

Why Become a DPC Doc?



Hello Fellow Primary Care Docs,

My name is Jeff Davenport, M.D. I'm a family physician in Edmond, OK. Last April, I opened the first Direct Primary Care practice in the state. You may be wondering why you should consider becoming a Direct Primary Care provider. For those of you who don't know, Direct Primary Care (DPC) is a membership-based model where patients (or employers) pay a fixed monthly fee. This fee usually ranges between \$50-\$100 per month (per patient). There are no charges incurred at the time of the visit. The access to the physician is expanded beyond the traditional office hours of 8-5. Patients have 24/7 access to their doctor via phone, text, email, etc.

In my experience, most physicians (regardless of specialty) complain about very similar issues. Below are the most common. See if you can relate:

- Decreasing Reimbursements
- Increasing Regulation
- Decreased time with patients
- And the bane of our existence – PAPERWORK

One of the most obvious and egregious contributors to these problems is the health insurance industry, both governmental and private. As a DPC physician, I have eliminated insurance from my office. I will occasionally have a prior authorization form for a medication or procedure; however, for the most part, my days are insurance hassle free. Considering the typical PCP spends 30-35% of their time on paperwork, this is a welcome reprieve.

Most traditional medical practices have overhead in the 55-60% range. They see upwards of 25 patients per day, and have a 3,000 patient panel. They employ a receptionist, filing clerk, an MA/RN, a billing/collections specialist, someone for referrals, etc.

At One Focus Medical, overhead is estimated to be \$100,000-\$120,000. I have one employee, and I will share her with another doctor, once another doctor comes on board. Do the math: I will have 600 patients at an average of \$50 per month and see an average of 4-6 patients per day. This makes my overhead 30%, instead of 55-60%.

Also, many of you don't realize the demand is out there. You know you've been dreaming about it for years (I certainly was) - A "concierge" practice. How sweet would that be? However, not very many patients can afford a "concierge" practice.

DPC makes the fees more reasonable, so a LOT of people CAN afford it. By making it more affordable, employers are interested in it as well. Currently, about 60% of larger businesses are self-funded. They are looking for independent physicians with a transparent, free market approach that won't just refer up the line to the big hospital system that employs them (I was employed for 5 years). The demand is there, and this aircraft carrier of a medical system is slowly turning away from big expensive systems. There is nothing more cost effective than a PCP with time to do good work.

That brings me to the most important reason to move to the Direct Primary Care model. That reason is TIME. Time is the precious commodity that is running out and can't be refilled. Time to take better care of patients... Time to interact and build relationships... Time to actually care... and TIME for your family. You might think a 24/7 commitment is unrealistic. Not true. I took care of three patients this weekend, all via text. Your patients will respect your time, because you are available to them, and have plenty of time to give in return. No herding patients like cattle any longer.

Today is Mon Jan 19, and I've spent the last 75 minutes from 3:00 p.m. - 4:15 p.m. typing this letter. I saw 4 patients today (two 30 minute & two 60 minute visits). I've dealt with about ten other issues via text, email, phone calls. I am closing up and will leave by 4:30 p.m. I had 4 pieces of paperwork (1 referral, 1 refill, and 2 labs) today. I have 12 patients scheduled the rest of the week.

How was your day and what does the rest of your week look like?

Sincerely,

Jeff Davenport, M.D.

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