



Use of the Direct Primary Care Model by APRNs to Improve Patient Outcomes

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Thinking outside the box!



Direct Primary Care Model

Also known as DPC

1

Direct arrangement between the patient and provider to cover primary care and preventive care services.

2

Eliminates the “middle man” to cover cost for primary care services.

3

Flat monthly rate, on average \$50 to \$80 per month

4

Recommends a low premium, high deductible plan for catastrophic events.

Membership has its privileges

Promotes spending more time with patients during office visits

Monthly membership covers primary care services

Use of technological advances for direct access to provider

Pairs well with a low premium, high deductible insurance plan

Background

- Healthcare coverage beyond what many can afford, and is associated with exorbitant deductibles.
- The United States spends more per capita on health care expenditure than any other industrialized country.
- In 2007, Qliance Medical Group opened a pilot direct primary care clinic in Seattle, Washington.
- The practice grew from 3500 to 35,000 members.

- Brooks-Carthon, Barnes & Altares-Sarik, 2015
 - Smith et al., 2016
 - Wu, Bliss, Bliss, & Green, 2010

What's the difference?

Direct Primary Care

VS

Concierge Care

Affordable Care Act (ACA)

The Triple Aim Initiative

An approach to optimizing health care performance

Improve population health

Reduce per-capita costs

Improve patient experiences

Spinelli, 2013

Smith et al., 2016

Knickman & Kovner 2015

Price & Norbeck, 2017



Problem

APRNs are not included in scholarly literature as providers of the DPC model.



Lack of support or resources from national and regional nursing organizations, for entrepreneur APRNs utilizing the DPC model.

Nursing community unaware of the DPC model and its potential to improve health outcomes.

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