DIRECT PRIMARY CARE Summit 2018

Deliver Exceptional Care. On Your Terms.
Lines in the Sand: Boundaries & Sustainable DPC

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Submit your questions to: aafp3.cnf.io
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Learning Objectives

• Create boundaries prior to opening a DPC practice to pave a path for a sustainable practice.

• Modify their business model after opening to correct for unanticipated lifestyle challenges inherent to DPC.

• Compare and contrast challenges of DPC practices through an open-forum discussion.
AGENDA

Boundaries

Traditional Boundaries in Healthcare

The SPACE in DPC

Contract

Structure

Sample Structure

80/20 Rule

DPC Boundary Themes

Questions
Boundaries

“Healthy boundaries are a crucial component of self-care in all aspects of our lives. For example, ‘in work or in our personal relationships, poor boundaries lead to resentment, anger, and burnout’ (Nelson, 2016). . . a clear place where you begin and the other person ends”
Traditional Boundary Challenges in Healthcare

1. Over-Familiarity
   - Patients have your cell phone?
   - After hours availability
   - First-name basis
   - Home, T-ball, Daycare Visits?

2. Business Relationships
   - Trading care for Advertising, Car repair, a real estate lease...

3. Gift giving & accepting
   - Flowers, cookies, cards, blue jeans?

4. Treating friends, Staff &/or Family
   - Caring for your accountant, real estate agent, mentor, lawyer etc??
Direct Primary Care is a *business* model. There are inherent ‘violations’ to traditionally held boundaries, but the SPACE between patient and physician remains. This space must be clearly outlined for patient, physician and practice well-being.
The SPACE in DPC: what are you offering?
Patient Contract

Legally defines your services and the limits of the care you can and will provide.

A contract with your patient is a MUST.

Consider also having a welcome to the practice letter.
Practice Structure

Plan your day, even in the beginning

**Structure = Sustainability**
Everything all at once works when you’re small
Registration Fee
Watch out for same day new patients

Establish a daily workflow.
Set aside time to work ON your business.
Decide practice rules on late patients, walk ins, multiple cancellations & after-hours communication
A Day/Week in DPC: Example

7:30-8:30: Labs, Imaging, route work to MA's for day

8:30-8:45 “SCRUM”

8:45: am lab draws start

9:00-1pm: patient care time

1:00-2:00 Lunch
(review labs/messages again)

2:00-5:00 Patient Care
(review labs/messages again)
PARETO'S PRINCIPLE

Expand your business with the 80/20 rule

Effort

Result

80% 20%

80%

Important Not important
DPC & Boundaries: Themes

The “I have to pay even when I don’t come in?” patient
Your patient contract should solve this problem. A registration fee helps tremendously to establish that patients pay you directly for what you do.

The “I’m paying so I am going to utilize you for e.v.e.r.y.t.h.i.n.g” patient
Entitlement to YOU can be a problem in DPC. Be very clear what you are selling.

The “just real quick” patient
DPC patients can feel like they are your ONLY patient. Be wary of enabling this feeling. Overtime
DPC & Boundaries: Themes

The “You didn’t tell me…”
Have a narcotic contract if you prescribe narcotics, stick to it like GLUE. Be VERY wary of borderline behavior- the patient has the disease NOT you.

The afterhours communicator
Texting & email are E.A.S.Y. Be aware of when YOU choose to text patients. Do not reinforce unnecessary after hours communication. Schedule messages.

The patient “no one” can help
Your happiest patients are your greatest advocates. Be conscientious of what you’re building.
“Daring to set boundaries is about having the courage to love ourselves even when we risk disappointing others.”

~Brene Brown
Questions?

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Don’t forget to evaluate this session!

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