Transition to Direct Primary Care Practice

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Our Practice

- Solo Family Practice
- Suburban area in Northeast
- Office attached to our home
- Lean staffing
- No hospital, nursing homes, obstetrics
Our Problem

Because we cared so deeply for our patients, we were providing concierge level service but we were being paid Medicare rates.

We could not practice the way we needed to under the traditional insurance model.
The Last Straws

- Obamacare
- Compulsory Membership in an “Accountable Care Organization” (ACO)
- NCQA “Patient Centered Medical Home” certification
- Horrible EMR
- They told us that we “had no choice”
We Did Have A Choice

- Resigned from the local Physicians' Health Organization
- Opted out of Medicare effective April 1, 2013
- Cancelled insurance contracts
- Started Cash Fee For Service
What We Did

- Published cash FFS prices on-line and in office
- Junked our EMR
- Set up a DIY website
- Advertised on talk radio
- Free publicity when a newspaper article went viral
Pitfalls of Cash Fee For Service

- Attracted many “drop in” patients and drug seekers
- Many patients who stayed tried not to come in at appropriate intervals
- Few benchmarks for cash pricing for FFS primary care
- Income became unpredictable
- Patients focused too much on insurance reimbursement
- We determined it was unsustainable for us
Direct Primary Care (DPC)

- Monthly subscription for unlimited primary care
  - $50 individual, $95 couple, $140 family
- Discount for prepaying for the year in advance
- Veterans receive 10% discount
- Labs, Generic Medications, and Vaccines provided at cost
- Includes phone calls and e-mail access
- Visits are 30-60 minutes
- House calls for an extra fee
Where We Are Now

- 300+ Patients and growing
- Getting ready to completely stop cash FFS
- Income is steady
- Recruiting self insured businesses
- Personal and professional satisfaction
“If you are going through hell, keep going.”
- Winston Churchill