DIRECT PRIMARY CARE Summit 2018

Deliver Exceptional Care. On Your Terms.
DPC CHANGED THE RULES!
RECLAIM FULL-SCOPE PRACTICE!

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Learning Objectives

• Define opportunities to expand the scope of DPC practice in both outpatient and inpatient settings

• Identify the added value of expanding your scope of practice

• Identify resources to help DPC physicians learn and perfect skills to achieve scope expansion.
Please visit aafp3.cnf.io and as we go, submit your questions. Audience members can upvote and downvote questions and we’ll tackle the most requested questions at the end. This is your chance to heckle us or actually ask us something you want to learn.

Either way, you win!
AES Question

aafp3.cnf.io
WHO ARE YOU
GETTING TO KNOW OUR AUDIENCE

Prepare for rapid-fire audience participation
Do you practice DPC?

a) Yes

b) No, and I won’t. I think I’m at the wrong conference.

c) Can’t wait to start (Planning DPC)

d) I’m mad as hell, and I can’t take it anymore (“DPC-Curious”)

e) I’m not even a doctor, I just came here for the food and so I could meet all these amazing, smiling people, especially Drs. Tomsen and Lassey, and so I could hear this talk.
WHO WE ARE  GETTING TO KNOW YOUR PRESENTERS

Nicholas Tomsen, MD

WWW.ANTIOCHMED.COM
DR. TOMSEN  THREE THINGS YOU DIDN’T KNOW

• Takes efficiency and common sense very seriously
  • Legally shortened name from Thompsen in favor of phonetic spelling and to eliminate “stupid, time consuming silent letters”
  • Stopped shaving and still wears glasses he bought in the 1950s
• Attaches JAMA covers to MAD magazines and comic books to get away with reading them at work
• Moonlights as a Lucha Libre Wrestler for exercise, and enjoys the anonymity the mask provides.
• Heavily tattooed.
WHO WE ARE

GETTING TO KNOW YOUR PRESENTERS

WWW.HOLTONDIRECTCARE.COM
DR. LASSEY  THREE THINGS YOU DIDN’T KNOW

• He hasn’t always been sasquatch-sized
  • But currently takes full advantage, applying Vance-a-nomics negotiating strategies
• He wears fur-lined coats at every chance
  • Claims it for his “sensory processing disorder” treatment
  • We know who he takes his fashion advice from
• Diet Mountain Dew is always an appropriate bargaining tool
Broadening your OUTPATIENT scope
AES Question
aafp3.cnf.io
Regarding Outpatient Care (“OP”):

I am:

a) DPC Doc and have a very broad scope of OP care already
b) DPC Doc and am open to broadening my scope of OP care
c) Planning DPC with a wide OP spectrum of care
d) Planning DPC and want to learn how to broaden my scope of practice
e) Planning DPC, but don’t mind a watered down practice, and I embrace the term “Provider”
OUTPATIENT  WHY BROADEN YOUR OUTPATIENT SCOPE?

• It’s the right thing to do
• Adds value
• If you want something done right...*do it yourself.*
• Referrals and Retention
• Job satisfaction, lifelong learning
• Potential Additional Revenue
Accidental GSW to the Hand

*Images used with patient permission
Hand Wound - Day 4
Hand Wound - Day 10
Hand Wound - Day 14
Hand Wound - Day 20
Hand Wound - Day 28
Hand Wound - Day 35
Hand Wound - Current

Patient Recruitment & Retention
OUTPATIENT  HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

Procedures
• Joint Injections
• Lesion removal/biopsy
• Cryotherapy
• Vasectomy
• Hemorrhoid excision
• Cosmetic Procedures
• Casting
• Abscess I&D
• Minor surgery

Office Services
• OMT
• Immigration Physicals
• DOT Physicals
• Stress Testing/V02 Testing
• Migraine Treatment
• Bone Density Testing
• Body Composition Analysis
• Travel Medicine
• Non-member services

Submit questions to: aafp3.cnf.io
OUTPATIENT HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

Consulting
- 2nd opinions
- Interpreting outside medical reports from medical jargon to English
- Sleep Medicine - CPAP

Counseling
- Therapy / Counseling
- Marriage Counseling
- Family Counseling
- Dietary/Exercise Counseling
- Sex Counseling
- Sleep Hygiene

Submit questions to: aafp3.cnf.io
OUTPATIENT
HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

• **JUST DO IT.**
  • Mentoring/Proctoring
  • RubiconMD
  • YouTube / Vimeo etc Videos
Needle Fasciotomy / Needle Aponeurotomy for Dupuytren's Contracture

Needle Fasciotomy is demonstrated by John D. Mahoney, M.D. This technique is a minimally invasive office procedure for Dupuytren's disease. This procedure is performed under local anesthesia in Dr. Mahoney's office. For more information, go to www.DoctorMahoney.com.

DPC Summit
July 13–15, 2018
OUTPATIENT
HOW YOU CAN ADD TO YOUR OUTPATIENT SCOPE

- Procedures for Primary Care: Pfenniger & Fowler
- Fracture Management for Primary Care: Eiff & Hatch
- Social Networking

Submit questions to: aafp3.cnf.io
OUTPATIENT EASY PLACES TO START ADDING VALUE

- Cryotherapy
- $26.89 on Amazon
$4.18 Homemade Shave Biopsy Kit

NEW 5 GERMAN
Excellent
Brand New

$13.94
Was: $14.99
or Best Offer
+$3.47 shipping
168 Sold

Vintage Harvey Model E Dental Autoclave
Pre-Owned

$125.00
or Best Offer
+$50.00 shipping
OUTPATIENT EASY PLACES TO START ADDING VALUE

$7 to $17 Joint Injection kit
$4 Incision and Drainage Kit

10 Pcs Mosquito Hemostat Locking Forceps 5 Curved & 5 Straight Stainless

Brand New

$8.90
or Best Offer
Free Shipping
12 new & refurbished from $8.89
$650-825 Full OSA Diagnosis and treatment

Home Sleep Study: $175 (not always even necessary)

Auto-CPAP and supplies (Cadillac): $650  (Used): $20
Adding INPATIENT Care
AES Question

aafp3.cnf.io
Regarding Inpatient Care ("IP"):

I am:

a) DPC and I do IP
b) DPC, and don’t do IP and don’t want to
c) DPC, I want to do IP but there are obstacles in my way
d) Not DPC but will do IP care if at all possible
e) Not DPC but don’t want to do IP after I start
DPC Inpatient Care vs Hospitalists (OPINION SURVEY):

A: DPC Docs can do IP better than hospitalists because of time availability and increased continuity.

B: Hospitalists can do IP better than DPC docs because they do it all day long for a living, which I believe somehow compensates for crappy continuity.
INPATIENT  WHY BROADEN YOUR INPATIENT SCOPE

OWNING OUR BIAS

• **Value**
• You know your patient better than the hospitalist
• Coordination of care and continuity to outpatient setting
• The hospitalists aren’t the only ones with UpToDate
• Doing social rounds? Why not just manage?
  • Your patients will be texting/calling you from the hospital anyway!

Submit questions to: aafp3.cnf.io
INPATIENT BARRIERS AND DIFFICULTIES

• Hospital Privileges
  • Easiest to maintain current privileges or obtain out of residency
  • May require board certification
  • Occasional turf battles
  • Administrators who don’t understand Medicare Opt In/Out
  • May require Med-Staff meetings and/or EMR training/use

• Malpractice Insurance
• Insurance Contracts
INPATIENT  HOW TO GET YOUR FOOT IN THE DOOR

- Just Do It (apply for privileges & take care of your patients)
- Moonlight, cover ER shifts
- Cover for other DPC docs in your area
- Residency Teaching and Coverage
- Peer Review
OBSTETRICS WHY BROADEN YOUR OBSTETRIC SCOPE

• Huge value to young/healthy families
• Pregnant patient will ask questions anyway
  • You are more accessible than the OB
• Exhilarating and Challenging
• You are a FAMILY DOCTOR and FAMILIES have BABIES
• Babies on Facebook are the best marketing there is
OBSTETRICS CHALLENGES

- Privileges and Turf Battles
- Malpractice Insurance
- Maintaining Skills
- Numbers
OBSTETRICS IMPLEMENTING OB CARE

- Need Privileges, Malpractice - Ideally Inpatient Cash Pricing
- Look for niche communities to market
  - Cost sharing ministries
  - Mom groups
  - Uninsured patients
- Sell accessibility and continuity
  - It may be more expensive with you, especially with deductible <$3-4k
- Find partners that will bill insurance for ancillary services
  - Labs, ultrasounds, PAPs, etc
Questions?

Submit questions to: aafp3.cnf.io

Don’t forget to evaluate this session, and tell us how amazing it was!

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JUST DO IT.