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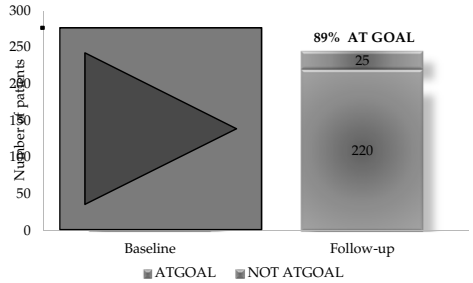
Management of Chronic Disease in a DPC Model

- *Only 50% of patients nationally with high BP who are seeing a doctor and are being treated for high BP have their BP under control[1]*
- *80% of patients at goal in a review of 3 DPC practices[2]*

[1] NHANES 2007-2010 data

[2] Access Healthcare Direct patient data 2011-2013

Access Healthcare Direct Diastolic Blood Pressure



JNC 7 Goal Attainment: < 90 mm Hg; < 80 mm Hg diabetic www.cosehc.org

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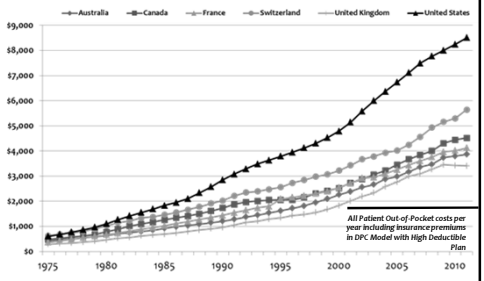
US vs. World vs. Access Healthcare Direct Practices



http://www.oecd.org/els/health-systems/oecdhealthdata2013-frequentlyrequesteddata.htm
The Organization for Economic Co-operation and Development (OECD)

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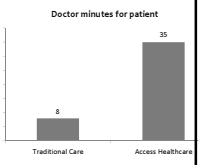
Patient Experience Compared:

Observation	Traditional	DPCMH
Patients per day	30	12
Doctor minutes available	15	45
Doctor minutes for non-patient-facing work	7.5	10
Doctor min. average for patient interface	8	35
Typical Per Patient Insurance out of pocket costs for premiums	$2500 Employee Plan[1]	$ 33% less [2]
Typical Visits per Year	2.5	4
Total Doctor time	20	140
Hospitalizations per 1000 pt/yr	11	4



- In the DPC model, patients get more minutes, and are charged less leading to more favorable outcomes.

[1] Various leading plans were reviewed including BCBS and UHC, this figure represents the approximate employee-based out-of-pocket from those plans, per person covered.

[2] Review of a 2013 BCBS plan with high deductible and catastrophic health coverage

Interesting Tid Bits

- Primary-care physicians with rising overhead, more paperwork, and packed waiting rooms are propelling ever-greater numbers to shed insurance and charge a retainer- up to 33% by 2016 according to Accenture Survey
- **In 2011 the average American medical practice spent $82,975 per doctor just dealing with insurers, according to the Commonwealth Fund**.
- In 2010**, patients in this model visited emergency rooms 65 percent less than similar patients. Thirty-five percent fewer of them needed to be hospitalized. They required 66 percent fewer specialist visits**.

Key Problems the Model Solves:

- Financial **viability of independent practices** (overhead can be <20%)
- Physician **burnout**- med students often say it seems like we are on vacation
- **Work force** recruitment-med students see hope in this model-being able to make as much as other specialists helps
- GME bottleneck-private residency programs can be self funding
- **Access** to primary care for most
- Practice determines reimbursement/payment rates
- **Malpractice risk** decreased
- Non-clinical **bureaucracy/paperwork** decreased
- **Quality metrics** and value based care are built in with measured practices exhibiting top tier chronic disease management

One Medical Student's Thoughts-

Why Medical Students Should Be Excited About Direct Primary Care(excerpt from blog published on DPCMH.org, KevinMD and Primary Care Progress)-By Brian Lanier

Direct primary care makes me incredibly optimistic about the future. I will avoid the hamster wheel and provide the kind of care I envisioned, while building deep, rich connections with my patients. I will be offering a level of care previously only available to the rich that almost anyone can afford. I will be taking meaningful steps towards true, primary-care driven and patient-centered health reform, and I won't have to wait for the "system" to figure it out. I will be able to provide the majority of care my patients require instead of having time only for refills and referrals. In short, I will be part of the solution, both for my patients and for the system as a whole.

Brian Lanier is a fourth-year medical student at the University of North Carolina and a future family physician. Follow him on Twitter at @brianlerbian

AAFP Response: DPC

"The ***AAFP supports*** the physician and patient choice to, respectively, provide and receive health care in any ethical health care delivery system mode, including ***the DPC practice setting***," says the policy. It notes that ***the model is structured to "emphasize and prioritize" the physician/patient relationship to improve health outcomes and lower costs and is consistent with the AAFP's advocacy of both the patient-centered medical home and a blended payment model***.

According Glen Stream, M.D., M.B.I., of Spokane, Wash., "There is more than one way to build a patient-centered medical home (PCMH)." He noted that the number of AAFP members developing DPC practices was increasing.

"***The model eliminates the insurance middleman and provides revenue directly to the practice to innovate in both customer service and quality of care*** for the patients they serve," said Stream.

Significance of Direct Primary Care in 2016

-Employers-low cost option for employers, ACA has a section discussing that this qualifies as insurance with HBE qualified plan as approved by HHS-section 1301 A 3

-Legislation pending SB 1989 Cassidy Bill- Primary Care Enhancement Act

-20+ states have added DPC state legislation

-Medscape article reports explosive growth of this model and in conjunction with Concierge practices represents currently 12% of primary care- expected to be 30-40% of market by end of 2016

-Summits, Workshops, Bootcamps, National Conferences focused on DPC

-Insurers-products launching now to integrate into HBE eligible plans-including Medicaid and Medicare Advantage

-Large Companies like Expedia.com, Freelancers Union, Whole Foods, Grove Park Inn, Huntington Bank, McDonalds, and Taco Bell/Long John Silver's already looking to or currently contracting with DPC practices.

Medicaid and DPC looks promising

-In Washington State, Coordinated Care has partnered with 5 DPC practices to provide primary care for Medicaid Patients-getting $50+ per member per month

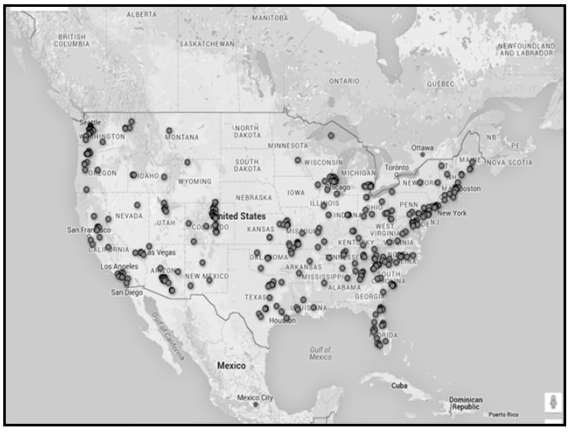
-With the initial 40,000+ enrollees: ER visits are down 60%, hospitalization and re-admission down 65%, and overall costs for this Medicaid population is 20% less for 2013 than the non-DPC pilot practices

-Opportunity exists to do this in any state (**like NC**). It would make Medicaid a preferred payer by many family physicians-double the net revenue per patient of fee for service is possible (and payment is upfront every month-no waiting on delayed reimbursements)

Physician Income Expectations

For a family physician with patient panel capacity of 1200 and a visit volume of 16 patients **maximum** per day incomes can be similar to specialists like cardiology or GI and better than general surgery and most of the other internal medicine subspecialties

If you want to do packages for the extremely economically challenged and create a lower fee schedule or sliding scale that is reduced by another 50%(as compared to average DPC practice fee), this can still net 50% more in salary for a family physician even if their entire panel was in this demographic.(works for rural communities or low median income areas)



So What's New

- –ACA Qualified Co-Op Sharing Plans*****
- –Medium employers/self insured wrap around with DPC
- –Medicaid/Medicare

What's New in DPC?

- Mainstreaming?
  - – Numerous Health Policy Articles
  - – National Payers/ACA
- Becoming THE Alternative Payment Model?
  - – Under MACRA- this can become one of the APMs
  - – Could result in claims absent monthly payment

TCPI

IMPACT-COSEHC PTN-a CMS Grant Funded Initiative to Transform Practices to Direct Primary Care as a Value Based Alternative Payment Model

The Opportunity

- Burwell Announced $843 million TCPI Grant Initiative October a year ago
- Only 29 Practice Transformation Networks were to be awarded nationally out of thousands of applications
- Our network of DPC practices, Access Healthcare Direct has practices in 24 states with a heavy concentration in the Southeast
- The Consortium on SouthEastern Hypertension Control (COSEHC) is a not for profit based at Wake Forest University whose main mission has been Quality Improvement in the area of Cardiovascular Disease
- As part of the Fund Development Committee for COSEHC we encouraged them to apply to be a PTN under that grant- **a real longshot**

Surprising Success

- COSEHC Awarded $15.8 million to be a practice transformation network and to facilitate project with approximately 3000 practices
- In the grant, the Access Healthcare Direct network and the Direct Primary Care Medical Home Association (DPCMH.org) were tasked with transforming 600 Practices to a Value Based Direct Primary Care Model
- Largest data collection effort for DPC ever with standardized free clinical outcome extraction and analysis through Symphony Performance Health
- End Game is to make DPC one of the Advanced/Alternative Payment Models under MACRA with DPC memberships paid for fully by CMS

Where to Learn More

Pofeldt, E. Medical Economics "The Rise of Direct Primary Care" 4/10/16

Bendix, J. Medical Economics "Fighting Back for Independence" 8/25/15

Lankford, K. Kiplingers "Pay Cash for your Healthcare" 2/15

Sprey, E. Physicians Practice "New Practice Models are Gaining Acceptance" 9/14

Forrest, B. Physicians Practice Pearl "New Primary Care Models Can Change the Way You Practice Medicine" 12/11

Forrest, B. Medical Economics Cover Story "Cutting Edge" 5/25/11

Mescia, T. Weekly Standard "Cash for Doctors Revisited" 4/11

Mescia, T. Weekly Standard Cover Story "Cash for Doctors" 5/23/10

Morgan, Lewis. Medical Economics Cover Story "Keeping it Simple" 1/22/10

Forrest, B. Physicians Practice. July 2008. "Cash and Carry Healthcare Still Works."

Forrest, B. Family Practice Management. June 2007. "Breaking Even on 4 Patients per Day."

Forrest, B. Physicians Practice. June 2007. "Cash and Carry Health Care."

Backer, L. Family Practice Management. February 2006. "2500 Cash Paying Patients and Growing"

Forrest, B. NC Medical Journal May 2005. Innovations in Primary Care. "The Access Healthcare Model"

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http://www.physicianspractice.com/news/new-primary-care-models-can-change-way-you-practice-medicine (link to first article above)
www.innovadoc.com website for Innovadoc- a collection of DPC articles on the topic- evolving
www.accesshealthcaredirect.com website for DPC network practices. Undergoing renovation and updates
www.DPCMH.org free membership for students and residents- website for members only

DPC Resources

www.accesshealthcaredirect.com

accesshealthcaredirect@gmail.com

www.DPCMH.org DPC Medical Home Association
-free membership
-resources available from this not for profit
-Certification of practices
-free transition toolkit available for residents.

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