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

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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 equpt/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

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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

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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

Don’t forget to evaluate this session!

Contact Information

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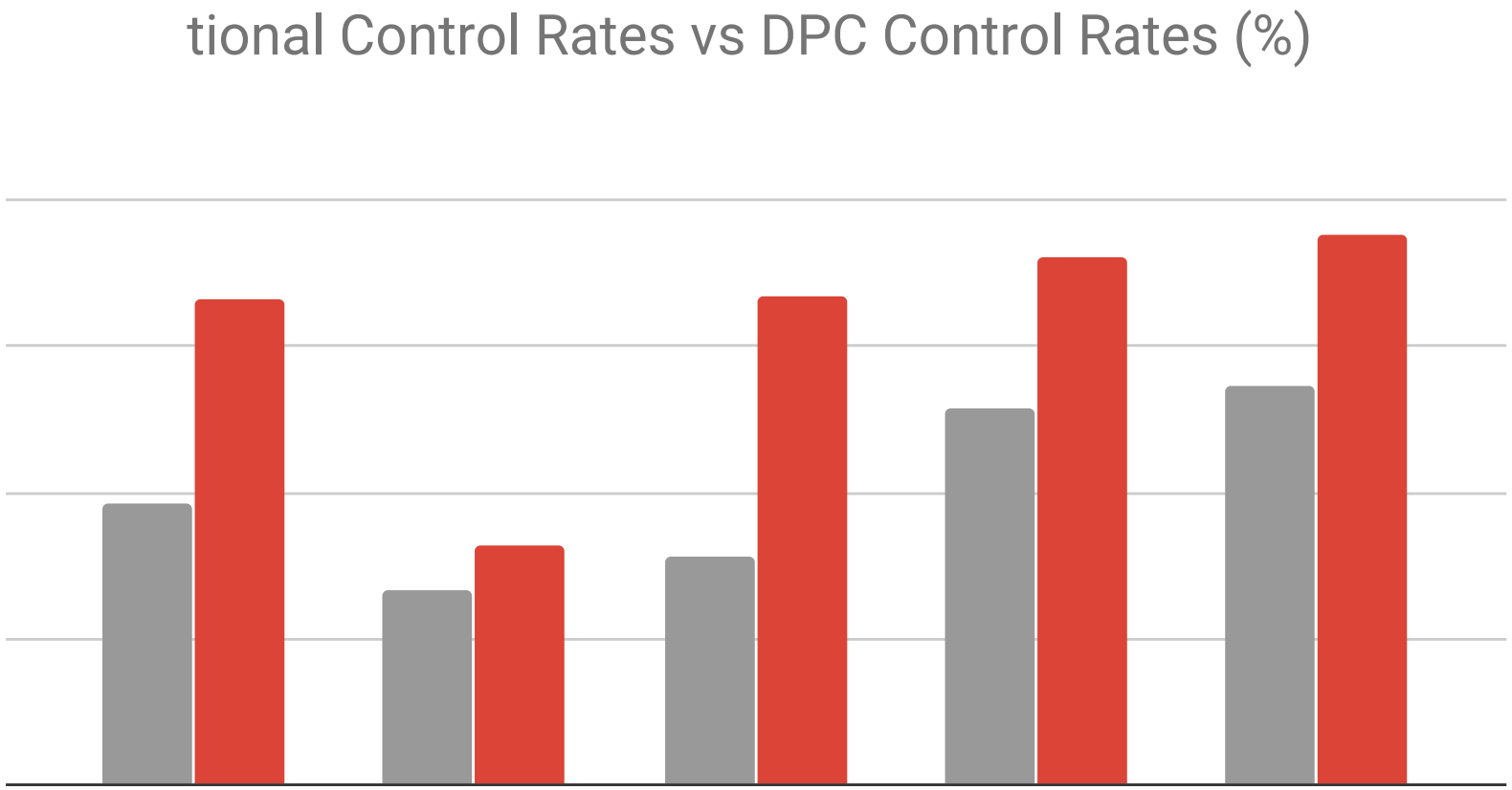
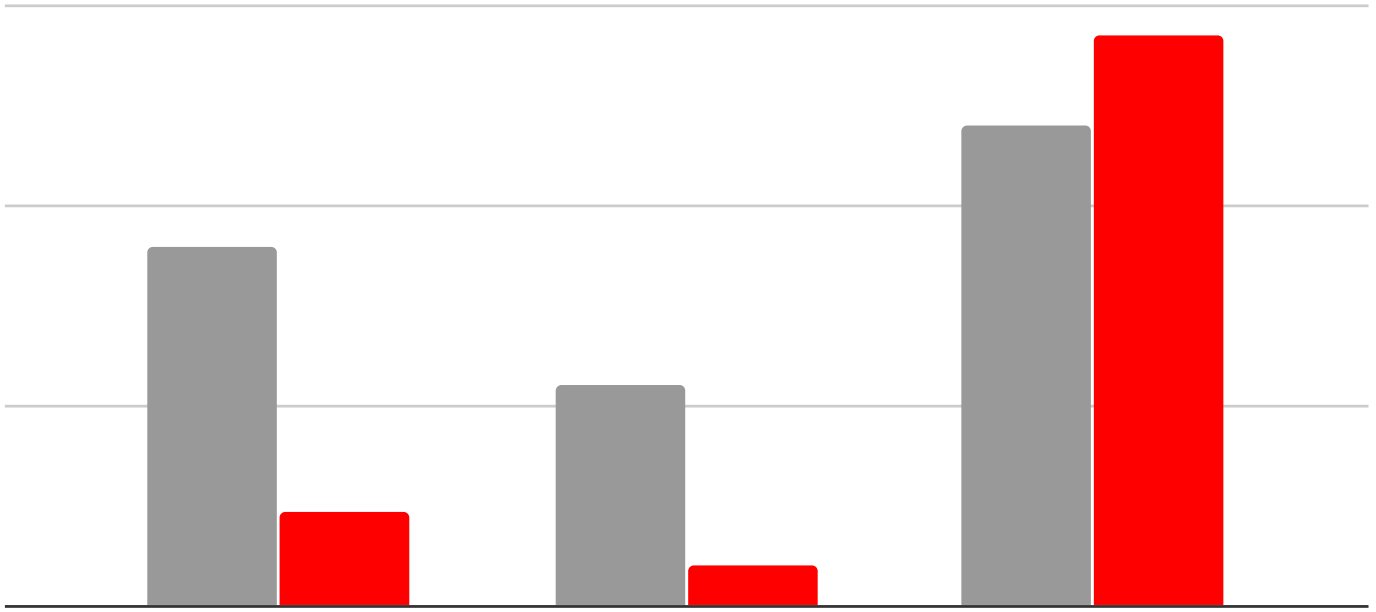
[Chronic Disease Management]



[Provider Burnout: AAFP VS. Direct Primary Care]



Total n=3,137

- 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.