DIRECT PRIMARY CARE Summit

Deliver Exceptional Care. On Your Terms.
Rise UP!
The DPC climb to World Domination
(aka how to expand your DPC practice)

Jeff Davenport MD

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

• Identify and implement established best practices in contracting with other providers.

• Evaluate the feasibility of adding a branch location.

• Describe the various methods and processes that direct primary care practices have established to engage employers in their community.
Who am I?

Jeffrey Davenport MD
OU COM class of 2003
More importantly … class of 1998 Oklahoma State University!
Wesley Family Medicine Residency, Wichita, KS 2006
Practicing in Edmond, OK (hometown) since then
Who am I?

Opened 4/1/2014
First DPC practice in OK
www.onefocusmedical.com
Founding member Direct Primary Care Alliance
Texas OK DPCA FB page
AES Question

aafp3.cnf.io
What is your age?

a) 30s
b) 40s
c) 50s
d) 60s
e) 70s+
Are you practicing in a DPC right now?

a) Yes
b) No
How long have you been practicing DPC?

a) One Year
b) 2 to 3 Years
c) 3 to 5 Years
d) More than 5
Objectives

• Do you want to do this?
• Adding Physicians or other providers
• Recruiting pts, adding businesses
• Opening more offices
• Warts
Do you want to do this (expand)?

• What are your goals?
  • making more money
  • creating a path for other docs
  • making room for more pts

• Are you ready for more headaches?
  • Need more space, more docs/providers/staff
  • More overhead, more administrative burden
Do you want to do this (expand)?

• Are you a physician or administrator?
  • The more you expand the business, the more business admin you will have
  • Unless you hire people or have people to help

• Are you ready for more financial hardship?
  • Need more real estate
  • Gotta pay the docs/providers
  • Find more pts
  • What about investors?
Adding Physicians or Other Providers

Physicians
- Hard for them to cut the cord
- Don’t want to take a paycut
- But they are learning
- Still in the early adopter phase (diffusion of innovation)
- Better trained, but more expensive

ARNP, PA
- Seem to be coming out of the woodwork (go to question)
- Most don’t have the skills that physicians do
- Economically better
- May be more satisfied or used to employment situation
Diffusion of Innovation
How many of you have been approached by PA, ARNP for a job in DPC?

a) Never  
b) Once or twice  
c) Several times  
d) A LOT! (>10x)
How many of you have been approached to teach the DPC model to PAs or ARNPs because they want to open their own DPC clinic?

A. Never
B. Once or twice
C. Several times
D. A LOT! (>10x)
Recruiting Patients

• Anyone ever thought, “I’m going to shoot myself in the face if I hear one more person say, ‘You have such a GREAT concept here. You should be telling people about it.’”

• As great as the concept is, still in the early adoption phase

• I’ve tried it all: print ads, TV shows, radio ads, doctor minute, articles, town hall, rotary club, referral groups, facebook, promotions. Haven’t done tv commercials
Recruiting Patients

• It all works minimally. Word of mouth works BEST. Anything that is free, works 2\textsuperscript{nd} best. Pound the pavement. Speak to EVERYBODY

• Word of Advice: Be an ambassador for DPC. Not just a business owner for “I Need Clients DPC Clinic.” Be an educator

• Bread and Butter is currently in the small business space
Recruiting Patients

• Be aware of PCMO (Primary Care Maintenance Organization). Multiple companies across the country trying to connect DPC docs with large companies

  • Typically will approach you with “we have an xxx employee company right down the road from you!”
  
  • Don’t fall for this. Most at this point are just trying to get DPC docs under contract so they can look like a network
  
  • “…Direct Primary Care model is much more than clinics charging a flat monthly fee.” Neuhofer, DO, DPCA president
  
  • These entities are ultimately adding a layer of management, administration, and expense
Recruiting Patients

• Lots of stuff going on with Medicare, some states with Medicaid, others

• Two MUSTs:
  • 1) we want to be paid directly by patient,
  • 2) we aren’t tracking data

• Be cautious requirements of this type
Recruiting Patients

• Beware of corporatizing companies promising loads of pts
  • Don’t fall for their tricks
  • Don’t sign non-competes
  • LISTEN!
• They need us! We don’t need them
Recruiting pts/adding businesses

• Join marketing networks
• Ads don’t sell businesses on the concept, educating about the concept sells the concept
• Don’t talk to HR. Get in with the ceo, cfo, owner. (sounds easy right?)
• Even if the whole business doesn’t change, maybe DPC could be an option?
Multiple Locations

- Starting your own empire!
- Once again, do you want to do this?
- Why do you want to do this?
- Your company is your people.
Multiple Locations/strategies

- Rent or own?
- Physician Champion at each location (Atlas)
- Hire an office manager?
- Going after self funded plans, small businesses?
- Investors?
Multiple Locations/pros-cons

- Make more money long term
- Open the model up to more people (small businesses, families, etc)
- Open the model up to more physicians
- More delayed gratification
- Significant risk
- Multiple sights begin to look “system like” (some pts are trying to leave the system)
WARTS (eww!)

- I would hire earlier (need more time for admin)
- First hire didn’t work out (bad fit)
WARTS (eww!)

Employing the current doctor:
- Jan - $8,100
- Feb - $5,150
- March - $4,600
- April - $8,000
- May - $6,500

Total: $32,350
WARTS (eww!)

• Just 300 pts from now for her and she will bring in an extra $2860/month=~$34,000/year

• In a practice with 4 docs/3 extenders the money gets nuts.

• Am I in it for the money?
"It is not the critic who counts: not the man who points out how the strong man stumbles or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes up short again and again, because there is no effort without error or shortcoming, but who knows the great enthusiasms, the great devotions, who spends himself for a worthy cause; who, at the best, knows, in the end, the triumph of high achievement, and who, at the worst, if he fails, at least he fails while daring greatly, so that his place shall never be with those cold and timid souls who knew neither victory nor defeat."
Victory!

- DPC will dominate primary care in the future.
- I want to be a part of that future
- Join me in the fight
- Don’t give in, don’t give up, don’t go down!
Go Pokes!
Questions?

Submit your questions to: afford3.cnf.io

Don’t forget to evaluate this session!

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