

Deliver Exceptional Care. On Your Terms.





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Learning Objectives

- Define opportunities to expand the scope of DPC practice in both outpatient and inpatient settings
- Identify the added value of expanding your scope of practice
- Identify resources to help DPC physicians learn and perfect skills to achieve scope expansion.



HOW TO INTERACT WITH US

BECAUSE WE HAVE HORRIBLE SOCIAL SKILLS

Please visit aafp3.cnf.io and as we go, submit your questions. Audience members can upvote and downvote questions and we'll tackle the most requested questions at the end. This is your chance to heckle us or actually ask us something you want to learn.

Either way, you win!





AES Question aafp3.cnf.io





WHO ARE YOU GETTING TO KNOW OUR AUDIENCE

Prepare for rapid-fire audience participation





Do you practice DPC?

- a) Yes
- b) No, and I won't. I think I'm at the wrong conference.
- c) Can't wait to start (Planning DPC)
- d) I'm mad as hell, and I can't take it anymore ("DPC-Curious")
- e) I'm not even a doctor, I just came here for the food and so I could meet all these amazing, smiling people, especially Drs. Tomsen and Lassey, and so I could hear this talk.



WHO WE ARE GETTING TO KNOW YOUR PRESENTERS

Nicholas Tomsen, MD





ANTIOCH MED

WWW.ANTIOCHMED.COM



DR. TOMSEN THREE THINGS YOU DIDN'T KNOW

- Takes efficiency and common sense very seriously
 - Legally shortened name from Thompsen in favor of phonetic spelling and to eliminate "stupid, time consuming silent letters"
 - Stopped shaving and still wears glasses he bought in the 1950s
- Attaches JAMA covers to MAD magazines and comic books to get away with reading them at work
- Moonlights as a Lucha Libre Wrestler for exercise, and enjoys the anonymity the mask provides.
- Heavily tattooed.



DR. TOMSEN AFTER HOURS





WHO WE ARE GETTING TO KNOW YOUR PRESENTERS



HOLTON DIRECTCARE

WWW.HOLTONDIRECTCARE.COM



DR. LASSEY THREE THINGS YOU DIDN'T KNOW

- He hasn't always been sasquatch-sized
 - But currently takes full advantage, applying Vance-anomics negotiating strategies
- He wears fur-lined coats at every chance
 - Claims it for his "sensory processing disorder" treatment
 - We know who he takes his fashion advice from
- Diet Mountain Dew is always an appropriate bargaining tool





Broadening your OUTPATIENT scope



AES Question aafp3.cnf.io





Regarding Outpatient Care ("OP"):

l am:

- a) DPC Doc and have a very broad scope of OP care already
- b) DPC Doc and am open to broadening my scope of OP care
- c) Planning DPC with a wide OP spectrum of care
- d) Planning DPC and want to learn how to broaden my scope of practice
- e) Planning DPC, but don't mind a watered down practice, and I embrace the term "Provider"



OUTPATIENT WHY BROADEN YOUR OUTPATIENT SCOPE?

- It's the right thing to do
- Adds value
- If you want something done right...do it yourself.
- Referrals and Retention
- Job satisfaction, lifelong learning
- Potential Additional Revenue



Accidental GSW to the Hand



*Images used with patient permission





























Hand Wound - Current



Patient Recruitment & Retention



OUTPATIENT HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

Procedures

- Joint Injections
- Lesion removal/biopsy
- Cryotherapy
- Vasectomy
- Hemorrhoid excision
- Cosmetic Procedures
- Casting
- Abscess I&D
- Minor surgery

Office Services

- OMT
- Immigration Physicals
- DOT Physicals
- Stress Testing/V02 Testing
- Migraine Treatment
- Bone Density Testing
- Body Composition Analysis
- Travel Medicine
- Non-member services



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Submit questions to: aafp3.cnf.io

OUTPATIENT HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

Consulting

- 2nd opinions
- Interpreting outside medical reports from medical jargon to English
- Sleep Medicine CPAP

Counseling

- Therapy / Counseling
- Marriage Counseling
- Family Counseling
- Dietary/Exercise Counseling
- Sex Counseling
- Sleep Hygiene



OUTPATIENT HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

• JUST DO IT.

• Mentoring/Proctoring

- RubiconMD
- YouTube / Vimeo etc Videos









YouTube needle

needle aponeurotomy



Needle Fasciotomy / Needle Aponeurotomy for Dupuytren's Contracture

32,639 views

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SUBSCRIBE 66

Needle Fasciotomy is demonstrated by John D. Mahoney, M.D. This technique is a minimally invasion office procedure for Dupuytren's disease. This procedure is performed under local anesthesia in Dr. Mahoney's office. For more information, go to www.DoctorMahoney.com. SHOW MORE



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Needle Aponeurotomy Dupuytren Contracture

Unlisted



OUTPATIENT HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

- Procedures for Primary Care: Pfenniger & Fowler
- Fracture Management for Primary Care: Eiff & Hatch
- Social Networking

Summit





Submit questions to: aafp3.cnf.io

- Cryotherapy
- \$26.89 on Amazon











\$4.18 Homemade Shave Biopsy Kit

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NEW 5 GERMAN Excellent

Brand New

\$13.94 Was: \$14.99 or Best Offer +\$3.47 shipping 168 Sold



Vintage Harvey Model E Dental Autoclave Pre-Owned

\$125.00 or Best Offer +\$50.00 shipping





\$7 to \$17 Joint Injection kit



DPC Summit

\$4 Incision and Drainage Kit



10 Pcs Mosquito Hemostat Locking Forceps 5 Curved & 5 Straight Stainless

Brand New 25 product ratings

\$8.90 or Best Offer Free Shipping 12 new & refurbished from \$8.89









\$650-825 Full OSA Diagnosis and treatment

Home Sleep Study: \$175 (not always even necessary)

Auto-CPAP and supplies (Cadillac): \$650 (Used): \$20



*(with mask and one-year maintenance kit)






Adding INPATIENT Care



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AES Question aafp3.cnf.io





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Regarding Inpatient Care ("IP"):

l am:

- a) DPC and I do IP
- b) DPC, and don't do IP and don't want to
- c) DPC, I want to do IP but there are obstacles in my way
- d) Not DPC but will do IP care if at all possible
- e) Not DPC but don't want to do IP after I start



DPC Inpatient Care vs Hospitalists (OPINION SURVEY):

A: DPC Docs can do IP better than hospitalists because of time availability and increased continuity.

B: Hospitalists can do IP better than DPC docs because they do it all day long for a living, which I believe somehow compensates for crappy continuity.



INPATIENT WHY BROADEN YOUR INPATIENT SCOPE

OWNING OUR BIAS

- <u>Value</u>
- You know your patient better than the hospitalist
- Coordination of care and continuity to outpatient setting
- The hospitalists aren't the only ones with UpToDate
- Doing social rounds? Why not just manage?
 - Your patients will be texting/calling you from the hospital anyway!



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INPATIENT BARRIERS AND DIFFICULTIES

- Hospital Privileges
 - Easiest to maintain current privileges or obtain out of residency
 - May require board certification
 - Occasional turf battles
 - Administrators who don't understand Medicare Opt In/Out
 - May require Med-Staff meetings and/or EMR training/use
- Malpractice Insurance
- Insurance Contracts



INPATIENT HOW TO GET YOUR FOOT IN THE DOOR

- Just Do It (apply for privileges & take care of your patients)
- Moonlight, cover ER shifts
- Cover for other DPC docs in your area
- Residency Teaching and Coverage
- Peer Review



OBSTETRICS WHY BROADEN YOUR OBSTETRIC SCOPE

- Huge value to young/healthy families
- Pregnant patient will ask questions anyway
 - You are more accessible than the OB
- Exhilarating and Challenging

13-15 2018

- You are a FAMILY DOCTOR and FAMILIES have BABIES
- Babies on Facebook are the best marketing there is









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OBSTETRICS CHALLENGES

- Privileges and Turf Battles
- Malpractice Insurance
- Maintaining Skills
- Numbers



OBSTETRICS IMPLEMENTING OB CARE

- Need Privileges, Malpractice Ideally Inpatient Cash Pricing
- Look for niche communities to market
 - Cost sharing ministries
 - Mom groups

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- Uninsured patients
- Sell accessibility and continuity
 - It may be more expensive with you, especially with deductible <\$3-4k
- Find partners that will bill insurance for ancillary services
 - Labs, ultrasounds, PAPs, etc



Contact Information

Questions?

Submit questions to: <u>aafp3.cnf.io</u>

Don't forget to evaluate this session, and tell us how amazing it was!

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