The rise of the direct primary care model has not gone unnoticed within the CCHF community. The past few years has seen an uptick of doctors interested in this model. Between five and ten new DPC practices who fit within the CCHF framework are currently in various stages of development and early practice. This matches the national trend; there were roughly 4,400 DPC physicians in 2012, up from 756 in 2010.

Direct Primary Care can be defined as comprehensive primary care and prevention services offered through a direct agreement between a doctor and patient. The median fee for Direct Primary Care practices is around $80 per month, with many practices offering discounted fees for family enrollment. As a result of a legislative provision within the ACA, there are three states who have included DPC in healthcare exchanges—Washington, Nevada, and Colorado. Washington State has reduced costs and expanded primary care through an integration of DPC and Medicaid managed care; however, in most states, direct primary care exists as a health benefit outside of state insurance regulation.

(Article continues on page three.)
About six years ago, seven people began to plant a church on the south side of Oklahoma City. The neighborhood is largely a medically underserved area, and three of the 7 were healthcare professionals. Thus, a vision for a medical home for the uninsured and underinsured was born in January 2015. The goals are threefold: a medical home for the neighborhood, health education & advocacy, and leadership development of indigenous leaders. Right now these goals are primarily accomplished through an after-hours pediatric clinic, a monthly adult clinic, and screenings within apartment complexes and charter schools. Christ Community Health Coalition is beginning their journey towards establishing a flourishing health center in the midst of a medically disadvantaged neighborhood. Please pray for them and offer your support!
DIRECT PRIMARY CARE & CCHF (CONTINUED)

Dr. Nicholas Tomsen, a recent graduate of Via Christi Family Medicine Residency, recently cut the ribbon on his new practice, Antioch Med in Wichita, Kansas. Dr. Tomsen and Dr. Alleman co-founded the direct primary care practice with the intention to use medicine as a means for ministry. This new practice is just one example of a growing trend within the larger market. There are currently 7 different CCHF clinics from Seattle, WA to Madison, WI that utilize the DPC model. In addition to the traditional subscription-based “direct access” practices, there are several healthcare centers such as St. Luke’s Family Practice in Modesto, CA that offer a model where “benefactors” can subscribe to receive direct access to the physician group, and in turn, the doctors run a daily free clinic as a result of the financial support they receive from their paying patients.

As with any novel model, there is no shortage of skepticism regarding direct primary care and its perceived effectiveness in reaching underserved communities with Christ-centered healthcare. In multiple interviews with leaders in the CCHF community, leaders have expressed concerns regarding healthcare access. One prevalent concern is location, as one of the social determinants of health is access to transportation. Placement of practice location within economically disadvantaged neighborhoods eliminates a community barrier to quality healthcare. There are concerns that, because of subscribers’ wishes, practices would be necessarily located near more affluent neighborhoods where there may be more opportunity to gain subscribing patients. Another valid concern is in many states, government legislation prevents Medicare recipients from concurrently opting-in to Medicare and paying a subscription fee. While technically these Medicare patients can still become DPC subscribers, they are not able to submit fees for insurance reimbursement. This functionally eliminates an entire demographic from this model, a major negative as we look at the effectiveness of the DPC model to serve the underserved.

Direct Primary Care practitioners are overwhelmingly positive, and even evangelical about the model. They believe that they improve patient outcomes & reduce costs by eliminating third parties. Dr. Farr Curlin of Duke University describes DPC as a “compelling model for people who want to practice good medicine and cultivate mutually respectful relationship with patients, where patients are invested in their own healthcare”. Indeed, the patient investment within the DPC model can be perceived a positive aspect, as patients who invest financially in their own healthcare may be more likely to trend towards proactivity and compliance. In addition, a crucial long-term challenge for the safety net is recruiting and maintaining physicians. The DPC model could be helpful in reducing physician burn-out by eliminating the bureaucracy of the third-party payer.

The Direct Primary Care model has been rapidly expanding in the past few years. We need to seriously consider any model which allows the Kingdom of God to advance through healthcare within marginalized communities. As the CCHF community encounters this growing type of model, please offer them your prayers and support. After all, communities are made of diverse people, and the importance of the mission far exceeds any one particular model.

Would you like to share your questions or experiences? Send us your comments!
You are part of a movement of God’s people who, like the Good Samaritan, bind up the wounds of our poorest neighbors. We are an extension of you and the CCHF community, providing support and collective efforts so that this movement can stay strong and continue to grow. It is individual contributions – contributions of ideas, of prayer, of efforts, and of finance - that enable us to serve you and this community. We are grateful, and invite you to help us grow with this growing movement.

Encouraging, equipping, and engaging Christians to live out the gospel through health care among the poor.