



Direct Primary Care

TRANSFORM YOUR PRACTICE

Transforming a practice into a Direct Primary Care (DPC) practice model takes time and resources, so ACOFP is providing information to help doctors transition and market their practices. The DPC model is one of the fastest growing models of primary care. Patients or their employers pay doctors directly instead of working through insurance companies. There is no third-party billing. Also, patients have more direct access to doctors through same day appointments, more time with physicians and greater access to procedures, diagnostics and medications.

HOW DOES DPC BENEFIT PRIMARY CARE DOCTORS?

In a DPC model, patients pay what's called a periodic fee, which is usually on a monthly basis, but some physicians employ quarterly or yearly plans.

For that fee, patients have access to a full range of comprehensive primary care services. The fee is designed to pay physicians for the range of duties that are involved with taking care of patients, including communications and administrative tasks.

The fee-for-service system only pays physicians for seeing the patient in the office, while DPC physicians are free to spend larger amounts of time with the patients in a variety of settings such as telephone and electronic visits – forms of patient care that are faster and more convenient for established patients.

WHAT DOES DPC DO FOR PATIENTS?

By using DPC physicians, patients end up paying less than if they use primary care insurance. In addition to the DPC retainer, patients typically buy what is called wrap-around or catastrophic coverage that takes care of emergency and hospital care.

DPC practices often negotiate contracts with pharmacies, laboratories and imaging service providers that give patients significant discounts, saving patients money compared to what insurance companies charge for the same services. The DPC model does not aim to make a profit off these services because the payment comes from the monthly fees.

Under the DPC model, patients are given more individualized care through ongoing follow ups and spend more time with their doctors, who now have a small set number of patients.

HOW DOES DPC DIFFER FROM CONCIERGE MEDICINE?

Concierge medicine typically charges higher retainer fees for services than DPC. These types of practices also take insurance that covers primary services, as the concierge fee is for services such as same day appointments and 24-hour access to doctors, that aren't covered in typical insurance plans. DPC retainer fees cover primary care services, so many DPC practices don't take any insurance, decreasing physician overhead.

HOW DOES IT AFFECT INSURANCE COVERAGE FOR PATIENTS?

Physicians in DPC practices can treat patients who have insurance coverage through employer or individual plans. Privately insured patients may receive reimbursement for care through the claims process that they handle themselves, but this is rarely necessary due to the low cost of the DCP monthly fee.

HOW DO I TRANSFORM MY PRACTICE INTO A DPC?

The first step in transforming a practice to a DPC is to conduct a practice evaluation to determine whether a practice should take the next step. In that evaluation, physicians should ask how important it is for them to spend more time with patients, how it may affect practice management and operating costs, and how the current patient population may respond to the new model.