DPC, Keys to Success, and 18 Years of Lessons Learned

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Participate in polling questions and submit your questions to https://aafp4.cnf.io/
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Learning Objectives

By 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 successfully transitioning or starting a DPC practice
• Gain an appreciation of high value care for patients
Key #1 Proper Infrastructure

• EMR that works for documentation and patient engagement-
• Membership Management platform that is reliable and can provide data on utilization, attribution, and employees (only if you want to—but some employers will want some aggregate data)
• Telehealth/ Patient engagement tool that allows secure texting, email, or video visits
Key #2 100% Collections

• 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
The Patient Experience is Crucial

• Exceed their expectations and focus on them

• Word of Mouth—“Best Medical Experience Ever”

Durham Bulls?

• Use time not spent on billing tasks to improve Patient Engagement
Low Overhead

• 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
Show Value

• 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
Help Patients Lower out of Pocket Costs

- Meds
- Specialists
- Procedures
- outside/specialty labs
Transition Checklist

- Branding/Location 6 months
- Pricing/Announce to current patients 3 months
- Opt out of Medicare 1-3 months (on quarter)
- Notify current insurers/employers 90-180 days
- Inform Community, Load patient demographics MMS 1 month
- Purchase equipt/lab contracts/EHR setup and training 3 weeks
- Phone system/Hire and train staff- 2 weeks out
Cost Effective Marketing

- Word of Mouth reigns supreme - simple elevator message
- Paid marketing needs to be focused and limited to high yield methods (post cards, talk radio, social media boosts)
- Have one page of talking points memorized
- Earned media
- Encourage your patients to let their friends and family know about what you are doing
- Website/SEO
- Have a regular social media presence - covered well today
Be Flexible and Nimble

- Prices can change to suit the market
- Adjust policies to meet patient needs
- Look to update and improve each year
Work with Small Business/Employers

• Although talked about a lot in the DPC world only represents about 10% max of all patients
• Having all patients with one employer can back fire-diversify
• Can boost patient panel in chunks to get to break even or profitability faster
• DO NOT talk to HR people- focus on managers or owners at restaurants and CFOs at medium size businesses (over 200)
• Explain advantages and keep very simple
• Offer 10% off your regular membership price if at least 10 employees
• Work with networks like ours to help funnel national employers to find you
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)
Get Help from Good Sources

• Seek out from practicing DPC docs- the more experience the better
• Avoid non-provider consultants
• Use websites and apps like the DPC Frontier, Access Healthcare Direct, or DPCMH.org
Questions?

Submit your questions to: [aafp4.cnf.io](http://aafp4.cnf.io)

Don’t forget to evaluate this session!

Contact Information

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Chronic Disease Management

Comparative Control Rates vs DPC Control Rates (%)

[Diagram showing bar chart comparing chronic disease control rates]
Higher Emotional Exhaustion and Depersonalization contribute to burnout, while higher Personal Accomplishment reduces burnout.

Burnout is a chronic state of being out of sync at work and it can be a significant problem in your life.

- Burnout is lost energy, lost enthusiasm, and lost confidence.

Total n=3,137