

An Intro to DPC (That Happens to be Given by a Resident)

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Participate in polling questions and submit your questions to <https://aafp4.cnf.io/>



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Learning Objectives

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.

Major Issues



Patient

Cost
Access



Physician

Burnout

Current Model v DPC



Patient



Insurance



Physician

Current Model v DPC



Patient



Physician



How would you describe Primary Care?

- a) High Cost, High Use
- b) High Cost, Low Use
- c) Low Cost, High Use
- d) Low Cost, Low Use

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What is the main role of insurance?

- a) Decision Maker
- b) Risk Mitigation
- c) Form of Payment (like a Credit Card)
- d) All of the Above

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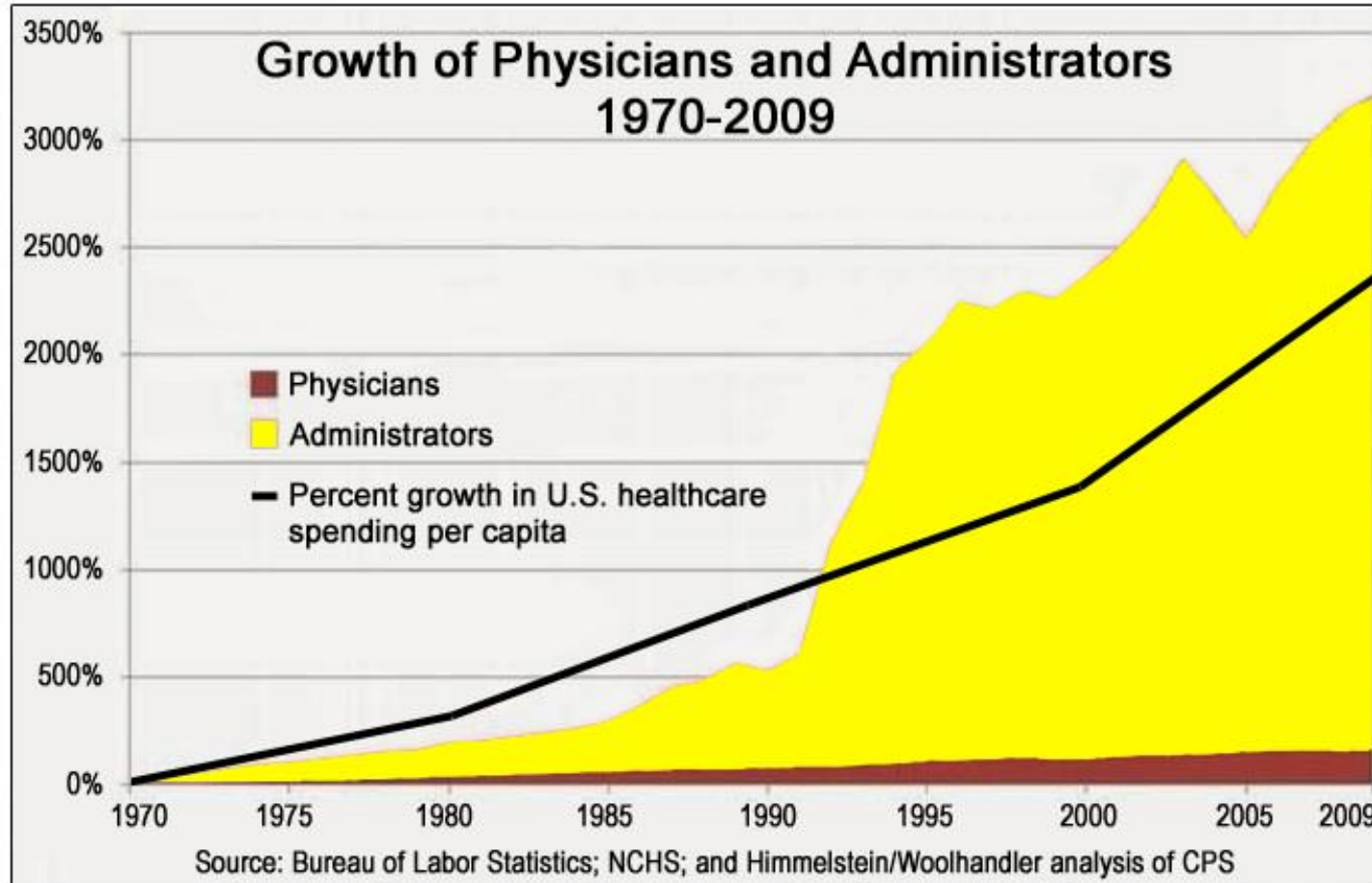


Insurance and Primary Care

Primary Care
Low Cost, High Use

Hospitalization
High Cost, Low Use

Insurance
Risk Mitigation



* 2300% increase in U.S. healthcare spending per capita between 1970-2009 (Source: Health Care Costs: A Primer, The Henry J. Kaiser Family Foundation)



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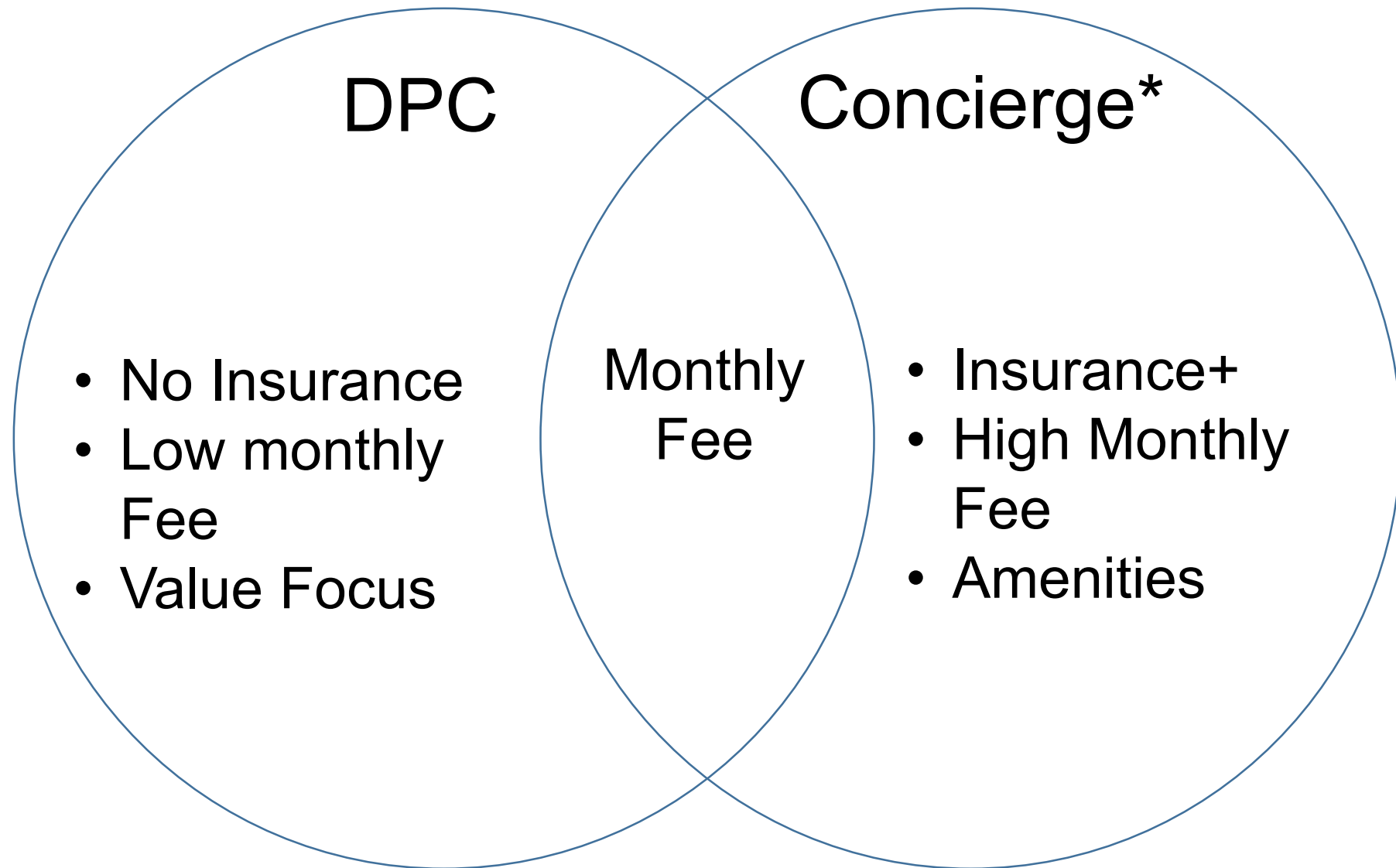
DPC Fast Facts

- No insurance
 - No CPT/RVUs
 - Medicare opt out
- Subscription Based
 - National Avg ~\$70/month
- 600-800 patient panel
 - Traditional 1500-2500
- Longer visits
 - 30-45 min not uncommon
 - Ease of access
 - No wait time
- Cheaper meds/labs
 - Cash price negotiated
- Improved collections
 - 99% vs 65%



Common Misconceptions

- **DPC = Concierge**
- DPC = Capitation
- DPC hurts the poor

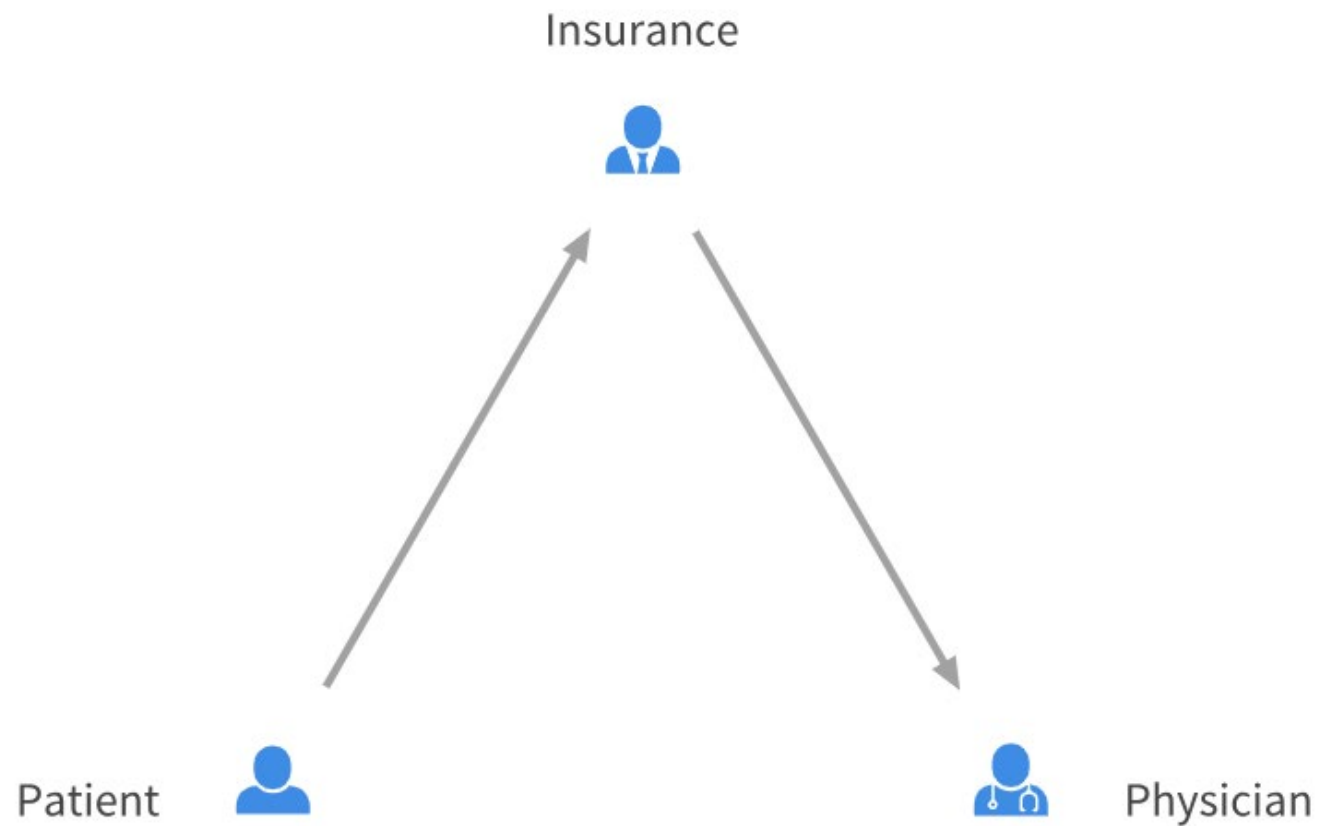


Common Misconceptions

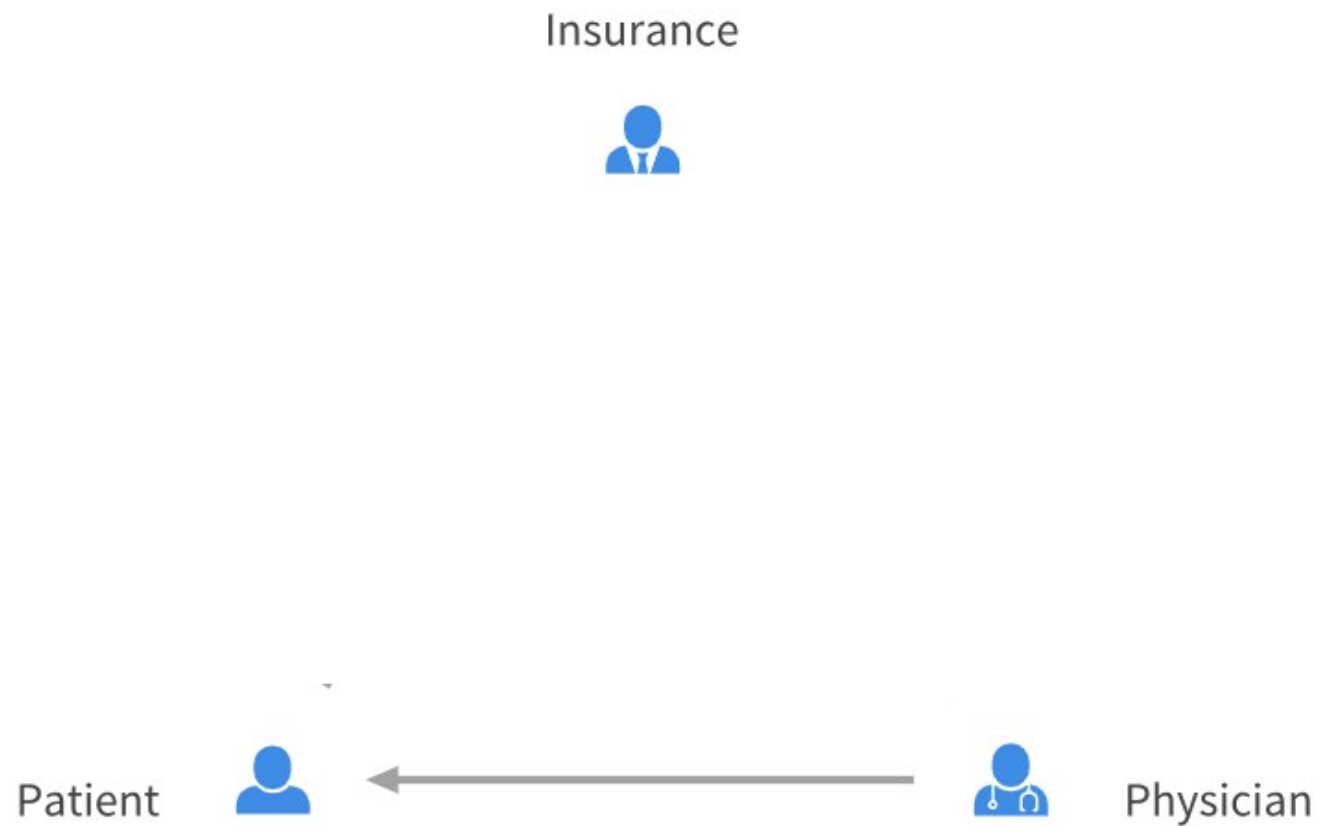
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Capitation



DPC



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DPC and the Poor



Questions?

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Don't forget to evaluate
this session!

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