Elation ELATIONHEALTH.COM

Direct Care Playbook

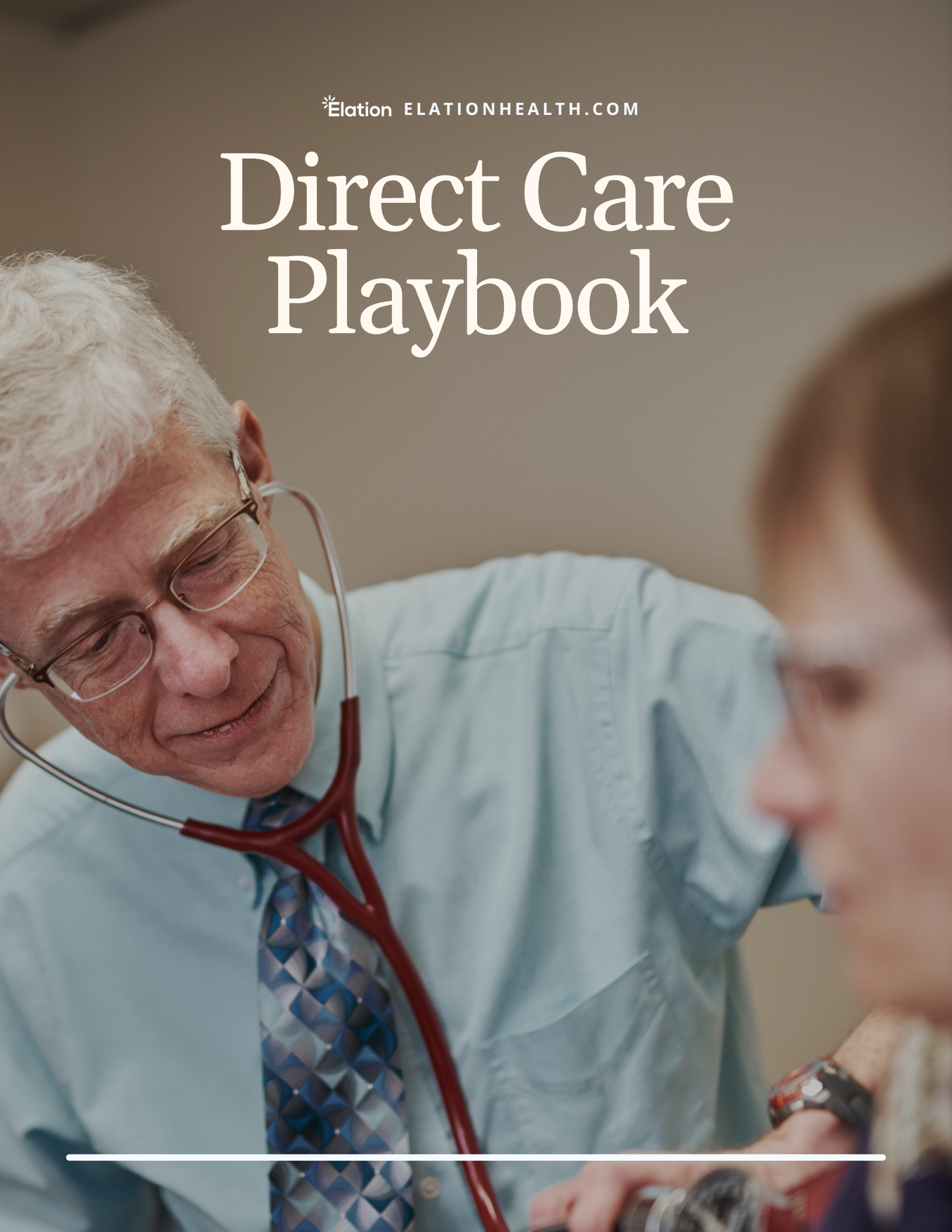


Table *of* Contents

CHAPTER 1. WHAT IS DIRECT CARE? 02

UNDERSTANDING DIRECT CARE 04
DECIDING TO JOIN THE DIRECT CARE COMMUNITY 04

CHAPTER 2. STARTING A DIRECT CARE PRACTICE 06

FINDING AN OFFICE 06
STAFFING 07
PRICING GUIDE 08

CHAPTER 3. WHAT TECHNOLOGY DO I NEED? 09

CHOOSING AN EHR 09
EHR INTEGRATIONS 09
IMAGING AND LAB INTEGRATIONS 10

CHAPTER 4. DIRECT CARE MARKETING 101 11

"YOUR PATIENTS ARE YOUR BEST MARKETERS" 11
BUILDING A WEBSITE 12
USING SOCIAL MEDIA 14
OTHER TACTICS 14

CHAPTER 5. LEGAL CONSIDERATIONS FOR DIRECT CARE PRACTICES 15

FINDING A LAWYER 15
MALPRACTICE INSURANCE 16
DIRECT CARE POLICY 16

CHAPTER 6. OPTIMIZING FOR PRACTICE SUCCESS 17

SETTING GOALS AND DETERMINING SUCCESS METRICS 17
IN SUMMARY 18



What is *Direct Care?*

Direct Care is a medical practice model where providers contract directly with patients. For almost all of America's history, Americans paid their provider directly for care. It was only in the 20th century that health insurance outpaced out-of-pocket pay as the primary revenue source for medical practices. But since the turn of the 21st century, direct care has made a resurgence. [1]

> "Less time charting = more time with patients."
>
> **LISA DAVIDSON, MD INSIGHT**
> **PRIMARY CARE**
> **DENVER, CO**
> **ELATION USER SINCE MAY '15**

In 2005, there were fewer than 150 physicians practicing in direct primary care, concierge, and other direct care models. This number grew 5x in the next five years, to 756 in 2010, and then even more rapidly to an estimated 6,500 direct care physicians across the country by the end of 2015. [2]

48% GROWTH

AVERAGE DIRECT CARE PATIENT PANEL AFTER THE FIRST 6 MONTHS ON ELATION

639 PATIENTS

THE AMOUNT OF PATIENTS A SINGLE DIRECT CARE PROVIDER ON ELATION MANAGES ON AVERAGE

1 TO 55 PHYSICIANS

DIRECT CARE PRACTICE MODELS ON ELATION RANGE FROM 1 TO 55 PHYSICIANS

1. IHS MARKIT. THE COMPLEXITIES OF PHYSICIAN SUPPLY AND DEMAND 2017 UPDATE: PROJECTIONS FROM 2015 TO 2030. ASSOCIATION OF AMERICAN MEDICAL COLLEGES WEBSITE. HTTPS://AAMC-BLACK.GLOBAL.SSL.FASTLY.NET/PRODUCTION/MEDIA/FILER_PUBLIC/A5/C3/A5C3D565-14EC-48FB-974B-99FAFAEECB00/AAMC_PROJECTIONS_UPDATE_2017.PDF. FEBRUARY 28, 2017.
2. THE PHYSICIANS FOUNDATION. A SURVEY OF AMERICA'S PHYSICIANS: PRACTICE PATTERNS AND PERSPECTIVES. THE PHYSICIANS FOUNDATION WEBSITE. HTTP://WWW.PHYSICIANSFOUNDATION.ORG/UPLOADS/DEFAULT/PHYSICIANS_FOUNDATION_2012_BIENNIAL_SURVEY.PDF. SEPTEMBER 2012. ACCESSED APRIL 12, 2017.

The complexities of contracting with insurers have placed more demands on physicians in recent years, leading more to choose direct care. This alternative payment model has helped strengthen the relationship between patients and physicians in many communities, allowing physicians more control over their patient panel sizes, practice staffing, and care delivery. [3]

For physicians, adopting a direct care model can improve work-life balance, reduce practice overhead, bring higher per patient revenues, and maintain physician autonomy. [4]

For patients, direct care can mean a greater degree of access to, and time with, physicians. Improved communication and more regular, engaged care leads to fewer unnecessary tests, less frequent hospital visits, and lower total cost of care. [5]

> "The goal of direct care is to spend more time with the patient rather than documenting that visit. At the same time, good record keeping is paramount to good patient care and communication is integral to coordination and maintenance of that care"

KEN RICTOR, MD
SCOTLAND FAMILY MEDICINE
SCOTLAND, PA
ELATION USER SINCE MAR '15

3. BECK M. WITH DIRECT PRIMARY CARE, IT'S JUST DOCTOR AND PATIENT. WALL STREET JOURNAL WEBSITE. HTTPS://WWW.WSJ.COM/ARTICLES/WITH-DIRECT-PRIMARY-CARE-ITS-JUST-DOCTOR-AND-PATIENT-1488164702. FEBRUARY 27, 2017. ACCESSED APRIL 12, 2017.
4. AMERICAN ACADEMY OF FAMILY PHYSICIANS. DPC: AN ALTERNATIVE TO FEE-FOR-SERVICE. AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE. HTTP://WWW.AAFP.ORG/PRACTICE-MANAGEMENT/PAYMENT/DPC.HTML. ACCESSED APRIL 12, 2017.
5. DOHERTY R, FOR THE MEDICAL PRACTICE AND QUALITY COMMITTEE OF THE AMERICAN COLLEGE OF PHYSICIANS. ASSESSING THE PATIENT CARE IMPLICATIONS OF "CONCIERGE" AND OTHER DIRECT PATIENT CONTRACTING PRACTICES: A POLICY POSITION PAPER FROM THE AMERICAN COLLEGE OF PHYSICIANS. ANN INTERN MED. 2015;163:949-952. DOI: 10.7326/M15-0366

Understanding Direct Care

THE DIRECT CARE MODEL



PATIENT DOCTOR

Direct care is a departure from the fee-for-service model. Instead of receiving reimbursement for each service rendered, physicians receive a per-patient amount per month, quarter, or year. This fee can range from $50 per month to thousands or more per year, depending on the practice's level of service and operating model.

For patients, the subscription fee covers almost all primary care services including clinical, laboratory, consultative services, care coordination and comprehensive care management. In addition to direct care, many patients elect to acquire a high-deductible wraparound policy to cover the emergency care that is not covered under direct care. [6]

TRADITIONAL FEE FOR SERVICE MODEL



PATIENT EHR INSURANCE CLAIM BILLING SYSTEM CLEARING HOUSE RECONCILIATION DOCTOR

6. BECK M. WITH DIRECT PRIMARY CARE, IT'S JUST DOCTOR AND PATIENT. WALL STREET JOURNAL WEBSITE. HTTPS://WWW.WSJ.COM/ARTICLES/WITH-DIRECT-PRIMARY-CARE-ITS-JUST-DOCTOR-AND-PATIENT-1488164702. FEBRUARY 27, 2017. ACCESSED APRIL 12, 2017.

Direct care providers generally exist outside the traditional insurance system. Thus in direct care, patients or employers pay membership fees directly to practices. This medical practice model means that physician contracts are not with insurers but directly with patients or with businesses, as a benefit for employees, which can result in large savings for employers.

Within direct care, business models vary significantly. Some direct primary care practices or “DPC” practices rely solely on a monthly retainer fee and aim to keep care affordable while serving a wide range of patient demographics. Others offer concierge care with round the clock access to physicians in exchange for a higher retainer fee, appealing to wealthier patients.

Many practices use hybrid models to combine elements of direct care and fee-for-service, and bill insurance in addition to contracting directly with patients. Hybrid practices are popular for physicians who want to continue to see insurance patients while also transforming their practice towards direct care. Providers interested in a hybrid model should consult legal counsel to make sure they are compliant with insurance regulations.

Deciding to join the DPC community.

Physicians have much to consider in starting a direct care practice. Whether graduating medical school, transitioning from a fee-for-service model, or considering leaving employment at a health organization, the stakes are high. Patients, staff members, legal counsel, business partners, and technology vendors must all be consulted during the decision making process.

It’s helpful for physicians considering direct care to connect with other physicians and talk to them about their experiences. Going to direct care-oriented events can also help inform your choice. There are also resources online, including this e-book, which has an appendix with more resources for those interested in learning more.



Starting A Direct Care Practice

Establishing a practice may be one of the most challenging aspects of the direct care journey, but once a physician has succeeded, they get back to focusing more time on their patients. What are some of the things new direct care physicians should pay attention to as they are assembling their practice?

Finding an office.

Starting the office search starts strictly with thinking about budget. Undercapitalization is the number one reason for business failure, so make sure to have the proper capital to not only obtain office space but get your office up and running. Direct care practices often need smaller spaces than traditional practices because patient loads are lower. Location matters when choosing space. Direct care practices that are accessible and highly visible retain more patients and have an easier time attracting new ones.[7] Once financing and locale have been finalized, it's important to think about whether or not you should purchase office space or rent it. Renting, at least in the beginning, means more flexibility and less risk.

7. DUPLECHAIN J. LA MEDICAL SOCIETY: INTERVIEW WITH DR. GARRISON BLISS ON DPC MODEL. DIRECT PRIMARY CARE JOURNAL WEBSITE. HTTPS://DIRECTPRIMARYCAREJOURNAL.COM/2014/05/24/LA-MEDICAL-SOCIETY-INTERVIEW-WITH-DR-GARRISON-BLISS-ON-DPC-MODEL. MAY 24, 2014. ACCESSED APRIL 12, 2017.

Timing is a consideration as well. Typically, the process of securing office space and filing paperwork takes approximately 6 months. It's important that aspiring direct care doctors are prepared to devote that amount of time to starting their new practice. [8]

> "One of the great things about having a medical practice in a direct care environment, is that my practice is so much less office-centric - the ability to use texting, email, telephone, and do house calls allows for so much more flexibility."

BRIAN BIRDWELL, MD
MAINSTREET CLINIC LAWTON, OK
ELATION USER SINCE JAN '15

Staffing

One of the greatest advantages of the direct care model is lower practice overhead and correspondingly, a smaller practice staff. Some direct care practices operate without any staff at all, while others that convert from traditional models can reduce staffing by 50%. For many successful practices, however, hiring a trusted and visionary office manager can be extremely valuable.

Ensuring a high quality patient experience is a critical driver for membership-based, direct care practices. Search for staff with excellent communication skills, who can build strong relationships and provide a welcoming front office presence when patients visit the office.

Starting your search in existing networks can be an effective way to recruit new staff, for those looking for a staff member to support their direct care practice. Professional firms can also assist by sourcing highly-qualified candidates and manage the hiring process.

8. MBA HEALTH GROUP. WHAT DO I NEED TO KNOW TO OPEN A MEDICAL PRACTICE? MBA HEALTH GROUP WEBSITE. HTTP://WWW.MBAHEALTHGROUP.COM/2016/02/TOP-5-MISTAKES-MADE-WHEN-YOU-OPEN-A-MEDICAL-PRACTICE/. ACCESSED APRIL 12, 2017.

Pricing Guide

Setting per-patient pricing is a key final step in setting up your practice. Membership fees range widely and can vary on an individual and family basis. Accounting for age, geography, and local patient demographics are all key inputs to effective pricing strategy.

Direct care physicians also need to decide how much they need to make to keep their practice afloat, and how much they would like to make in an ideal situation. This calculation can be accomplished taking:

- **SUM ALL EXPENSES (SALARIES, OFFICE SPACE, AND ALL OTHER OPERATING EXPENSES)**
- **DIVIDE BY ANTICIPATED SIZE OF THE PATIENT PANEL**

Assume a baseline of 300-500 patients per physician as an average panel size. [9] This calculation will give a practice a break-even price point, and the physician can then consider desired take home pay as a final input in setting pricing for their practice. When choosing a fee schedule, consider the overhead of managing more complex pricing or if staff will have technology to support your chosen pricing schedule.

SAMPLE FEE SCHEDULE A

0 - 18 YEARS = $

19 - 30 YEARS = $$

31 - 60 YEARS = $$$

61+ YEARS = $$$$

SAMPLE FEE SCHEDULE B

0 - 18 YEARS = $

19+ YEARS = $$

9. ELATION HEALTH SURVEY OF 150 DIRECT CARE PHYSICIANS, 2017



What Technology Do I Need?

Direct care physicians tend to be heavy users of technology in their practices, due to the demands of retaining memberships. Practices need access to a wide-range of technology and services, from patient marketing platforms to labs and imaging services. Which technology is optimized for and best suited to meet the needs of direct care practices?

Choosing an EHR

The EHR is a critical first choice for any physician starting a direct care practice. This tool will be the main technology a physician engages with throughout their day, and must keep workflows efficient and inform decisions at the point of care. Some key questions to consider when choosing an EHR:

- Will this system allow me to document without compromising patient-physician interactions?
- Is there a focus on care quality rather than reimbursements?
- Can I document visits without any mandatory billing and quality reporting workflows?
- Does this platform have integrated practice management tools?
- Can I leverage patient engagement features?

> "The role of an EHR is to make sure that there's nothing in the way of building that relationship - whether it be delayed lab results, loss of professional notes, or a clunky system."

GARRISON BLISS, MD
BLISSMD
SEATTLE, WA
ELATION USER SINCE AUG '15

	Elation	MOST OTHER EHRS
Included with your subscription		
e-Prescribing	✓	✓
Lab interfaces	✓	At additional cost
Patient portal	✓	Maybe
E-faxing in & out	✓	–
Automatic updates	✓	Maybe
EHR Data Conversion: Demographics, Documents, C-CDA	✓	Maybe
Implementation	✓	–
Easy and risk-free		
No long-term commitment	✓	–
E-faxing in & out	✓	–
No reduction in patient load	✓	–
Training takes one hour or less	✓	–
Training and support		
Lab interfaces	✓	At additional cost
Urgent support in 30 mins	✓	–

EHR Integrations

Secondary tools that can integrate with an EHR help complete the practice management. Below is a list of key software categories direct care physicians should evaluate when starting or growing their practice:

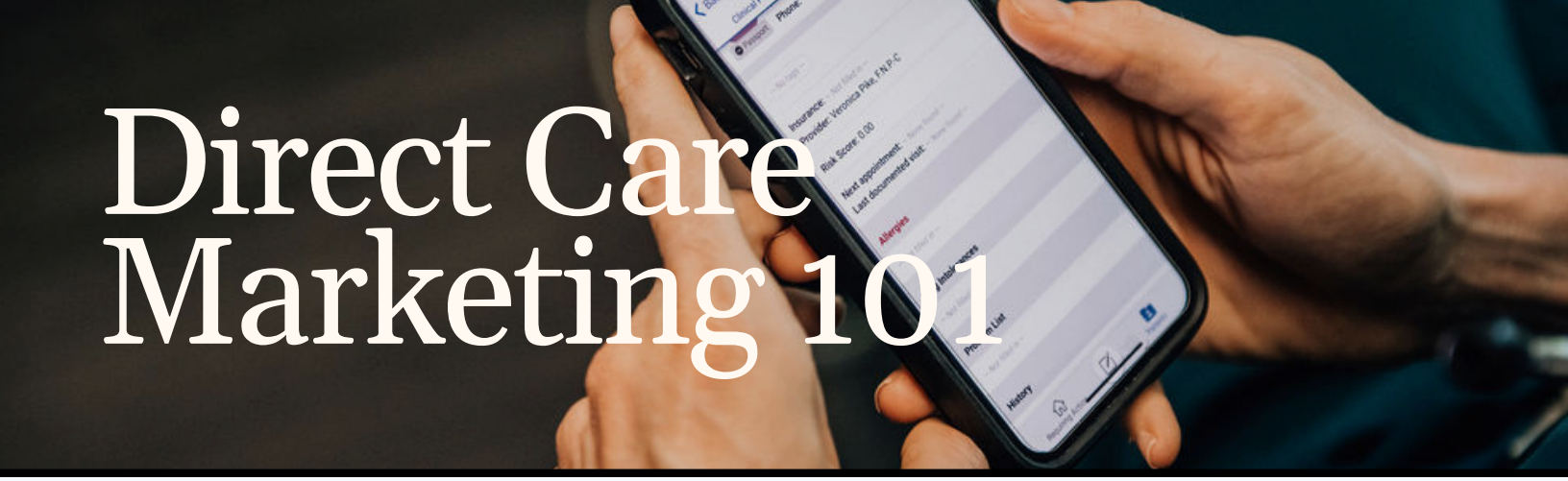
- Patient marketing
- Customer Relationship Management (CRM
- Memberships management and billing
- Telemedicine

Imaging and lab integrations

Direct care patients seeking laboratory testing and imaging procedures should be referred to independent testing and imaging centers for treatment. Often times, direct care-friendly facilities will offer a discount for lab work and off-site testing which can be arranged through vendors.

- Labs
- Imaging

Elation's EHR is integrated with partners in all of these categories.See a complete list at **elationhealth.com/partners.**



Direct Care Marketing 101

Effective marketing can differentiate a typical direct care practice from a successful one. What strategies and tactics can help bring in patients, especially when a practice is first starting?

"Your patients are your best marketers"

Leveraging word of mouth has been an immensely effective strategy for many successful direct-care physicians.[10] Even though the direct care model is known for selling itself, educating your patients about the benefits of direct care can help them serve as ambassadors for your practice. For a more structured way to encourage your patients to spread the word about your practice, you could create a patient referral campaign that incentivizes new referrals.

Other partnerships, particularly those with employers, can also help you scale up your practice. An effective co-marketing campaign between partner organizations could yield a large return with a relatively small amount of resources.

10. RESTREPO K. THE MANY FLAVORS OF DIRECT PRIMARY CARE. FORBES WEBSITE. HTTPS://WWW.FORBES.COM/SITES/KATHERINERESTREPO/2016/02/26/THE-MANY-FLAVORS-OF-DIRECT-PRIMARY-CARE/#40EF30D2597F. FEBRUARY 26, 2016. ACCESSED APRIL 12, 2017

> “The nice advantage to having a direct care practice is that you can actually solve problems during the day. Patients have time to speak to their doctors and have several of their issues collaboratively integrated and addressed. I don’t have the same restrictions that volume-based practices have placed on them. I get the opportunity to educate my patients.”

JACK FORBUSH, DO
OSTEOPATHIC CENTER FOR FAMILY MEDICINE
HAMPDEN, ME
ELATION USER SINCE DEC ‘13

Building A Website

Having an online presence through a personal website can help your practice build credibility and provide information in an accessible format. In particular, a well-designed and responsive website will help your practice stand out from the crowd. Here are some key elements your website should include:

- Contact page with location and hours of operation
- About Us page to tell your story
- Testimonials to showcase the care you provide
- Practice Blog to help attract new patients
- Services page to communicate what you offer

Once your practice has developed and designed a personalized site, you can utilize search engine optimization (SEO) to attract new patients by optimizing your site for specific search terms, or keywords prospective patients might be searching for.

Understanding Direct Care

Here are some of the free website and SEO tools available to direct care physicians:

- Squarespace
- WordPress
- Wix
- Weebly
- Google: Analytics, Webmaster Tools, Keyword Planner, Trends
- Quicksprout

AWARENESS - PROSPECTIVE PATIENTS LEARN ABOUT YOUR PRACTICE THROUGH WORD OF MOUTH, ADVERTISEMENTS, OR FROM THEIR EMPLOYER.

INTEREST - EDUCATE PATIENTS ON THE BENEFITS OF YOUR PRACTICE TO ESTABLISH INTEREST IN JOINING.

DECISION - HELP PATIENTS TO EVALUATE ALL OF THEIR OPTIONS FOR CARE AND TO MAKE THE DECISION THAT'S RIGHT FOR THEIR NEEDS.

ACTION - ONCE A PATIENT COMMITS TO JOINING, ENSURE A SMOOTH EXPERIENCE FROM SIGN-UP ALL THE WAY TO THE FIRST VISIT.

BEGINS PATIENT — PHYSICIAN RELATIONSHIP



Using social media



Private practice physicians often consider whether or not a social media strategy could benefit them. It's important to think about whether your practice has the resources and time needed to commit to such a strategy. Posting timely, relevant content is one way to bring exposure to your practice in the short-term. A more long-term strategy would consist of community building, first defining an audience and devising a strategic plan to engage with this audience over time. When initiating any sort of online communication where patient information may be at risk, physicians should carefully avoid any HIPAA violations. Sensitive situations include posting images of patients without their consent, compromising patient confidentiality by posting identifying information, and communicating with patients via a social media platform

Other tactics

Several other marketing tactics could be pursued as part of a larger marketing campaign. Traditional marketing methods such as printed brochures and fliers can inform prospective patients. Publicity via sponsorships, media outreach, or advertising could also be potent for a new direct care practice. Finally, getting on physician listing sites will help patients looking for a new doctor find your practice



Legal Considerations for Direct Care Practices

Like most medical businesses, direct care practices have legal needs outside of the scope of a physician's training. Taking advantage of legal help and resources can play a large role in helping your practice comply with laws and employ legal protections.

Finding a lawyer

Selecting a lawyer is a critical step as incorporating your business and ensuring compliance with applicable regulations will be a key step. To save fees, map out a schedule or statement of work prior to engaging legal counsel, and set a budget in advance. To find counsel experienced in direct care models, physician advocacy organizations like the AAFP or Direct Primary Care Coalition can be helpful resources. The best source for legal advice will be recommendations from physician colleagues, which are most likely to yield legal counsel that regularly encounters issues relevant to direct care practices.

Malpractice insurance

According to The Cooperative of American Physicians (CAP), direct pay physicians have "better medical professional liability loss experience than a typical family practice/internal medicine physician." [11] In fact, because DPC doctors have fewer claims than regular physicians, they can receive a nearly 50% discount on the cost of their malpractice insurance. With significantly lower malpractice premiums, DPC physicians can more easily obtain such insurance to protect their practices against potentially damaging lawsuits.

11. CONCIERGE MEDICINE TODAY. NATIONWIDE MEDICAL MALPRACTICE COMPARISON FROM 2004 TO 2014 SHOWS CONCIERGE MEDICINE DOCTORS HAVE FAR FEWER MEDICAL MALPRACTICE CLAIM PAYMENTS THAN MANAGED CARE MDS AND DOS. HTTPS://DIRECTPRIMARYCAREJOURNAL.COM/NATIONAL-10-YEAR-ANALYSIS-OF-CONCIERGE-MEDICINE-MALPRACTICE-CASES-SHOW-THAT-PHYSICIANS-CAN-RECEIVE-STEEP-DISCOUNTS-FROM-LIABILITY-CARRIERS-ACROSS-U-S-PLUS -INFOGRAPHIC/. JANUARY 7, 2015. ACCESSED APRIL 12, 2017.

Direct Care Policy

There are currently a number of policies at the state and federal level that that could impact direct care physicians. The proposed policies relevant to direct care currently under U.S. Congress consideration include the Health Savings Act of 2016 and the Primary Care Enhancement Act. These acts would enable direct care membership fees to qualify as HSA expenses, opening up a broad new patient base for direct care practices. [12]

Currently, IRS policy is in conflict with HHS ACA essential health benefit rules. The IRS views direct care membership fees as a secondary "health plan." This means the direct care periodic membership fee is not a qualified HSA expense. Likewise, even though Medicare patients are the nation's highest utilizers of care, most are unable to receive direct care, unless they receive coverage under a Medicare Managed Care Plan. In the Affordable Care Act, Section 1301 and amendment Section 10104 state that direct care along with a catastrophic or high deductible insurance plan fulfills the ACA's standard of full "insurance." So a patient that receives direct care will be exempt from the individual's mandate's penalties for a lack of insurance. At the state level, only 16 states have passed direct care legislation that defines it as a service outside the scope of state insurance regulation. As more and more legislation is passed, direct care practices will likely be able to provide care for their patients more freely. [13]

12. AMERICAN ACADEMY OF FAMILY PHYSICIANS. HOUSE BILL TO EXPAND DIRECT PRIMARY CARE WINS AAFP SUPPORT. AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE. HTTP://WWW.AAFP.ORG/NEWS/GOVERNMENT-MEDICINE/20160927DPCBILL.HTML. SEPTEMBER 27, 2016. ACCESSED APRIL 12, 2017.
13. MCCORRY D. DIRECT PRIMARY CARE: AN INNOVATIVE ALTERNATIVE TO CONVENTIONAL HEALTH INSURANCE. HERITAGE FOUNDATION WEBSITE. HTTP://WWW.HERITAGE.ORG/HEALTH-CARE-REFORM/REPORT/DIRECT-PRIMARY-CARE-INNOVATIVE-ALTERNATIVE-CONVENTIONAL-HEALTH-INSURANCE. AUGUST 6, 2014. ACCESSED APRIL 12, 2017.



Optimizing For Practice Success

Setting goals and parameters to evaluate and optimize your practice performance can enable direct care physicians can run their businesses more effectively and efficiently.

> "I strongly believe that you simply cannot practice effective medicine without really getting to know your patients. Each person is unique, with different goals and ideas for their pwn healthcare and understanding these goals is the key to an effective doctor-patient relationship."

MICHAEL KELLER, MD
SUMMIT PRIMARY CARE
DENVER, CO
ELATION USER SINCE AUG '15

In any medical practice, setting goals around care quality for your patients is a must. In addition, for direct care practices that contract directly with patients its important to establish indicators of business health. Specific metrics and performance indicators to keep track of and build goals for include:

- Number of patients in panel
- Number of patient visits/day
- Patient wait times
- Average time to an appointment
- Number of visits/patient/month
- Average patient encounter time

Technology can help you measure and analyze the goals and metrics you set for your practice. Once these goals are outlined, measured, and evaluated, direct care physicians should analyze their performance and ask important questions about their business performance. By clearly indicating the tactics and strategies employed, doctors can then isolate what worked and what didn't work.

In Summary

What are some of the most effective strategies for optimizing a direct care practice?

1. DELIVERING A GREAT PATIENT EXPERIENCE:

Focusing on your patients and delivering a great experience will have a positive side effect for your practice – your patients will help you grow

2. UTILIZING CARE-FOCUSED TOOLS:

Streamlining and optimizing current workflows within an EHR can allow for greater efficiency and consequently, a larger quantity of patients.

3. DEVELOPING A PROFITABLE PRACTICE:

Establishing a healthy, sustainable model for operating a physician practice creates stability for patients, a better quality of life for care providers, and overall efficiency in the healthcare system.

Reference List

1. IHS MARKIT. THE COMPLEXITIES OF PHYSICIAN SUPPLY AND DEMAND 2017 UPDATE: PROJECTIONS FROM 2015 TO 2030. ASSOCIATION OF AMERICAN MEDICAL COLLEGES WEBSITE. HTTPS://AAMC-BLACK.GLOBAL.SSL.FASTLY.NET/PRODUCTION/MEDIA/FILER_PUBLIC/A5/C3/A5C3D565-14EC-48FB-974B-99FAFAEECB0 0/AAMC_PROJECTIONS_UPDATE_2017.PDF. FEBRUARY 28, 2017. ACCESSED APRIL 12, 2017.

2. THE PHYSICIANS FOUNDATION. A SURVEY OF AMERICA'S PHYSICIANS: PRACTICE PATTERNS AND PERSPECTIVES. THE PHYSICIANS FOUNDATION WEBSITE. HTTP://WWW.PHYSICIANSFOUNDATION.ORG/UPLOADS/DEFAULT/PHYSICIANS_FOUNDATION_2012_BIENNIAL_SURVEY.PDF. SEPTEMBER 2012. ACCESSED APRIL 12, 2017.

3. BECK M. WITH DIRECT PRIMARY CARE, IT'S JUST DOCTOR AND PATIENT. WALL STREET JOURNAL WEBSITE. HTTPS://WWW.WSJ.COM/ARTICLES/WITH-DIRECT-PRIMARY-CARE-ITS-JUST-DOCTOR-AND-PATIENT-1488164702. FEBRUARY 27, 2017. ACCESSED APRIL 12, 2017.

4. AMERICAN ACADEMY OF FAMILY PHYSICIANS. DPC: AN ALTERNATIVE TO FEE-FOR-SERVICE. AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE. HTTP://WWW.AAFP.ORG/PRACTICE-MANAGEMENT/PAYMENT/DPC.HTML. ACCESSED APRIL 12, 2017.

5. DOHERTY R, FOR THE MEDICAL PRACTICE AND QUALITY COMMITTEE OF THE AMERICAN COLLEGE OF PHYSICIANS. ASSESSING THE PATIENT CARE IMPLICATIONS OF "CONCIERGE" AND OTHER DIRECT PATIENT CONTRACTING PRACTICES: A POLICY POSITION PAPER FROM THE AMERICAN COLLEGE OF PHYSICIANS. ANN INTERN MED. 2015;163:949-952. DOI: 10.7326/M15-0366

6. BECK M. WITH DIRECT PRIMARY CARE, IT'S JUST DOCTOR AND PATIENT. WALL STREET JOURNAL WEBSITE. HTTPS://WWW.WSJ.COM/ARTICLES/WITH-DIRECT-PRIMARY-CARE-ITS-JUST-DOCTOR-AND-PATIENT-1488164702. FEBRUARY 27, 2017. ACCESSED APRIL 12, 2017.

7. DUPLECHAIN J. LA MEDICAL SOCIETY: INTERVIEW WITH DR. GARRISON BLISS ON DPC MODEL. DIRECT PRIMARY CARE JOURNAL WEBSITE. HTTPS://DIRECTPRIMARYCAREJOURNAL.COM/2014/05/24/LA-MEDICAL-SOCIETY-INTERVIEW-WITH-DR-GARRISON-BLISS-ON-DPC-MODEL. MAY 24, 2014. ACCESSED APRIL 12, 2017.

8. MBA HEALTH GROUP. WHAT DO I NEED TO KNOW TO OPEN A MEDICAL PRACTICE? MBA HEALTH GROUP WEBSITE. HTTP://WWW.MBAHEALTHGROUP.COM/2016/02/TOP-5-MISTAKES-MADE-WHEN-YOU-OPEN-A-MEDICAL-PRACTICE/. ACCESSED APRIL 12, 2017.

9. ELATION HEALTH SURVEY OF 150 DIRECT CARE PHYSICIANS, 2017

Reference List

10. RESTREPO K. THE MANY FLAVORS OF DIRECT PRIMARY CARE. FORBES WEBSITE. HTTPS://WWW.FORBES.COM/SITES/KATHERINERESTREPO/2016/02/26/THE-MANY-FLAVORS-OF-DIRECT-PRIMARY-CARE/#40EF30D2597F . FEBRUARY 26, 2016. ACCESSED APRIL 12, 2017.

11. CONCIERGE MEDICINE TODAY. NATIONWIDE MEDICAL MALPRACTICE COMPARISON FROM 2004 TO 2014 SHOWS CONCIERGE MEDICINE DOCTORS HAVE FAR FEWER MEDICAL MALPRACTICE CLAIM PAYMENTS THAN MANAGED CARE MDS AND DOS. HTTPS://DIRECTPRIMARYCAREJOURNAL.COM/NATIONAL-10-YEAR-ANALYSIS-OF-CONCIERGE-MEDICINE-MALPRACTICE-CASES-SHOW-THAT-P HYSICIANS-CAN-RECEIVE-STEEP-DISCOUNTS-FROM-LIABILITY-CARRIERS-ACROSS-U-S-PLUS-INFOGRAPHIC/. JANUARY 7, 2015. ACCESSED APRIL 12, 2017.

12. AMERICAN ACADEMY OF FAMILY PHYSICIANS. HOUSE BILL TO EXPAND DIRECT PRIMARY CARE WINS AAFP SUPPORT. AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE. HTTP://WWW.AAFP.ORG/NEWS/GOVERNMENT-MEDICINE/20160927DPCBILL.HTML. SEPTEMBER 27, 2016. ACCESSED APRIL 12, 2017.

13. MCCORRY D. DIRECT PRIMARY CARE: AN INNOVATIVE ALTERNATIVE TO CONVENTIONAL HEALTH INSURANCE. HERITAGE FOUNDATION WEBSITE. HTTP://WWW.HERITAGE.ORG/HEALTH-CARE-REFORM/REPORT/DIRECT-PRIMARY-CARE-INNOVATIVE-ALTERNATIVE-CONVENTIONAL-HEALTH-INSURANCE. AUGUST 6, 2014. ACCESSED APRIL 12, 2017.


Elation
ELATIONHEALTH.COM