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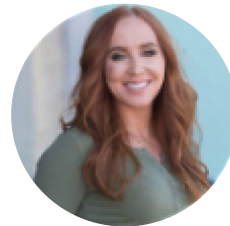
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CEBS Designation





Today's Speaker & Topic

Dr. Eric Bricker

Founder, AHealthcareZ

Non-Fee-For-Service Primary Care:
What is it? How is it Different? Why is it Better?

Non-Fee-for-Service Primary Care

What Is It? How Is It Different?
Why Is It Better?

Eric Bricker, MD



1. Hosp. Finance Consultant - U. Kansas, Cleveland Clinic, Yale
2. MD - University of Illinois College of Medicine
3. Internal Medicine Residency - Johns Hopkins School of Medicine
4. Hospital Physician - Baylor Plano, TX
5. Co-Founder, Chief Medical Officer - Compass Professional Health Svcs.
6. Acquired by Alight Solutions - 10,000 employee benefits administration co.
7. AHealthcareZ.com - 200+ Healthcare Finance Training Videos, 90K Views/Mo
8. Texas Family Insurance - Selling Oscar ACA Health Insurance to Texas Individuals and Families
9. Pro Bono Business Development for Diamond Physicians Direct Primary Care

On-Site, Near-Site Clinic, Direct Primary Care



Patient Perspective

1. Typically, Family Practice Physician
2. \$0 OOP Cost for Visit
3. Same-Day/Next-Day Appointments
4. Longer Visits: 45 min vs. 7 min (Patient Panel 400-800 vs. 4,000+; 1% Per Day Rule)
5. Basic In-Office Labs Included
6. Suturing, Splinting, Nebulizer Treatments, IVs
7. Non-Office Care: Telemedicine, Text, Email Integrated with Same Provider
8. 24/7 Access

On-Site, Near-Site Clinic, Direct Primary Care



Administrative Differences

1. No Claims Submission
2. 1.5 Admin FTEs Per Provider vs. 4.5 FFS
3. No CPT Code Charge Capture, Only ICD-10 Diagnosis Coding for Analytics Purposes
4. Pair with Existing Insurance for 1) Specialist Care, 2) Hospital Care, 3) Labs, 4) Imaging, 5) DME, 6) Rx
5. Does NOT Replace Major Medical Insurance
6. Monthly Subscription Paid by Employer: \$50-\$150 Per Member Per Month (varies by location, member age, EE Only vs. Dependents)

Why Do This?

High-Cost Claimant Prevention...
5/50 Rule

MUST CATCH and INTERVENE EARLY!

1. MSK: Spine, Knee, Hip—Medical Management, PT, Weight Loss
2. CV: Heart Attack, Stroke Risk Factor Modification—Diabetes, Hypertension, High Cholesterol, Weight Loss
3. Cancer: Age-Appropriate Screening, Early Escalation of Signs/Symptoms (e.g. abnormal mole, unexplained weight loss, fatigue)



Results



Milliman Direct Primary Care Analysis

1. 41% Drop in ER Utilization
2. 20% Decrease in Hospitalizations
3. 13% Lower Overall Healthcare Utilization

Colorado Municipality

1. 31% Decrease in ER Utilization
2. 22% Gross Healthcare Spend Savings
3. 70% of Members Rated Non-Fee-for-Service Primary Care Clinic 9 or 10 Out of 10
4. 80% of Members Self-Reported 'Improved Health'

Subjective Benefits



- Foster Patient-Doctor Relationship
- Empathy, Trust Needed for Behavior Change
- More Satisfied/Not Burnt-Out Doctor
- Reassurance ('Worried Well')

Pitfalls



- Physician Must Be Competent
- Physician Needs Excellent Bedside Manner and Communication Skills, Enthusiastic, Likeable
- Utilization: Employees/Dependents Must USE the Clinic, \$0 OOP Best Mechanism
- On-Site/Near-Site Clinic \$500K-\$600K Upfront Cost

Ideal Client Profile



1. Older, Low Turnover Employee Population
--Municipalities, Professional Service Firms
2. Self-Funded or Fully Credible Fully-Insured
3. Geographically Centralized

Not Good: Young, High Turnover, Under 50 Lives, Many Locations/Spread Out

Employee Clinic and DPC Movement



- 20,000 DPC Doctors out of 465,000 Total Primary Care Physicians (4.5%)
- 33% of Employers with >5,000 Employee Have an On-Site Clinic... Up from 24% in 2012
- 16% of Employers with 500-5,000 Employees Have an On-Site Clinic

Take Home Points

1. Non-Fee-for-Service Primary Care is a Radically Different Patient Experience
2. Meant to be Central to High-Cost Claimant Strategy
3. Large Employer: On-Site/Near-Site
Small, Mid-Market Employer: DPC



THANK YOU ALL!!



- Questions?
- Connect with Eric Bricker on LinkedIn
- Visit AHealthcareZ.com to Subscribe to Healthcare Finance Video Newsletter
 - 90,000 Views Per Month
- EricB@AHealthcareZ.com

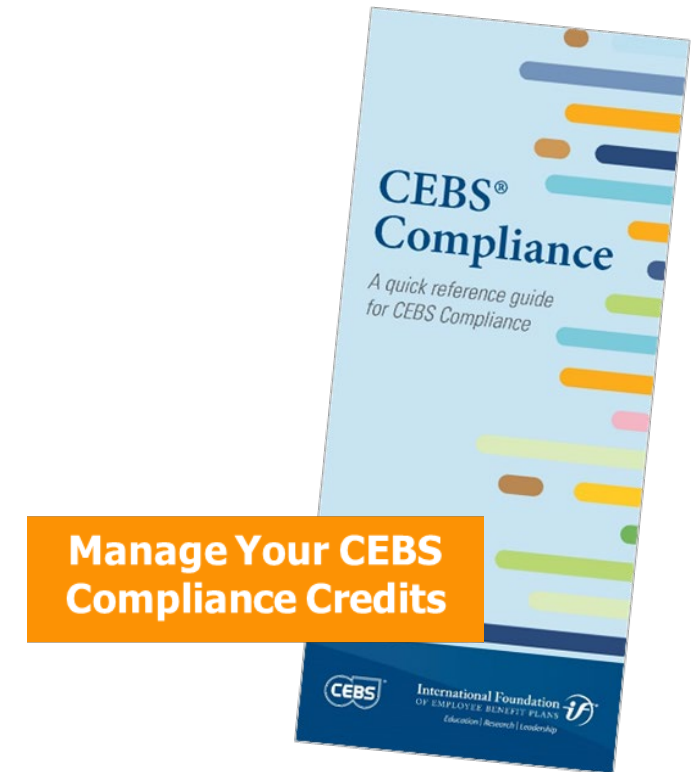
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Reminders

- Next meeting, May 13 – Continuing Education (CE) Day! 9:00 am – 1:30 pm, CST
Up to 4 hours of TDI CE (1 hour is pending approval)
ERISA Compliance, Carolyn McNairy, TASC (1 hour CE)
Overview of Transparency Rules, Nikki Chriesman-Green, Foster & Foster (1 hour CE)
Ethics, Eric Johnson, ComedyCE (2 hours CE)
- Become a member! It's easy to join! www.ifebp.org/membership
- Let us hear from you – what topics and speakers would you be interested in?
Email kkwasniak@trueriskadvisors.com