



# Summit

2019 Program Guide

June 28-30 | Chicago



# General Information

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## Access Conference Materials

Presentations available for download at [dpcsummit.org/sessions.html](http://dpcsummit.org/sessions.html).

## Submit Your Questions and Rate the Sessions

Use the Audience Engagement System (AES) to submit questions, participate in polling questions, and complete the on-site session evaluations from your smartphone, tablet, or laptop.

Bookmark [aafp4.cnf.io](http://aafp4.cnf.io) now so you are ready to participate.

Remember, the 2019 Direct Primary Care (DPC) Summit uses the AES to conduct session-level evaluations. Take a few minutes after each session to provide us feedback on presenters and topics.

### Free Wi-Fi

Network ID: Hyatt Meeting Network

Password: AAFP2019

**Twitter:** Join the conversation on Twitter with **#DPCSUMMIT**.



# Networking Events

## Registration and Exhibit Opening

Grand ABC | Friday, June 28 | 5:30–7:15 p.m.

Sponsored by Practice Fusion, from Veradigm



An Allscripts company

- Free drink ticket and light snacks
- Networking with colleagues and exhibitors

Practice Fusion is the number one cloud-based ambulatory electronic health record (EHR) platform in the U.S., supporting 30,000 medical practices in delivering better care to more than five million patients a month. With a best-in-class satisfaction rate, Practice Fusion is committed to delivering intuitive and easy-to-use health IT solutions to small, independent medical practices.

Practice Fusion is again proud to support the AAFP Direct Primary Care Summit in 2019. We're also thankful for the hundreds of independent practices using the Practice Fusion EHR to successfully implement the direct primary care model in their practice. To learn more, visit [practicefusion.com](http://practicefusion.com).

## Summit Happy Hour

Grand ABC | Saturday, June 29 | 5:30–6:30 p.m.

Sponsored by Elation Health



- One free drink ticket
- Networking and continuing conversations from that day

Elation Health strengthens the patient-physician relationship by providing a revolutionary, provider-centric platform that allows physicians to focus on their patients and deliver high-quality care. The company serves more than 200 practices in direct payment, direct primary care, and concierge payment models. The platform's unique focus on the direct care community empowers physicians like DPC pioneer, Dr. Garrison Bliss, to keep his attention on his patients and away from technology. Founded in 2010 by siblings Kyna and Conan Fong, Elation's "clinical first" philosophy and intuitive design are trusted by a network of more than 200,000 providers. Elation has had a presence at the DPC Summit since the inaugural event and is delighted to continue to make an impact in the DPC space.

## Breakfast

Grand ABC | Saturday, June 29 | 7–8 a.m.

Sponsored by Bagel



Bagel is an upcoming all-in-one platform for direct primary care (DPC). Come by our table to try out the beta version!

The Bagel software includes:

- Expressive, doctor-friendly charting interface
- Headache-free scheduling (including automated appointment reminders)
- Automated billing system
- Powerful task, document, and inbox management
- Patient communication tools
- Integrated e-faxing
- E-prescribing
- Electronic lab ordering
- Inventory management
- Eventual custom form builder, patient portal, and native iOS/Android apps

We're a team of MIT engineers and DPC physicians striving to build the perfect platform for DPC. The software is currently in beta testing. We plan to launch widely in August. **Join our waitlist at [bagel.md](http://bagel.md) before July 4, 2019, and receive \$300 of early-bird credit once we launch!**

## Lunch

Grand ABC | Saturday, June 29 | 12:15–1:15 p.m.

Sponsored by RubiconMD



RubiconMD enables primary care clinicians (PCPs) to easily access same-day insights from top specialists, so they can provide better care—improving the patient experience and reducing costs. To best support PCPs, RubiconMD's eConsult program is a web-based solution for clinicians to submit questions to specialists, covering more than 120 specialties and subspecialties. Direct primary care clinicians across the country use RubiconMD to improve care plans, avoid unnecessary referrals, and gain peace of mind for themselves and their patients. RubiconMD can be accessed through the Atlas.md electronic health record (EHR) or through a secure web platform at [rubiconmd.com](http://rubiconmd.com).

# Networking Events

## Breakfast

Grand ABC | Sunday, June 30 | 7–8 a.m.

Sponsored by Sesame



Sesame is building a new approach to a better health care system with a marketplace that connects patients with direct pay providers. Patients can find direct pay providers across more than 25 specialties, which offer more than 600 unique services that can be prepaid and booked online. For direct primary care (DPC) physicians, Sesame is a great way to grow memberships, expand your practice offering, and connect with a community of like-minded specialists to ensure your patients can access the care they need at affordable prices.

Co-founded in 2018 by former president and CEO of Game Show Network and author of *Catastrophic Care: Why Everything We Think We Know About Health Care is Wrong*, David Goldhill has been a leading voice of market-based health care reform. Sesame is excited to be a new partner of the DPC Summit and to help grow the DPC space.

## Session Recordings

Sponsored by Hint Health



Thanks to Hint Health, select sessions will be available for viewing following the event.

Hint is determined to free providers from the administrative burden of running a DPC practice, and facilitate the growth of the DPC ecosystem. Hint does this through HintOS, the operating system for DPC practices that powers the most successful DPC enterprises and connects them with the growing demand for affordable, high-quality care.

With six years of DPC experience, HintOS now powers hundreds of the most successful DPC and hybrid practices. Hint clients are models for how to grow with independent patients and employers: Nextera Health, Strada Healthcare, Primary Health Partners, and more run on HintOS. With HintOS, it's possible to grow from a solo practice to a regional or national enterprise.

Build your practice on a solid foundation with time-saving DPC management tools and Hint partners to source more patients.

Get in touch at the Hint booth or [hint.com](http://hint.com).

## Preconference

Sponsored by Primary Care Innovators Network



The Primary Care Innovators Network (PCIN) is a partnership among the Family Medicine Education Consortium (FMEC), Family Medicine for America's Health (FMA Health), and Employer Advantage Health Care Solutions (EAHCS). The PCIN was formed to strengthen the foundation of primary care across the U.S. in ways that help achieve the quadruple aim: higher quality, lower cost, improved community health and joy in practice for all members of the team, including patients.

The PCIN contributes to strengthening the foundation of primary care by working with self-insured healthcare organizations (non-profit, for-profit, and public), and the primary care practices serving their employees. The PCIN works with payers to learn more about, and put into practice, Comprehensive Primary Care Payment solutions using a Direct Primary Care (DPC) approach.

## Preconference

Sponsored by Sedera



Sedera is an innovative, non-insurance approach to managing large healthcare costs. Sedera members join a Medical Cost Sharing community of like-minded individuals who are active and engaged participants in their healthcare decision making. Together, we are tapping the power of community to create a new normal in healthcare that is high-quality, human, and transparent.



# About the Chicago O'Hare Area, CME Statement, and Disclosures

## Explore the Chicago O'Hare Area

### Discover

The Hyatt Regency O'Hare is located five minutes from O'Hare International Airport, the Parkway Bank Park entertainment district, and other major attractions. Things to do in the immediate-area include shopping at the Fashion Outlets of Chicago, gaming at Rivers Casino Des Plaines, and world-class events at Allstate Arena. Downtown Chicago is a short train ride using the Chicago Transit Authority (CTA) blue line.

### Shop

Shop for bargains at the high-end Fashion Outlets of Chicago just minutes from the hotel. This indoor mall features luxury retailers like Neiman Marcus, Gucci, Saks Fifth Avenue, and a collection of innovative visual arts.

### Entertainment

Don't miss the fun at the 200,000-square foot Parkway Bank Park entertainment and dining district, located within walking distance of the hotel. Comedy clubs, music venues, bars and lounges, and seasonal festivals are just a few of the things you can do. King's Dining and Entertainment is within walking distance and features a 20-lane bowling alley and other entertainment, such as shuffleboard, billiards, and video games, as well as more than 50 televisions, premium bars, and an outdoor patio.



## CME Statements

### Credit Statements – AAFP, ACCME, AMA, and AOA

This Live activity, DPC Summit 2019, with a beginning date of 06/28/2019, has been reviewed and is acceptable for up to 15.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the of the American Academy of Family Physicians and the American College of Osteopathic Family Physicians and the Family Medicine Education Consortium. The American Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians.

The American Academy of Family Physicians designates this Live activity for a maximum of 15.50 *AMA PRA Category 1 credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACOFPP has requested that the AOA Council on Continuing Medical Education approve this program for 15.50 credits of AOA Category 1-A CME credits. This program is sponsored by the ACOFP for educational purposes only. The material presented is not intended to represent the sole or best medical interventions for the discussed diagnoses, but rather is intended to present the opinions of the authors or presenters that may be helpful to other practitioners.

### Applying for AOA Credit?

Stop by the registration booth and give staff your AOA number to ensure you receive credit.

Attendees participating in this medical education program do so with the full knowledge that they waive any claim they may have against the ACOFP for reliance on any information presented during these educational activities.

## Conflict of Interest Policy

It is the policy of the AAFP 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 conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only these participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.

## Conflict of Interest Disclosure

All other individuals in a position to control content for this activity have indicated they have no relevant financial relationships to disclose.

# 2019 Direct Primary Care (DPC) Summit Agenda

## Friday, June 28

**DPC Summit Employer Preconference (NOT For CME)**—Sponsored by Primary Care Innovators Network and Sedera

Friday, June 28 | 7:30 a.m.–12:15 p.m., General Session Room

7:30–8:30 a.m.	Breakfast and registration
8:30–8:45 a.m.	Welcome and introductions
8:45–9:30 a.m.	<b>What Do Employers Want/Need from Primary Care Practices?</b> Panel discussion with representatives from the employer community
9:30–10:15 a.m.	<b>What Have Primary Care Practices Provided to Employers Who Invested in Primary Care? The Results Speak for Themselves—Reports from Across the U.S.</b> <i>Mike Tuggy, MD, FAAFP</i>
10:15–10:30 a.m.	Break
10:30–11:30 a.m.	<b>What Does an Effective Collaboration Look Like?</b> <i>Jed Constantz, Dr. BA</i>
11:30–12:15 p.m.	<b>How to Move Forward from Here?</b> Facilitated group discussion
12:15–1 p.m.	Lunch on your own

## DPC Summit Conference

Friday, June 28 | 1–5:30 p.m., General Session Room

1–2 p.m.	<b>Creating Your Dream Job—Pearls of Wisdom from Small Town Docs</b> <i>Rob Rosborough, MD</i> <i>Neal Douglas, MD</i>
2–3 p.m.	<b>DPC Transitions: The Good, the Bad, the Ugly, and the Unique</b> <i>Mark Machalka, MD</i> <i>Michael Eggebrecht, DO</i>
3:15–3:30 p.m.	Break
3:30–4:30 p.m.	<b>Data in Direct Primary Care: Striking the Right Balance in Measuring Clinical and Business Outcomes</b> <i>Allison Edwards, MD</i>
4:30–5:30 p.m.	<b>Magic, Pixie Dust, and Miracles: DPC for County Employees</b> <i>Shane Purcell, MD</i> <i>David Contorno</i> <i>Rita Davis</i>
5:30–7:15 p.m.	Exhibit Opening Reception—Sponsored by Practice Fusion (located in Grand ABC)



# 2019 Direct Primary Care (DPC) Summit Agenda

## Saturday, June 29

Saturday, June 29   7 a.m.–1:15 p.m., General Session Room and Breakout Room #1–L.A.X.		
7–8 a.m.	Breakfast and Registration – <i>sponsored by Bagel</i>	
8 a.m.–12:15 p.m.	<b>General Session Breakout</b> General Session Room	<b>Integrative and Functional Medicine Breakout</b> Breakout Room #1–L.A.X.
8–9 a.m.	<b>Disruptive Doctors Welcome Here!</b> <i>Luanne Leeds, JD</i>	<b>How Healing Works and What it Means for Health Care</b> <i>Wayne Jonas, MD, FAAFP</i>
9–10 a.m.	<b>Presenting the Dark Side of DPC</b> <i>Jennifer Harader, MD</i> <i>Leigh (Jack) Forbush, DO</i>	<b>Models that Work: Family First Health Center</b> <i>Delicia Haynes, MD</i>
10–10:15 a.m.	Break	Break
10:15–11:15 a.m.	<b>Building a Personal Brand to Grow Your DPC Practice</b> <i>Paul Thomas, MD</i>	<b>Using Lifestyle to Heal Patients: Lean, Fit, and Functional Medicine</b> <i>Joseph Scherger, MD, MPH</i>
11:15 a.m.–12:15 p.m.	<b>The Climb of DPC Entrepreneurship: Are you Creating a Job or a Business?</b> <i>Julie Gunther, MD, FAAFP, FAAHPM</i>	<b>Models that Work: Integrative Family Care of Cincinnati</b> <i>Amy Mechley, MD</i> <i>Eleanor Glass, MD</i>
12:15–1:15 p.m.	Lunch provided– <i>Sponsored by Rubicon MD</i>	
Saturday, June 29   1:15–4:15 p.m., General Session Room, Breakout Room #1–L.A.X., and Breakout Room #2–D.F.W.		
<i>Choose among three tracks: Starting a Practice, Growing a Practice, or Student/Resident</i>		
<b>Starting a Practice</b> General Session Room	<b>Growing a Practice</b> Breakout Room #1–L.A.X.	<b>Student/Resident</b> Breakout Room #2–D.F.W.
1:15–2:15 p.m. <b>So You Want to be a Small Business Owner...Do You Know What You Need? Do You Have What It Takes?</b> <i>Amy Walsh, MD</i>	1:15–2:15 p.m. <b>So, You've Opened Your Doors. Now What? How To Keep It Rolling</b> <i>Kirby Farnsworth, DO</i>	1:15–1:45 p.m. <b>An Intro to DPC That Happens to be Given by a Resident</b> <i>Kenneth Qiu, MD</i>
2:15–3:15 p.m. <b>DPC: Keys to Success and 18 Years of Lessons Learned</b> <i>Brian Forrest, MD</i>	2:15–3:15 p.m. <b>How to Curate Local Direct Pay Specialty and Ancillary Resources</b> <i>W. Ryan Neuhofer, DO, MPH</i>	1:45–2:45 p.m. <b>Fourteen Actions You Can Take in Residency to Prepare for a DPC Practice</b> <i>Paul Thomas, MD</i>
3:15–4:15 p.m. <b>Let's Talk Legal: Compliance Framework for New DPC Practices</b> <i>Luanne Leeds, JD</i>	3:15–4:15 p.m. <b>Piercing the Corporate Health Care Veil for Your Patients: Getting a Fair Price on Your Terms</b> <i>Phil Eskew, DO, JD, MBA</i>	2:45–3:15 p.m. <b>Straight Out of Residency: Our Story</b> <i>Kenneth Qiu, MD (Moderator)</i> <i>Allison Edwards, MD</i> <i>Paul Thomas, MD</i>
		3:15–4:15 p.m. <b>Roundtable Discussions</b> This is an opportunity for participants to share their knowledge and experience, and ask questions about practice management, program guidance, and advocacy. Each topic of discussion will last 15 minutes.
Saturday, June 29, 4:15–7:15 p.m., General Session Room		
4:15–4:30 p.m.	Break	
4:30–5:30 p.m.	<b>Variety is the Spice of DPC</b> <i>Vincent D. Keenan, CAE (Moderator)</i> <i>Deborah Chisholm, MD</i> <i>Amber Price, MD</i> <i>Clodagh Ryan, MD</i>	
5:30–6:30 p.m.	Summit Happy Hour– <i>Sponsored by Elation</i>	

# 2019 Direct Primary Care (DPC) Summit Agenda

## Sunday, June 30

Sunday, June 30, 7 a.m.–1 p.m., General Session Room	
7–8 a.m.	Breakfast – <i>Sponsored by Sesame</i>
8–9 a.m.	<b>Hindsight and Failing Forward: If I Knew Then, What I Know Now</b> <i>Delicia M. Haynes, MD</i>
9–10 a.m.	<b>It's Not Just the Doc!</b> <i>Anastasia (Staci) Benson, DO</i> <i>Phillip (Phil) Brenner</i> <i>Jeff Davenport, MD, FAAFP</i> <i>Christine Davenport</i>
10–10:15 a.m.	Break
10:15–11:15 a.m.	<b>State and Federal Policy Update</b> <i>Philip Eskew, DO, JD, MBA</i>
11:15 a.m.–12:15 p.m.	<b>The Carrot Seed</b> <i>Vance Lassey, MD</i>
12:15–1 p.m.	<b>DPC After Hours–NOT FOR CME</b> Select speakers and experts will be available after the formal conference has concluded to answer any final questions. This also provides an opportunity for attendees to network with one another prior to returning home.



### FMEC Travels

2019 Canoe Trip in the Adirondacks  
September 5th - 9th

John Rugge, MD Author of “The Complete Wilderness Paddler” and  
Allen Dappen, MD featured in “The Passage” will lead us on an  
expedition through the lakes of the Adirondacks. Join us!

For more information, visit [www.fmec.net/fmec-travels-2019](http://www.fmec.net/fmec-travels-2019)  
or contact: [laurence.bauer@fmec.net](mailto:laurence.bauer@fmec.net)



# PHYSICIAN HEALTH FIRST

## WELL-BEING PORTAL

### After Direct Primary Care, what's next?

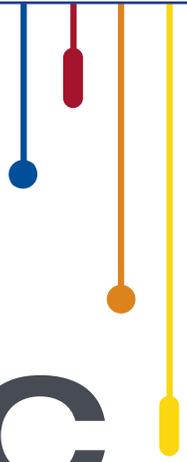
Find more information and additional resources to continue to improve your well-being and professional satisfaction.

- ✓ Assess your health.
- ✓ Create a wellness plan.
- ✓ Explore resources and tools.
- ✓ Discover how the AAFP fights physician burnout.

HERE, YOUR HEALTH COMES FIRST.

[aafp.org/mywellbeing](https://aafp.org/mywellbeing)





# Dive into DPC

## Utilize the AAFP's DPC Toolkit— now with an interactive format

If you're ready to plunge into the world of DPC, download the **AAFP's DPC Toolkit: Starter Pack**. Included in the pack are easy-to-use tools to evaluate the opportunity and begin your own DPC practice.

This toolkit will help you:

- Plan for your conversion or start-up to a DPC practice.
- Understand the financial model and plan your membership structure.
- Promote your practice with proven DPC marketing strategies.
- Address perspective regulatory and/or legal obstacles.

### **Best Value!**

The starter pack includes all four DPC Toolkit courses: Direct Primary Care Overview, Business Planning, Regulatory and Legal Impacts, and Marketing and Patient Engagement.



Learn more:  
[aafp.org/your-dpc-toolkit](https://aafp.org/your-dpc-toolkit)

# Sessions—Friday

## Friday, June 28

### DPC Summit Employer Preconference

Sponsored by Primary Care Innovators Network and Sedera

**8:30 a.m.–12:15 p.m. | General Session Room**

This discussion will focus on how direct contracting between employers and primary care practices is being used with the DPC model. This is an opportunity for those who pay for care to speak directly to those who provide or coordinate high-performing primary care health services using a DPC model.

*Preconference sessions are NOT approved for continuing medical education (CME) credit.*

### DPC Summit Conference

#### Creating Your Dream Job—Pearls of Wisdom from Small Town Docs

**1–2 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Contrast how to transition an existing practice versus moving to a new community.
- Explain the challenges of starting your own DPC at different life stages.
- Review the importance of how the side hustle, low overhead, and patient satisfaction are keys to success.

*Rob Rosborough, MD, Township Health DPC*

*Neal Douglas, MD, Heritage Family Medicine*

#### DPC Transitions: The Good, the Bad, the Ugly, and the Unique

**2–3 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Explore an example of how a fee-for-service practice can transition to DPC.
- Discuss how a multi-physician transition is different from a solo practitioner transition.

*Mark Machalka, MD, Whole Family Direct Care*

*Michael E. Eggebrecht, DO, Family Physicians of St. Joseph, P.C.*

#### Data in Direct Primary Care: Striking the Right Balance in Measuring Clinical and Business Outcomes

**3:30–4:30 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Convey the current understanding of metrics as used in fee-for-service primary care.
- Discuss current DPC data collection practices from a variety of clinics nationwide.
- Determine what data and metrics make the most sense within your own clinic—both from a clinical sense and a business sense.

*Allison Edwards, MD, Kansas City Direct Primary Care*

#### Magic, Pixie Dust, and Miracles: DPC for County Employees

**4:30–5:30 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Review ways to find and connect with employers of all sizes in your community.
- Evaluate reasons to connect with benefits advisors that understand DPC to create wrap-around plans.
- Discuss how to close the deal (i.e., contracts, lawyers, selling DPC to employees) and successful on-boarding of employees.

*Shane Purcell, MD, Direct Access MD*

*David Contorno, E Powered Benefits*

*Rita Davis, Anderson County, South Carolina*

# Sessions—Saturday

## Saturday, June 29

### Breakout Sessions

At this point in the summit, there are two breakout sessions you can choose to attend: **General Session Breakout** or **Integrative and Functional Medicine Breakout**.

#### General Session Breakout

**8 a.m.–12:15 p.m. | General Session Room**

### Disruptive Doctors Welcome Here!

**8–9 a.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Summarize the rise and growth of DPC.
- Discuss emerging issues and future challenges for DPC practices.
- Recognize the potential DPC has to transform health care.

*Luanne Leeds, JD, Leeds Law, LLC*

### Presenting the Dark Side of DPC

**9–10 a.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Understand that while DPC solves many of the problems in health care delivery, it is still a hard job.
- Understand the challenges that a mature DPC practice faces.
- Understand that it is ok if DPC is not the right fit for you.

*Jennifer Harader, MD, Oasis Family Medicine*

*Leigh (Jack) Forbush, DO, Osteopathic Center for Family Medicine*

### Building a Personal Brand to Grow Your DPC Practice

**10:15–11:15 a.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Describe why it is important to build a personal brand in order to grow your DPC practice.
- Demonstrate concrete methods to build a personal brand.
- Review examples of DPC physicians building their personal brands.
- Determine the next steps to take in order to start building your own personal brand.

*Paul Thomas, MD, Plum Health DPC*

### The Climb of DPC Entrepreneurship: Are you Creating a Job or a Business?

**11:15 a.m.–12:15 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Understand common growth challenges in entrepreneurship outside of health care models to further your business.
- Review fiscal data of 20-plus current DPC practices to further authentic understanding of expected profitability, growth margins, and overhead spending in order to reassess pricing structure and business planning for your own planning.
- Gain greater insight into services that can be readily incorporated into cash pricing in health care models to improve profitability and business offerings.

*Julie Gunther, MD, FAAFP, FAAHPM, sparkMD*

#### Integrative and Functional Medicine Breakout

### How Healing Works and What it Means for Health Care

**8–9 a.m. | Breakout Room #1–L.A.X.**

By the end of this educational activity, participants should be better able to:

- Identify where health comes from and how medical care can access it.
- Identify the three dimensions of integrative health used in treating chronic disease.
- Describe the HOPE note and how to apply it to enhance healing.
- Name one activity that will expand delivery of healing in practice.

*Wayne Jonas, MD, FAAFP, Samueli Integrative Health Programs*

# Sessions—Saturday

## Breakout Sessions continued

### Integrative and Functional Medicine Breakout

#### Models that Work: Family First Health Center

9–10 a.m. | Breakout Room #1–L.A.X.

By the end of this educational activity, participants should be better able to:

- Draw upon past experience of early DPC adopters with successful implementation and relate those to their own practice.
- Determine strategies to attract and engage patients and employers interested in integrative medicine techniques.

*Delicia M. Haynes, MD, Family First Health Center*

#### Using Lifestyle to Heal Patients: Lean, Fit, and Functional Medicine

10:15–11:15 a.m. | Breakout Room #1–L.A.X.

By the end of this educational activity, participants should be better able to:

- Describe the lifestyle causes of many of the current chronic diseases.
- Discuss how to evaluate the risk factors for chronic diseases.
- Describe the role of functional medicine in promoting healing from chronic diseases.

*Joseph Scherger, MD, MPH, FAAFP, Eisenhower Medical Center*

#### Models that Work: Integrative Family Care of Cincinnati

11:15–12:15 a.m. | Breakout Room #1–L.A.X.

By the end of this educational activity, participants should be better able to:

- Draw upon past experience of early DPC adopters with successful implementation and relate those to their own practice.
- Determine strategies to attract and engage patients and employers interested in integrative medicine techniques.

*Amy Mechley, MD, Integrative Family Care of Cincinnati*

*Eleanor Glass, MD, Integrative Family Care of Cincinnati*

## Track Sessions

At this point in the summit, there are three tracks you can choose to attend sessions: starting a practice, growing a practice, or student/resident.

### Starting a Practice Track

#### So You Want to be a Small Business Owner... Do You Know What you Need? Do You Have What it Takes?

1:15–2:15 p.m. | General Session Room

##### Starting a Practice Track

At the end of this educational activity, participants should be better able to:

- Identify the primary steps necessary to open a private DPC practice.
- Identify the resources where you can find answers to common questions that arise when you are planning your DPC practice.
- Gain an understanding of the skills necessary to be successful in your DPC.

*Amy Walsh, MD, doctor direct*

#### DPC: Keys to Success and 18 Years of Lessons Learned

2:15–3:15 p.m. | General Session Room

##### Starting a Practice Track

At the end of this educational activity, participants should be better able to:

- Understand the key features to make a practice financially viable.
- Comprehend the core aspects of transitioning or starting a practice.
- Gain an appreciation of high-value care for patients.

*Brian Forrest, MD, Access Healthcare Direct*

# Sessions—Saturday

## Track Sessions continued

### Starting a Practice Track

#### Let's Talk Legal: Compliance Framework for New DPC Practices

**3:15–4:15 p.m. | General Session Room**

##### *Starting a Practice Track*

At the end of this educational activity, participants should be better able to:

- Understand the development of DPC practices and identify the laws which govern it.
- Describe the fundamental legal requirements for a DPC practice.
- Identify the emerging issues in DPC practice and corresponding proactive responses to each.

*Luanne Leeds, JD, Leeds Law, LLC*

### Growing a Practice Track

#### So, You've Opened Your Doors. Now What? How To Keep It Rolling

**1:15–2:15 p.m. | Breakout Room #1–L.A.X.**

##### *Growing a Practice Track*

At the end of this educational activity, participants should be better able to:

- Discuss various business management and leadership skills essential for managing a growing DPC practice.
- Explore innovative ways to continually fund a growing DPC practice and your pocketbook while your practice grows.
- Learn what has and hasn't worked from peers practicing DPC.

*Kirby Farnsworth, DO, Simply Direct Health*

#### How to Curate Local Direct Pay Specialty and Ancillary Resources

**2:15–3:15 p.m. | Breakout Room #1–L.A.X.**

##### *Growing a Practice Track*

At the end of this educational activity, participants should be better able to:

- Learn how to identify specialty practices and services that might offer direct pay options to your patients.
- Learn how to engage traditional providers and encourage them to create direct pay pricing.
- Learn how to explain direct pay options to patients.

*W. Ryan Neuhofer, DO, MPH, NeuCare*

#### Piercing the Corporate Health Care Veil for Your Patients: Getting a Fair Price on Your Terms

**3:15–4:15 p.m. | Breakout Room #1–L.A.X.**

##### *Growing a Practice Track*

At the end of this educational activity, participants should be better able to:

- Understand how patients may use the Health Information Technology for Economic and Clinical Health (HITECH) Act to demand cash pricing.
- Understand when a hospital contract for payment with a patient is unenforceable.
- Understand how to obtain reference-based pricing to argue on your patient's behalf.

*Philip Eskew, DO, JD, MBA, Direct Primary Care Frontier*

### Student/Resident Track

#### An Intro to DPC That Happens to be Given by a Resident

**1:15–1:45 p.m. | Breakout Room #2–D.F.W.**

##### *Student/Resident Track*

At the end of this educational activity, participants should be better able to:

- Understand the basics of the DPC model.
- Address common misconceptions.
- Answer frequently asked questions.

*Kenneth Qiu, MD, 2nd Year Resident, Riverside Family Medicine Residency, DPC Advocates*

# Sessions—Saturday

## Track Sessions continued

### Student/Resident Track

#### Fourteen Actions You Can Take in Residency to Prepare for a DPC Practice

**1:45–2:45 p.m. | Breakout Room #2–D.F.W.**

##### **Student/Resident Track**

At the end of this educational activity, participants should be better able to:

- Describe why it is important to start planning for a career in DPC during residency.
- Understand the actions that you can take during residency to facilitate your transition to DPC.

*Paul Thomas, MD, Plum Health DPC*

#### Straight Out of Residency: Our Story

**2:45–3:15 p.m. | Breakout Room #2–D.F.W.**

##### **Student/Resident Track**

At the end of this educational activity, participants should be better able to:

- Understand the common concerns and fears shared by primary care physicians exploring the DPC model and the potential remedies for those concerns.
- Evaluate the various methods and processes that DPC practices have established directly out of residency.

*Kenneth Qiu, MD, 2nd Year Resident, Riverside Family Medicine Residency, DPC Advocates (Moderator)*

*Allison Edwards, MD, Kansas City Direct Primary Care*

*Paul Thomas, MD, Plum Health DPC*

## Roundtable Discussions

**3:15–4:15 p.m. | Breakout Room #2–D.F.W.**

##### **Student/Resident Track**

This is a unique opportunity for students, residents, and practicing DPC physicians to share their knowledge, experience, and expertise during roundtable discussions about practicing in a DPC model. Participants are encouraged to present a few of their most challenging questions around practice management, program guidance, and advocacy. Discussion will focus on identifying common issues and potential solutions to overcome the barriers.

Participants will be invited to visit each table discussion for 15 minutes before moving on to the next topic.

At the end of this educational activity, participants should be better able to:

- Expand their knowledge of DPC by sharing experiences and asking questions of other physicians dealing with similar problems.
- Develop relationships between colleagues to encourage a regular exchange of peer-group knowledge on DPC.
- Analyze potential barriers to starting a DPC practice out of residency.
- Design an action plan to help educate students and residents on DPC.

*Facilitated by:*

*Kenneth Qiu, MD, 2nd Year Resident, Riverside Family Medicine Residency, DPC Advocates (Moderator)*

*Allison Edwards, MD, Kansas City Direct Primary Care*

*Paul Thomas, MD, Plum Health DPC*

## Variety is the Spice of DPC

**4:30–5:30 p.m. | General Session Room**

At the end of this educational activity, participants should be better able to:

- Describe the strengths and challenges of different models of DPC.
- Plan how to supplement revenue when growing a DPC practice through telemedicine and other clinical options.

*Vincent D. Keenan, CAE (Moderator), Illinois Academy of Family Physicians*

*Deborah Chisholm, MD, Chisholm Center for Health*

*Amber Price, MD, Willow Pediatrics and Lactation*

*Clodagh Ryan, MD, Cara Direct Care*



# Sessions—Sunday

## Sunday, June 30

### Hindsight and Failing Forward: If I Knew Then, What I Know Now

8–9 a.m. | General Session Room

At the end of this educational activity, participants should be better able to:

- Analyze lessons from DPC doctors that had to close their doors.
- Discuss work-life integration and proper boundary setting.
- Evaluate conversion success strategies.

*Delicia M. Haynes, MD, Family First Health Center*

### It's Not Just the Doc!

9–10 a.m. | General Session Room

At the end of this educational activity, participants should be better able to:

- Understand how those around you are affected by the change to a new model.
- Recognize how a poor work-life balance leads to increased burnout and overall dissatisfaction with your job.
- Apply strategies to establish an effective work-life balance between managing a solo practice and a family.
- Analyze factors to consider before making financial changes that can impact your household.

*Anastasia (Staci) Benson, DO, Paradigm Family Health*

*Phillip (Phil) Brenner*

*Jeffrey Davenport, MD, FFAFP, One Focus Medical*

*Christine Davenport*

### State and Federal Policy Update

10:15–11:15 a.m. | General Session Room

At the end of this educational activity, participants should be better able to:

- Describe recent federal and state legislative trends.
- Evaluate the major regulatory hurdles facing new DPC practices.
- Develop and implement appropriate compliance and mitigation strategies to minimize regulatory risks.
- Evaluate the existing resources and support infrastructure available to support physicians interested in becoming engaged with DPC advocacy efforts.

*Philip Eskew, DO, JD, MBA, Direct Primary Care Frontier*

### The Carrot Seed

11:15 a.m.–12:15 p.m. | General Session Room

At the end of this educational activity, participants should be better able to:

- Discover a physician's journey to DPC away from fee-for-service.
- Apply best practices to overcome common hurdles that lead to success.

*Vance Lassey, MD, Holton Direct Care*

### DPC After Hours—NOT FOR CME

12:15–1 p.m. | General Session Room

Select speakers and experts will be available after the formal conference has concluded to answer any final questions.

This also provides an opportunity for attendees to network with one another prior to returning home.



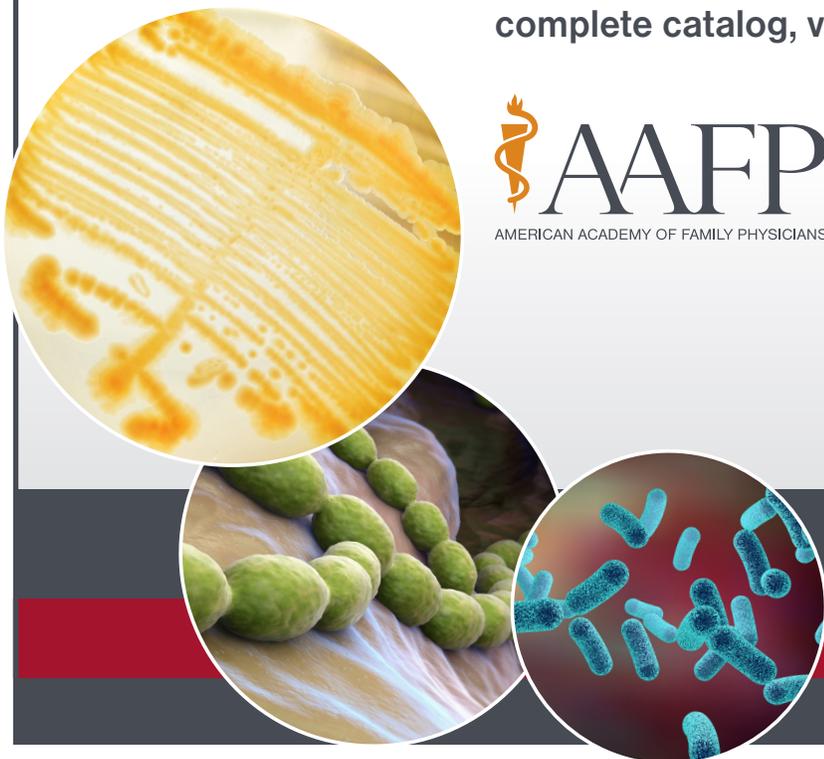


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# Faculty

**Anastasia (Staci) Benson, DO, and Phillip (Phil) Brenner**

Paradigm Family Health  
drbenson@paradigmfamilyhealth.com

**Deborah Chisholm, MD**

Chisholm Center for Health  
Dr.chisholm@ccfhealth.com

**David Contorno**

E Powered Benefits  
dcontorno@epoweredbenefits.com  
@Dcontorno

**Jeffrey Davenport, MD, FAAFP, and Christine Davenport**

One Focus Medical  
DrD@onefocusmedical.com

**Rita Davis**

Anderson County, South Carolina

**Neal Douglas, MD**

Heritage Family Medicine  
Drneal@heritagedpc.com

**Allison Edwards, MD**

Kansas City Direct Primary Care  
allison@kansascitydirectprimarycare.com

**Michael E. Eggebrecht, DO**

Family Physicians of St. Joseph, P.C  
mikeeggebrecht@yahoo.com

**Philip Eskew, DO, JD, MBA**

Direct Primary Care Frontier  
philsq@gmail.com  
@philsq

**Kirby Farnsworth, DO**

Simply Direct Health  
kirby@simplydirecthealth.com

**Leigh (Jack) Forbush, DO**

Osteopathic Center for Family Medicine  
jforbush@ocfm.com  
@jforbush @ocfm

**Brian Forrest, MD**

Access Healthcare Direct  
accesshealthcaredirect@gmail.com  
@innovadoc

**Eleanor Glass, MD**

Integrative Family Care  
info@ifcdirect.com

**Julie Gunther, MD, FAAFP, FAAHPM**

sparkMD  
drg@sparkmd.com

**Jennifer Harader, MD**

Oasis Family Medicine  
drharader@oasisfamilymedicine.net

**Delicia M. Haynes, MD**

Family First Health Center  
drhaynes@familyfirsthealthcenter.com  
@deliciahaynesmd

**Wayne Jonas, MD**

Samueli Integrative Health Programs  
wayne@hsventures.org  
@DrWayneJonas

**Vincent D. Keenan, MSPH, CAE**

Illinois Academy of Family Physicians  
vkeenan@iafp.com  
@vdcrk74

**Vance Lasey, MD**

Holton Direct Care  
doc@holtondirectcare.com

**Luanne Leeds, JD**

Leeds Law, LLC  
Luanne@leedslaw.us

**Mark Machalka, MD**

Whole Family Direct Care  
Czechm1@yahoo.com

**Amy Mechley, MD**

Integrative Family Care  
docmechley@ifcdirect.org

**W. Ryan Neuhofer, DO, MPH**

NeuCare  
dr.neu@neucare.net

**Amber Price, MD**

Willow Pediatrics and Lactation  
drprice@willowpeds.com

**Shane Purcell, MD**

Direct Access MD  
drshane@directaccess.MD  
@docshaneP

**Kenneth Qiu, MD**

2nd Year Resident, Riverside Family  
Medicine Residency, DPC Advocates  
kenneth.d.qiu@gmail.com

**Rob Rosborough, MD**

Township Health DPC  
Drrob@Townshiphealthdpc.com

**Clodagh T. Ryan, MD**

Cara Direct Care  
drryan@caradirectcare.com  
@caradirectcare

**Joseph E. Scherger, MD, MPH**

Eisenhower Health  
jscherger@eisenhowerhealth.org

**Paul Thomas, MD**

Plum Health DPC  
paul@plumhealthdpc.com  
@PlumHealthDPC

**Amy Walsh, MD**

doctor direct  
amy@doctordirectmd.com

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# Acknowledgment

*Thank you*

We would like to thank the 2019 planning committee members for volunteering their time and expertise to help put together the excellent programming this year. They worked for many months reviewing hundreds of proposals to ensure new and returning attendees have the latest and best information.

*2019 DPC Summit Planning Committee Members*

Staci Benson, DO	Katarina Lindley, DO
Trevin Carden, DO	Amy Mechley, MD
Allison Edwards, MD	Shane Purcell, MD
Ben Fisher, MD	Paul Thomas, MD
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# Scholarships

## Direct Primary Care Summit Medical Student and Resident Scholarship Fund

The AAFP Foundation has partnered with the American Academy of Family Physicians, the American College of Osteopathic Family Physicians, and the Family Medicine Education Consortium to form the new Direct Primary Care Summit Medical Student and Resident Scholarship Fund.

The DPC Summit Scholarship Fund focuses on inspiring the future workforce by exposing them to the innovative DPC practice model.

The DPC Summit has played a key role in helping educate family physicians, students, residents, and external stakeholders on the DPC practice model. Through expert panels, highlighting success stories, and linking attendees to key mentors, we have continued to see awareness of this model grow. We believe exposure to the DPC practice model could help influence medical students and residents on their journey to family medicine. The DPC Summit is a great place

for students and residents to learn the fundamental aspects of DPC, while also connecting them with thought leaders who practice the model.

All scholarships are made possible by the donations of family physicians and organizations committed to supporting the future of DPC and the pipeline of family medicine physicians.

Help us bring more residents and medical students to this inspirational conference by donating to the DPC Summit Medical Student and Resident Scholarship Fund.

All donations can be sent to the AAFP Foundation. For your convenience, there is an easy online form. Please be sure to designate your gift to the 'DPC Summit Scholarship Fund' on the drop-down list under the 'How Would You Like to Designate Your Gift?' heading of the online donation form at [aafpfoundation.org/donatetoday](http://aafpfoundation.org/donatetoday).



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### 2019 recipients are:

Trevin Cardon, DO—Fort Collins Family Medicine/  
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Marc Richards, DO—Ohio University Heritage College  
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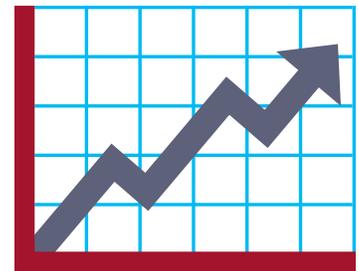
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