Alternative Payment Primary Care in Utah (Direct, Concierge, other)
Objectives

- Understand background of Direct Primary care in the US
- Understand current alternative payment arrangements for the delivery of Primary Care existing in Utah
- Discuss the opportunities and challenges of alternative Primary care models for Utah physicians
- Dialogue with clinicians and administrators delivering care in these models in Utah
What is Direct Primary Care?

- Meaningful alternative to fee-for-service insurance billing
- Charging patients a monthly, quarterly, or annual fee (i.e., a *retainer*) covering most primary care services including clinical, laboratory
- Includes consultative services, and care coordination and comprehensive care management
- Patient panel sizes small enough to support this commitment to service

Note: Concierge practice charge a retainer but continue to bill fee for service plans
2014 AAFP Practice Survey
- 2% of physicians report practicing in a direct primary care setting
- 7% are assessing whether to make the switch

2015 survey sponsored by Kareo, EHR software firm
- 10 percent of doctors were either working in direct primary care or planning to transition to it
- 43 percent “would consider” such a move

2015 survey by Direct Primary Care Journal of 147 self-identified direct primary care practices
- 83% of direct primary care physicians specialize in family medicine or internal medicine
- Patients are typically Gen Xers or millennials with annual household income of less than $95,000
- 2/3 of the practices have monthly fees ranging from $25 to $85
Panelists

- Yong Hui Ahn, M.D., Alpine Internal Medicine
- Daniel Thompson, MD, Zenith Direct Care and Riverton Family Health Center
- Aaron Monson, MBA, Zenith Direct Care and Riverton Family Health Center
- Rachot Vacharothon, MD, Medallus Medical
Backgrounds
Questions for the Panel

- What are some of the best aspects of your current care model?
- What are some of the challenges?
- How do current national initiatives like The Affordable Care Act, Medicare Incentive payments for EHRs or Quality, Payer incentive models, high deductible plans affect your practice?
- What barriers exist in the current health care climate for your model to thrive?
- What are the most important characteristics of physicians that choose these practice settings?
Questions?