



## Why DPC?

*By Dr. Jeff Davenport, One Focus Medical*

Six years in a large east coast health system spent training clinical teams, residents, administrators, patients and families in clinical quality improvement methods, and conducting population-based outcomes research propelled me to these questions 6 months ago:

Can big systems do this?

Are they capable?

Or do we need a grassroots innovation by doctors, patients, and employers to demonstrate real value for consumers in healthcare.

Sure there are examples of big systems achieving great care at low cost, but *is this scalable?* Even in those systems, is it islands of excellence like we had on Long Island, or are nearly all patients getting the right care at the right time at the right price? Is administrative leadership *really* the leadership we need in healthcare?

Or do we need a maverick approach? What if doctor's set their own prices for services, and let patients, families, and employers decide what to pay for?

Let me explain. We have a system. We all know this. And the system is broken. Costs are spiraling. Patients are not more satisfied with the care they receive today than they were 30 years ago. Advances in research and technology, while groundbreaking at the disease level, have not necessarily led to health, better quality of life, increased productivity at work, and longer life expectancy. In fact, some people would argue that as we understand more about the body and about disease we grow farther away from conveniently accessing those important innovations because we keep adding layers of people who want a "piece of the action."

Patients receive healthcare in clinical settings like offices, hospitals, operating rooms and the like. These are the 'frontlines' of healthcare- where the actual work of healing occurs. This is where we train to be doctors, where we learn listen, treat, medicate, hold a hand, cut into, support, educate, inspire, motivate, and do our jobs as clinical experts. The "frontlines of care" are where the work of doctoring happens.

While well meaning and somewhat transformative in their efforts to change, the fact remains that insurers are not in the room when patients are being treated. No code, label or document can capture the presence or absence of value the way a patient's impressions and experience can. Patients determine first and foremost who can perform and who cannot. Patients and families are first and foremost to determine whether a physician, team of physicians, and clinical teams are wasteful, inefficient, costly, or require improvement. But in the midst of cash flow to and from doctors, employers, patients and families is health insurance- whether corporate or government.

I am learning in my new direct pay endeavor that when my patients and small businesses are provided cost information they become eager participants in both cost-cutting and quality improvement- and suddenly the conversation deepens. Risks, outcomes, predictive value, sensitivity, specificity are suddenly part of the dialogue. And I have to be more on my toes with more information and with venues for delivering it because my patients are demanding it. Shared decision making is a natural part of this kind of interaction- people want to know what they are paying for and why. They are deciding how to budget their dollars. Unnecessary intervention, panels of nonspecific tests and knee-jerk referrals drop into a primordial wastebasket labeled 'time and money'.

Primary care practiced in the context of 'direct pay' distills patient centered care by default. Measurement is important. But in primary care *time* is also a metric of quality, and *dollars* a metric of quantity. Perhaps the truest measure of value in healthcare is best determined by the patients, families and employers.

Crescent Medical, PLLC is based on a membership structure in which patients and families pay a modest monthly fee for comprehensive primary care services that include 24/7 access via technology, lengthy appointment times, and discounted medications and tests. In one word- Crescent Medical makes primary care **convenient** and affordable for patients, families, AND small businesses struggling to provide healthcare to their employees.

One patient commented this week, "You care so much. You are doing case management with every patient." I guess the fact that I can afford to have a smaller panel means I can do more for each patient. It means I have time to care about their health and their wellbeing, which happens to include their pocketbook.

This is the way I always wanted to care for people. And the academic in me hypothesizes that this is a powerful way to impact cost and quality. Crescent Medical, PLLC is committed to helping build a different kind of system that yields results where they matter most.

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