opinions of the faculty that may be helpful to others in similar situations.

Any performance data from any direct primary care practices cited herein is intended for purposes of illustration only and should not be viewed as a recommendation of how to conduct your practice.

The DPC Summit Co-Organizers disclaim liability for damages or claims that might arise out of the use of the materials presented herein, whether asserted by a physician or any other person. While the DPC Summit Co-Organizers have attempted to ensure the accuracy of the data presented here, these materials may contain information and/or opinions developed by others, and their inclusion here does not necessarily imply endorsement by any of the DPC Summit Co-Organizers.

The DPC Summit Co-Organizers are not making any recommendation of how you should conduct your practice or any guarantee regarding the financial viability of DPC conversion or practice.

Faculty Disclosure

It is the policy of the DPC Summit Co-Organizers that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflict of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

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

The content of this material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Learning Objectives

- Identify and implement established best practices in contracting with other providers.
- Evaluate the feasibility of adding a branch location.
- Describe the various methods and processes that direct primary care practices have established to engage employers in their community.

Who am I?

Jeffrey Davenport MD

OU COM class of 2003

More importantly ... class of 1998 Oklahoma State University!

Wesley Family Medicine Residency, Wichita, KS 2006

Practicing in Edmond, OK (hometown) since then

Who am I?

Opened 4/1/2014

First DPC practice in OK

www.onefocusmedical.com

Founding member Direct
Primary Care Alliance

Texas OK DPCA FB page





AES Question

aafp3.cnf.io



What is your age?

- a) 30s
- b) 40s
- c) 50s
- d) 60s
- e) 70s+

Are you practicing in a DPC right now?

- a) Yes
- b) No

How long have you been practicing DPC?

- a) One Year
- b) 2 to 3 Years
- c) 3 to 5 Years
- d) More than 5

Objectives

- Do you want to do this?
- Adding Physicians or other providers
- Recruiting pts, adding businesses
- Opening more offices
- Warts

Do you want to do this (expand)?

- What are your goals?
 - making more money
 - creating a path for other docs
 - making room for more pts
- Are you ready for more headaches?
 - Need more space, more docs/providers/staff
 - More overhead, more administrative burden

Do you want to do this (expand)?

- Are you a physician or administrator?
 - The more you expand the business, the more business admin you will have
 - Unless you hire people or have people to help
- Are you ready for more financial hardship?
 - Need more real estate
 - Gotta pay the docs/providers
 - Find more pts
 - What about investors?

Adding Physicians or Other Providers

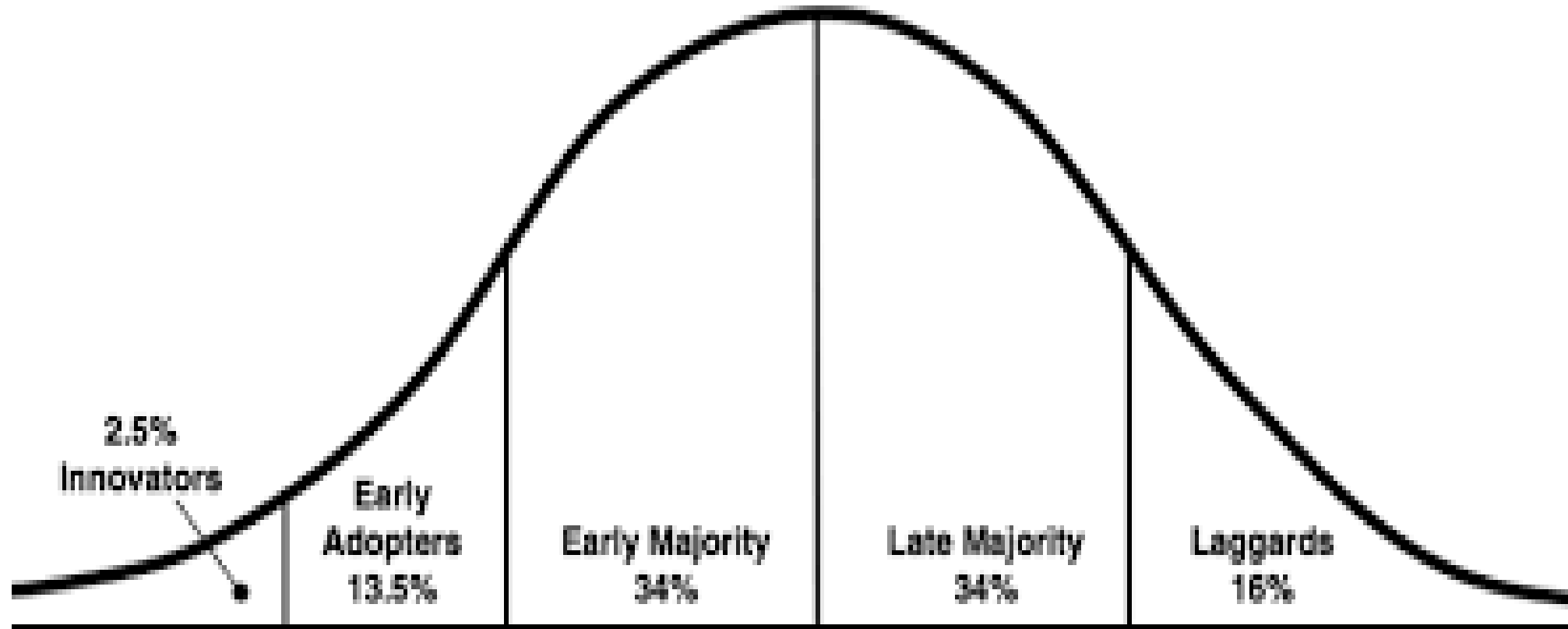
Physicians

- Hard for them to cut the cord
- Don't want to take a paycut
- But they are learning
- Still in the early adopter phase (diffusion of innovation)
- Better trained, but more expensive

ARNP, PA

- Seem to be coming out of the woodwork (go to question)
- Most don't have the skills that physicians do
- Economically better
- May be more satisfied or used to employment situation

Diffusion of Innovation



Source: Everett Rogers, *Diffusion of Innovations* (1962)

AES Question

aafp3.cnf.io



How many of you have been approached by PA, ARNP for a job in DPC?

- a) Never
- b) Once or twice
- c) Several times
- d) A LOT! (>10x)

How many of you have been approached to teach the DPC model to PAs or ARNPs because they want to open their own DPC clinic?

- A. Never
- B. Once or twice
- C. Several times
- D. A LOT! (>10x)

Recruiting Patients

- Anyone ever thought, “I’m going to shoot myself in the face if I hear one more person say, ‘You have such a GREAT concept here. You should be telling people about it.’”
- As great as the concept is, still in the early adoption phase
- I’ve tried it all: print ads, TV shows, radio ads, doctor minute, articles, town hall, rotary club, referral groups, facebook, promotions. Haven’t done tv commercials

Recruiting Patients

- It all works minimally. Word of mouth works BEST. Anything that is free, works 2nd best. Pound the pavement. Speak to EVERYBODY
- Word of Advice: Be an ambassador for DPC. Not just a business owner for “I Need Clients DPC Clinic.” Be an educator
- Bread and Butter is currently in the small business space

Recruiting Patients

- Be aware of PCMO (Primary Care Maintenance Organization). Multiple companies across the country trying to connect DPC docs with large companies
 - Typically will approach you with “we have an xxx employee company right down the road from you!”
 - Don’t fall for this. Most at this point are just trying to get DPC docs under contract so they can look like a network
 - “...Direct Primary Care model is much more than clinics charging a flat monthly fee.” Neuhofel, DO, DPCA president
 - These entities are ultimately adding a layer of management, administration, and expense

Recruiting Patients

- Lots of stuff going on with Medicare, some states with Medicaid, others
- Two MUSTs:
 - 1) we want to be paid directly by patient,
 - 2) we aren't tracking data
- Be cautious requirements of this type



Recruiting Patients

- Beware of corporatizing companies promising loads of pts
- Don't fall for their tricks
- Don't sign non-competes
- LISTEN!
- They need us! We don't need them



Recruiting pts/adding businesses

- Join marketing networks
- Ads don't sell businesses on the concept, educating about the concept sells the concept
- Don't talk to HR. Get in with the ceo, cfo, owner. (sounds easy right?)
- Even if the whole business doesn't change, maybe DPC could be an option?



Multiple Locations



- Starting your own empire!
- Once again, do you want to do this?
- Why do you want to do this?
- Your company is your people.

Multiple Locations/strategies



- Rent or own?
- Physician Champion at each location (Atlas)
- Hire an office manager?
- Going after self funded plans, small businesses?
- Investors?

Multiple Locations/pros-cons

- Make more money long term
- Open the model up to more people (small businesses, families, etc)
- Open the model up to more physicians
- More delayed gratification
- Significant risk
- Multiple sights begin to look “system like” (some pts are trying to leave the system)

WARTS (eww!)



- I would hire earlier (need more time for admin)
- First hire didn't work out (bad fit)

WARTS (eww!)



Employing the current doctor:

- Jan -\$8,100
- Feb -\$5,150
- March -\$4,600
- April -\$8,000
- May -\$6,500

Total: \$32,350

WARTS (eww!)

- Just 300 pts from now for her and she will bring in an extra \$2860/month= \sim \$34,000/year
- In a practice with 4 docs/3 extenders the money gets nuts.
- Am I in it for the money?

The best feeling
in the whole
world is watching
things finally
fall into place
after watching
them fall apart
for so long.

LiveLifeHappy.com

"It is not the critic who counts: not the man who points out how the strong man stumbles or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes up short again and again, because there is no effort without error or shortcoming, but who knows the great enthusiasms, the great devotions, who spends himself for a worthy cause; who, at the best, knows, in the end, the triumph of high achievement, and who, at the worst, if he fails, at least he fails while daring greatly, so that his place shall never be with those cold and timid souls who knew neither victory nor defeat."



Victory!



- DPC will dominate primary care in the future.
- I want to be a part of that future
- Join me in the fight
- Don't give in, don't give up, don't go down!

Go Pokes!



D

Summit

July 13-15, 2016

Questions?

Submit your questions to:
aafp3.cnf.io

Don't forget to evaluate
this session!

Contact Information

DrD@onefocusmedical.com

405-519-3443

Facebook: Jeffrey Davenport

Home: Edmond, OK