

# Patient-First Models of Healthcare

Direct Primary Care — The Patient Centered Medical Home

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President and Founder, 121MD DPC

Past President, Society for Innovative Medical Practice Design



# DPC — The Patient Centered Medical Home

## Objectives

- My perspective of the flawed medical system
- My knowledge and journey with direct primary care
- How DPC practices create a new, uncontested market space (*Blue Ocean*)
  - Making other physicians and healthcare providers irrelevant
- DPC History/Models/Resources
- The Mark Brown Amendment – I'm not Medical Care!
  - My attempt at changing one small aspect of Healthcare (HSAs > DPC)
- Peacekeepers vs. Peacemakers



# Chris Ewin M.D., FAAFP

## Conflicts of Interest: None

- Tulane University — B.S., M.D., Pediatric Internship
- Montego Bay, Jamaica — District Medical Officer, 1986-1987
- John Peter Smith Hospital — Fort Worth, TX
  - Family Practice Residency, 1987-1990
- Private Practice, 1990-2000
- PDX-NHIN — Chief Medical Officer, 2000-2002
  - Pharmacy software company for small chains and independent pharmacies
- 121MD — Direct Primary Care Practice
  - Founded January 2003



**“Bummer of a birthmark, Hal.”**

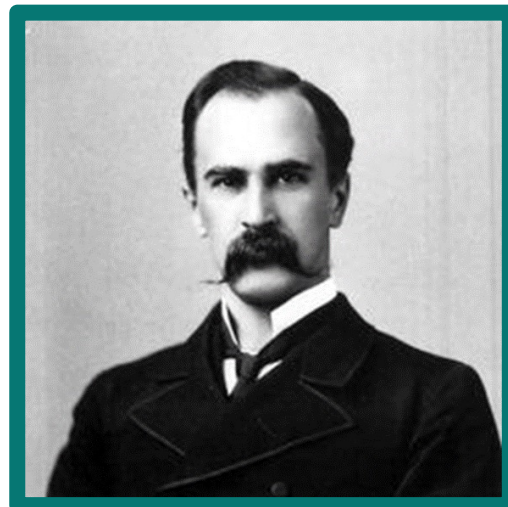




# Words of Wisdom

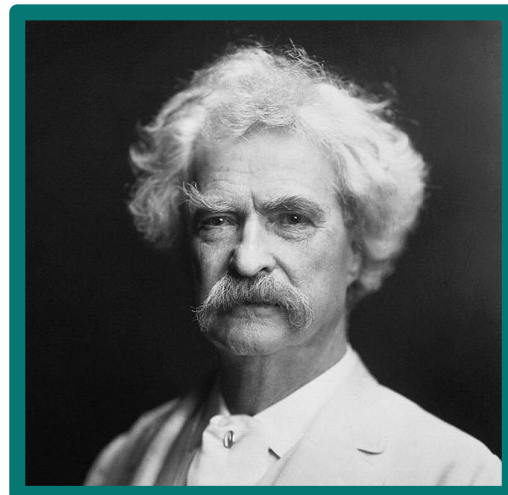
## Sir William Osler 1<sup>st</sup> Baronet, FRS FRCP

- Canadian physician
- One of four founding professors of Johns Hopkins Hospital
- Born: July 12, 1849
- Died: December 29, 1919



“The hardest conviction to get into the mind of a **beginner** is that the **education** upon which he is engaged is not a college course, not a medical course, but **a life course, for which the work of a few years under teachers is but a preparation.**”

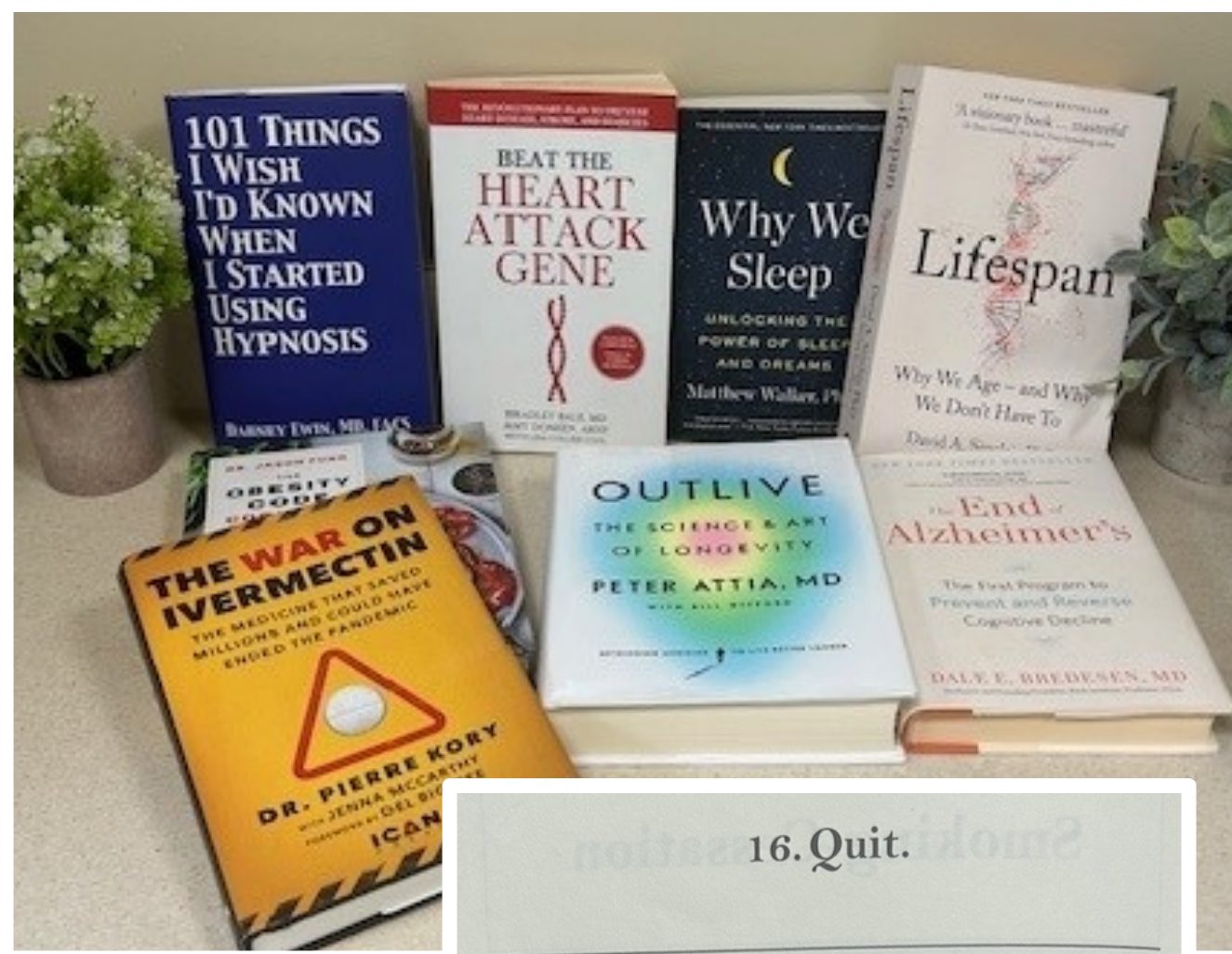
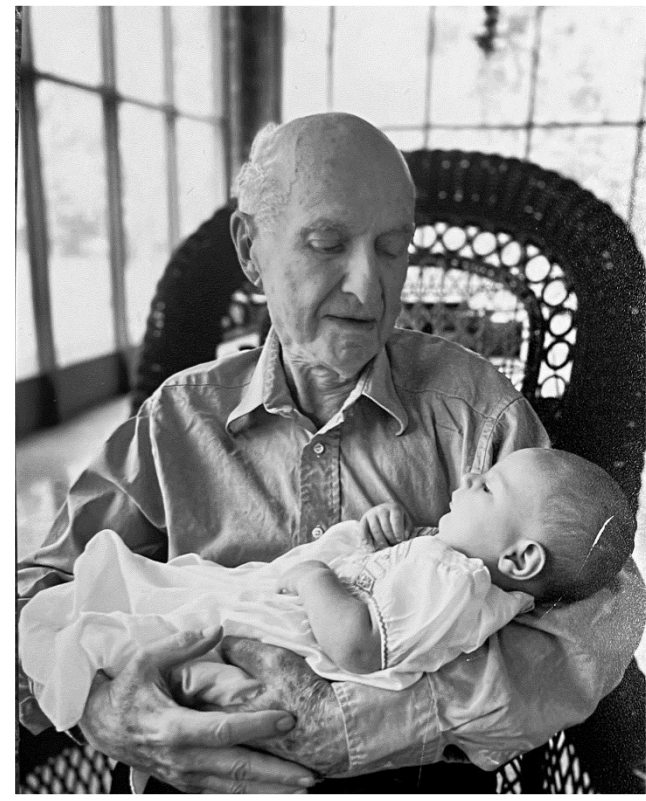
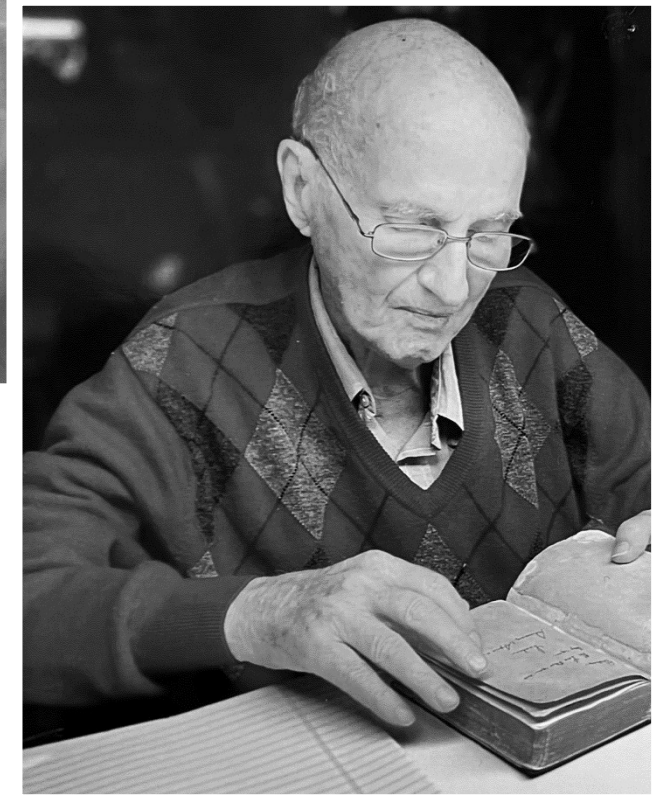
“Listen to the patient; they are telling you the diagnosis.”  
- *Sir William Osler*



“Be careful about reading health books. You may die of a misprint.”  
- *Mark Twain*







79. "The best doctors are Dr. Diet, Dr. Quiet, and Dr. Merryman" – Jonathan Swift

This threesome is worth remembering. Each is noted in the Bible.

- Diets in our time are often deficient. Vitamin C is our stress vitamin and only guinea pigs, anthropoid apes, and humans have an inborn error of metabolism and don't make their own. Most of my hypnosis patients are in treatment because of various stresses, and the 60 mg/day (one glass of orange juice) RDA *recommended daily allowance* is not *optimal*; 60 mg is only enough to prevent scurvy, a fatal disease. I advise a multivitamin supplement plus 1,000 mg of vitamin C daily for my patients, and believe it helps, particularly because most of them are not eating a well rounded diet with lots of citrus fruit and uncooked vegetables, and are unlikely to change their eating habits significantly. Also, several studies show that a person who has one or two drinks per day has fewer heart attacks than one who doesn't drink at all. Scripture says "use a little wine for thy stomach's sake, and thine often infirmities" (1 Timothy 5:23).

16. Quit.

Telling a patient "You have to quit smoking" has two fatal errors. We live in a free country, and we rebel against being told that we *have to* do anything. It took almost fifteen years for us to accept being told we have to wear seat belts, when common sense and factual data say it may save our own lives.

It's un-American to be a quitter, and we resist it emotionally (Thing 3). When a patient seeks help I say "You *need to stop smoking.*" and he/she can readily accept that as good advice, not an intrusion on choice, and not a call to the ignominy of being a quitter.





# I Am a Statistic!

## SARS-COV2 Moderna Vaccines:

1. 12/29/2020
2. 1/29/2021
3. 10/22/2021

Symptom onset for COVID Vaccine Injury Fall 2022

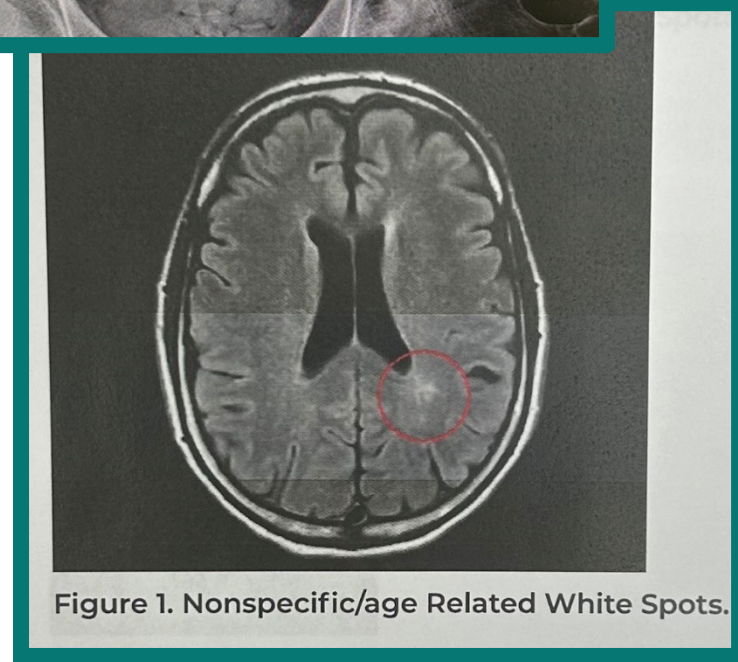
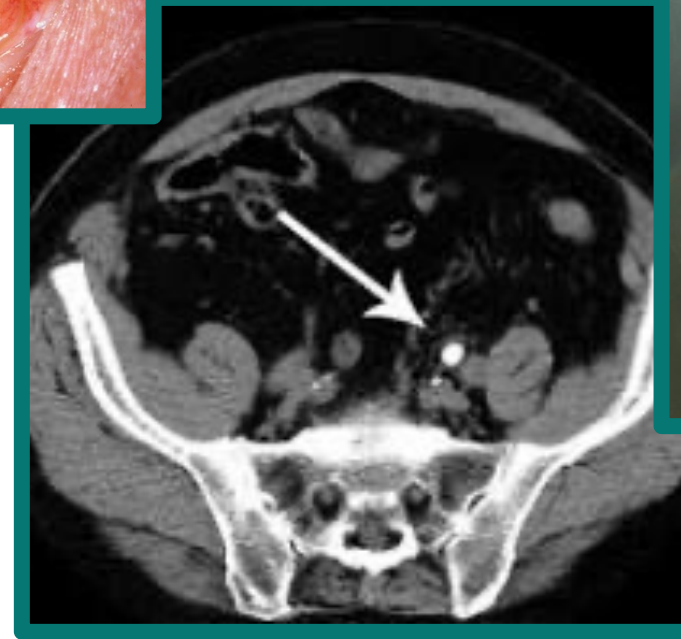
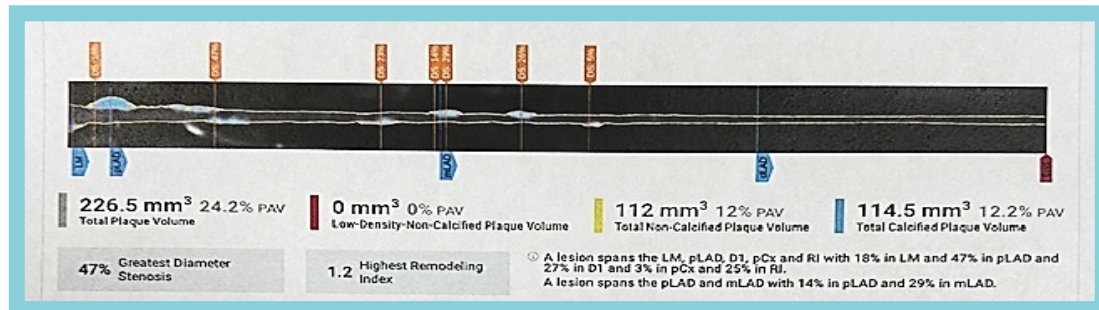


Figure 1. Nonspecific/age Related White Spots.



**Carotid Ultrasound study for cardiovascular risk assessment**  
**Findings:**  
 This is a screening carotid ultrasound study for CVD risk assessment. This study is not a replacement for a clinically indicated carotid duplex ultrasound. This study measures the thickness of the walls of the carotid arteries and identifies the presence of carotid plaques.

LT - Incidental Thyroid Abnormality/Nodule(s) found

**Conclusions:**  
 Increased risk of CVD based on CIMT results.

RT Subcl - 3.3mm Calcified/Echogenic Plaque  
 RCB - 1.8mm Heterogeneous Plaque  
 RICA - 2.9mm Heterogeneous Plaque

LCB - 2.5mm Heterogeneous Plaque  
 LICA - 1.5mm Soft/Echolucent Plaque  
 Thickened IMT in the RCCA and LCCA

July 18, 2023 10:03 PM EDT  
 Kuljit Singh  
 Electronically Signed on Studycast

**clearly** Coronary Imaging Service

Patient: Ewin Christopher, MRN: ENV1443930, Clearly ID: 87F3326C, Study Date: 5/3/2023 01:20 PM, Provider: MYERS KRISS

**Summary**  
**Atherosclerosis** Stage 3 (482.9 mm<sup>3</sup> Total Plaque: 0.1 mm<sup>3</sup> Low-Density - Non-Calcified, 260 mm<sup>3</sup> Non-Calcified, 222.8 mm<sup>3</sup> Calcified)  
**Stenosis** 6 Mild (pRCA, pLAD, mLAD, D1, RI), 18 Minimal (pRCA, mRCA, dRCA, LM, pLAD, mLAD, D1, RI, pCx, LCx, OM1, L-PDA);  
**Dominance** Co-Dominant

**Atherosclerosis | Stage 3**

Territory	Plaque Volume (mm <sup>3</sup> )			Percent Atheroma Volume	Plaque Stage	
	TOTAL	Low-Density + Non-Calcified	Non-Calcified		Stage	mm <sup>3</sup>
RCA	43.9	0	28.6	13.5%	0	0%
LM+LAD	271.2	0	136.1	19%	1	>0-250
Cx	167.8	0.1	95.3	15%	2	>250-750
<b>TOTAL</b>	<b>482.9</b>	<b>0.1</b>	<b>260</b>	<b>16.8%</b>	<b>3</b>	<b>&gt;750</b>

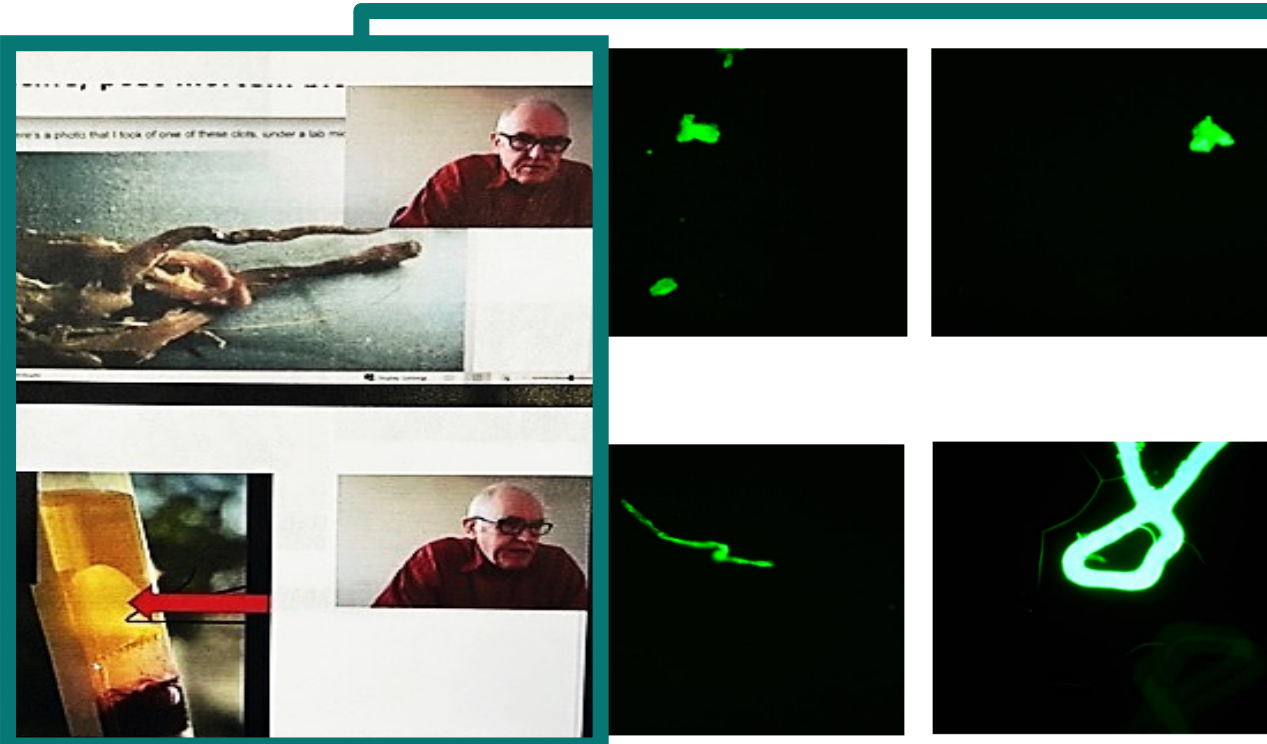
**Stenosis**

Severity	Count
Severe ≥70% or ≥50% LM only	0
Moderate 50-69%	0
Mild 25-49%	6
Minimal 1-24%	18





# I Am a Statistic!!!!



Comments and staging of **Amyloid Fibrin Microclots**:

Stage/Grade 3.5 out of 4: Moderate and Widespread

**Note:** Micro-clots come in all shapes and sizes. You may also see long like appearing objects in your pictures. These are **Endothelial cast** associated with **endothelial damage and inflammation**. This is a normal long-COVID patients.





# The Flawed Medical System

**The Problem:** The US has a primary care third-party payment, fee-for-service systems problem. PCPs do not get paid unless they see the patient (excluding telehealth). *This “third-party payor system” is intrinsically unethical as it encourages providers to do only the minimum, in order to satisfy audit requirements of payors.*

**The Answer:** Direct Primary Care

## Consolidation of Markets

- In any market, the power balance is in the hands of the purchasers and the sellers
- Patients pay the insurers; insurers pay the physicians
  - Physicians do not work for their patients
- Consolidation of capital with the hospital and insurers remove the consumer and provider from the transaction

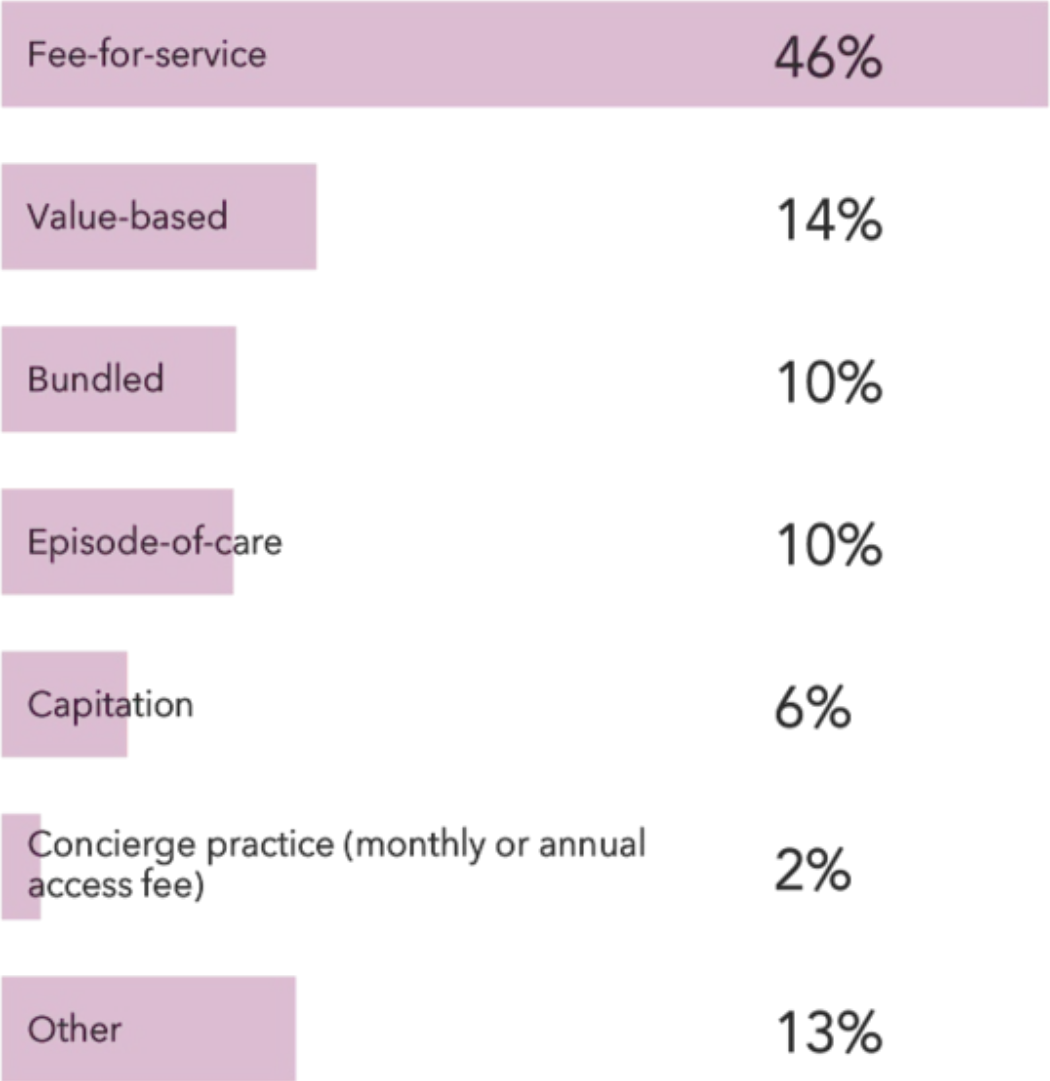
## Physician Culture

- Overwhelmed, disengaged, afraid of change, and burned out
- PCPs have become data collectors for insurers, much like pharmacists became data collectors for pharmacy benefit managers beginning in 1968
- Physicians are incentivized to “check boxes” and see more patients to get paid
- 17-18 hours/week of paperwork and administration



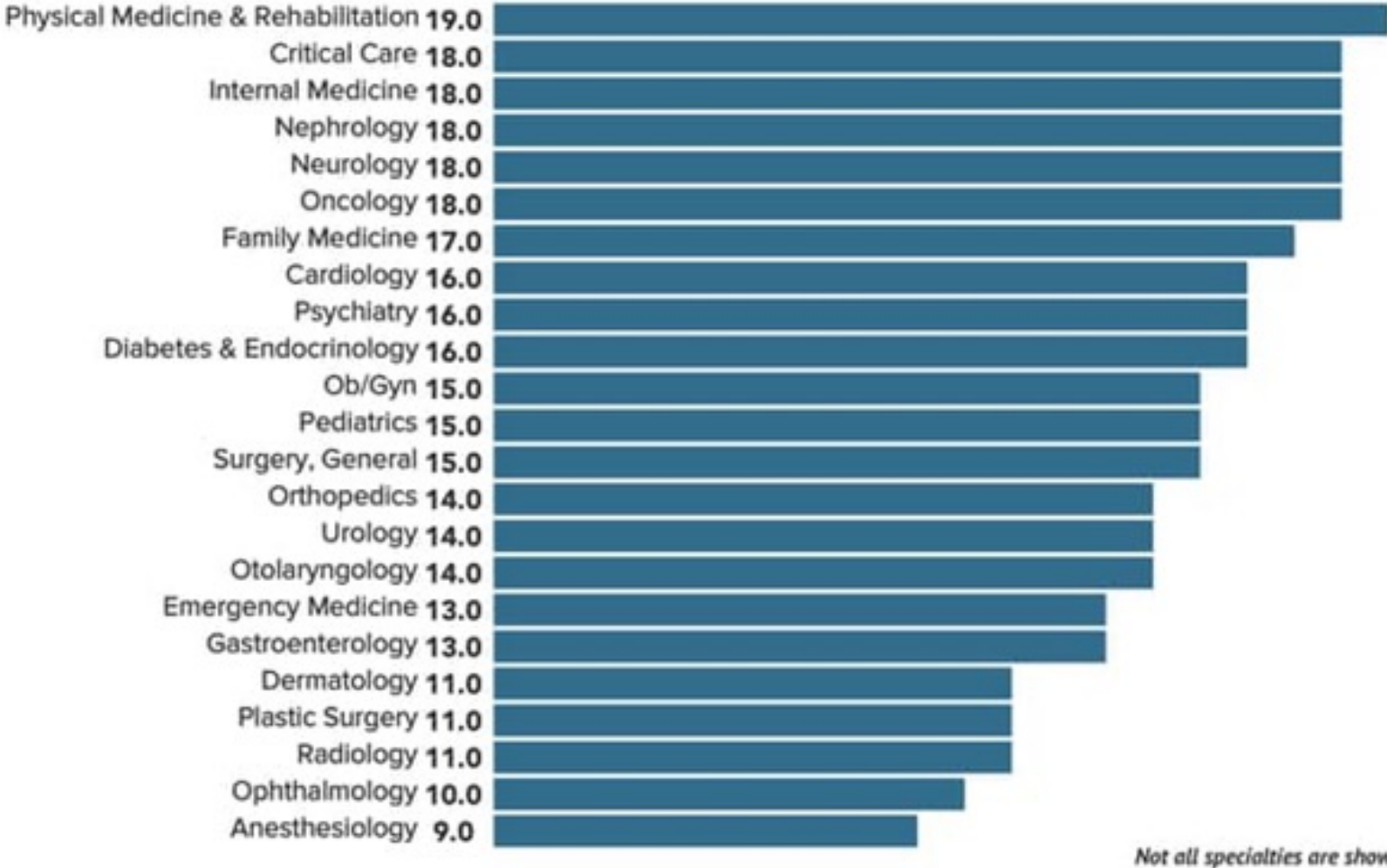
# The Flawed Medical System

## Physician Payment Models



<https://www.medscape.com/slideshow/2023-compensation-overview-6016341>

## Paperwork and Administration (hours/week)



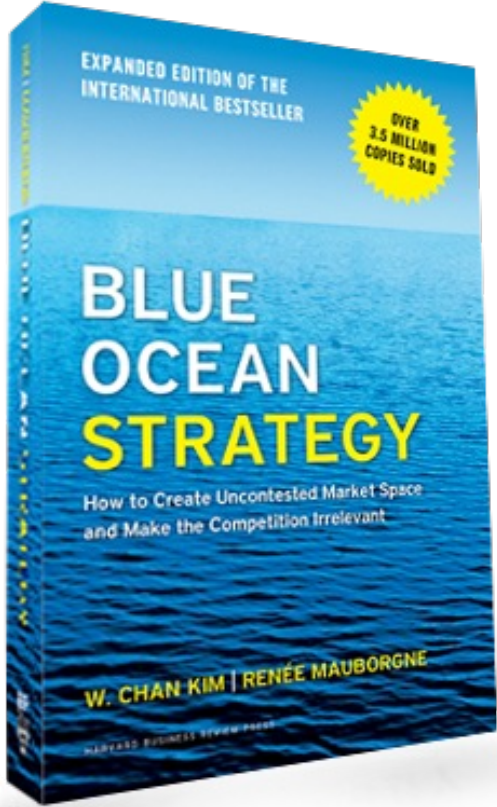
<https://www.medscape.com/slideshow/2023-compensation-overview-6016341#25>



# Direct Practice Models

## The Blue Ocean for Healthcare

**Blue ocean strategy** generally refers to the creation by a company of a new, uncontested market space that makes competitors irrelevant and that creates new consumer value often while decreasing costs.



**Blue Ocean Strategy**  
*How to Create Uncontested Market Space  
and Make the Competition Irrelevant*  
By W. Chan Kim and Renée Mauborgne

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# DPC History

## In the Beginning

- Howard Maron, M.D.
  - Founder, MD<sup>2</sup> — 1996
  - Considered to be the first “concierge practice”
- John Blanchard, M.D.
  - CEO, Premier Private Physicians
  - Founder, American Society of Concierge Physicians — 2004
- Garrison Bliss, M.D.
  - Qliance (2007-2017)

## One Organization – Three Names

- American Society of Concierge Physicians (2004-05)
- Society for Innovative Medical Practice Design (2005-09)
  - Chris Ewin, M.D. – President (2006-07)
- American Academy of Private Physicians (2009-17)

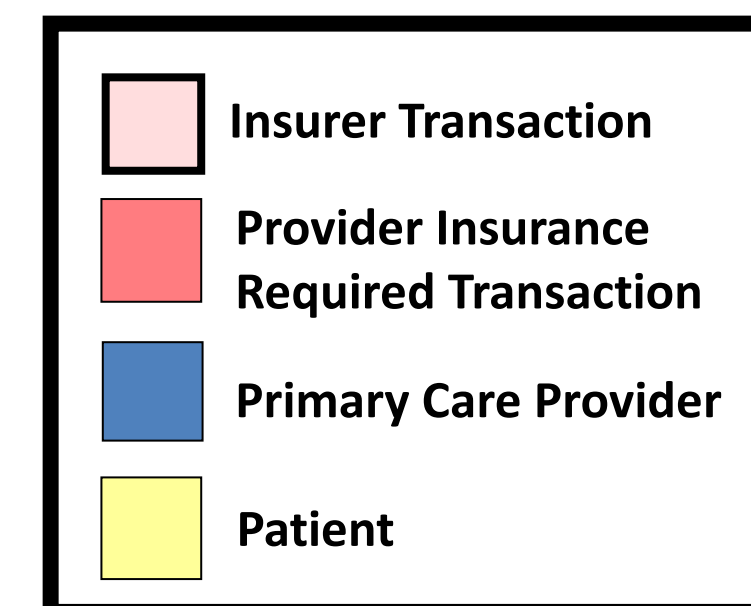
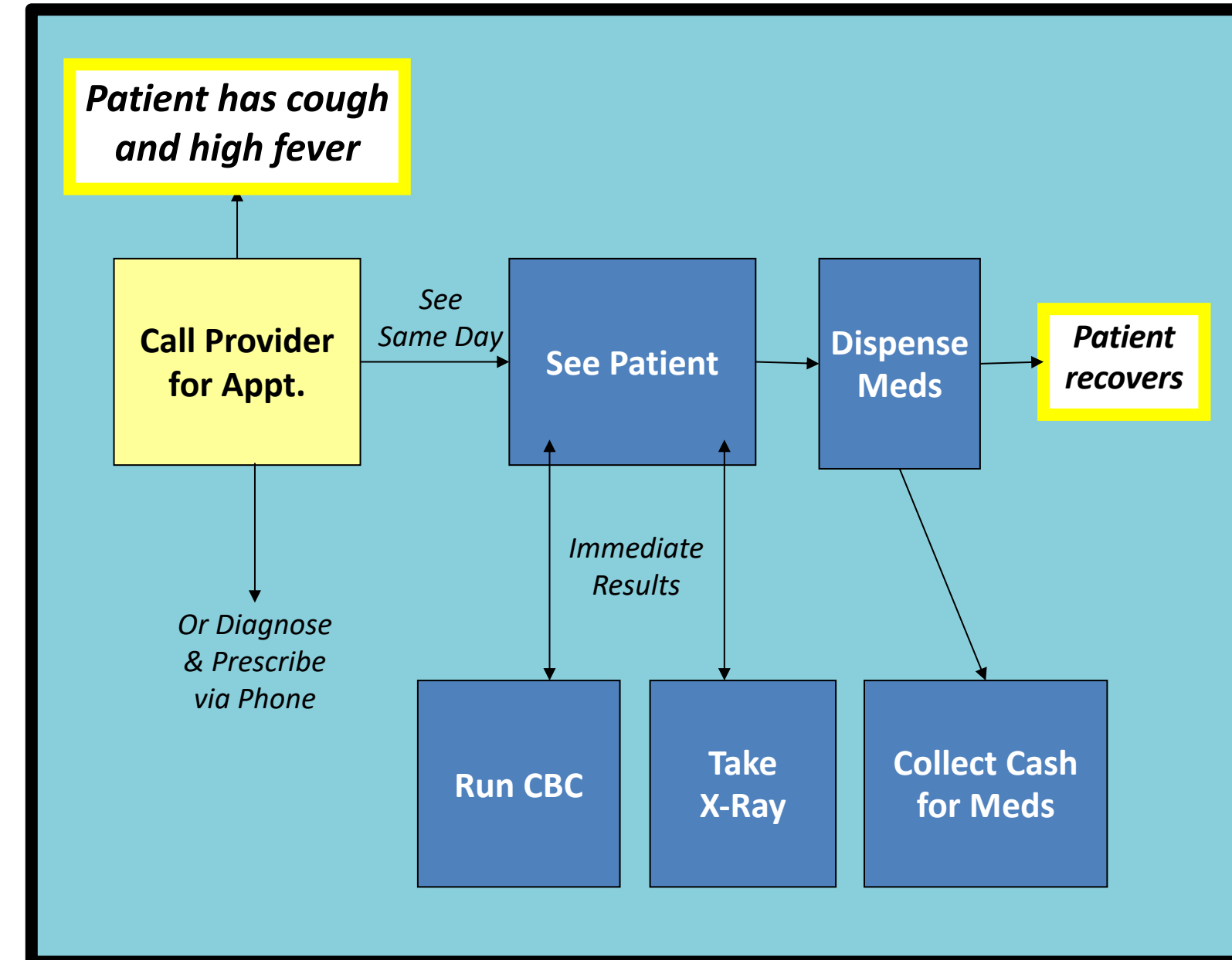
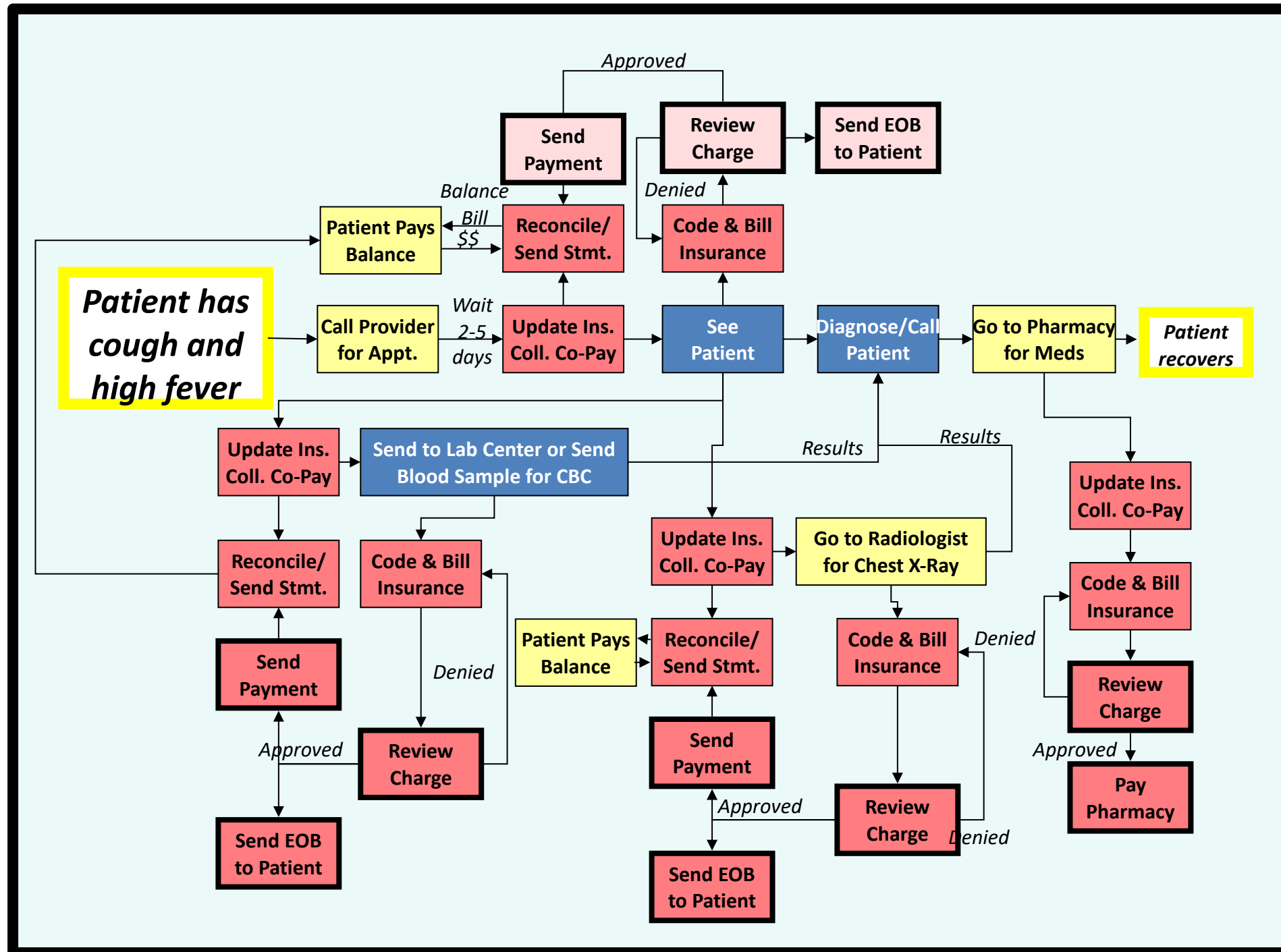
## DPC Resources

- Direct Primary Care Coalition
  - Jay Keese, Executive Director
  - [dpcare.org](http://dpcare.org)
- Concierge Medicine Today
  - Michael Tetrault, Editor-in-Chief
  - [conciergemedicinetoday.org](http://conciergemedicinetoday.org)
- DPC Frontier
  - Philip Eskew, DO, JD, MBA
  - [dpcfrontier.com](http://dpcfrontier.com)



# Primary Care Practice Process

## Pneumonia – Process Flow with/without Insurance



# The Mark Brown Amendment

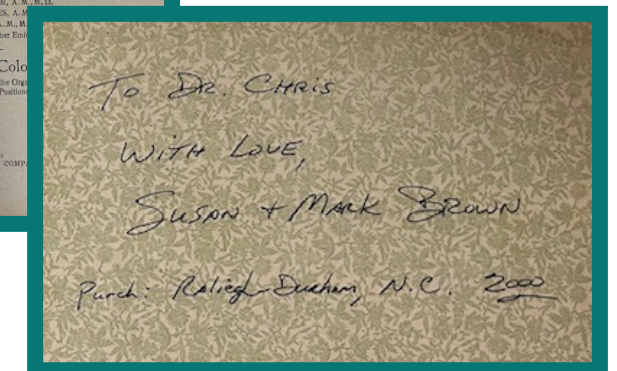
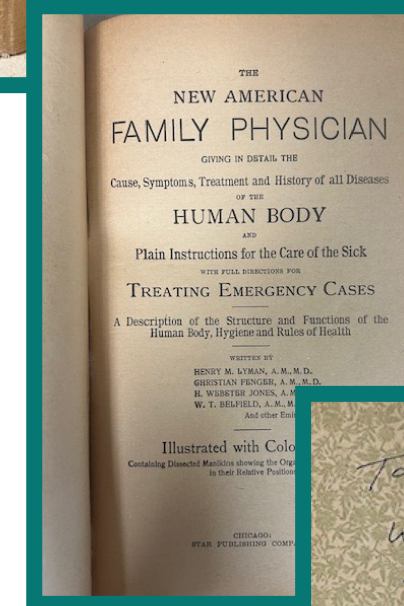
## I Am Not Medical Care!

- **Proposed Bill** —The Family and Retirement Health Investment Act of 2008 (S.3626) Sen. Orrin Hatch, R, Utah
- **Purpose** — “To amend the Internal Revenue Code of 1986 to improve access to health care through expanded health savings accounts, and for other purposes.”
- **Roy Ramthun** – President and Founder, HSA Consulting Services, LLC (“Mr. HSA”)
  - Led U.S. Treasury Department's implementation of HSAs — 2003
  - Health policy advisor to President George W. Bush in the White House

### SEC. 12. CERTAIN PHYSICIAN FEES TO BE TREATED AS MEDICAL CARE.

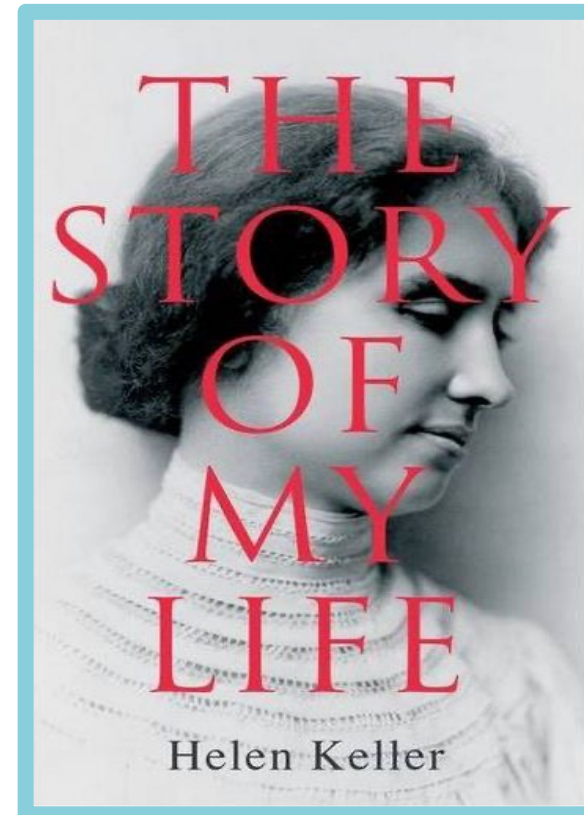
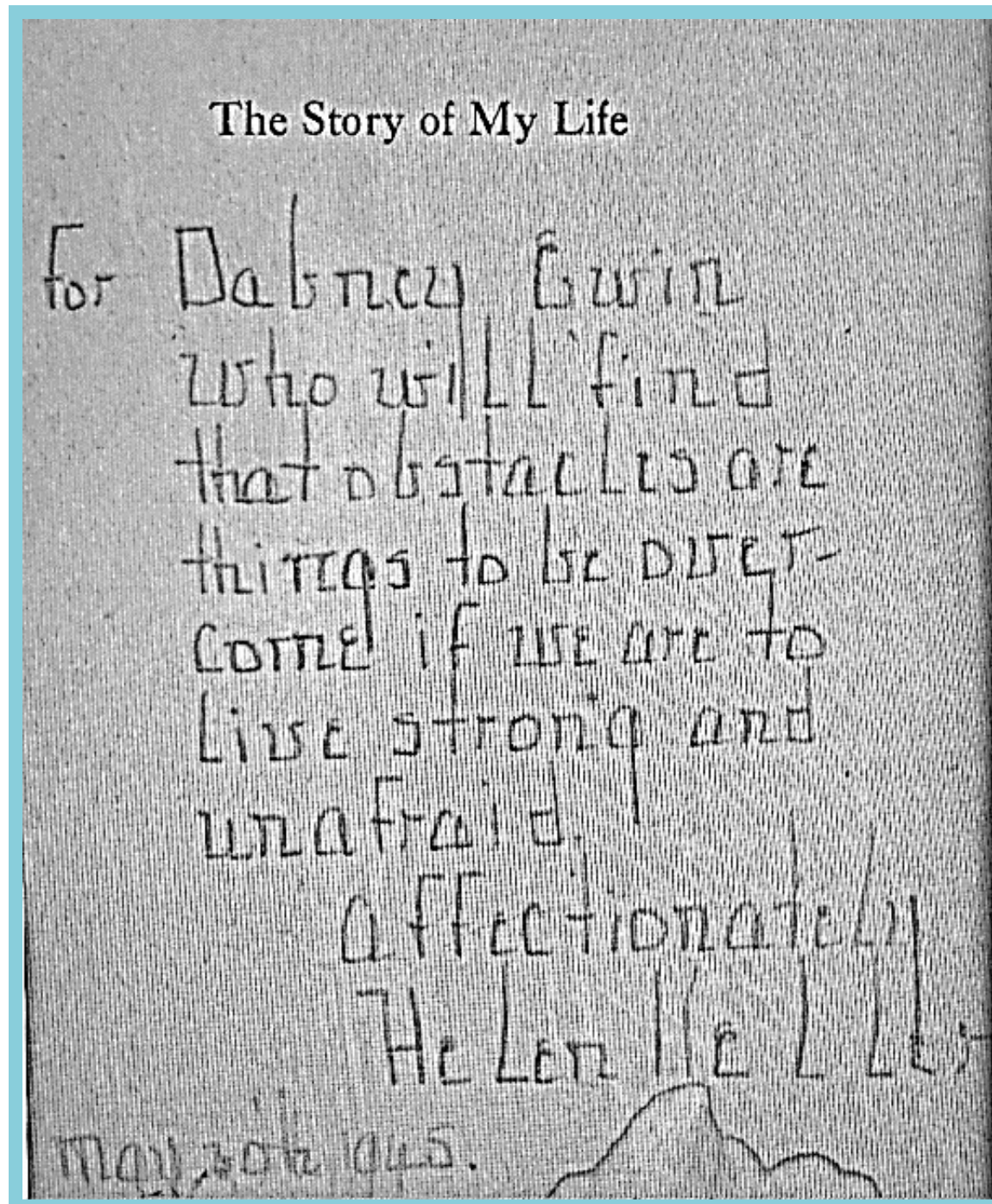
(a) **IN GENERAL.**— Subsection (d) of section 213, as amended by sections 10 and 11, is amended by adding at the end the following new paragraph:

(14) **PRE-PAID PHYSICIAN FEES.**— The term ‘medical care’ shall include amounts paid by patients to their primary physician in advance for the right to receive medical services on an as-needed basis.”.





# Peacekeepers vs Peacemakers



For Dabney Ewin  
Who will find that **obstacles are things to be overcome** if we are to live strong and unafraid.

Affectionately  
Helen Keller

May 30<sup>th</sup>, 1945



"Blessed are the peacemakers, for they shall be called sons of God."  
- Matthew 5:9





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