Direct Primary Care (DPC) for employers is the practice of delivering high-quality, physician-led care through near-site, onsite or shared employer clinics that are independent of traditional fee-for-service (FFS) based insurance products. Compared to traditional FFS Primary Care, employers find that DPC offers their employees a personalized doctor-patient relationship, comprehensive preventive care, and lower costs.

As Direct Primary Care continues to transform the healthcare experience, there are several misconceptions that many organizations perceive when they think about how DPC may or may not work for their employees.

To help, we'll discuss the top 5 misconceptions.

Keep in mind, the information provided within this post applies to Healthgram's DPC model and may not be applicable to other DPC types.

#1: DPC is a cost “in addition” to our current health insurance.

Specific to employer self-funded programs, the DPC investment is a redirection of once paid claims. Studies have documented a reduction in primary and specialty care claims as employees shift their healthcare consumption behavior. The convenient access combined with relationship-based care delivery also reduces long term care costs as well as urgent care and emergency room visits.

Therefore, DPC practices offer a better long-term healthcare investment with a focus on prevention vs. only treating patients after diagnosis.

#2: Employees are forced to change their Primary Care Provider (PCP).

Employees are not forced to switch their PCPs under the employer shared Direct Primary Care model. Organizations can offer DPC as a voluntary benefit that employees can choose to utilize. Recent studies show that up to 44% of Americans admit to “skipping the doctor”[1]. Direct Primary Care offers a convenient, preventive care solution that removes the common barriers discouraging employees from seeking care. Aside from convenience, the benefits of their voluntary participation in Direct Primary Care are innumerable.

DPC clinics offer members:

- Personalized, preventive care
- Chronic condition management
- Treatment of ailments and illness
- Referrals to specialists, as needed
- Unlimited appointment length
- Exams, labs and testing
- No insurance billing
- No co-pays
- Same day appointments
- No wait times
- 24/7 Access to care
- And more...
#3: DPC requires insurance plan integration and/or can only be offered at renewal.

Employer shared DPC models most commonly provide services independent of insurance and the FFS model. Employers may offer membership access at any time and employees may join at their discretion.

In general, DPC replaces insurance based, FFS products with patient-centric, relationship-based care where interests are 100% aligned with the patient and employer. Typically, DPC models charge a membership fee that covers all or most primary care services.

Please note, there are four main DPC structures, each with a different insurance relationship. For more information on the different structures we invite you to consult with a member of our team.

#4: Our company is geographically spread out so DPC will not work for us.

Healthcare delivery is unique by market. Insurance carrier, network, hospital system(s), plan structure, location and demographics are some of the elements impacting delivery. These bear the greatest impact on access and cost. It's confusing and creates barriers to care.

Many employers choose to offer a DPC practice in locations where they have the most employees in an effort to make the greatest impact on the health of their workforce. Virtual access to the “company doctor” also provides convenient access for remote employees. Employees may join the DPC clinic throughout the year and, on average, 60 to 80% of employees will sign-up in the first 1-3 years.

#5: Every DPC is the same.

It's very important to know that no two DPC models are exactly alike. Vendors, location, delivery, scope of care and pricing are components that will all vary from one DPC practice to the next. The key is to find the right Medical Doctor (MD) that focuses on the patient relationship and care needed for each individual employee. The Doctor should be a licensed, independent physician who is free of hospital/health system ownership bias (and not largely beholden to insurance or fee-for-service revenues). The success of the DPC clinic and the impact it has on your employees will all start with finding a great Doctor.

Next Steps:

The most critical piece is finding the best physician. By working with a DPC partner like Healthgram, we locate your company doctor, develop your DPC strategy in partnership, secure the location and determine the scope of services for your workforce.

Summary of important considerations as your company looks to implement a DPC model:

- The “right” Doctor is critical
- Care delivery is unique by market (health systems, carriers, payers, geography etc...)
- Scope of services can vary by provider, model and vendor
- Insurance may still play a role depending on the model you choose
- Membership fee structures vary
Primary care is the lowest care investment with the greatest impact on the total cost of care.

Access to high quality medical care is paramount for your employees and the health of your organization. Healthgram creates the customized Direct Primary Care solution that you need to stay ahead of an ever-changing healthcare landscape and ensure that your employees and your bottom line are as healthy as can be.

Healthgram helps organizations actively track the impact Direct Primary Care has on their employees’ health and bottom line, including metrics like:

- Reduction in claims
- Closing gaps in care for employees
- Increased employee engagement
- Chronic disease prevention and management

Serving employers and employees since 1977, Healthgram is here for your Direct Primary Care needs.

Is your company ready for a better healthcare experience?

Get started by:

- Contacting a member of our team
- Downloading a PDF on Direct Primary Care