

Secrets of Direct Primary Care: 5 Keys to Landing Employer Contracts



There's nothing that can take your direct primary care (DPC) practice to the next level like landing an employer contract, but they can seem overwhelming to negotiate. Theoretically, the math is simple: Businesses want to provide their employees with benefits options that keep them healthy and happy at a controllable cost, and you run a practice that specializes in exactly that type of medicine. It's a match that would allow you to focus on doctoring while your clinic is supplied with a predictable source of patients, but the intricacies of the business and insurance landscape can often complicate what seems straightforward on a chalkboard.

Here at Spruce, we're lucky to have many active DPC practices using our platform, and a number of them have been successful in branching out and establishing productive employer relationships. We spoke with several of them in depth about how they accomplished this, and then coupled that advice with feedback from benefits administrators, input from other DPCs, and even some of our own market research before finally boiling it all down to the set of things that are most crucial for successfully engaging employers.

What we learned, above all, is that contracting with businesses is not beyond your reach. Grow your DPC practice now with these five keys to understanding and landing employer contracts, whether you're experienced already or entirely new to the idea!

David Craig, MD
Medical Director



Key #1: Understand the Difference Between Self-Funded and Fully Insured Employers

Whether a company's health benefits program is "self-funded" or "fully insured" will often be the most important factor in your ability to attract the attention of its leadership, so it is critical that you understand the difference.

Most importantly, self-funded companies (also called "self-insured companies") take on risk directly for the healthcare costs of their employees; as claims come in, they evaluate and pay them without the use of an insurance company. The administrative aspects of this type of plan are typically left to a third-party administrator (TPA), which can be either a fully independent organization or an "administrative services only" (ASO) branch within an insurance company. Crucially, self-funded employers experience their employees' healthcare costs directly. When these costs are low, they save money, and when these costs are high, they can lose substantial amounts.

One of the biggest issues with helping employers see the value in direct care is that fully insured employers rarely or never see the savings it provides.

Fully insured employers, on the other hand, contract with health insurance companies to provide their employees with fixed-price plans that are both administered and funded entirely by the insurance company. This setup insulates a business from the healthcare costs of its employees, protecting it from the possible downside of expensive claims, but also preventing it from realizing any savings should its employees end up being healthier and less costly than expected. Transferring risk to an insurance company also comes at a premium, and fully insured plans cost more on average than self-funded ones.

Some small companies also offer no insurance plans at all to their employees. For our purposes, we can consider these businesses to be self-funded, since any health benefits they provide will be paid for directly out of company funds.

So why does any of this matter to you, the DPC doctor?

In a nutshell, then, the way an employer pays for its employees' health benefits (i.e., self-funded vs. fully insured) will drastically affect how its management perceives your practice's value, and self-funded companies will see value more easily in the DPC model than fully insured organizations will. Don't worry, though; there are many ways to show value...



Key #2: Be Able to Show How You Provide Value

You know the DPC model and why it's attractive, but many businesses will not. Because of this, you should make it a top priority to be able to articulate lucidly the ways in which your practice can provide value to a patient population, and you should also know how that value varies with the payment system in which those patients exist.

Primarily, you can show value to a potential employer partner by being either cheaper or better (preferably both, of course). You can control the "better" aspect of your services fairly easily, but it's important to remember that you may not be able to make care cheaper for every business.

According to Dr. John Birky of [Wellspring Family Healthcare](#), a DPC practice in Kansas, "self-funded employers really get the DPC model. I've talked with smaller, fully insured employers, too, and there's growing interest, but they just don't have the same financial incentive to do it yet. Interest is growing, though." Megan Freedman of FMMA agrees: "It's hard to get a good return on investment for a place that's fully insured. DPC doctors really need to go after self-funded groups, mostly."

With this in mind, make sure that your go-to talking points for your practice include compelling items to show that you're both better and cheaper in a variety of ways. Examples to get you thinking:

Better Care with DPC

- Same-day appointments
- Longer appointments (e.g., 30 minutes instead of 10)
- Greater doctor and clinic accessibility (e.g., direct numbers, after-hours or weekend availability)
- Better technology (e.g., patient smartphone apps for convenient, secure texting and telemedicine)
- Other possible benefits, depending on your practice:
 - In-office pharmacy
 - Low-priced connections for lab testing and imaging



~50% lower hospital admission rate

~90% reduction in hospital bouncebacks

\$679 saved per patient per year

- Incentive structure is aligned to keep focus on preventive medicine and maintaining health
- Reductions in unnecessary lab testing, imaging, and procedures
- Improved health outcomes (and therefore a healthier, more productive workforce)
- ~50% lower hospital admission rate and ~90% reduction in hospital bouncebacks (2012 AJMC study of MDVIP)¹
- Ability to refer to other like-minded upstream providers instead of big hospital systems (can save significant money on imaging, outpatient surgeries, and other non-emergency treatment)

Cheaper Care with DPC

- Mostly relevant to self-funded employers
 - Reductions in lab testing, imaging, specialist visits, and procedures equate directly to cost savings
 - Internal Qliance data show imaging reductions of ~30–60%, specialist visit reductions of ~14–66%, and surgery reductions of ~70–80%, culminating in \$679 saved per patient per year (20% total cost reduction)^{2,3}
 - Healthier population is less costly
 - 2012 AJMC study of MDVIP found \$2,551 savings per patient per year from reduced hospitalization¹
 - Can use the new partnership between New Jersey and R-Health to offer DPC options to state employees as "social proofing" evidence that DPC is respected and on the upswing as a high-quality, cost-effective solution for self-funded organizations
- Relevant to any type of employer
 - Healthy employees miss less work
 - When a DPC patient does have a minor illness or other medical issue, their doctor can often handle it via phone or telemedicine without the need for an in-person visit. Contrast this against the incentive structure in a typical fee-for-service practice, in which an in-person visit is almost always required for billing. Travel time alone for a typical outpatient visit is 37 minutes.⁴
 - Many employees with high-deductible health plans still avoid care or are subject to large bills until their deductible is met. A DPC membership can be very cost-effective for these patients, given that most care needs are primary care needs.

Key #3: Know How to Find and Engage Self-Funded Employers

Once you've identified that self-funded employers are the best fit for a DPC practice, and you've learned how to communicate your value to them, the next step is to find some in your area and engage them.

Finding Self-Funded Employers

Size may be the strongest independent predictor of whether a company self-funds. "These are groups with 200+ employees, typically," says Ms. Freedman, and she's right. According to a 2011 study sponsored by the U.S. Department of Labor, nearly half of all businesses with 200 to 999 employees have a self-funded health plan, but this fraction drops below one in twelve for companies with fewer than 49 employees.⁵ Happily, there are many such medium-to-large firms to go after, with the U.S. Census Bureau reporting more than 100,000 businesses with 100 employees or more, a set of organizations which, in total, employs over 80 million people (66.3% of the workforce).⁶

While firm size is predictive of self-funding, it is far from the only important factor, so don't write off smaller businesses in your area immediately. The Department of Labor study, for instance, also identifies features of companies with fewer than 200 employees that make them disproportionately likely to self-fund. These include having a workforce with 35% or more of its members younger than age 27 (nearly 4x as likely to self-fund), being located outside of a southern state (2–3x), and being unionized (2x). Check out tables 3.3 and 3.4 in the full report for more details, and you can get a leg up on potential leads in your area.

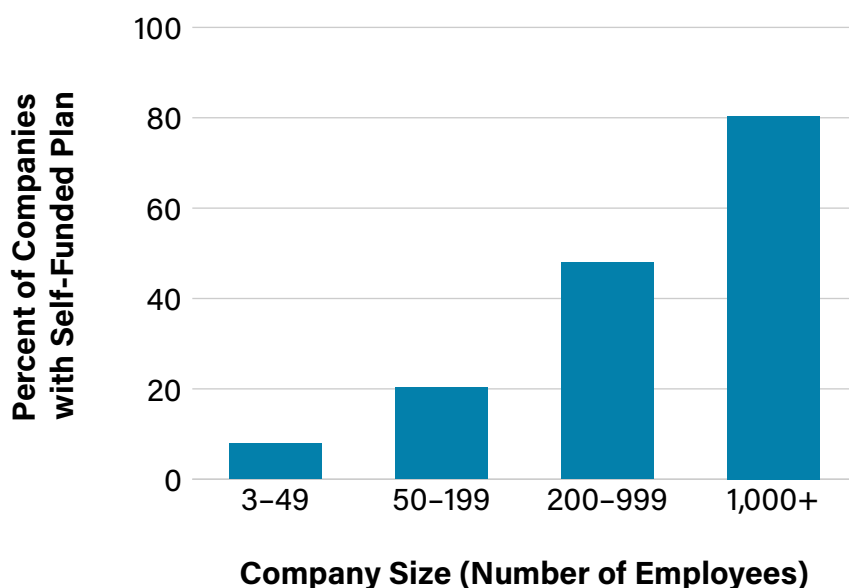


Chart: Likelihood of self-funding by company size

A company is dramatically more likely to self-fund as it grows in size. Data adapted from table 3.2 of Eibner et al.

Engaging Self-Funded Employers

Finding all of the self-funded employers in the world won't help if you can't get in front of their decision-makers to pitch your plan. Luckily, while engaging these companies can be tricky, it's not impossible. Here are five proven approaches to use:

1) Professional Networking

Professional networking and promoting not only your specific practice but DPC in general to the business community were oft-cited as being productive tactics.

"More than anything, it's about education," said Dr. Jeffrey Davenport of [One Focus Medical](#). "You have to talk to the same businesses over and over again. To most people, DPC is new and they don't even know about it. I used the local chamber of commerce, referral groups like BNI (Business Network International), things of that nature, places where you can meet someone and shake their hand. It can take some effort and patience because they want to tell you about their business and you want to tell them about yours, but it does help."

Paths to employer engagement
can be hard to predict; don't
discount opportunities.

Dr. Birky echoed this sentiment, saying he had fairly regular presentations with his local chamber of commerce, and Ms. Freedman similarly concurred: "Chamber meetings are really good for getting in front of the people who write the checks."

Interestingly, all of the successful DPC physicians we spoke with independently related that their paths to employer engagement via networking were most often circuitous and hard to predict.

"I did a Rotary Club, I did a Lions Club. The point is, take any opportunity to talk to four or five individuals or more," said Dr. Davenport. "I even did a society of medical transcriptionists meeting because one of my patients was a medical transcriptionist. I don't think I got a single patient, but I did educate about 25 people, and you never know how that spreads: 6, 8, 10, maybe 12 months later, someone shows up because A told B told C, and D is here now."

2) Personal Networking

You can also tap into your existing connections to see if you may be only one or two people away from a good employer lead. Sometimes, you might find that you're already connected directly to an opportunity.

"The first company I ever signed up, the owner was one of my patients," said Dr. Davenport. "He came over from my fee-for-service practice, liked the DPC model, and brought his company on."

Ms. Freedman of the FMMA has heard that story from other DPC physicians, too: "They may have CEOs among their patients already. They should find out what their patients do and talk to them."

This tactic can also be successful even if your patients don't have high-level influence within a company. Dr. Davenport, for instance, noted that it is useful to understand where your patients work, since at least part of the reason they were attracted to your model of

Organic media exposure is the most effective advertising, both in terms of cost and impact.

medicine likely had to do with the benefits situation at their workplace. "Get a couple people in the door, and they'll tell everybody else at the company how fantastic it is. You get that word of mouth inside a company of 300 people that already has an HRA (Health Reimbursement Account) set up, and the news will spread like wildfire because you're getting attention in fertile ground where the employees don't have actual out-of-pocket expenses to see you."

3) Getting the Word Out

Advertising is a conflicted topic among DPC physicians. Everybody agrees that exposure is critical, but getting that exposure in a cost-effective way seems to be easier said than done, and this may go double for reaching decision-makers at companies.

Above all, media exposure that you get organically (i.e., that you don't pay for) appears to be the most effective type, both in terms of cost and impact. Aaron Monson, COO of

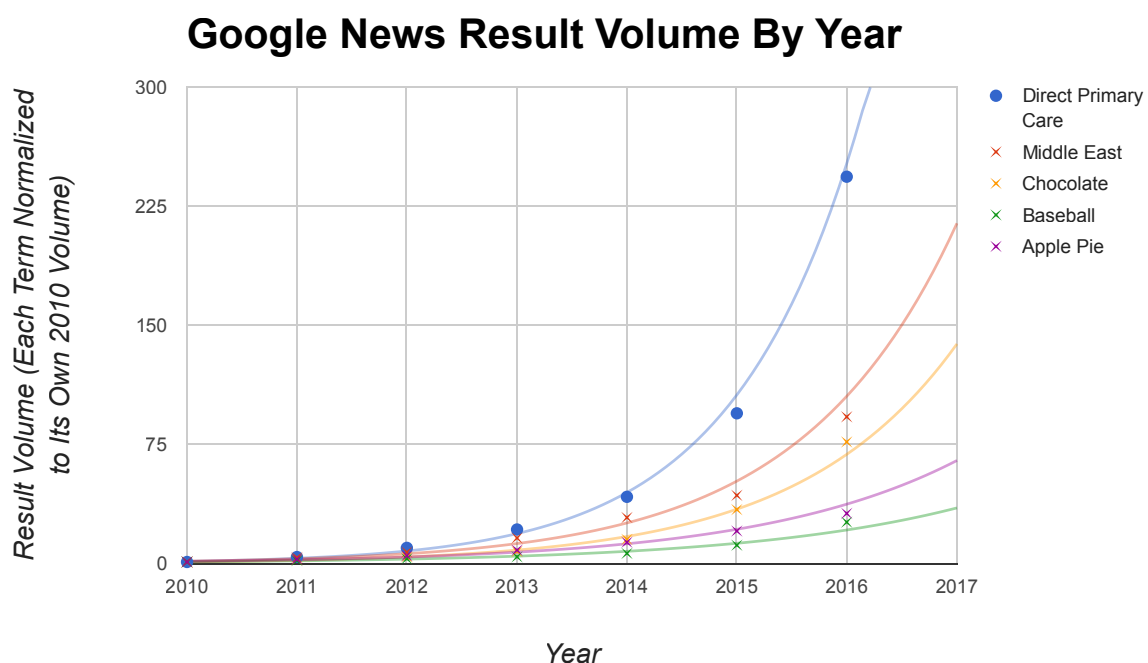
[Zenith Direct Care](#), noticed the biggest uptick in interest for his organization after a local TV news station ran a segment on medical practices with new business models. "They contacted us out of the blue, and we picked up two companies as a result of that news spot."

Crucially, Mr. Monson also added that "the news station only found us because of a robust internet marketing campaign that was already in place. They went searching for direct primary care and found Zenith Direct Care at the top of a Google search. What may have seemed like a lot of wasted marketing dollars to that point suddenly paid off in one internet search."

Of course, you can't count on free TV coverage, but you may be able to get your practice discussed in print, on the radio, or on the web simply by figuring out what you have to share that people find valuable and interesting.

"I did everything from print to shopping carts, and while advertising does get you some face recognition, creating press is always the best," said Dr. Khayriyyah Chandler of [Chandler Wellness Care](#). "The best print I had was an article done on me instead of an advertisement. I have a friend who's good at that, too; she figures out how her thing is important enough to cover."

Ms. Freedman extended this thought to the organic promotion that happens natively on social networks. "Social media is significant for getting DPCs in front of decision-makers.



If they're willing to put their practice out there and advertise to specific groups of people, it works."

And there is reason to believe that direct primary care is gaining interest in the public consciousness, providing increasing opportunities for media coverage. Informal data from Google News suggest that news sources as a whole have been referencing the term at a rate that is growing both exponentially ($r^2 = 0.989$) and faster than those of other common terms. Is DPC on track to become more American than baseball or apple pie? Biased in-house analysis says "yes."

4) Working with Upstream Service Providers

Upstream providers or coordinators of health benefits include third-party administrators (TPAs), insurance brokers, and benefits consultants. These organizations typically have multiple medium-to-large companies as clients, and they often play an important role in advising these businesses when picking or constructing plans. If you find one that is willing to work with you (and other DPC practices), then you can benefit from warm introductions to important decision-makers.

Dr. Birky noted success with this approach: "I had pitched a company, and they went to their benefits consultant to have them check me out. It then worked out to build a relationship with that benefits consultant, who had multiple clients. If the benefits consultant can pitch you to [a client], then they say 'Let's get started. What does the contract look like?' Otherwise they don't know you and are suspicious."

If you find a TPA or a broker who has the right motivations, then there is value in DPC physicians working directly with them.

Ms. Freedman had a similar perspective, but with a note of caution: "If you find a TPA or a broker who has the right motivations, then there is value in DPC physicians working directly with them. They can connect you to employers. It really depends on the broker, though; many of them are making a lot of money on the status quo. If they're making a percentage of anything, then they have no incentive to see claims go down."

The membership of Ms. Freedman's FMMA includes independent TPAs and other

upstream providers that have an interest in DPC practices, making it a likely useful starting point for physicians looking to establish such relationships.

5) Avoiding Human Resources (HR)

There was also general agreement that approaching a company's human resources (HR) department should be nearly a last resort in your engagement attempts. "Talking to HR people was a waste of time. You have to get to the CEO, COO, CFO, someone who can get the big picture," said Dr. Davenport. "Although sometimes you do have to start with HR because you can't just knock on the door and ask to speak to the owner of a business."

Ms. Freedman paralleled this thought: "You need to get in front of the numbers person, and most human resources people have too much on their plate already. You're going to want to talk to the CFO or CEO, sometimes the broker directly."



Key #4: Have a Playbook for Smaller Employers, Too

Smaller employers are not often self-funded, but that doesn't mean you should give up on them as potential partners. One major benefit of small organizations, for instance, is that they can move much faster than bigger groups. "There's at least a year of lead time on these contracts with larger businesses," said Dr. Birky.

Dr. Davenport concurred: "One bigger company just started with me a month or two ago, and we started talking for real about a year ago. The full lead time was even longer, maybe two-and-a-half years, starting from meeting the CEO at a business referral group."

"Small companies can be nimble," Dr. Davenport continued. "The boss from a granite company down the road made a decision out of the blue, and the next month I'm getting people from his company when they smash their finger or whatever. He's driving them to the office, saying, 'Hey, add this guy,' and I treat them."

Understanding these smaller companies and their needs will put you in the best spot to form relationships with them, should the opportunity arise.

With this reality of deal speed in mind, attempting to land a few less-than-large employers while you work on bigger ones in the background can be a smart idea. Understanding these smaller companies and their needs will put you in the best spot to form relationships with them, should the opportunity arise.

Employers Without Health Benefits

"Truly small companies, most of the time, they don't offer their employees anything for healthcare," said Dr. Davenport. "The owners are looking for something to take care of their employees, though. They want to do right by them; they just can't afford insurance. If they're not doing anything, the motivation to offer DPC is pretty straightforward. Here's a finite, budgeted line item for DPC, and since a large percent of medical care is primary care, it's very valuable. I try to tell the small companies, 'If you can't pay for insurance, maybe you can pay for this.'"

A DPC membership, of course, won't cover certain important medical needs, such as

specialist care or hospital stays, but it will be dramatically better than no health coverage at all. Furthermore, many people purchasing health plans on their own will end up with a high-deductible plan. Pairing such a plan with a "free" DPC option from their employer would allow many of them to avoid the majority of potential medical bills while ensuring that they have a safety net for catastrophic events.

Fully Insured Employers

Fully insured employers are likely to be your most difficult targets for DPC partnership. These companies don't stand to benefit from the potential cost savings of DPC, and they've also already committed to a hefty expense in order to provide health benefits to their workforce. Convincing them to spend even more on healthcare may be a hard sell.

One angle to use, however, is the current trend toward high-deductible health plans (HDHPs). Even if a company is fully insured, its employees will often find that a plan with a high deductible is the only economically feasible option among the choices that they have. If you come across an employer in this situation, you can pitch yourself as a cost-efficient way for its workers to cover the gap that exists between needing no medical care at all and needing so much that they get past their many-thousand-dollar deductible.

Some DPC physicians have already noticed people arriving on their doorstep due to these high-deductible plans, even when their employer hasn't specifically promoted the approach.

Some DPC physicians have already noticed people arriving on their doorstep due to these high-deductible plans, even when their employer hasn't specifically promoted the approach. "I've noticed some impact," said Dr. Birky. "Word gets out a little bit."

Dr. Davenport also favors the pairing of DPC and HDHP: "If you have 15 pretty healthy workers doing granite, what do they really need? Stitches, a splint, somebody who tells them to quit smoking. Basically you need an urgent care clinic. I always say, insurance should be what insurance is for: very big, very expensive, unforeseen expenses. Not primary care that you know you're going to need. I did not plan to fly off the front of the four wheeler a few years ago, but it happened. I had to go to the ER, but when was the

last time I really had an expense like that? Probably never."

If a company is game, you can take this approach even further and possibly save the organization money. "For companies that do offer some type of insurance, I talk to them about raising deductibles and saving on premiums and then paying for DPC memberships out of company pocket," says Dr. Davenport.

To the right firm, the value-added, "high-touch" services of a DPC clinic can also be attractive for use as a perk in recruiting and retaining top employees. Some companies offer free lunch or gym memberships to woo talent, and these businesses are primed to see your DPC offering similarly. Show them all the ways that you provide value beyond the typical medical system, and you may end up on their benefits list, despite not helping their bottom line directly.

"Some fully insured employers will see value in employees not missing work because they're healthier," says Ms. Freedman. "Or value in their employees having a better connection with their doctor via DPC. That's where their ROI is. Happier, healthier employees who have less absenteeism and better overall health and wellness can be successfully promoted to a smaller employer."



Key #5: Be Aware of Potential Roadblocks

Before you set out to land an employer contract, it's important to be aware of a few potential stumbling blocks. Some of these are only relevant to businesses with a certain number of employees or a particular type of insurance situation, but all of them can throw a nasty monkey wrench into your pitch when you've got a CEO or HR director on the hook. Be ready for them.

1) Running into an "Unfriendly" Benefits Administrator

When you convince a decision-maker at a self-funded employer to incorporate DPC into their health offerings, realize that you may still face a significant hurdle before any contract is inked: the benefits administrator.

As we discussed before, the majority of self-funded companies enlist third-party administrators (TPAs) to run their health benefits programs. These TPA organizations can be independent or they can be connected to a large insurance carrier, either by being part of the carrier directly or by using its provider network.

An employer who is really excited about what you are doing will demand their TPA or agent work with you...

If an employer's TPA is associated with an insurance company, it will have a strong bias against any potential option that is not provided under the existing umbrella of that insurance company. This directly translates into a bias against making use of your offering or that of any other DPC practice.

Ms. Freedman notes that this tendency to exclude DPC can extend even to some independent TPAs, depending on their incentives, and she offers clear (if non-trivial) advice on navigating the dilemma: "Many self-funded employers utilize a large carrier as their TPA or have a potentially anti-free-market agent. An employer who is really excited about what you are doing will demand their TPA or agent work with you and will follow up to ensure it is happening. They will not pawn you off on their vendors to 'handle.'"

Another useful tactic is to bring your own TPA to the table. "Sit down with a TPA that understands your value," said Dr. Davenport. "I have one that's involved in FMMA and

that thinks like we do. They can put together DPC-linked plans, and when I had a big company on the line, they were perfect to go to. I introduced the CEO to them, and they came to an agreement."

2) Getting Tripped up by Legal Issues

There are several unpleasant ways to get derailed by the law when orchestrating an arrangement between your DPC practice and an employer, but they can be worked around with care.

First, although high-deductible health plans (HDHPs) pair well with the DPC model, there are some caveats to such a match. Most importantly, if a person with an HDHP joins a DPC practice with a monthly membership fee, the IRS will consider that person ineligible to make tax-deductible contributions to a Health Savings Account (HSA).⁷ Furthermore, the IRS does not treat monthly DPC fees as a qualified medical expense, so such costs cannot be deducted from a person's taxes or paid for from money in an HSA.⁸ There is pending legislation to change this, but it has not yet passed.

Both state and federal law can affect DPC employer contracts; make sure you understand the legal environment.

If issues related to HSAs and qualified medical expenses are threatening to stymie a deal, however, a smart tax lawyer may be able to help you structure things in a compliant way. "We spent more on lawyers than we wanted to, but we found a way to get fees covered under an HSA," said one DPC physician of his experience with this area of the law.

Another subtle legal minefield is the vast body of state law. Ms. Freedman notes that, in some states, "if the employer pays DPC fees directly, the state will consider the arrangement an insurance product and subject you to that regulation."

To avoid this fate, she advises that DPC practices have their potential employer partners look into Health Reimbursement Accounts (HRAs). "If a self-funded business is in a DPC-friendly state, they can easily pay for membership expenses by setting up an HRA and using that to reimburse their employees for DPC fees. This also preserves employee

choice, letting them pick whichever DPC practice they want instead of being forced to go to one doctor."

3) Not Having Enough Providers or Covering Enough Area

Large companies have large needs, and it can be difficult to argue cogently that one DPC practice can adequately serve a population of hundreds or possibly thousands of employees who may not all be in one geographic area. Furthermore, even if you have the schedule space and happen to be located close to all of them, some number will always want to see a physician outside of your clinic for whatever reason.

"For a big company, if you're one doctor doing DPC, you're usually not going to be very interesting to them because they have diverse needs," said Dr. Davenport. "If they have branches spread out across the whole state, does it make sense for them to push DPC? Maybe not. We don't have enough DPCs to be truly palatable to most large companies."

When a 300-person company near to Dr. Davenport's office launched a plan for its workers that incorporated a DPC option, he picked up many new patients, but he was quick to note that "it was only possible [for the employer] because there were other DPCs around. The company talked to multiple DPCs when they were pitching their new approach, and some of their employees eventually chose a female physician farther away, while some picked other places. You have to have those options for people."

In discussing the issue with other DPC practices and with Ms. Freedman, who has helped organize plans that contain DPC options, it seems that Dr. Davenport's experience is common. If you plan to fish for big employers, it would be smart to know the other DPCs in your area ahead of time and have friendly relationships with them. Being able to talk knowledgeably about your area's DPC "network" may head off concerns about limitations in options and accessibility.

Bonus Key: Apply Elbow Grease

The DPC physicians we spoke with who had been successful in landing employer contracts had many things in common, but one key point was especially salient and universal: They were all working really hard at it.

"You have to pound the pavement," said Dr. Davenport. "Good old-fashioned knocking on doors and talking to business owners. Sometimes you get a foot in those doors, and sometimes you don't."

Dr. Chandler expressed a similar sentiment: "People forget that part of medicine is a business. Yes, you have an important role in society, but the clinic has to stay open. If you're a small business, you're a small business, and you're going to have to work hard."

The necessary work, it turns out, spans fields from sales to marketing to business development, and even practices with people in dedicated business roles have enough of it to keep them busy. Mr. Monson of Zenith Direct Care, for instance, summed up his current work priority in sharp focus: "I'm basically going to be a salesman for the next couple years until the word really starts getting out."

For the typical doctor with little formal training or experience in any field of business, the prospect of learning several of these fields on the fly can seem daunting. The goal of landing employer contracts for your DPC practice is worth it, though, and it isn't beyond your reach. You've got the medical skills down and the practice launched, and now it's time for the elbow grease.

As Dr. Davenport said, "Use all of your extra time when you have it; don't just sit on your butt. Get out and shake hands and kiss babies."

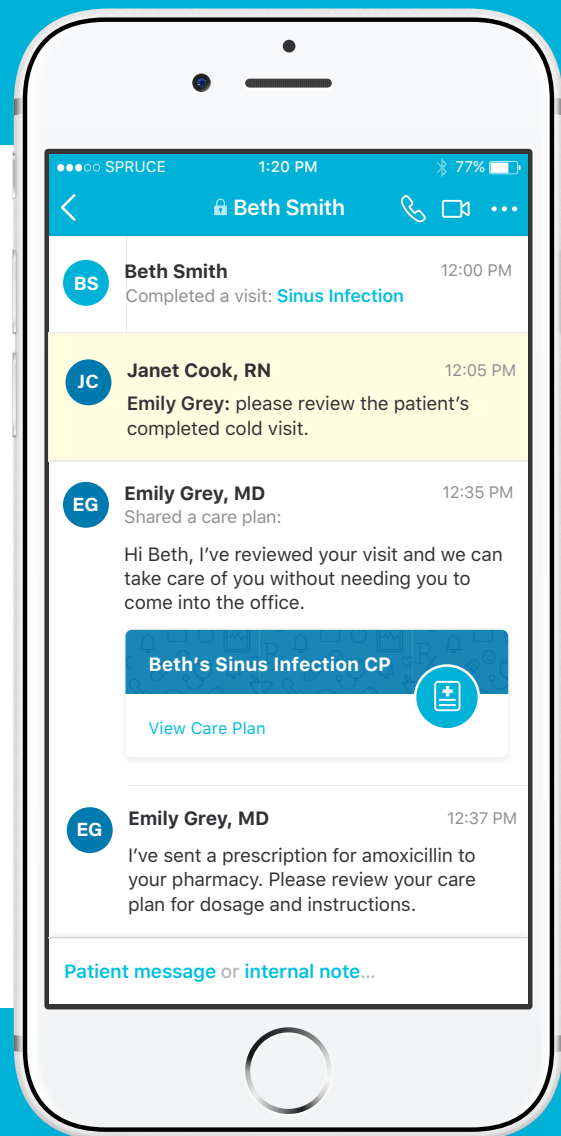


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