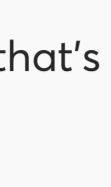
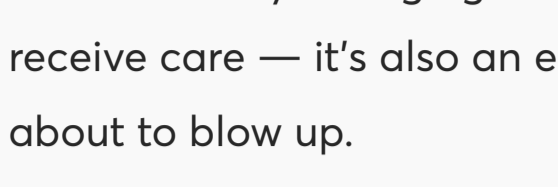




Is this health benefit the 'future' of employee care?

By **Kathryn Mayer**

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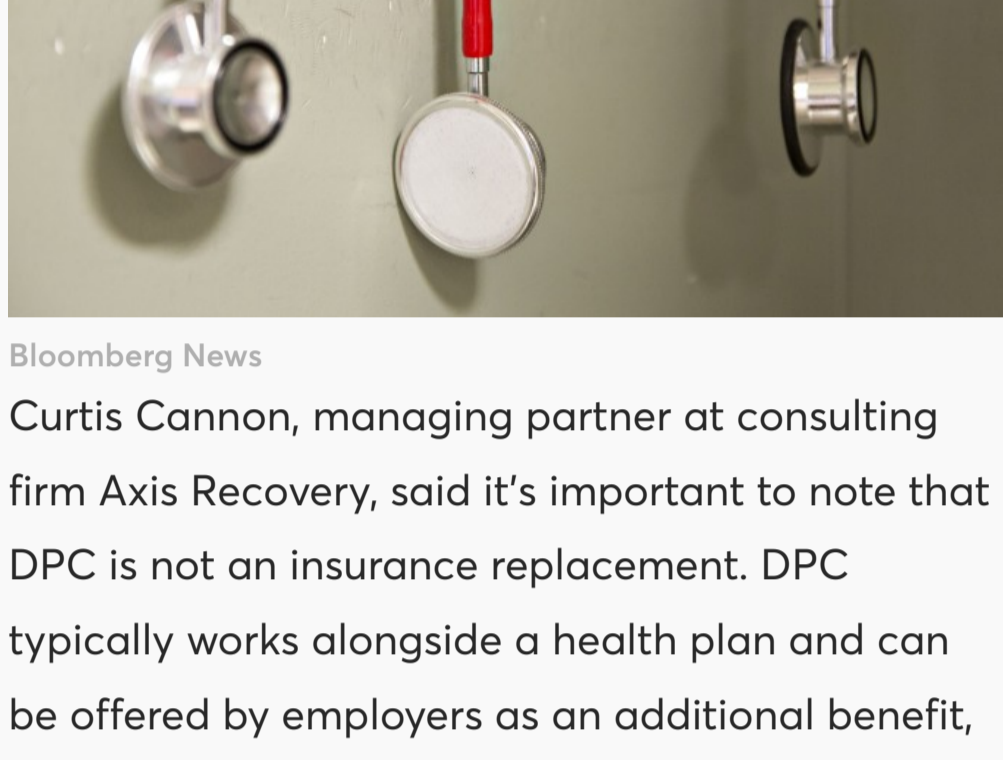
NASHVILLE — There's a new healthcare model that's not only changing the way people get and receive care — it's also an employee benefit that's about to blow up.

Direct primary care (DPC) — a fee-based model that gives individuals unlimited access to a primary care doctor for anywhere between \$60 to \$150 a month, without insurance being billed — is the "future of healthcare," Dan Thompson, a healthcare consultant and president of Thompson Risk, said Thursday during a panel at *Employee Benefit Adviser's* Workplace Benefits Renaissance conference. The model covers much of what a patient needs, including tests, consulting, drugs and treatment, typically at a much lower cost than through insurance.

The model is fairly new, but it's gaining momentum: There are roughly 1,000 DPC practices across 48 states and Washington, the panelists said this week. The majority of patients who use the model are families and individuals who pay for the service out of pocket, but a growing number of employers are turning to the practice as an employee benefit offering.

Because it's still a fairly unknown system, panelists contended direct primary care is a huge opportunity for employers and brokers.

"We're excited about the growth, but it's still a budding movement," said Jay Keese, CEO of Capitol Advocates, a Washington-based policy firm specializing in health issues. "The broker community, in particular, can be a huge part in growing this model because it's a unique opportunity that most people aren't focusing on."



Bloomberg News

Curtis Cannon, managing partner at consulting firm Axis Recovery, said it's important to note that DPC is not an insurance replacement. DPC typically works alongside a health plan and can be offered by employers as an additional benefit, in which companies can choose to cost share the expense with their employees. But, Cannon said, the model can drastically change healthcare services and delivery and create better relationships among employees and their doctors, which in turn can result in better employee healthcare.

"As a physician, I see that primary care is conspicuously missing from healthcare," said Dr. Thomas Spain, founder of Rocket City Health, a direct primary care practice in Huntsville, Alabama. "[Primary care is] so hard to access that most Americans haven't experienced good primary care. [DPC is] a way to put primary care back as a foundation. It stands out for its simplicity but it's also so powerful."

In a direct primary care model, employees have the advantage of more time alone with their doctor for discussion and medical planning, as well as access to easy and frequent communication methods. Employees can text, call or email their doctor directly at any time.

"So when Tom goes in for the flu, it's not just about treating the flu; it's about how he might prevent the flu next time," Keese said. "It's a great employee benefit because people love it."

It also can eliminate the cost confusion that comes with insurance, Cannon said. "When you go to a physician's visit, you get a bill. That's not what happens with DPC. There's no copays, no deductible, no surprise bills."

Employers that offer DPC typically still offer traditional health insurance to cover services rendered outside of primary care, including specialty doctor visits, lab tests, surgery and ER visits. But, the panelists said, utilization of these services often drops once direct primary care enters the picture. That's because greater and more frequent access to primary care doctors reduces the likelihood that employees will improperly overutilize emergency rooms and urgent care clinics, which often results in more unnecessary and costly tests and procedures.

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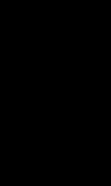
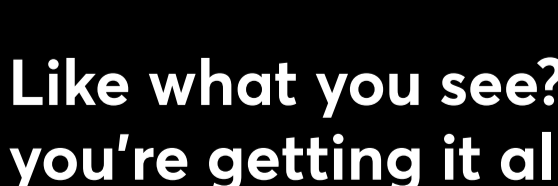
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That's a big benefit for employers, too. In fact, employers that offer direct primary care as a benefit to their employees see better outcomes and patient satisfaction, while employer claims show savings of up to 20% of total cost of care, Keece said.

DPC's biggest potential influence goes even further.

"[This is really about] moving to a model where an employer or a plan or an individual can pay a doctor for a personal relationship," Keece said. "And that relationship is often the secret sauce in [solving] healthcare. It can really accomplish a lot."

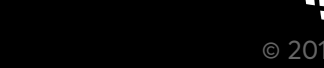
**Kathryn Mayer**Kathryn Mayer is editor-in-chief of *Employee Benefit News*.

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