



# IS DPC REALLY FOR ME?

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AAFP1.CNF.IO

- ▶ Navigate to <https://aafp1.cnf.io/> and tap the session titled "Is DPC Really for Me?"
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Disclosures & Trigger Warning

# Dr. Delicia M.D.

- Founder and CEO Family First Health Center
- Best Selling Author
- Coach  Direct Primary Care PRESCRIPTION FOR SUCCESS
- Creator 

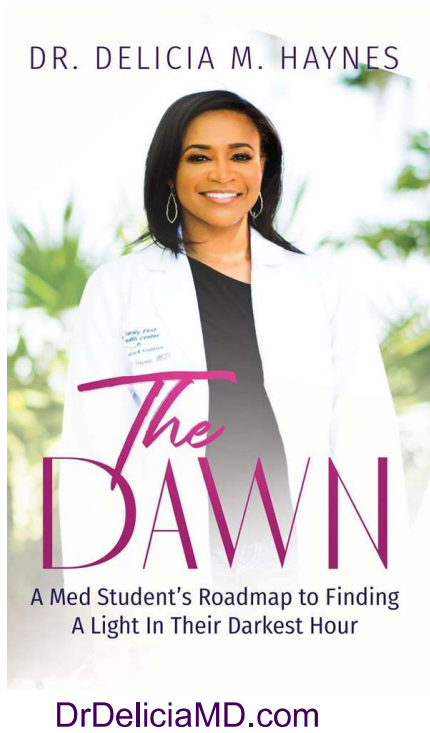




[www.DrDeliciaMD.com](http://www.DrDeliciaMD.com)







## Learning Objectives

1. Evaluate how transitioning to Direct Primary Care (DPC) improves physician mental health and job satisfaction, leading to better patient care and stronger doctor-patient relationships.
2. Assess the benefits and challenges of Direct Primary Care (DPC) compared to traditional practice models, highlighting why more physicians are adopting DPC to enhance patient outcomes and practice sustainability.
3. Implement key strategies from the DPC Summit to expand knowledge, streamline the transition to DPC, and ultimately improve patient care and physician well-being.





## Learning Objectives

- ❑ Analyze the impact of transitioning to Direct Primary Care (DPC) on physician mental health and job satisfaction.
- ❑ Compare the advantages and challenges of Direct Primary Care (DPC) versus traditional practice models, and identify reasons why DPC is gaining popularity among physicians.
- ❑ Apply key strategies for maximizing the benefits of attending the DPC Summit to enhance knowledge and prepare for a successful transition to the DPC model.



## 3 Agreements

- 1. No Judgment**
- 2. No Repercussions**
- 3. Unconditional Respect**



# Delicia "Lisa Lou" Haynes 7th Grade

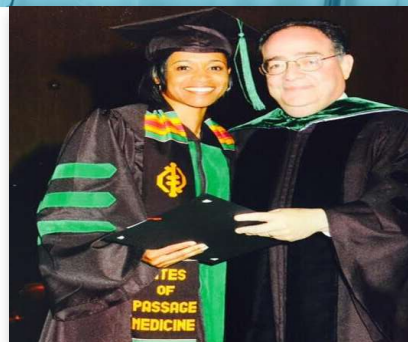
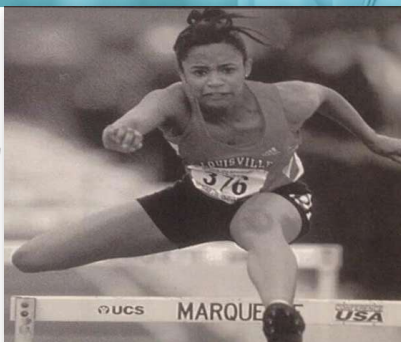


"Stay More Committed to Your Purpose Than Your Plan"

- Lisa Nichols



4 Years



4 Years



3+ Years



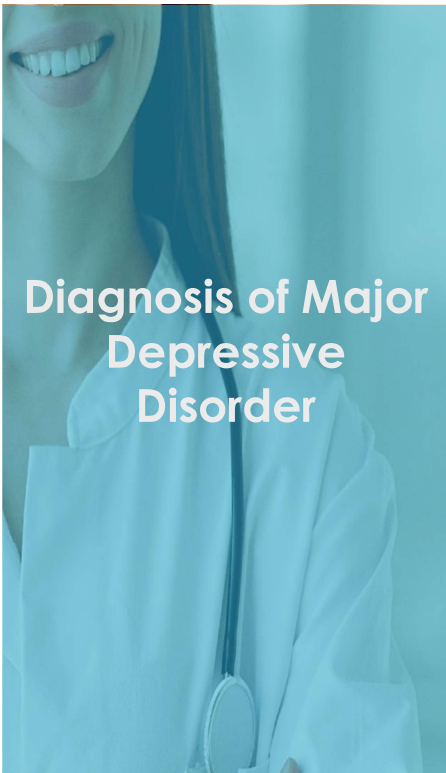


## Depression is a Common Occurrence During Medical Training

❑ The prevalence of depression or depressive symptoms among medical students was **27.2%** and **that of suicidal ideation was 11.1%.**

❑ The percentage of medical students screening positive for depression who sought psychiatric treatment was **15.7%.**

Meta-analysis of 162 studies conducted in 2016



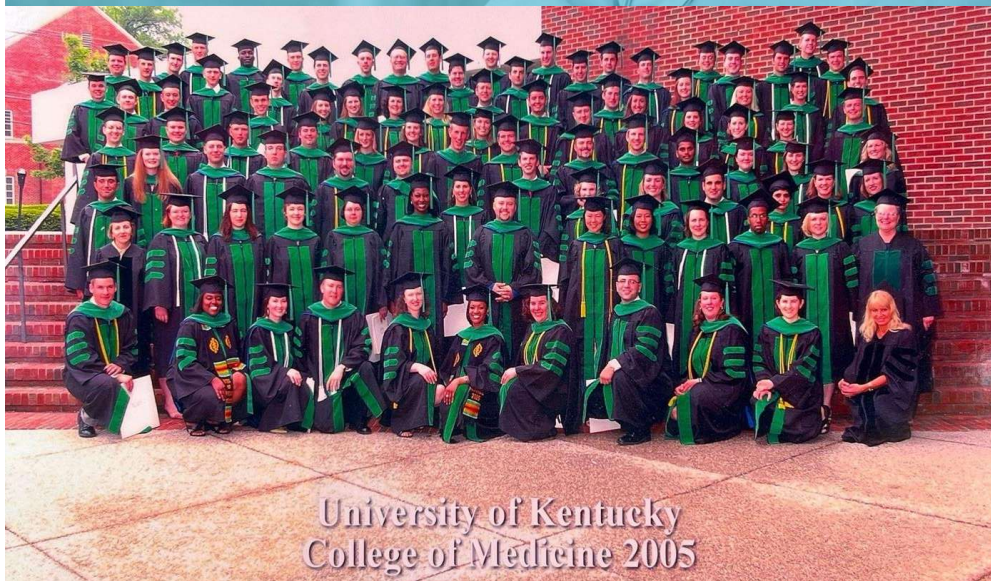
### Diagnosis of Major Depressive Disorder

❑ **5 of the following 9 Symptoms with one being depressed mood or anhedonia for 2 weeks**

- ❑ Depressed mood (frequent crying mood swings)
- ❑ Lack of interest
- ❑ Appetite changes
- ❑ Sleep changes
- ❑ Psychomotor activity
- ❑ Loss of energy, feeling weak
- ❑ Guilt or feeling worthless
- ❑ Poor Concentration
- ❑ Self-harm and suicidal thoughts







**It would take the equivalent of a medical school to replace the number of physicians who die by suicide every year.**



- ❑ Attention to depression and suicide in physicians is long overdue
- ❑ 1858 physicians in England observed that a higher suicide rate exists among physicians than the general population.

Manual of Psychological Medicine, London England: John Churchill; 1858





## Findings

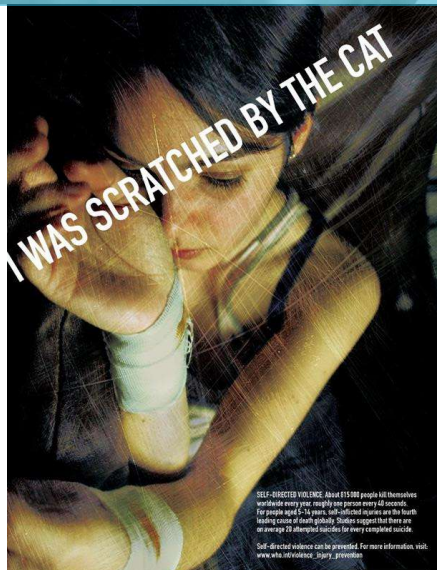
❑ Suicide rate among male doctors is **40%** higher than general population

❑ Rate among female doctors is **130%** higher than women in general.

The combined results of 25 international studies from Schernhammer et al Am J Psychiatry Dec. 2004



## Suicide in Women



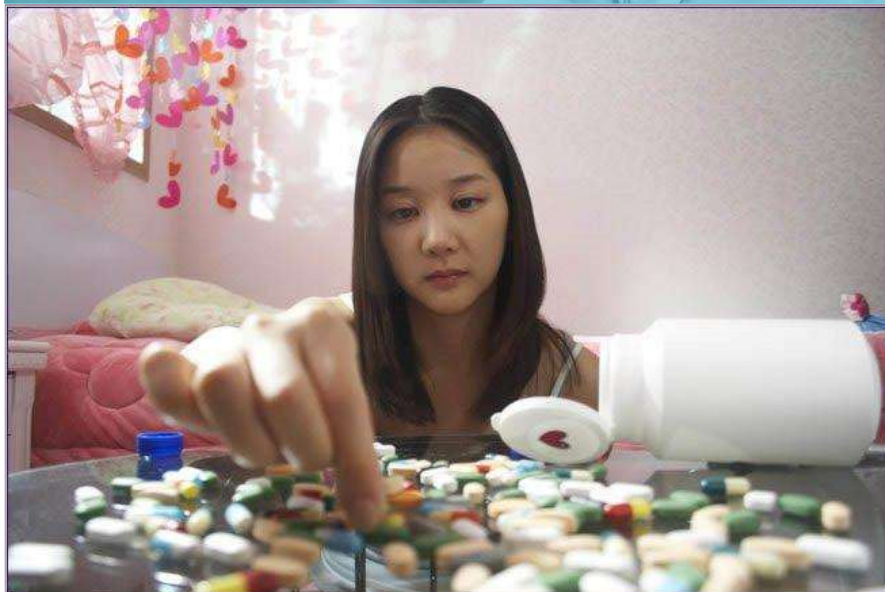
❑ Women attempt suicide more often than men.

❑ In the **general population**, the **male completed suicide rate is 4x female**.

❑ The **rates of suicide for male and female physicians are roughly equal**.







**When a female physician decides to end her life, she is more likely to use more fatal means.**



## Dr. Lorna M. Breen

### ***Top E.R. Doctor Who Treated Virus Patients Dies by Suicide***

"She tried to do her job, and it killed her," said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.



- ❑ Dr. Breen was the medical director leading the emergency department at New York-Presbyterian Allen Hospital.
- ❑ Her father, Dr. Philip Breen, said his daughter was in the trenches of the front line and the onslaught of patients she witnessed dying took a toll on her.
- ❑ Soon after her death, her family established a fund in her honor.
- ❑ In 2022, President Biden signed the Dr. Lorna Breen Healthcare Provider Act (H.R. 1667).





## Definition of the high-risk physician:

- ☐ Depression
- ☐ Problem with alcohol and drugs
- ☐ Access to means
- ☐ Driven
- ☐ Competitive
- ☐ Compulsive, excessive risk taking
- ☐ Individualistic
- ☐ Ambitious
- ☐ Age >45 women, >50 men
- ☐ Graduate of a high-prestige School
- ☐ Non-threatening but annoying physical illness
- ☐ Self-destructive tendency
- ☐ Guilty self-concept
- ☐ Change in status- threat to autonomy, financial stability, etc.

Suicide Among Physicians a Psychological study M. Ross, Dis Nerv Syst 1973 Mar.



## Risk Factors for Suicide

- ☐ **The major risk factors are mental disorders and substance use disorders.**
  - ☐ Most frequently depression (MDD or Bipolar disorder) and/or Alcohol abuse.
  - ☐ More than 90% of those who die by suicide have at least one of these disorders.
- ☐ Correspond to risk factors in general population
  - ☐ Divorced or currently having marital disruption
  - ☐ Widowed
  - ☐ Never married



# Relationships

- ❑ Compulsive personality traits widely heralded as key for professional success may lead to more distant relationships.
- ❑ Divorce rates among physicians 10% to 20% higher than gen. population.
- ❑ Couples including a physician who remain married report more “unhappy” marriages.
- ❑ Physicians become masters of delayed gratification.
  - ❑ Medical students spend years coping with the level of demand medicine requires with the expectation that later they will be rewarded with a happy, more balanced life.



Soile, The Medical Marriage 1996



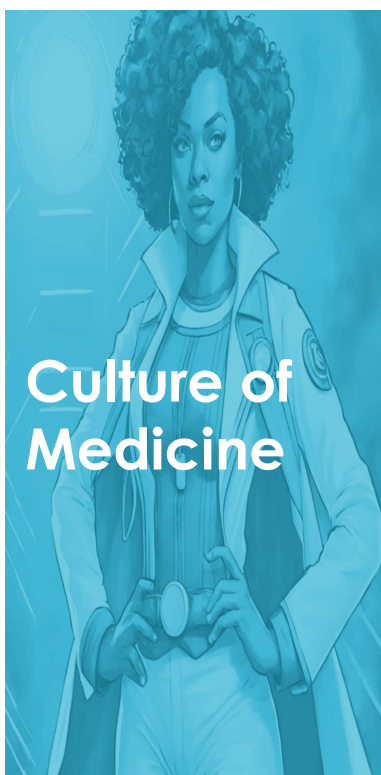
## Erikson's Stages of Psychosocial Development

| Approximate Age     | Psycho Social Crisis        |
|---------------------|-----------------------------|
| Infant - 18 months  | Trust vs. Mistrust          |
| 18 months - 3 years | Autonomy vs. Shame & Doubt  |
| 3 - 5 years         | Initiative vs. Guilt        |
| 5 -13 years         | Industry vs. Inferiority    |
| 13 -21 years        | Identity vs. Role Confusion |
| 21- 39 years        | Intimacy vs. Isolation      |
| 40 - 65 years       | Generativity vs. Stagnation |
| 65 and older        | Ego Integrity vs. Despair   |

(C) The Psychology Notes Headquarter - <http://www.PsychologyNotesHQ.com>



- ☐ Practice settings reward long hours and self-neglect.
- ☐ Physicians in training are pushed to:
  - ☐ Endure chronic sleep deprivation -> cognitive impairment and emotional fragility.
  - ☐ Take on more and more work without complaint
  - ☐ Distance self from patients and compartmentalize feelings
- ☐ Enhances the development of defense mechanisms that make it difficult to ask for help



- ☐ Perfectionism and workaholic standards rule
- ☐ Expectation to be available may lead to sense of obligation that makes it difficult to set appropriate limits without great guilt.
- ☐ Setting time limits is perceived as lacking in professional commitment





## Physician Heal Thyself GET HELP!

### ☐ Barriers in Training:

- ☐ Lack of time 48%
- ☐ Lack of confidentiality 37%
- ☐ Student health plans usually require care in the setting in which they are educated.
- ☐ Stigma 30%
- ☐ Cost 28%
- ☐ Fear of documentation on academic record 24%
- ☐ Fear of unwanted intervention 26%



### V.I.P.

- ☐ Doctors often enjoy special treatment with fellow physicians.
- ☐ Treating physicians may be less aggressive in their treatment.
- ☐ Being a V.I.P. may increase a physician's own sense of shame and stigma.
- ☐ Licensing concerns
- ☐ Confidentiality?



**“As long as you can lose your career by seeking mental health care, there will be physicians who will not seek help until they are forced to by crisis. If we want to support our physicians, we must begin by protecting them and allowing them safe spaces to receive care without retribution or punishment.”**

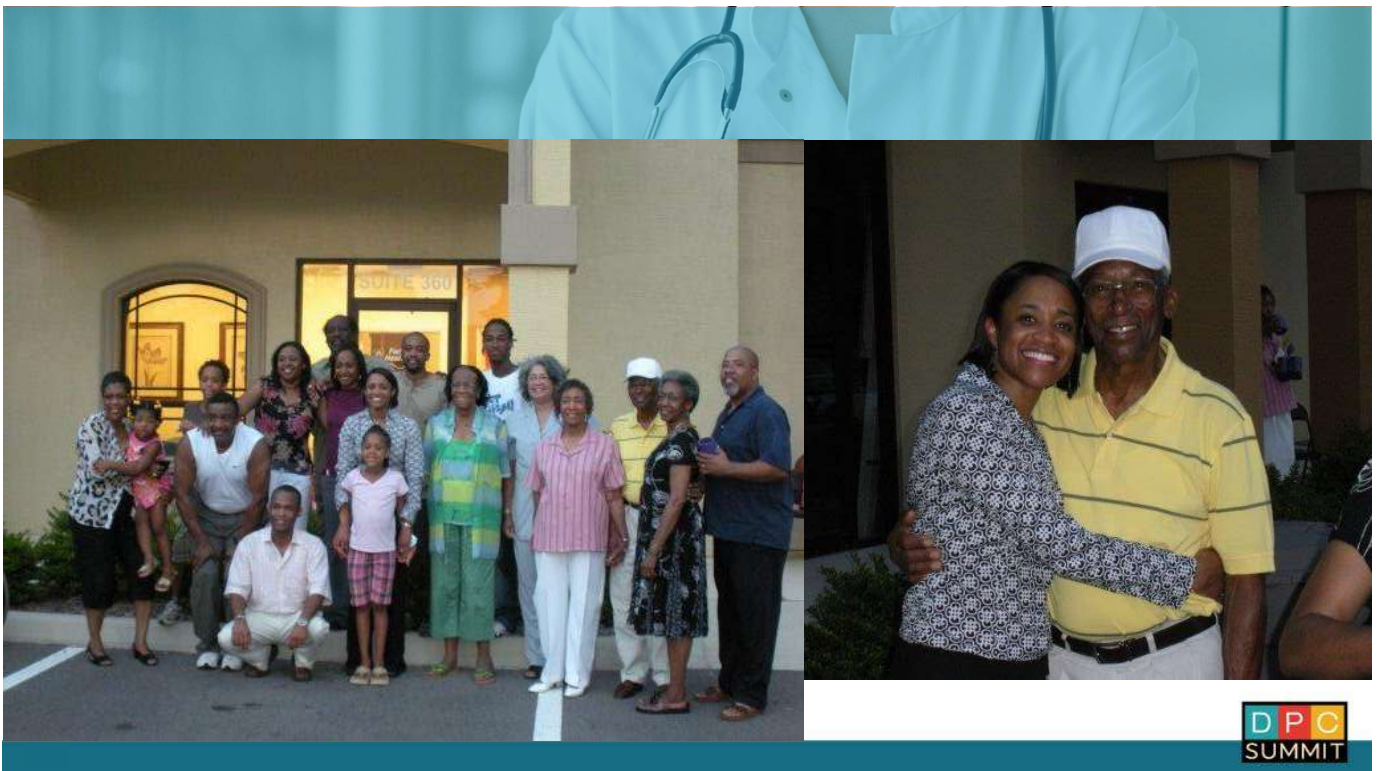
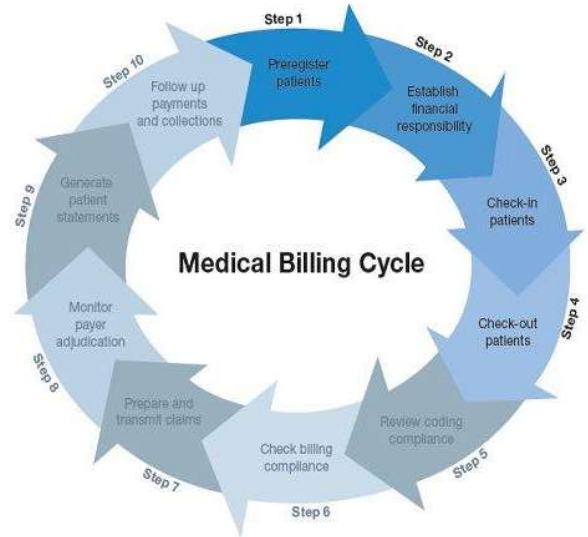
**~ Dr. Margot Savoy, SVP of education,  
American Academy of Family Physicians**

**Physicians Support Line (888) 409-0141**





Cost to Bill Insurance \$471 Billion  
80% considered waste







- ❑ 49% wouldn't recommend a career in medicine to kids.
- ❑ 60% would retire today, if they had the means.
- ❑ 55% report negative morale.
- ❑ 72% paperwork detracts from care.
- ❑ 80% overextended/no capacity.
- ❑ 46% plan to change circumstance.



| Aspects                     | Burnout   | Depression  |
|-----------------------------|---|---|
| <b>Definition:</b>          | A work-related syndrome involving emotional exhaustion, depersonalization, & reduced personal accomplishment. | A clinical mental health disorder with persistent sadness, loss of interest, and impaired daily functioning |
| <b>Primary Cause:</b>       | Chronic workplace stress not successfully managed   | Multifactorial: biological, psychological, social, genetic  |
| <b>Scope:</b>               | Typically limited to the work environment   | Affects all areas of life   |
| <b>Emotional Stages:</b>    | Frustration, fatigue, irritability, cynicism  | Hopelessness, worthlessness, guilt, sadness   |
| <b>Cognitive Impact:</b>    | Reduced efficiency, disengagement   | Impaired focus, negative thoughts, indecisiveness   |
| <b>Physical Symptoms:</b>   | Headaches, insomnia, muscle tension   | Sleep/appetite changes, low energy, psychomotor slowing   |
| <b>Behavioral:</b>          | Withdrawing at work, decreased performance  | Social withdrawal, neglect of self-care   |
| <b>Reversability:</b>       | Often improves with changes to work environment   | Typically requires professional intervention (therapy, meds)  |
| <b>Progression Risk:</b>    | Can evolve into depression if unaddressed   | May become chronic or lead to suicidal ideation if untreated  |
| <b>Diagnostic Category:</b> | Not a clinical diagnosis (per DSM-5)  | Recognized psychiatric disorder (DSM-5 diagnosis)   |



## Burnout

- ❑ Decrease in meaningful work life
- ❑ Emotional exhaustion
- ❑ Depersonalization
- ❑ Lack of autonomy
- ❑ Workload

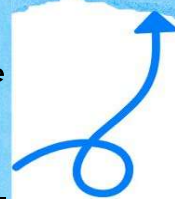


## Depression

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>❑ Physicians: <ul style="list-style-type: none"> <li>❑ Male lifetime prevalence: 12.8%</li> <li>❑ Later age of onset MDs</li> <li>❑ Female: 19.5%</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>❑ General Pop. <ul style="list-style-type: none"> <li>❑ Male Lifetime prevalence 5-12%</li> <li>❑ Female: 10-25%</li> </ul> </li> </ul> |
|---|--|

**40% higher**  
Male physicians compared to the general population

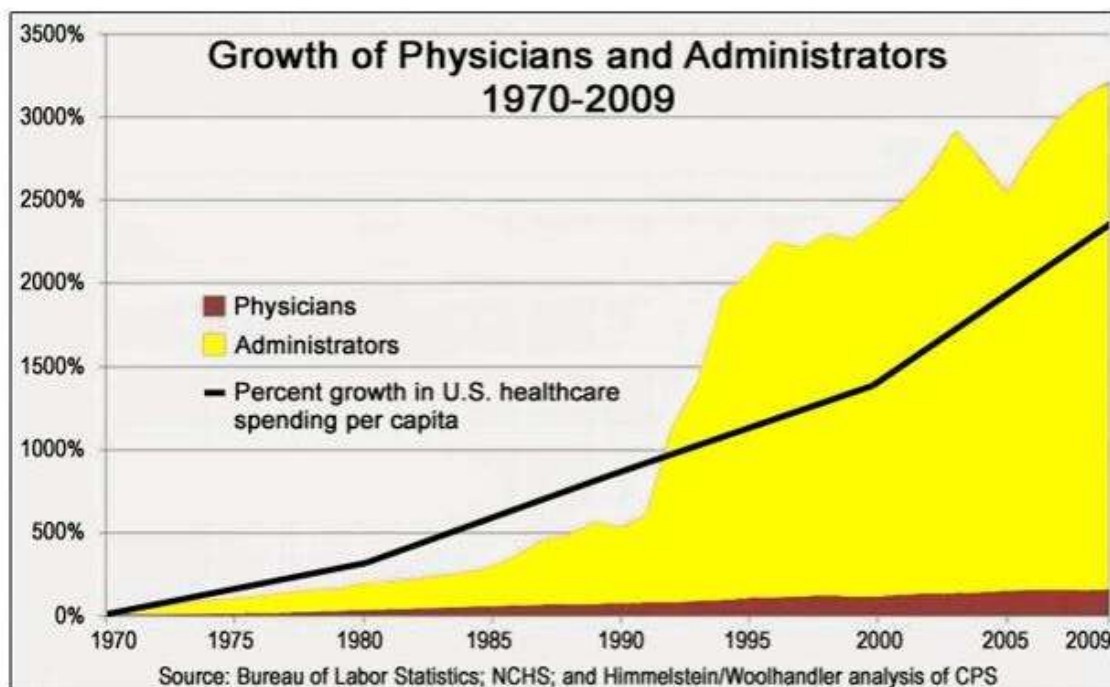
**130% Higher**  
Female physicians compared to the general population



## Suicide

Physician Suicide in the U.S.

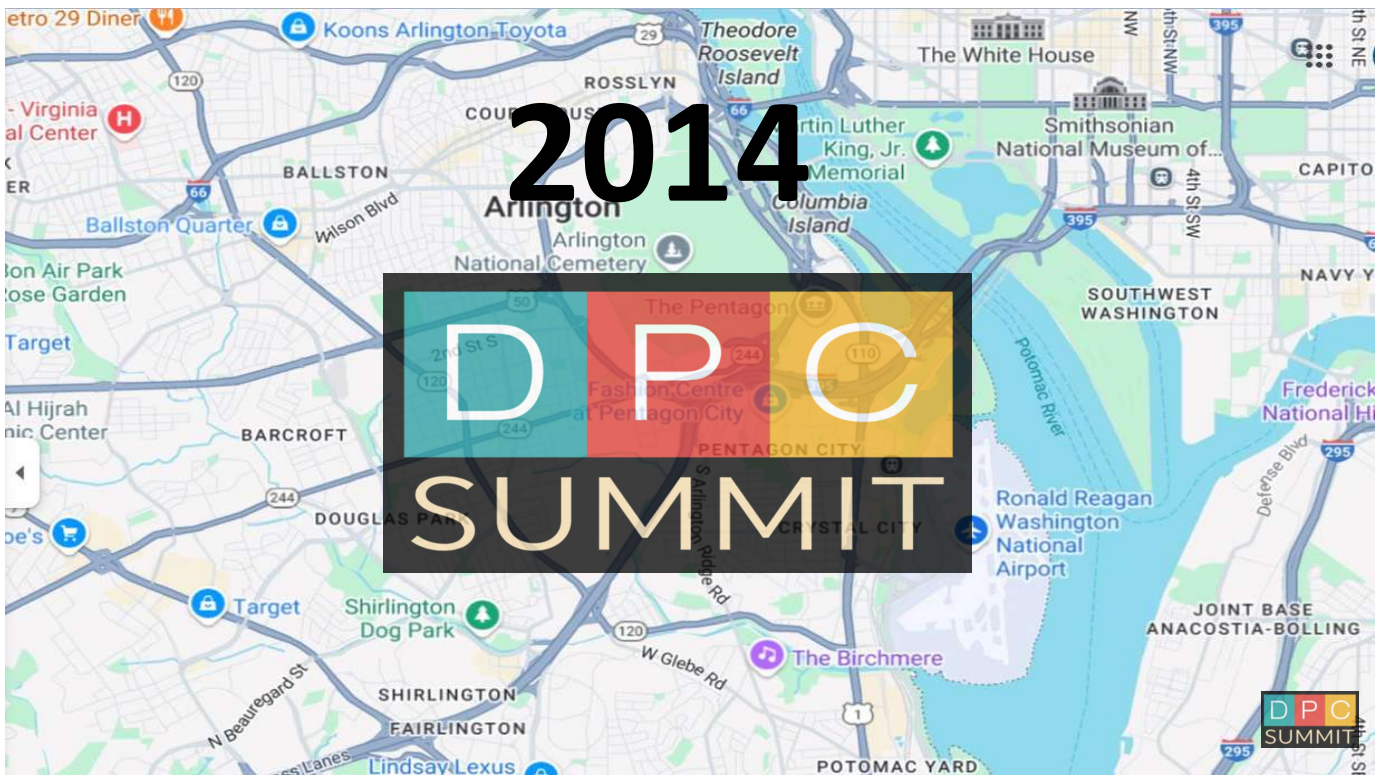
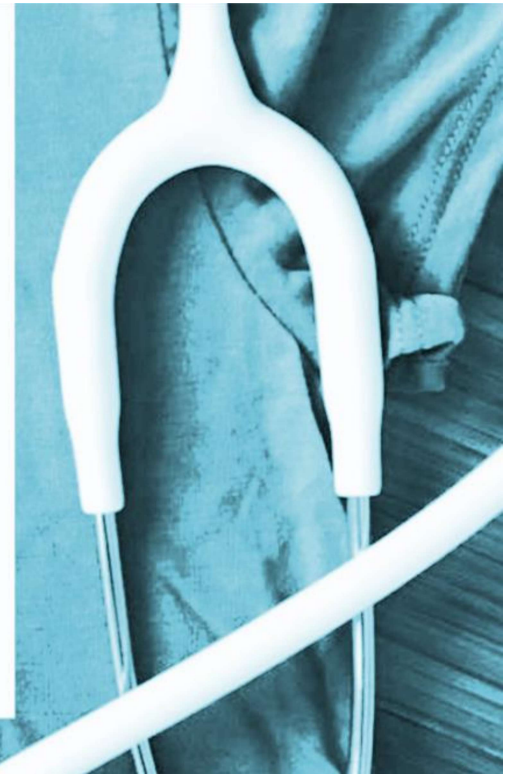
**300-400** Physicians die by suicide each year



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



“MEDICINE  
IS NOT  
A JOB, IT  
IS A CALLING.”







What is Insurance Meant for?



# Health Insurance **Is NOT** Health Care



DPC  
SUMMIT



DPC  
SUMMIT

# Solution: Direct Primary Care Health Care Simplified



DPC  
SUMMIT

## DPC: A Modern Approach to Providing Old Fashioned Care



DPC  
SUMMIT



☐ “If you’ve seen One DPC then you have seen One DPC”

☐ Membership Model with Direct Payment Between Physician and Patient

☐ Eliminates Complexity and Expense of Insurance Billing

☐ Increased Time for Patient contact Without the Need for Extensive Documentation

☐ The Physician works for the Patient rather than working for the Insurance Industry

<https://mapper.dpcfrontier.com/>

## Benefit to Patient & Physician Personalized Healthcare



LONGER ONE-ON-ONE TIME  
WITH THE DOCTOR



Direct Primary Care



VIRTUAL VISITS  
WITH THE DOCTOR



WELLNESS PLAN



SAME OR NEXT DAY  
APPOINTMENTS



SPECIAL RATES ON  
SERVICES LABS AND TESTS



# Direct Specialty Care



REQUEST A SPECIALIST

[HOME](#) [ABOUT](#) [PRICING](#) [SPECIALISTS](#) [FINANCING](#) [FAQS](#) [DR. SMITH'S BLOG](#) [MEDIA](#) [CONTACT](#)

Choose procedure category  
Knee

Choose Procedure or Surgery  
Total Knee Arthroplasty (Knee Replac

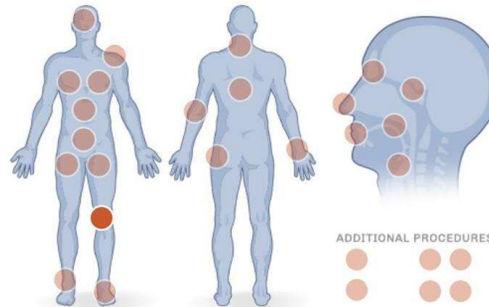
[Learn More](#). Not finding what you need? Here is a complete list.

Price will be: **\$15,499\***

[REQUEST A SPECIALIST](#)

[GET FINANCING](#)

\*Read the pricing [Disclaimer](#)



## Primary Care Physicians Are Uniquely Qualified to Help

- ☐ Can Deliver 80-90% of the Care Most People Need
- ☐ Receive only 5% of the Health Care Spend but direct the "if, when, and where" of the other 95%
- ☐ Conveniently and Affordably Address Health Issues BEFORE they Escalate
- ☐ Proactively Manage Chronic Health Conditions
- ☐ Coordinate Care Amongst Multiple Providers



## DPC Decreases Total Health Care Costs

|   | Incidents per<br>1,000 DPC<br>Patients | Incidents per<br>1,000 Non-DPC<br>Patients | Difference<br>(DPC vs. Other) | Savings per<br>Patient per<br>Year |
|---|--|--|-------------------------------|------------------------------------|
| ER Visits                                       | 81                                     | 94   | -14%                          | (\$5)                              |
| Inpatient (days)                                | 100                                    | 250  | -60%                          | \$417                              |
| Specialist Visits                               | 7,497                                  | 8,674                                      | -14%                          | \$436                              |
| Advanced Radiology                              | 310                                    | 434  | -29%                          | \$82                               |
| Primary Care Visits                             | 3,109                                  | 1,965                                      | +58%                          | (\$251)                            |
| Savings per Patient                             |  |  |                               | <b>\$679</b>                       |
| Total Savings per 1,000<br>(after Qliance fees) |  |  |                               | \$679,000                          |

% Saved per Patient



19.6%

Source: Direct Primary Care Journal, January 2015  
Qliance EMR data.



## Actuarial Evaluation of DPC on Employers Self Insured Health Benefits Plan

Emergency Department Usage - **40.5%**

Demand for Health Care Services - **12.64%**

Inpatient Hospital Admission Rate - **19.9%\***

\*Not statistically significant due to small number of admissions in two years

Society of Actuaries report Milliman 2020



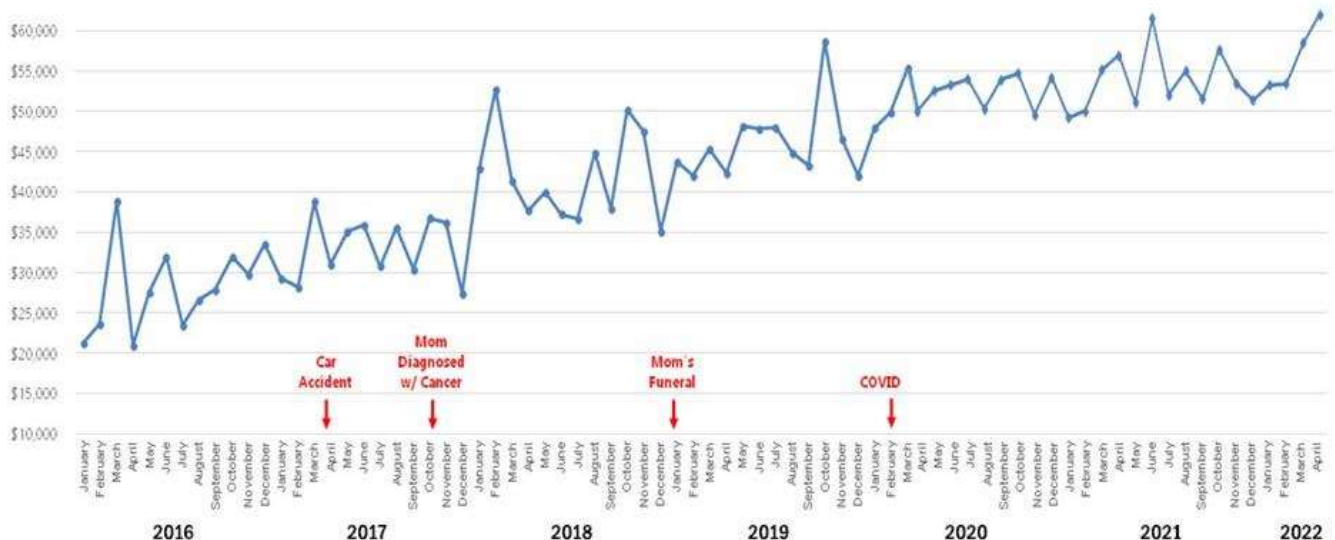


# Traditional Model -vs- Direct Primary Care

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> &gt; 2,500 patient panel</li> <li><input type="checkbox"/> 45 days new patient wait</li> <li><input type="checkbox"/> 7-12 minute visit</li> <li><input type="checkbox"/> Waiting rooms</li> <li><input type="checkbox"/> PA/NP model</li> <li><input type="checkbox"/> Barriers...rarely have direct access</li> <li><input type="checkbox"/> Multiple stops, lots of referrals</li> <li><input type="checkbox"/> Face to face</li> <li><input type="checkbox"/> Paid more in person than virtual</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 300 -1,000 patient panel</li> <li><input type="checkbox"/> 48 hours new patient wait</li> <li><input type="checkbox"/> 30 - 90 minute visit</li> <li><input type="checkbox"/> Minimal/no wait</li> <li><input type="checkbox"/> Your doctor model</li> <li><input type="checkbox"/> Direct access</li> <li><input type="checkbox"/> One-stop-shop when possible</li> <li><input type="checkbox"/> Expanded access</li> <li><input type="checkbox"/> Pay is constant regardless of setting</li> </ul> |
|---|--|



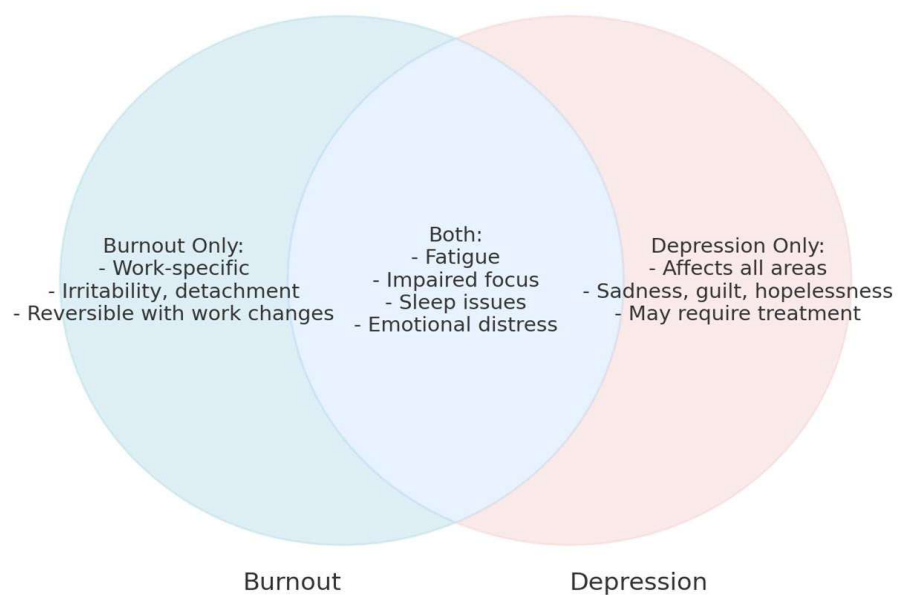
## Family First Health Center

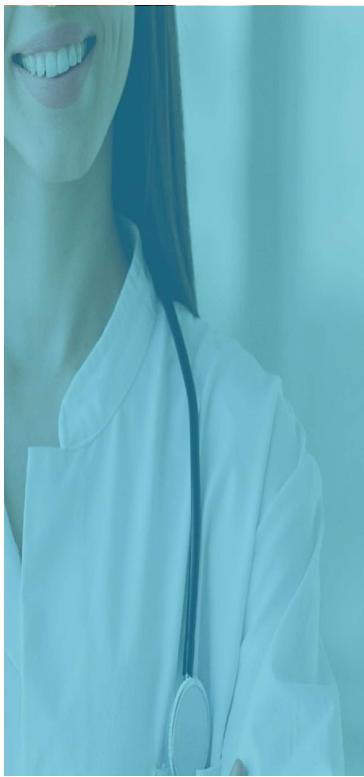


## Keep First Things First



## Is There Less Burnout in DPC?





## Comparison of Burnout and Fulfillment Rates between Physicians in Direct Primary Care and Other Practice Models

Melissa E. Boylan, MD<sup>1</sup> and Deborah M. Hurley, PhD, MSPH<sup>2</sup>

**Objectives:** Primary care internal medicine and family medicine physicians experience the second and sixth highest rates of burnout among all medical specialties. Direct primary care (DPC) is an understudied model of practice in which physicians are believed to have lower rates of burnout. In this study, we surveyed primary care physicians to assess burnout and fulfillment rates as well as quantify several burnout risk factors in DPC and non-DPC practicing physicians.

**Methods:** The Stanford Professional Fulfillment Index was used to measure physician fulfillment and burnout in a select population of currently practicing primary care physicians in the southeastern United States. Physicians were classified by current practice model as DPC or non-DPC (self-identified). Data were analyzed to assess whether any differences existed in physician fulfillment, burnout, and other practice characteristics by medical practice payment model.

**Results:** DPC physicians had significantly lower burnout ( $P = 0.002$ ) and higher fulfillment scores ( $P = 0.013$ ) compared with non-DPC physicians despite working a similar number of hours per week ( $P = 0.923$ ). DPC physicians had a higher rate of practice ownership ( $P < 0.001$ ) and saw a lower number of patients per day ( $P < 0.001$ ).

**Conclusions:** Results show that compared with non-DPC physicians, physicians practicing the DPC model of care experience greater professional fulfillment and lower burnout. Given these significant results and the small sample size of this study, more research is warranted. A larger sample size and additional data collection would increase statistical power to better evaluate clinic and physician characteristics, allow for further exploration of the findings from this study, and increase the generalizability of results.

**Key Words:** burnout, physicians, primary care, professional, professional autonomy, psychological well-being

(South Med J 2025;118:275–280)

**B**urnout and lack of fulfillment are significant problems affecting physician well-being. In 2023, 53% of physicians self-reported feeling burned out.<sup>1</sup> Primary care physicians, including general internal medicine and family medicine physicians, reported higher than average burnout rates, at 60% and 57%, respectively, and had the second and sixth highest levels of burnout among all specialties.<sup>1</sup>

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Burnout is defined by the presence of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.<sup>2,3</sup> Burnout is multifactorial, with contributing factors that include lack of physician autonomy and control, high administrative burden, and work-life imbalance.<sup>4,5</sup> Studies have found several specific work-related burnout risk factors, including number of hours worked per week, time spent at home on work-related tasks, working in a private practice, being younger than 55 years, and using computerized orders.<sup>6,7</sup> Professional fulfillment is characterized by one's level of satisfaction, happiness, and meaningfulness.<sup>8,9</sup> Low professional satisfaction has been shown to increase the likelihood of physicians wanting to reduce their clinical hours or leave the practice of medicine.<sup>10,11</sup>

Direct primary care (DPC) is a growing subscription-based model of care that has been cited as a model that reduces physician burnout.<sup>12</sup> The generally accepted definition of DPC is a practice in which patients are charged a periodic fee, third parties (eg, private insurance, Medicare, Medicaid) are not charged on a fee-for-service basis, and individual visit charges are less than the monthly equivalent of the periodic fee.<sup>13,14</sup> Since physicians practicing DPC do not interact with third-party payers, there are fewer regulatory tasks. Most DPC physicians either own or have an ownership stake in their practice, have longer patient visits, and have smaller patient panels.<sup>15</sup> DPC differs from other subscription-based models of care, such as concierge medicine, because concierge practices may bill third-party insurers for some office services, tend to focus on higher income patients, and generally have higher subscription fees.

Although physician burnout rates in primary care specialties have been studied, there remains a paucity of literature examining burnout rates by primary care practice/payment model. As such, the primary aim of this study was to collect and analyze burnout and fulfillment rates in primary care physicians stratified by whether they practice in a DPC or other

### Key Points

- Direct primary care physicians appear to have lower rates of burnout and higher rates of fulfillment compared with primary care physicians practicing in other models of care despite each group having several work-related burnout risk factors.
- Future studies could more closely examine findings suggested by our results, which include possible increased administrative burden, lower interpersonal disengagement, and less professional dissonance among direct primary care physicians.
- A larger sample size as well as a more detailed collection of practice characteristics would help increase the generalizability of the results in the future.



[smj.sagepub.com](http://smj.sagepub.com) | 275

## Key Findings

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## Comparison of Burnout and Fulfillment Rates between Physicians in Direct Primary Care and Other Practice Models

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Burnout is defined by the presence of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.<sup>2,3</sup> Burnout is multifactorial, with contributing factors that include lack of physician autonomy and control, high administrative burden, and work-life imbalance.<sup>4,5</sup> Studies have found several specific work-related burnout risk factors, including number of hours worked per week, time spent at home on work-related tasks, working in a private practice, being younger than 55 years, and using computerized orders.<sup>6,7</sup> Professional fulfillment is characterized by one's level of satisfaction, happiness, and meaningfulness.<sup>8,9</sup> Low professional satisfaction has been shown to increase the likelihood of physicians wanting to reduce their clinical hours or leave the practice of medicine.<sup>10,11</sup>

Direct primary care (DPC) is a growing subscription-based model of care that has been cited as a model that reduces physician burnout.<sup>12</sup> The generally accepted definition of DPC is a practice in which patients are charged a periodic fee, third parties (eg, private insurance, Medicare, Medicaid) are not charged on a fee-for-service basis, and individual visit charges are less than the monthly equivalent of the periodic fee.<sup>13,14</sup> Since physicians practicing DPC do not interact with third-party payers, there are fewer regulatory tasks. Most DPC physicians either own or have an ownership stake in their practice, have longer patient visits, and have smaller patient panels.<sup>15</sup> DPC differs from other subscription-based models of care, such as concierge medicine, because concierge practices may bill third-party insurers for some office services, tend to focus on higher income patients, and generally have higher subscription fees.

Although physician burnout rates in primary care specialties have been studied, there remains a paucity of literature examining burnout rates by primary care practice/payment model. As such, the primary aim of this study was to collect and analyze burnout and fulfillment rates in primary care physicians stratified by whether they practice in a DPC or other

|                           | DPC Physicians | Non-DPC Physicians |
|---------------------------|----------------|--------------------|
| Proportion of burnout     | 6.7%           | 26.7%              |
| Proportion of fulfillment | 83.3%          | 66.7%              |

### Key Points

- Direct primary care physicians appear to have lower rates of burnout and higher rates of fulfillment compared with primary care physicians practicing in other models of care despite each group having several work-related burnout risk factors.
- Future studies could more closely examine findings suggested by our results, which include possible increased administrative burden, lower interpersonal disengagement, and less professional dissonance among direct primary care physicians.
- A larger sample size as well as a more detailed collection of practice characteristics would help increase the generalizability of the results in the future.



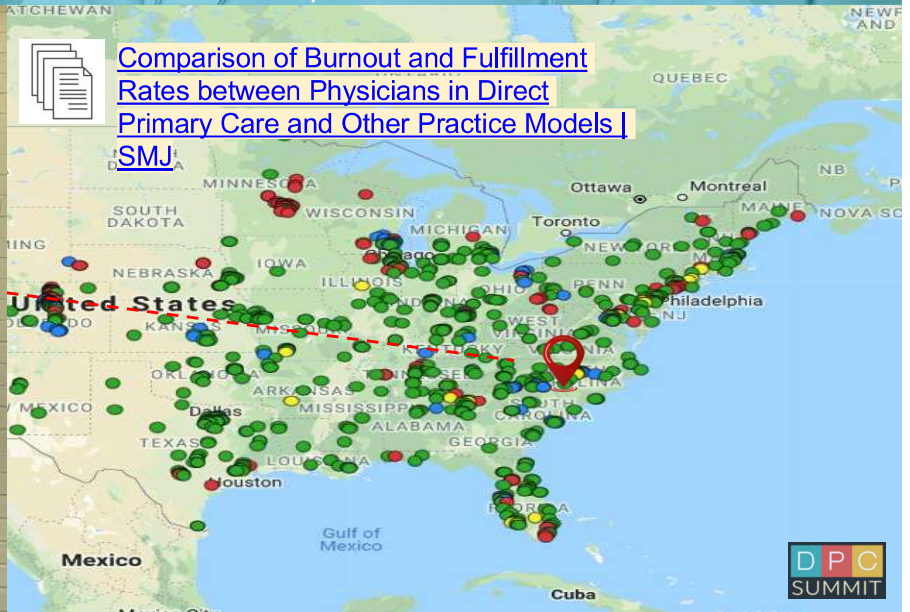
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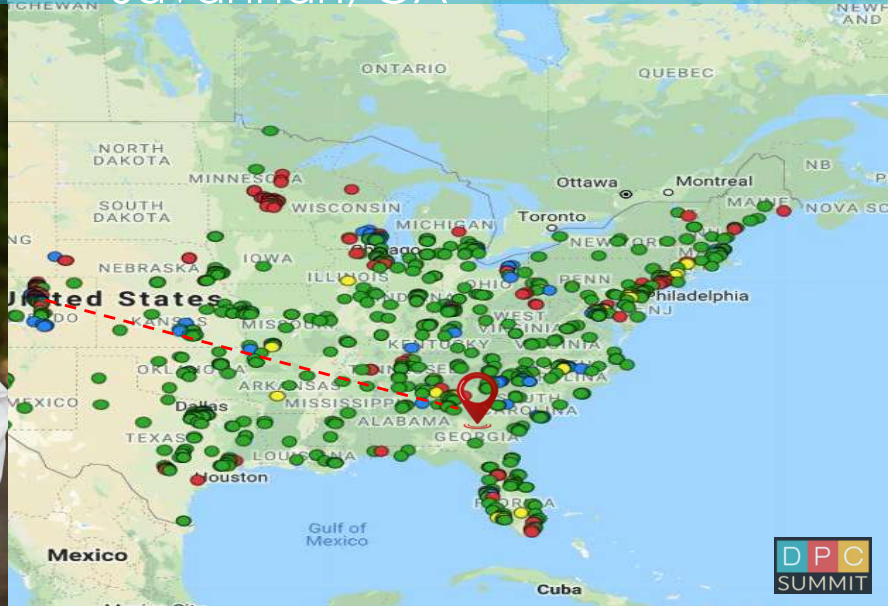


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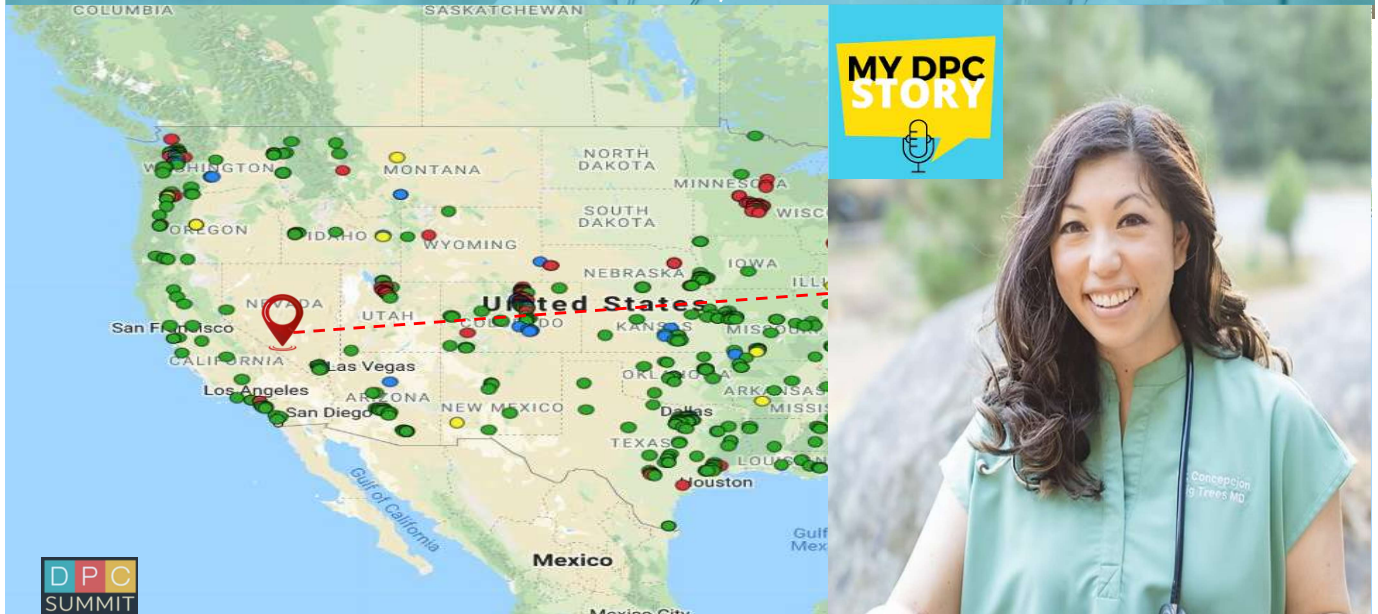
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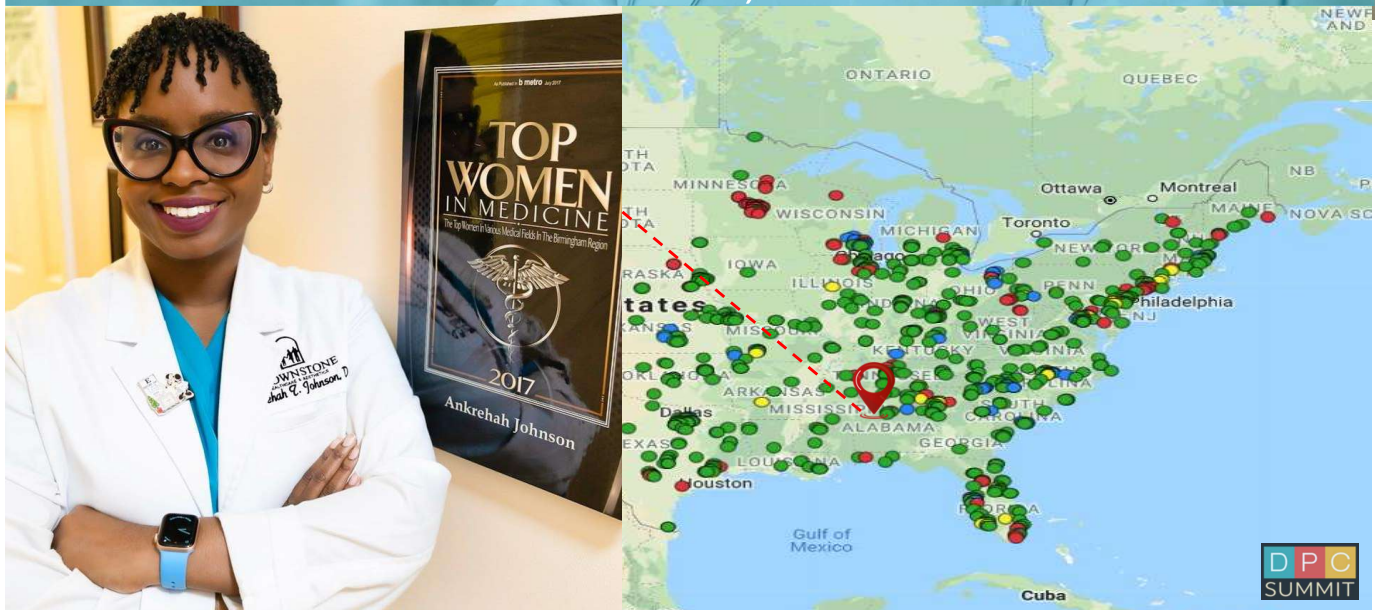
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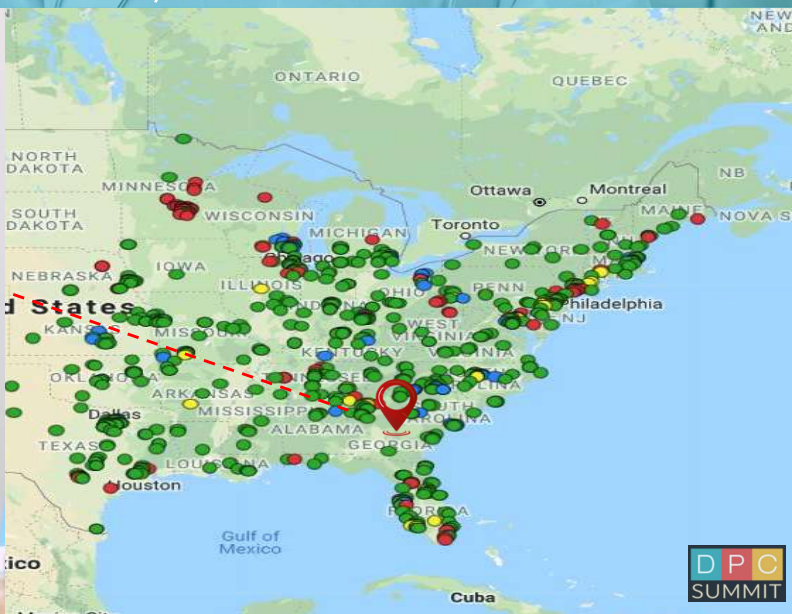
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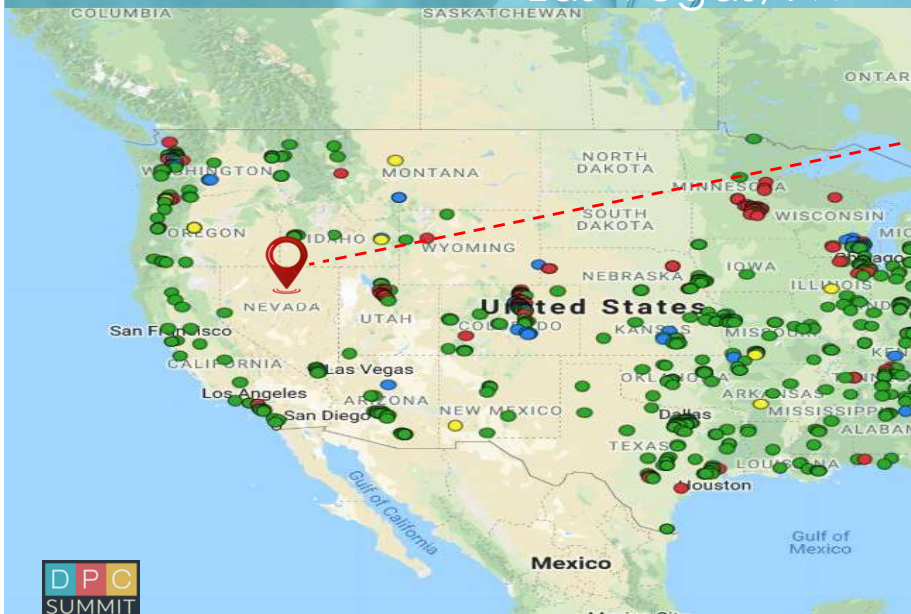
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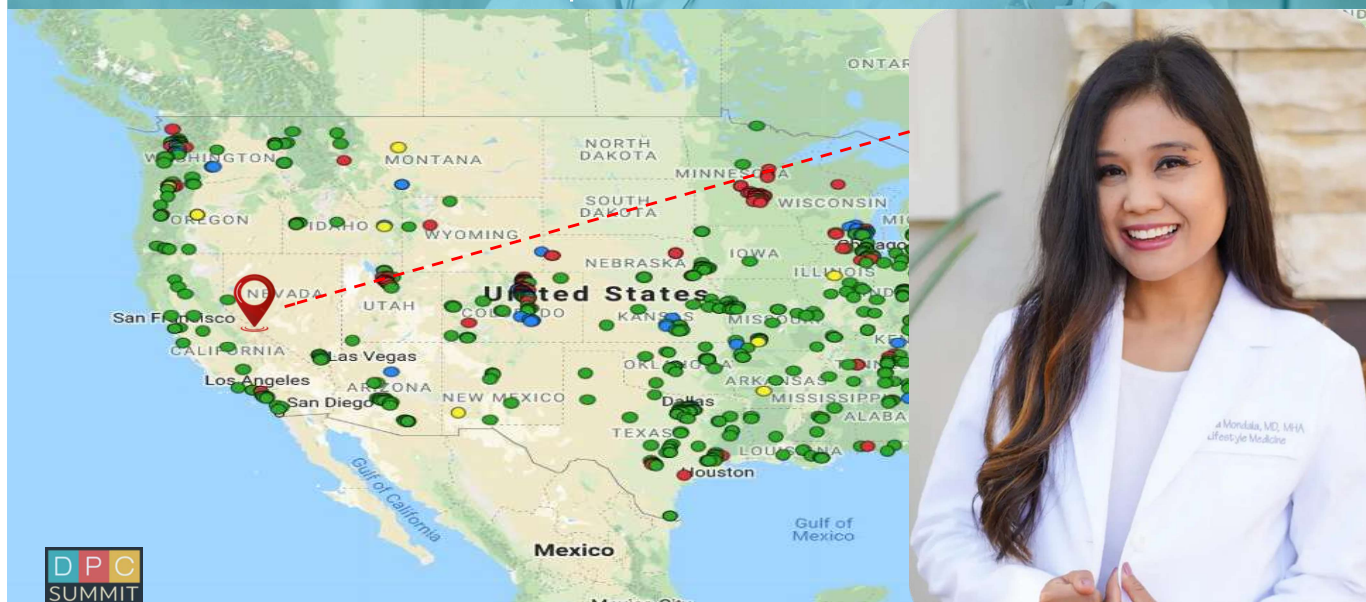
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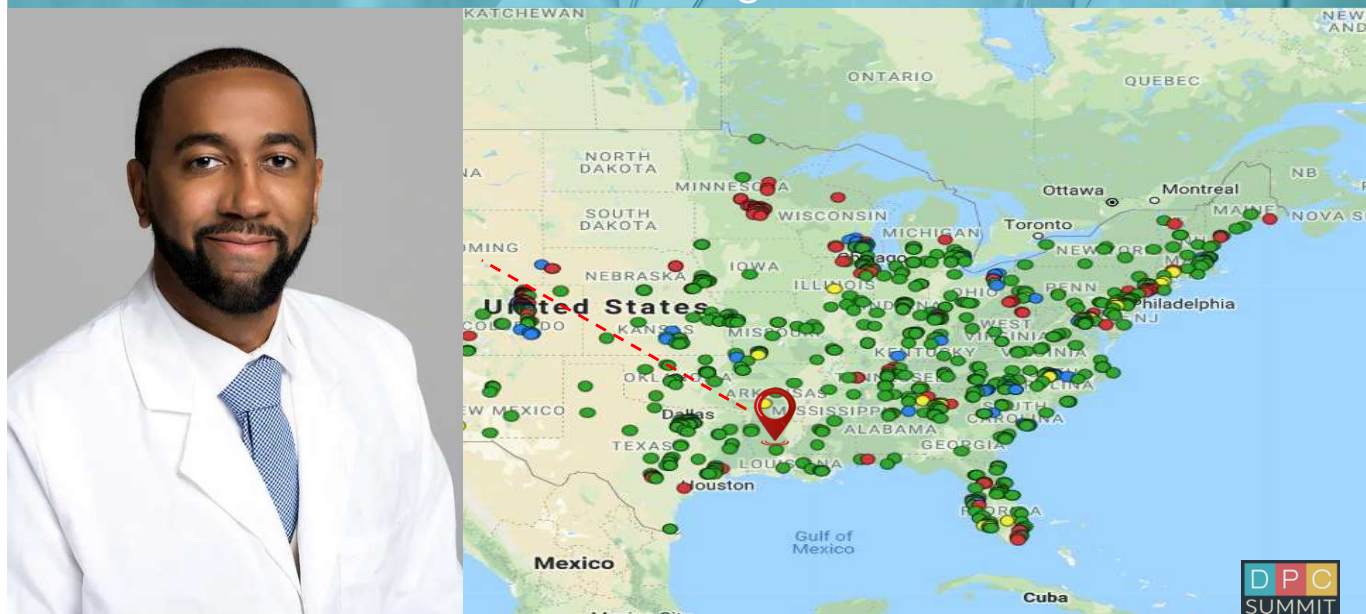
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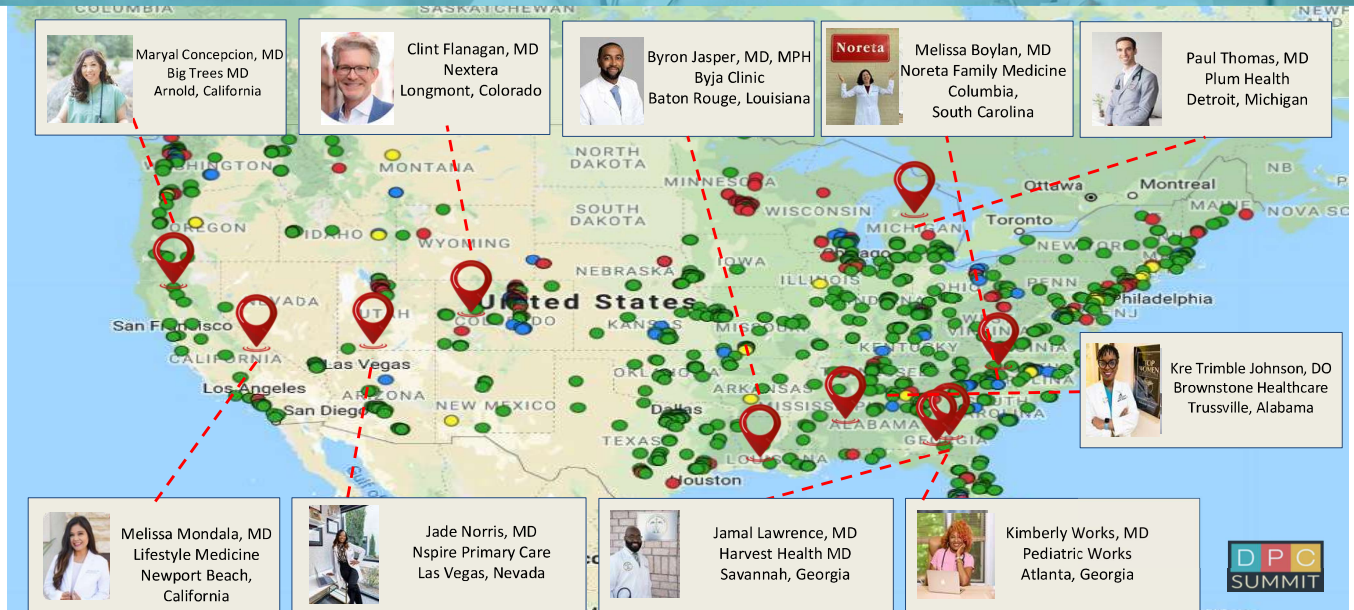


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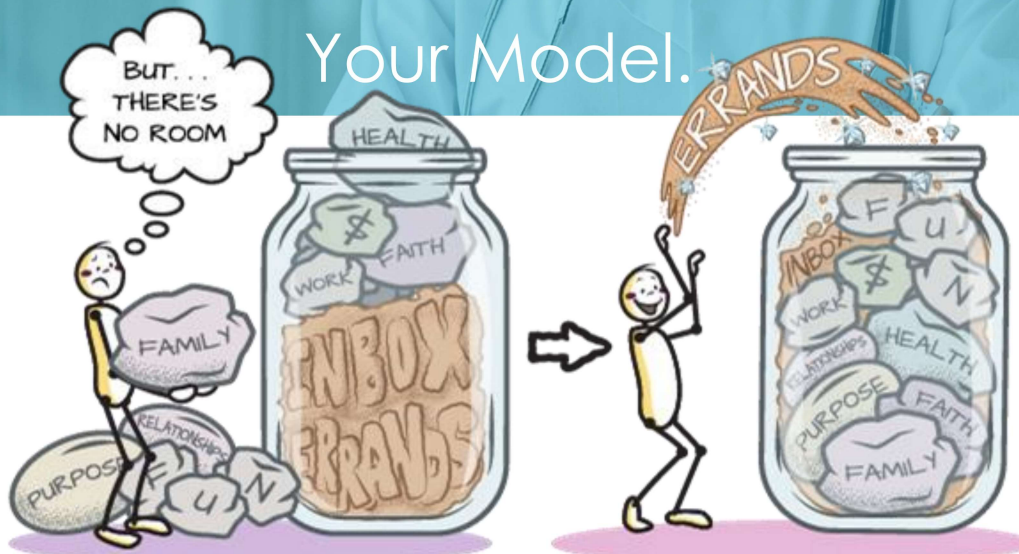




# Is DPC for Me?



# Change Your Mindset, Then Your Model.





# “Fill Your Cup. Serve From Your Overflow!” - Lisa Nichols

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## Social Q&A for Is DPC Really for Me?

