The Opt-Out Blueprint: From Holly Springs to the Nation

Why We Need a Blueprint

Across the country, healthcare costs are spiraling out of control. Insurers are proposing double-digit premium increases, and families are being priced out of basic care. Yet evidence shows that new models like Direct Primary Care (DPC) can cut costs while improving outcomes. Communities that adopt Blue Zones principles - plant-based eating, natural movement, strong social ties, see dramatic drops in disease and healthcare spending. This blueprint outlines a four-phase rollout that starts with simple, local changes and scales up to state and national reforms.

Phase 1 – Holly Springs (Years 1–3)

We begin at home, with a clear focus on eye care and overall health.

- **Launch a DPC Clinic for Town Employees and Early Adopters**
  Imagine a family practice and eye clinic that feels like a member's club—unlimited visits, upfront pricing, and no insurance billing. With DPC, members get longer appointments, lab tests, and chronic-disease management without surprise fees.

- **Build Walking Trails, Upgrade Parks, Pass Smoke-Free Ordinances**
  Health isn't only about clinics; it's about the environment. More sidewalks and greenways make it safe to walk to school or bike to work. Smoke-free parks protect kids' lungs and eyes from secondhand smoke. Upgraded parks encourage outdoor play and decrease screen time.

- **Partner with Schools on Lunches and "Walking School Bus" Programs**
  Kids who eat balanced meals and get daily exercise learn better and see better. We'll collaborate with nutrition directors to add more vegetables to school menus and launch "Walking School Bus" initiatives - supervised walking groups to school that boost fitness and community.

- **Transition Town Employees to DPC Using Current Health Budgets**
  Holly Springs spends about $13 million a year on health insurance for municipal employees. By shifting to a DPC model with catastrophic insurance, towns have saved **20–30%** in year-one health expenditures. That's **$2.6–3.9 million** freed up in our budget. Even after startup costs, we could invest at least a million dollars into parks, greenways, after-school programs or specialty eye screenings for underserved residents. This is **creative financing** - better care without higher taxes.

Targets for Phase 1

- Engage at least **20%** of residents in DPC or wellness programs.
- Reduce ER visits **30–40%** for participants.
- Cut smoking by one-third; reduce obesity **5–10%**.
- Save **$1–2 million** by year three. These goals align with results seen in other communities.

Phase 2 – Wake County (Years 3–5)

Building on success, we extend this model to neighboring towns: Apex, Cary and Raleigh.

- **Connect Towns with Greenways and Protected Bike Lanes**
  Safe, continuous pathways encourage daily activity and reduce the need for cars. For eye health, more sunlight exposure during the day can help reduce myopia progression in children. When we invest in sidewalks and greenways, we're investing in public health.
- **Host Blue Zones Bootcamps**
  Local leaders, teachers, nurses and eye-care professionals can attend intensive seminars on creating healthier environments - learning how small design choices, like placing healthier food at eye level or promoting walking meetings, lead to lower healthcare costs.
- **Offer Startup Grants for New DPC Clinics**
  Physicians often need financial support to leave insurance networks. By providing grants or low-interest loans, we can help primary-care and eye-care providers transition to DPC. The payoff? Employers report **52% lower healthcare spending** and higher employee satisfaction.
- **Transition County Employees into DPC**
  If Wake County employees experience the same benefits as smaller groups—fewer hospitalizations and ER visits, we could see **$10–20 million** in savings countywide. Those funds could be reinvested into public health campaigns, vision-screening programs for schoolchildren, or more Blue Zones projects.

Targets for Phase 2

- Demonstrate a regional drop in chronic disease prevalence.
- Achieve **$10–20 million** in healthcare savings by year five.
- Position Wake County as a national model for integrated DPC and Blue Zones strategies.

Phase 3 – North Carolina (Years 5–10)

With momentum on our side, we take the model statewide.

- **Designate 10–15 Official Blue Zones Communities**
  Towns that commit to infrastructure improvements, nutrition policies and community-building receive official Blue Zones status. This attracts tourism and investment while boosting population health.
- **Implement DPC Options for State Employees and Medicaid Pilots**
  State-level DPC programs can demonstrate cost savings and improved outcomes for public workers and Medicaid participants. Evidence from other states shows significant reductions in hospital admissions and specialist referrals.
- **Add DPC with Catastrophic Coverage to ACA Marketplace Plans**
  Allow residents to choose a DPC-plus-catastrophic plan on the exchange. This gives families more control and transparency, while still protecting them from high-cost emergencies.
- **Pass Policies Supporting Healthy Schools, Food Access and Zoning**
  Encourage gardens, farm-to-school programs and healthy vending in every district. Streamline zoning for farmers' markets and grocery stores in underserved areas. Promote density and mixed-use development so people can walk to stores and parks.

Targets for Phase 3

- Improve childhood health metrics (BMI, vision screening rates, physical fitness).
- Reduce statewide Medicaid costs and increase workforce productivity.
- Achieve over **$2 billion** in savings statewide within ten years.

Phase 4 – National (Years 10–20)

Finally, we advocate for national reforms and scale the successes.

- **Secure Federal Support**
  Update HSA rules to allow DPC payments. Pilot DPC models in Medicare to support seniors who need more time and personalized care. Fund Blue Zones initiatives via CDC grants to encourage community-wide changes.

- **Build a National Network of DPC Clinics and Blue Zones Cities**
  Create a certification program for direct-care providers and Blue Zones municipalities. Encourage collaboration among doctors, planners and educators. Provide continuing education on nutrition and lifestyle medicine to eye-care and primary-care providers, referencing the work of Dr. Fuhrman and Dr. Greger.

- **Train the Next Generation**
  Introduce DPC and Blue Zones concepts in medical schools, public-health programs and city-planning curricula. Partner with organizations like Duke's integrative medicine programs to teach students about nutrition, purpose and community health.

- **Set Ambitious Targets**
  Aim for at least one certified Blue Zones community in every state and **10% of primary-care physicians** practicing DPC by year 20. The goal is to save up to **$400 billion per year** in national healthcare spending, raise U.S. life expectancy and reduce physician burnout.

Show Me the Money – Funding & Savings

Costs to Implement:

- **Phase 1 (Holly Springs):** $2–3 million over three years for clinic startup, community programming and infrastructure improvements.
- **Phase 2 (Wake County):** $5–7 million over five years.
- **Phase 3 (Statewide):** $40–50 million over ten years.
- **Phase 4 (National):** $5 billion per year for ten years.

Projected Savings:

- **Holly Springs:** Save $1–2 million in direct healthcare costs within three years.
- **Wake County:** Save $10–20 million by year five.
- **North Carolina:** Save **over $2 billion** in a decade.
- **Nation:** Save up to **$400 billion annually** once the model is fully adopted.

Our town already spends about **$13 million** per year on employee health insurance. Shifting to a DPC model could reduce those costs by at least **20%**, freeing **$2.6 million** for reinvestment into parks, greenways, bike paths, after-school programs and other community enhancements, without raising taxes. This isn't about spending more; it's about spending smarter.