

DIRECT PRIMARY CARE Summit

Program Guide



2017

JUNE 15-17 / WASHINGTON, DC

Direct Primary Care Summit Organized By



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

American Academy of Family Physicians



Family Medicine Education Consortium, Inc.



American College of Osteopathic Family Physicians



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General Information

Access Conference Materials

Presentations available for download at www.dpcsummit.org/sessions.html

Audience Engagement System (AES)

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

Bookmark <https://aafp1.cnf.io/> now so you are ready to participate.

New this year, the DPC Summit will be using the AES to conduct session evaluations. Take a few minutes after each session to provide us feedback on your presenters and topics.

Free Wi-Fi – Network ID: **Marriott Conference** Password: **dpc2017**

Twitter

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

Virtual Conference — *provided by MedPortal*

Thanks to MedPortal selected sessions will be available to view after the event. Stop by the registration desk to sign up for your complimentary access.

Networking Events

Registration and Exhibit Opening

Exhibit Hall

Thursday, June 15 / 5:30–7:30 p.m.

Sponsored by



omhealthcare™

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

Summit Happy Hour

Exhibit Hall

Friday, June 16 / 5:30–6:30 p.m.

Sponsored by



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

Lunch

Friday, June 16 / 12:00–1:00 p.m.

Sponsored by

RUBICON⁴MD

Saturday, June 17 / 12:00–1:00 p.m.

Sponsored by



About Crystal City, VA

- Crystal City houses award winning theater, exciting restaurants, specialty stores, bike trails, and so much more. With outdoor beer gardens, yoga classes, farmers markets, and numerous special events throughout the year, there is always fun to be had in Crystal City!
- If you are visiting Washington, Crystal City is ideally situated. Directly across the river from Downtown DC, Crystal City is just five minutes from Ronald Reagan National Airport and Old Town Alexandria. Immediate access to Metro or a quick cab ride to anywhere in the city makes Crystal City amazingly convenient.
- The Crystal City Shops is a compilation of contemporary restaurants, celebrated chefs, and cool cafes, many with al fresco seating, lined along colorful tree-lined streets. This consummate foodies find, fused with over one hundred stores and services make for an energetic and modern marketplace with a personality and point of view all its own. The Crystal City Shops...clearly so much to see.

Enjoy easy access to top DC attractions

The top attractions of Washington DC and Arlington, VA are moments away from the Crystal Gateway Marriott. With lobby access to the Metro, a car rental desk in the lobby and a prime location near major roadways, guests can easily access monuments, museums, shopping and dining. A stay at the Crystal Gateway Marriott will ensure that you are close to all of the must-see attractions in your Washington, DC visitor guide.

Visitors seeking access to military bases and almost all Federal facilities using their state-issued driver's licenses or identification cards must present proper identification issued by REAL ID compliant states or a state that has received an extension. When planning a visit to a Federal facility or military base, visitors should contact the facility to determine what identification will be accepted.

For more information, visit www.dhs.gov/real-id-public-faq



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FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.



2017 FMEC Annual Meeting

Renaissance Cleveland Hotel

November 10 - 12

Cleveland, OH



www.fmec.net

Credit Statements – AAFP, ACCME, AMA, and AOA

This Live activity, DPC Summit 2017, with a beginning date of 06/15/2017, has been reviewed and is acceptable for up to 16.25 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 American Academy of Family Physicians and the American College of Osteopathic 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 16.25 AMA PRA Category 1 credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program qualifies for 14.5 AOA Category 1-A credit under an exemption approved by the Council on CME of the American Osteopathic Association. 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.

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, 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.



2017 Schedule

Thursday, June 15

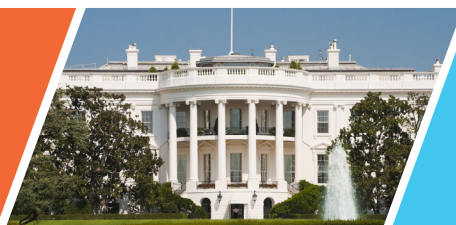
7:00–9:00 a.m.	Breakfast and Registration/Travel to Capital
9:00 a.m.–11:00 p.m.	Regulatory Update and Congressional Visit Prep Session Non-CME Phil Eskew, DO, JD and Jay Keese
12:00–1:00 p.m.	Lunch on your own
11:00 a.m.–4:00 p.m.	Hill Visits
3:30–5:00 p.m.	Alignment of the Business Interests of Self-funded Employers and DPC Model Practices Jed Constantz, William Short, Paul Grundy, MD and Michael Thompson Invited Panel: Chris Beck, VP Operations, Union Hospital, Kevin Milligan Director, Union Physician Services, Dr. Jeffrey Burrier, UPS, & Tina Myers, Director, Human Resources, Union Hospital
5:00–5:30 p.m.	Healthcare Delivery Innovation in the State of New Jersey Mason Reiner
5:30–7:30p.m.	Exhibit Opening Reception – <i>Sponsored by Accresa</i>

Friday, June 16

7:00–8:00 a.m.	Breakfast and Registration
8:00–9:00 a.m.	Power of the Patient and Primary Care Featuring Regina Holliday, Founder of the Walking Gallery, with Marguerite Duane, MD, MHA, FFAFP and Judy Riorday (Patient)
9:00–10:00 a.m.	16 years Dos and Don'ts of DPC Brian Forrest, MD
10–10:15 a.m.	Break
10:15–11:15 a.m.	Using Marketing and Media to grow DPC W. Ryan Neuhofer, DO, MPH
11:15 a.m.–12:00 p.m.	Understanding Health Insurance Brokers and Carriers Dan Meylan
12:00–1:00 p.m.	Lunch – <i>Sponsored by RubiconMD</i>

Friday, June 16 continued

	DPC 101 Breakout Track – Arlington A	DPC 201 Breakout Track – Arlington B
1:00–2:00 p.m.	DPC 101: Ready...Set...Go! How to Start Your Own DPC Practice in 60 Minutes or Less Julie Gunther, MD	Adding Another Provider or Location While Minimizing Risk Josh Umbehrr, MD
2:00–3:00 p.m.	DPC 101: Real Doctors, Real Topics in DPC Start Up 1. From Plans to Buildings: Office Design to DPC Ryan Kauffman, MD, FAAFP 2. Negotiating EVERYTHING to protect and grow your DPC practice Vance Lassey, MD, FAAFP 3. Starting and managing a medication dispensing program Luke Van Kirk, DO 4. Self-care and sustainability: Expectation setting to grow the practice you love Delicia M. Haynes, M.D	Expanding Through the Network Model Brian Forrest, MD
3:00–4:00 p.m.	DPC: Pearls of the first year of practice Faculty: Julie Gunther, MD (moderator), Ryan Kauffman, MD, Delicia M. Haynes, M.D, Luke Van Kirk, DO and Staci Benson, DO	Expert Panel: Growth and Implementation Faculty: Ryan Neuhofer, DO, MPH (moderator) Brian Forrest, MD, and Josh Umbehrr, MD
4:00–4:15 p.m.	Break	
4:15–5:15 p.m.	Best Practices: An Expert Panel Q&A Larry Bauer (Moderator) with the day's presenters,	
5:30–6:30 p.m.	Summit Happy Hour – <i>Sponsored by OM Healthcare, Inc</i>	



2017 Schedule

Saturday, June 17		
7:00–8:00 a.m.	Breakfast	
8:00–8:30 a.m.	DPC from a Legislators Perspective Patrick Colbeck, Michigan State Senator(R-7)	
8:30–9:00 a.m.	State and Regulatory Policy Update Phil Eskew, DO, JD, MBA and Jay Keese	
9:00–10:00 a.m.	Healthy Employees + Happy Physicians = Direct Primary Care Clint R. Flanagan, M.D.	
10:00–0:15 a.m.	Break	
10:15–11:00 a.m.	Challenges and Rewards of DPC in Rural and Diverse Communities Landon Roussel, MD, MBE and Jacqueline D. Harris, MD, MPH	
11:00 a.m.–12:00 p.m.	Going on the Legal Offensive Philip Eskew, DO, JD, MBA	
12:00–1:00 p.m.	Lunch – Sponsored by Association of Mature American Citizens	
	Breakouts – Arlington A	Breakouts – Arlington B
1:00–1:45 p.m.	DPC Practices: Formation Options & Compliance Solutions James “Jim” Eischen, Esq.	Large Employer Hurdles Philip Eskew, DO, JD, MBA and John Collier
1:45–2:30 p.m.	The FUD of OMT in DPC Leigh “Jack” Forbush, DO	DPC: The Hospital is Not the Enemy Meghan Gannon, MD
2:30–3:15 p.m.	It’s Not Just Child’s Play – Adapting the Direct Primary Care Model to Pediatrics J Bryan Hill, MD, PhD	Straight Outta Residency – How We Did it Faculty: Larry Bauer (Moderator), Landon Roussel, MD, MBE, and Luke Van Kirk, DO
3:10–3:30 p.m.	Break	
3:30–4:00 p.m.	Closing Town Hall Faculty: Larry Bauer (Moderator) with the day’s presenters	



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Primary Care Innovators Network

Announcing: The Primary Care Innovator's Network *Workshop Series*

In 2008 the FMEC launched the Healthcare Innovators Network. The Innovators Network provides a vehicle for innovators to show case their "primary care driven solutions". Up to this point the Healthcare Innovators Network has been a one-day event held in conjunction with the FMEC Annual Meeting.

We are launching the Primary Care Innovators Network (PCIN). The PCIN provides a bridge between the primary care innovators whose work reveals the power and value of "robust primary care" and those seeking strategies to reduce the cost of health services while improving the quality of care.

This work is a joint venture with:

- Family Medicine for America's Health
- Employer Advantage Health Care Solutions
- The Family Medicine Education Consortium

* Primary Care Practice Leaders * Self-Insured Employers
* State, County & local government leaders * Media Leaders

Washington, DC
June 15, 2017

Chicago, IL
October 5, 2017

Cleveland, OH
November 9, 2017

Dallas, TX
Date TBD

Seattle, WA
Date TBD

For more information: laurence.bauer@fmec.net

Ready for direct primary care? We can show you how.

AAFP Direct Primary Care Toolkit

Developed by DPC leaders and industry experts, the AAFP Direct Primary Care (DPC) Toolkit is packed with easy-to-use resources to help you:

- Understand the financial model.
- Plan your membership structure.
- Promote your practice with marketing guides.
- Identify consulting, legal service, and technology providers with DPC expertise.

Do you want to be empowered
and rewarded for providing your
patients with excellent care in
a truly patient-centered fashion?
**Find out if DPC is right
for you.**

Purchase the AAFP DPC Toolkit today.
aafp.org/dpc-toolkit

Direct Primary Care Practice Business Plan Supplement

A business plan is a critical document for any DPC practice. It provides a roadmap for the practice's future, outlining the goals, strategies, and financial projections. This supplement provides a comprehensive guide to developing a business plan for a DPC practice, covering everything from market research to financial modeling.

Key Topics to Highlight:

- **Market Research:** Understanding the local market, identifying target patients, and assessing competition.
- **Service Offerings:** Defining the scope of services, including primary care, preventive care, and chronic disease management.
- **Financial Projections:** Estimating revenue, expenses, and profitability over a 3-5 year period.
- **Marketing Strategy:** Developing a plan to attract and retain patients.
- **Operational Plan:** Detailing the day-to-day operations of the practice, including staffing, technology, and facilities.

Description of the DPC Model

The DPC model is a patient-centered approach to primary care that focuses on providing high-quality, personalized care. It is based on the principle that patients should have a direct relationship with their primary care physician, without the barrier of insurance. This model allows physicians to spend more time with their patients, addressing their needs and concerns in a more thorough and holistic manner.

Net Revenue and Physician Salary Calculator

This calculator helps you estimate the net revenue and physician salary for a DPC practice. It takes into account various factors, including membership fees, office expenses, and physician compensation.

Inputs:

- Number of physicians
- Office space (square feet)
- Staffing (number of staff)
- Membership fees
- Office expenses (rent, utilities, etc.)

Outputs:

- Net revenue
- Physician salary

The calculator provides a detailed breakdown of the inputs and outputs, allowing you to adjust the variables and see how they affect the results. It is a valuable tool for planning and budgeting for a DPC practice.

The calculator also includes a section on physician compensation, providing guidance on how to structure salaries and bonuses. It emphasizes the importance of fair and competitive compensation for the physicians who are the backbone of the practice.

When making decisions about salaries, it is important to consider the local market and the value of the services provided. The calculator provides a range of options, allowing you to choose the one that best fits your practice's needs.



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Session Information

Thursday, June 15

Alignment of the Business Interests of Self-funded Employers and DPC Model Practices

3:30–5:00 p.m.

General Session Room / Arlington A/B

- Discuss the business needs of self-funded employers interested in offering a higher quality, more affordable health plan for their covered individuals
- Define the type of DPC model practice best suited to contract with a self-funded employer

Jed Constantz, Employer Advantage Health Care Solutions

William Short, CEO, Accresa and Ameriflex

Paul Grundy, MD

Michael Thompson

Healthcare Delivery Innovation in the State of New Jersey

5:00–5:30 p.m.

General Session Room / Arlington A/B

- Discuss overview of New Jersey employer program utilizing DPC
- New Jersey's effort can serve as a case study to other employers looking for innovative healthcare solutions.

Mason Reiner, R-Health

Friday, June 16

Power of the Patient and Primary Care

8:00–9:00 a.m.

General Session Room / Arlington A/B

- Demonstrate an understanding of the patient's perspective, as conveyed by the patient presenter, on the potential benefits and detriments of participating in a DPC practice arrangement.
- Evaluate the patient perspective for their own current and/or prospective patient communities.
- Determine potential opportunities for how to solicit patient communities that would be interested in directly contracting with a DPC practice.

Regina Holliday, Founder of the Walking Gallery

Marguerite Duane, MD, MHA, FAAFP, Modern Mobile Medicine

Judy Riordan (Patient)

16 years Dos and Don'ts of DPC

9:00–10:00 a.m.

General Session Room / Arlington A/B

- Gain an understanding of best practices in DPC
- Learn about critical mistakes that can keep you from being successful
- Become aware of key features of DPC practices that thrive

Brian Forrest, MD, Access Healthcare Direct

Using Marketing and Media to Grow DPC

10:15–11:15 a.m.

General Session Room / Arlington A/B

- Understand the various ways to approach messaging of DPC based on your target audience
- Review best methods for engaging and communicating with journalists and traditional media outlets (newspaper, radio, television) to connect with the community.
- Know best practices on effectively using internet and social media platforms (website, Facebook, Twitter) to engage patients on health education and benefits of the DPC practice model.

Ryan Neuhofer, DO, NeuCare

Understanding Health Insurance Brokers and Carriers

11:15–12:00 p.m.

General Session Room / Arlington A/B

- Analyze the current health insurance market
- Determine what motivates brokers and carriers
- Identify key differences between self-funded, level-funded and fully-insured employers
- Examine current health insurance & DPC integration challenges
- Evaluate emerging insurance and DPC integration solutions

Dan Meylan, Allied National

DPC 101: Ready...Set...Go! How To Start Your Own DPC Practice in 60 Minutes or Less

1:00–2:00 p.m.

General Session Room / Arlington A

- Understand the basics of the three most common 'DPC' business models
- Formulate the outline for a start-up business plan
- Have a basics understanding of the economics of a small business practice
- Construct a timeline for their own DPC 'start up'

Julie Gunther, sparkMD

Adding Another Provider or Location While Minimizing Risk

1:00–2:00 p.m.

General Session Room / Arlington B

- Gain an understanding of how to add an employed physician or other provider in your DPC Clinic while minimizing your financial risks
- Comprehend the challenges and advantages of recruiting a new DPC provider for your practice
- Learn about different compensation models for adding DPC providers that will avoid you going into debt

Josh Umbehr, MD, Atlas MD

Session Information

DPC 101: Real Doctors, Real Topics in DPC Start Up

2:00–3:00 p.m.

General Session Room / Arlington A

1. From Plans to Buildings: Office Design to DPC

Ryan Kauffman, MD, FAAFP,

Hickory Medical Direct Primary Care

- Understand the unique needs and priorities of direct primary care and how it affects office design.

2. Negotiating EVERYTHING to protect and grow your DPC practice

Vance Lassey, MD, FAAFP,

Holton Direct Care

- Access different negotiation techniques and skills to bargain successfully to provide low cost ancillary services for patients.

3. Starting and managing a medication dispensing program

Luke Van Kirk, DO, Command

Family Medicine

- Explain the resources needed to dispense and order medications

4. Self-care and sustainability: Expectation setting to grow the practice you love

Delicia M. Haynes, MD

- Utilize best practices on avoiding burn out, setting boundaries and ensuring self-care in modern medical practice

Expanding Through the Network Model

2:00–3:00 p.m.

General Session Room / Arlington B

- Understand how to be part of a regional or national network to expand your vision beyond your primary clinic
- Comprehend how you can retain your independence and control over your practice while utilizing best practices and sharing resources with other DPC practices
- Learn how to minimize your risk and maximize your marketing by taking advantage of the marketing and employer recognition of DPC Networks

*Brian Forrest, MD, Access
Healthcare Direct*

DPC: Pearls of the First Year of Practice

3:00–4:00 p.m.

General Session Room / Arlington A

- Understand the common concerns and fears shared by primary care physicians first exploring the DPC model and the potential remedies for those concerns.
- Evaluate the various methods and processes that DPC practices have established to engage patients in their community.

*Julie Gunther, MD (moderator),
Ryan Kauffman, MD,
Delicia M. Haynes, MD,
Luke Van Kirk, DO and
Staci Benson, DO*

Expert Panel: Growth and Implementation

3:00–4:00 p.m.

General Session Room / Arlington B

- Identify and implement established best practices in growing and maintaining a successful DPC practice.
- Draw upon the past experiences of earlier DPC pioneers for successful DPC business strategies.

W. Ryan Neuhofer, DO (Moderator)

*Brian Forrest, MD, Access Healthcare
and Josh Umbehr, MD, AtlasMD*

Best Practices: An Expert Panel Q&A

4:15–5:15 p.m.

General Session Room / Arlington A/B

Background: This session will be structured by the faculty team around key questions posed by participants throughout the course of the day's educational activities. The questions and their answers will help provide a simplified framework for how you can begin adopting the DPC in their practices and best practices in establishing a DPC practice.

At the end of this session, participants will be able to:

- Directly evaluate opportunities to champion the DPC model in their communities and nationally.
- Identify and speak on the collective experience of primary care physicians that is providing groundwork for the rapid growth of the DPC model.

- Understand the common concerns and fears shared by primary care physicians exploring the DPC model and the potential remedies for those concerns.

Facilitated by Larry Bauer with various presenters

Saturday, June 17

DPC from a Legislators Perspective

8:00–8:30 a.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Summarize the issues surrounding state insurance regulation for DPC practices
- Discuss the impact of piloting DPC within a state Medicaid program for vulnerable patient populations
- Recognize the prospective impact of the DPC model in healthcare reform moving forward

Faculty: Patrick Colbeck, Michigan State Senator (R-7)

Session Information

State and Federal Policy Update

8:30–9:00 a.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Describe recent federal and statewide 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 and
Jay Keese, DPC Coalition*

Healthy Employees + Happy Physicians = Direct Primary Care

9:00–10:00 a.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Discuss developing working relationships between DPC businesses and health insurance brokers
- How to target employers (Private, Municipalities, School Districts)
- Discuss retention of an employer once they've enrolled in DPC

Clint R. Flanagan, MD, Nextera Healthcare

Challenges and Rewards of DPC in Rural and Diverse Communities

10:15–11:00 a.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Learn practical methods for initiating a DPC with limited resources
- Engaging a rural community in alternative health care delivery models
- Explaining DPC to those at several socioeconomic levels
- Targeting and attracting specific patient populations in surrounding communities

*Landon Roussel, MD, MBE and
Jacqueline D. Harris, MD, MPH,
Cross Care Direct Family Medicine*

Going on the Legal Offensive

11:00 a.m.–12:00 p.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Identify how to invalidate a non-compete clause using state precedent and CPOM laws
- Explore leveraging “Out of Network” status when fighting HMOs and prior authorizations
- Review how to speak with hospitals to obtain cash pricing and generate moonlighting opportunities

Philip Eskew, DO, JD, MBA

DPC Practices: Formation Options & Compliance Solutions

1:00–1:45 p.m.

General Session Room / Arlington A

At the end of this session, participants will be able to:

- Analyze alternatives/options that private direct practices have regarding plan integration versus out-of-network/opted out of Medicare, and provide guidance how on best to weigh those alternatives.
- Overview the federal (and typically also state) laws that generally protect privacy, and specifically apply to health information privacy, and explain why engaging in solid HIPAA compliance remains both responsible and necessary.
- Describe the current shifts in US healthcare regulation, and provide insight into anticipated future regulatory changes based on the current political climate and how those changes may impact/help DPC practices.

James “Jim” Eischen Jr., Esq., McGlinchey Stafford

Large Employer Hurdles

1:00–1:45 p.m.

General Session Room / Arlington B

At the end of this session, participants will be able to:

- Discuss key differences in the categories of employers (cohorted by size)

- Explain relationships between brokers, third party administrators and other decision makers
- Recognize the challenges associated with gathering “big data” for TPAs and brokers without compromising the DPC model
- Develop strategies to common requests made by human resources departments
- Identify implications of ERISA, CPOM, and Fee Splitting laws

Philip Eskew, DO, JD, MBA and John Collier, Proactive MD

The FUD of OMT in DPC

1:45–2:30 p.m.

General Session Room / Arlington A

At the end of this session, participants will be able to:

- Recognize (and conquer) the fear, uncertainty and doubt of incorporating Osteopathic Manipulative Treatment in the Direct Primary Care model.
- Develop a collaborative and patient-focused model to prevent and forego overutilization of osteopathic services.
- Implement patient-focused tools and adjunctive treatment modalities to enhance the patient experience while preventing overutilization.

Leigh “Jack” Forbush, DO, Osteopathic Center for Family Medicine

Session Information

DPC: The Hospital Is Not the Enemy

1:45–2:30 p.m.

General Session Room / Arlington B

At the end of this session, participants will be able to:

- Discuss how to develop a mutually beneficial relationship with your supporting hospital/institution
- Explore how to utilize the benefits of hospital/institution ties in the community to spread the word about and recruit businesses to your DPC practice
- Recognize the benefits of GPO pricing for supplies

Meghan Gannon, MD, MRMG All Access Medicine

It's Not Just Child's Play — Adapting the Direct Primary Care Model to Pediatrics

2:30–3:15 p.m.

General Session Room / Arlington A

At the end of this session, participants will be able to:

- Describe how the Direct Primary Care (DPC) model is uniquely suited for Pediatrics
- Identify challenges to adapting the DPC model to Pediatrics
- Develop strategies to address the challenges to adaptation of DPC to Pediatrics

J Bryan Hill, MD, PhD, Gold Standard Pediatrics, LLC

Straight Outta Residency — How We Did It

2:30–3:15 p.m.

General Session Room / Arlington B

At the end of this session, participants will be able to:

- Analyze common concerns and fears shared by medical students and resident exploring the DPC model.
- Discuss key methods needed to plan and implement a low-overhead DPC practice.
- Identify the steps medical students and residents can take while in training to prepare for a DPC style practice

*Larry Bauer, FMEC (Moderator),
Landon Roussel, MD, MBE and
Luke Van Kirk, DO, Command Family Medicine*

Closing Town Hall

3:30–4:00 p.m.

General Session Room / Arlington A/B

At the end of this session, participants will be able to:

- Directly evaluate opportunities to champion the DPC model in their communities and nationally.
- Identify and speak on the collective experience of primary care physicians that is providing groundwork for the rapid growth of the DPC model.
- Understand the common concerns and fears shared by primary care physicians exploring the DPC model and the potential remedies for those concerns.

Facilitated by Larry Bauer with various presenters



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NATIONAL RURAL
ACCOUNTABLE CARE CONSORTIUM
A 501(C)(3) ORGANIZATION

ACOFP members are invited to join a federally-funded Practice Transformation Network supported by the National Rural Accountable Care Consortium.

- Available to solo and small practices
- Meet with trained practice consultants to best understand how to transform your practice to meet CMS and payer challenges
- Learn how to maximize care coordination to reduce costs and improve quality
- Help prevent payment penalties and better understand Quality Payment requirements
- Use population health to improve quality of care and gain incentives
- Improve patient satisfaction



GLORIFY

God with your health care.

Samaritan Ministries members share directly in one another's medical needs without using health insurance. Our community promotes life by not supporting abortion or other unbiblical practices.

Chad & Destiny

"My husband and I look forward to sending our share each month because we know it's going to directly help a family or individual during a difficult time in their lives."

Medical Needs



\$23 million+
shared monthly

Participating



68,000+ families
225,000+ individuals

Monthly Cost



Has never exceeded
\$495 for a family
of any size

[As of March 2017]



Biblical community
applied to health care

samaritanministries.org



888.268.4377



[samaritanmin](https://twitter.com/samaritanmin)



[samaritanministries](https://facebook.com/samaritanministries)



Faculty

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pjcolbeck@comcast.net

John Collier
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jcollier@proactive-md.com

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