DIRECT PRIMARY CARE Summit 2018

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Pearls of Wisdom for DPC Practices – What Works and What Doesn't

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Submit your questions to: aafp3.cnf.io

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Learning Objectives

- Identify and draw upon best practices being used in direct primary care for practice success.
- Gain an understanding of the insights for recruiting and retaining your patient panel.
- Comprehend how active and continuous patient engagement via technology can improve patient satisfaction and experience.


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Q1

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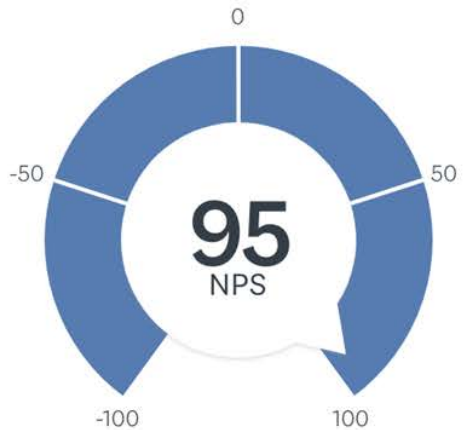
How likely is it that you would recommend this company to a friend or colleague?

Answered: 128 Skipped: 0



DETRACTORS (0-6)	PASSIVES (7-8)	PROMOTERS (9-10)	NET PROMOTER® SCORE
0 0	5% 6	95% 122	95

“I really like that when I walk in the door, Dr. Scott and the staff knows who I am. I’m not greeted by 45 medical assistants who are saying nasty things about patients not acknowledging me, and just pointing to the sign in sheet. I also like that appointments start on time, and I’m not roomed by a CNA while my doctor takes 15 minutes to read my file and try and remember who I am. I also like that we are spending far less on medical care with our membership than we would at a traditional practice.”

“No question is a dumb question”

“Never shaming me”

“This company makes people feel as if they are family”

Blueprints for a Successful DPC Practice

- 100% Collections
  - 99% actually-but loss of collections is a source of overhead
  - Membership management software-has to be automated payment
  - Clearly stated policies and membership contracts

Blueprints for a Successful DPC Practice

- Low Overhead =(16-18%)
  - Hospital surplus, Group Purchasing Organizations, Staffing
  - Litmus test-will spending this money actually help improve patient care?
  - Technology and Automation-membership management software/telemedicine

Blueprints for a Successful DPC Practice

- Location
  - average 1000-1200 sq feet needed- double space/rent half
  - Near other medical/pharmacy
  - Option to Sublet from or to specialists or other health professionals

Blueprints for a Successful DPC Practice

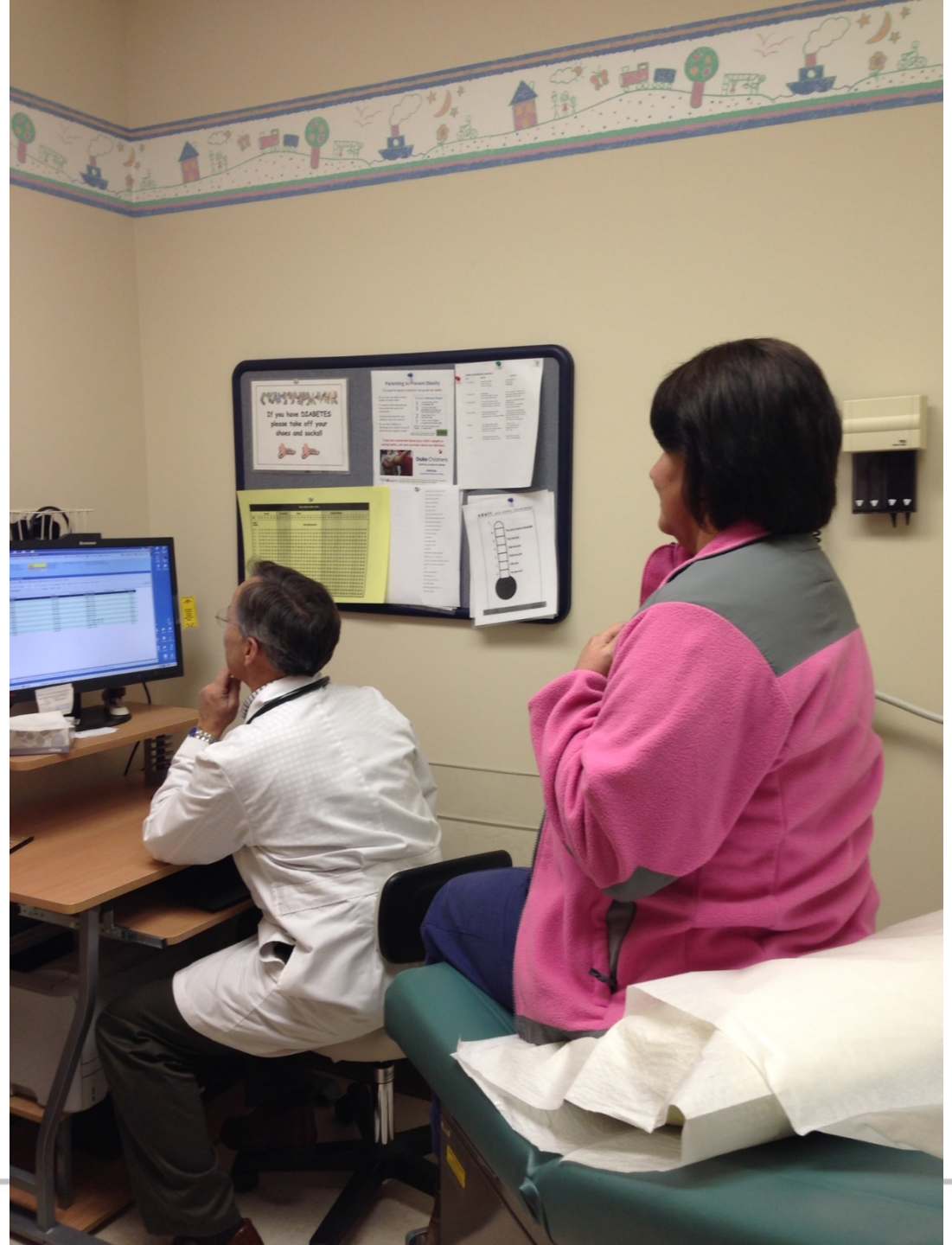
- Marketing
  - Word of Mouth-”Best Medical Experience Ever” Durham Bulls?
  - Advertising-earned media better but talk radio or presorted post can help
  - When transitioning existing practice: letter to existing patients/symposium
  - KIS: Think Dollar Store, easy for one patient to explain to someone

This is what patients have become accustomed to

Exceed their expectations and focus on them

Use time not spent on billing tasks to improve Patient Engagement

Since no time spent on “how many boxes do I have to check or how many ROS to get a 99214?” should not happen in DPC



Changing the “Copay Culture”

- Biggest challenge is creating value proposition for patients
- Financial argument-lower costs than billing insurance-but not always
- “What you want in healthcare at a price you can afford” The **liver and mustard sandwich**
- **10% more for 100% satisfaction?**

Genius of the Gym

The Math that makes it work:

Traditional	Our Model
$1.00	$1.00
x.65 collected (avg in US)	x.99
-----	-----
.65	.99
-60% overhead (avg in US)	- 18%
-----	-----
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“We do something kind of different”

- Potential patients calling ask “Do you take X insurance”
- Many will hang up-engage the ones who do not with a natural but well prepared script
- Give patients what they want and demonstrate you can perform (short waits, same day access, long-unrushed visits with plenty of time for questions, no technology interference-only enhancement)
- Word of mouth is #1 and earned media is #2

Show **VALUE** to Community

V-alue demonstrated to your patients in costs, time, access

A-vailability that will exceed traditional models

L-isten to patient's concerns and address them proactively

U-se word of mouth and media to locally create buzz about DPC

E-xceed expectations & make it the "best medical experience ever"

Working with Employers

- Can build critical mass of patients in panel
- Easier to do with a network
- Despite emphasis in discussions less than 20%
- Ideal size over 250 employees self insured or
- Under 50 for small businesses (Subway)
- Need quality outcomes and costs data for larger employers

Keys to make it work

- Keep overhead down-should be under 25%
- Keep collections high-reliable MMP, policies
- Overcome the “Copay Culture” with **VALUE**
- Flexibility-be nimble and able to change

Things that Don’t Work

- Maintaining the overhead of a traditional FFS practice
- Practicing in isolation-must embrace the community
- Paid Print Ads
- Complicated membership plans-too many tiers
- Not making clear added value (enhanced technology, access, customer service, privacy)

More free information and resources

www.accesshealthcaredirect.com general information on DPC for providers and patients

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www.DPCMH.org Direct Primary Care Medical Home Association - free membership and resources available from this not for profit. Conference Scholarships for med-students and residents. Free transition toolkit available.

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Questions?

Submit your questions to:
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Don’t forget to evaluate this session!

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