

How Direct Primary Care Benefits Complex Patients: DPC Physicians' Perspectives

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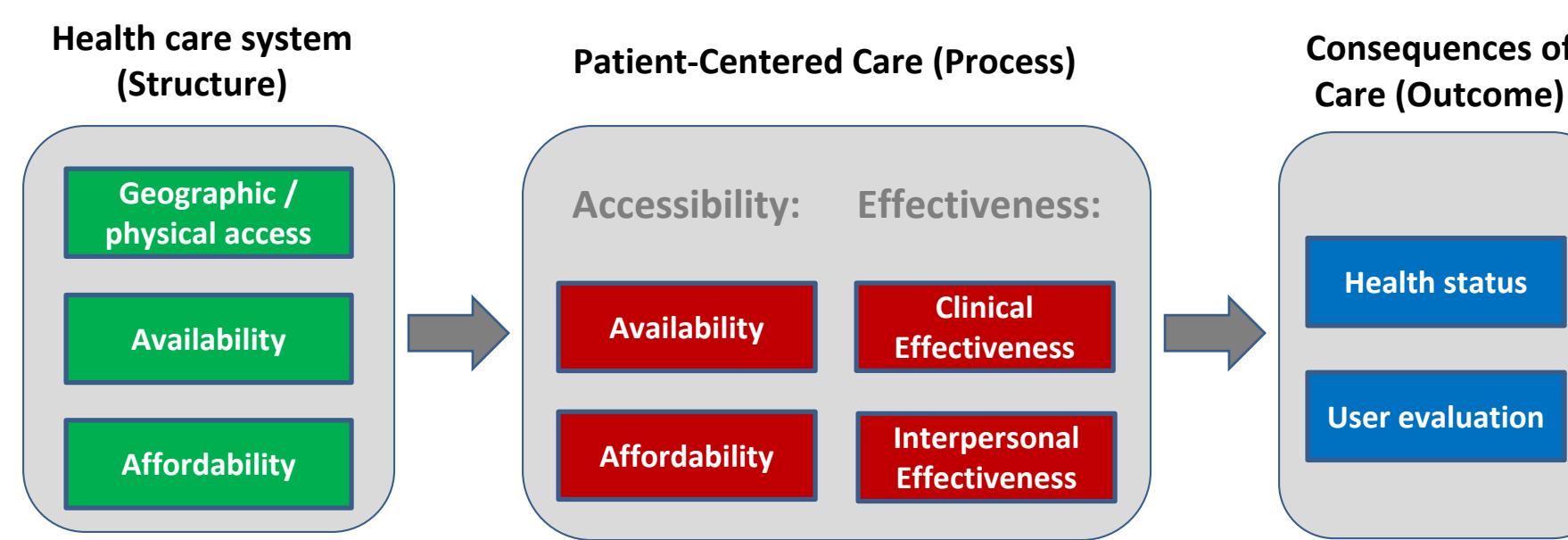
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OBJECTIVE

Direct Primary Care is an **alternative payment model** in which primary care physicians accept modest monthly fees in exchange for unlimited access to a defined set of primary care services. DPC physicians do not accept insurance or other third party payments. DPC physicians have much smaller patient panels and spend a much smaller portion of their time on documentation and other administrative tasks.¹

The **objective** of this study is to understand Direct Primary Care physicians' perspectives about how DPC benefits complex patients.

CONCEPTUAL MODEL



Physician perceptions of how DPC impacts complex patients were considered in light of the Campbell model.²

METHOD

- Semi-structured, qualitative interviews were transcribed and coded using a codebook developed for this purpose.
- The population studied was a convenience sample of nine Direct Primary Care physicians in attendance at the DPC Summit conference in July 2017. Participants varied by age, gender, geographic region, years in practice, and years in DPC practice.
- We conducted preliminary text analysis to identify major themes.

RESULTS

Availability and Affordability

Some of these patients will have ten or twelve issues and they just haven't seen a doctor in 8 years... they've just been putting it off because they couldn't afford it.

My role is being developed month by month as I have new patients with different problems and I realize that I used to do X, Y or Z. Why don't I? I just start doing new things and playing new roles for my patients.

About half of my patients need more time... there's some symptoms that may not all fit together and we need a little bit of time to figure out what's going on. Now I have time to sit and think about it, read, research it, come back and you don't have to pay more copays so you're not feeling the pressure to say you really can't come back.

One of the things we do as DPC doctors is to help patients navigate the health care system, which can be very treacherous... If Mrs. Smith needs a CAT scan, I can send her to the local hospital for a \$2,000 CAT scan or to a really good standalone clinic for \$250. It's the same test and it's better for my patient; she's saved money.

Clinical and Interpersonal Effectiveness

*I called him and said, "Hey, I'm going on a cruise." I didn't think he was going to survive my cruise which was only for 3 days. I said, "Can I come by and see you?" And he said, "Sure, I'd love that." And he died two weeks later. I called his family after he passed and they were so appreciative. They said, "He loved you so much." I would never, ever in the 8 years of previous practice have been able to be as involved as I was or talk with his family members on multiple occasions and not be frustrated with not having the time to do it. I did it because it was the right thing to do, **it was the best way to help coordinate care for him**, and I was happy to do it. I wouldn't want it any other way.*

All their questions are answered, we get to the bottom of it. All that stuff that was happening before just eases and dissipates 'cause we're taking care of everything, one at a time. And so my patients are not that complex anymore.

CONCLUSIONS

- DPC physicians perceive that complex patients benefit from DPC's enhanced Affordability and Availability, including more navigation and coordination and less use of referrals.
- DPC physicians believe this leads to better Clinical and Interpersonal Effectiveness than is delivered by traditional primary care, including higher likelihood of receiving needed care and having concerns resolved.

¹ See *Direct Primary Care: An Alternative Practice Model to the Fee-For-Service Framework*, American Academy of Family Physicians

² See *Defining Quality of Care*, Campbell, Roland, and Buetow, 2000