

DPC & EMPLOYERS: 5 THINGS TO KNOW

Docs 4 Patient Care Foundation
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5 THINGS DPC AND DSC PHYSICIANS “NEED TO KNOW” ABOUT EMPLOYERS

About the Speaker – Matt Ohrt

- *The former VP of HR at Merrill Steel who led a health plan transformation.*
- *An employer voice about a 25-year HR career.*
- *Won regional and national awards for healthcare innovation.*
- *Founded the Healthcare Best Practice Group (3300 people and growing).*
- *Cofounded Self Fund Health – a high-performing, employer-designed health plan.*
- *Published a book - a guide for how to transform a health plan.*
- *An Employer/Employee Advocate, who speaks in Wisconsin and Nationally.*
- *Matt and his wife Denise are foster parents.*



1. EMPLOYERS' AND ADVISORS' KNOWLEDGE LEVEL IS LOW

Employers (Buyers – employers and employees)

- Owner, CEO, CFO, and even HR **knowledge is low**—limited to the box insurance has given them.
- Healthcare is “off the radar” (not treated like all other areas of the business).

Traditional Healthcare Industry (Sellers – hospitals/carriers/brokers)

- Employers delegate the management of their benefits to the sellers, through the advisor/broker (aka “producer”).
- Almost all **brokers still represent the seller** (all make more as employers' costs increase).
- **Brokers receive commissions, overrides, script fees, vacation trips, etc. from carriers.**

2. EMPLOYERS ARE AWARE OF THE COST ISSUES

- Employers **believe the false adage that “a claim, is a claim, is a claim”**.
- Employers assume plan costs are determined by whether people get sick.
- Employers assume that plan costs cannot be managed - and therefore **don't invest time or resources to manage their health plan** (typically their 2nd or 3rd largest business expense).

3. EMPLOYEES ARE FRUSTRATED AND HAVE GIVEN UP ON ON THEIR EMPLOYERS TO FIX THE PROBLEMS

- The unspoken directive from CEO's to HR is:
 - ❖ “keep'em happy”
 - ❖ “keep us from getting sued”
- **HR is change resistant** (will carry out change if CEO or CFO initiates).
- “Pain of the status quo needs to be greater than the pain of change”.
- Rare opportunistic leaders act before a crisis - Status quo managers reactive when a crisis occurs.

4. EMPLOYERS ARE NOT AWARE OF NEW INNOVATIVE STRATEGIES

- When employers learn that healthcare **services can be “purchased”**, plans can be restructured to **enable shopping**. This is when the “lights come on”.
- The buyer's ability to shop has been limited:
 - Networks restrict where to shop and BAATNA; (fake discount game)
 - What is the price?
 - What is the quality?

5. TRUSTWORTHY PARTNERS ARE KEY

1. **DPC** is the **heartbeat** of the employer's medical strategy (restores pt/doc relationship).
2. Bigger is **NOT** usually better when it comes to healthcare partners.
3. Referral of DPC to DSC is the biggest saving opportunity for employers.
4. **“DPC participation”** by employees is the best predictor of success.
5. ******Almost all employers and advisors are **not** compliant with the newly active CAA laws.

5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

Dr. Shane Purcell, MD

- Board Certified Family Physician in Anderson, SC
- 20+ years in private practice
- Former owner and operator of Redi Care urgent care
- Current DPC Physician at Direct Access in Anderson, SC
- Founding Member DPC Alliance
- Current Treasurer for DPC Alliance
- Speaker and Author on DPC growth



5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

1. **DPC Physicians are Fiercely Independent (Good or Bad?)**

“the best thing about DPC docs is their independence,
the worst thing about DPC docs is their independence.”

Focused on patients 100% (not hospital or INS administrators)

5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

2. Most DPC Docs Militant About Saving Patients (& employers) \$\$

Transparent and upfront pricing for primary care and other services:
labs, meds, imaging, procedures, and specialist

5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

3. DPC Docs are Entrepreneurs and Open to Business Risk

“thinking outside the box”

virtual care/adding services/adaptable

5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

4. Strong Advocate for Saving Employers Money

Working with advisors and local vendors to find cost-effective quality care for patients

Communication & Education

5 THINGS EMPLOYERS SHOULD KNOW
ABOUT DPC

5. DPC is NOT Traditional FFS Primary Care

More time and access because lower patient panels

“anything that separates the physician-patient relationship reduces quality”

5 THINGS EMPLOYERS SHOULD KNOW ABOUT DPC

Questions I would ask all employers and advisors...

Do **independent** physicians matter?

What are the **PROBLEMS** with primary care right now?

Questions?

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