Beyond Fee-for-Service:

Direct Primary Care as a Path to Universal Access

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By the end of this session, you will be able to:

01

Understand why the U.S. primary care system is failing

Name the structural and financial forces that block access — and understand who bears the cost.

02

Explain how Direct Primary Care removes those barriers

Describe the DPC model, who it serves, what the evidence shows, and why it is financially viable.

03

Identify actionable steps to advance DPC in your community

Use assessment tools, coalition strategies, and policy levers from the PC4AA playbooks to get started.

Conflicts of Interest

FINANCIAL RELATIONSHIPS

Employed by Elation Health as Head of Primary Care Advancement.

FUNDING SOURCES

None.

$5.28T

spent on U.S. healthcare in 2024

18% of GDP · up 7.2% from 2023

Highest per-capita cost in the world

51%

of Americans uninsured or underinsured

30% of adults · 14% of children have no regular primary care clinician

$1.32T

wasted annually — 25% of all spending

(JAMA, Shrank et al.)

$502B is pure admin friction

Sources: CMS NHE 2024 · Robert Graham Center 2026 · JAMA Shrank et al. (2019)

THE EVIDENCE

$1 → $13

Every dollar invested in primary care yields ~$13 in downstream savings

Last out of 10 peer nations

The U.S. is the only high-income country that hasn't found a way to meet the public's basic health care needs.

Commonwealth Fund Mirror Mirror 2024

4+ years shorter lives

We have the highest rates of preventable deaths of any comparable nation.

Commonwealth Fund Mirror Mirror 2024

41% spent $1,000+ out of pocket

More Americans skip needed care due to cost than in any peer nation.

Commonwealth Fund International Survey 2023

Our physicians are excellent. The system prevents them from reaching people. All 9 peer nations that outperform us invest robustly in primary care.

HOW INSURANCE BROKE PRIMARY CARE

"The number one cost driver in health care is the fact that we use insurance to pay for high probability, low cost events."

— David Goldhill
Catastrophic Care

Misaligned Incentives

Administrative Tax

Misplaced Value

Loss of Autonomy

Engineered for Corporate Profit

Physicians are burned out and leaving

Patients don’t have a true primary care relationship

WHAT IS DPC?

A flat monthly subscription fee — paid directly to your physician. No insurance. No claims. The doctor works for you.

No surprise bills

Flat fee covers all usual care. Transparent pricing. No surprises, ever.

PCP knows every patient

<600-patient panels vs. 2,300+ in fee-for-service.

More time to care

30–60 min appointments — not 7-minute encounters.

Care happens anywhere

Clinic, virtual, home, coffee shop, text — access isn't tied to payment rules.

No middleman haggling

No billing, no coding, no denials, no appeals.

No insurance? No problem.

Insurance status never determines eligibility for care.

A better business model: DPC practices net $25K more per year than comparable FFS practices — while serving one-quarter the patients. (Tecco et al., J Gen Intern Med, 2024)

The Policy and Market Landscape Is Shifting

OBBBA (2025): HSA + DPC

Prior to OBBBA, DPC and HSA were incompatible — a barrier that locked millions out and stymied employers from promoting DPC.

- Employers can pair DPC + HDHP + HSA into one complete, affordable package
- Self-employed and gig workers can fund DPC tax-advantaged for the first time
- Individuals on HDHPs no longer must choose between DPC and their HSA
- Removes the final structural barrier to DPC adoption at scale

COMMUNITY-OWNED HEALTH PLANS (COHPs)

Locally governed, self-insured plans built on a DPC backbone — the community controls the plan, not a distant insurer.

Primary care first

DPC is the foundation — every member has a PCP before anything else.

Community governed

Trustees from employers, unions, school boards, municipalities — profits stay local.

Transparent & direct

No PPO networks, no hidden markups — direct contracts, members know what care costs.

Proven at scale

Pittsburgh schools: −36.8% hospital spend. Milwaukee: flat 5 yrs. Bennett SD: 33% over 6 yrs.

The Movement Is Growing

Hint Health 2026 Trends Report

837%

growth in DPC members 2017–2025

555%

growth in DPC clinicians 2017–2025

33%

avg annual growth 9 consecutive years

3,700+

DPC practices nationwide

Patient demand is growing faster than clinician supply.

1.4M+ members tracked by Hint Health. DPC is reached through many pathways: individuals, employers, unions, community organizations, and government programs. No pathway requires an insurance company.

Patient + Employer + PCP Experience

Phyx Innovation Labs / Anovia Health 360° Evaluation — 18 providers, 315 patients, 14 employers (March 2025)

NPS 83 Patients

NPS 86 Employers

NPS 72 PCPs

PCP vital signs: before → after DPC transition

Burnout	3.4 → 1.8	**−48%**
Job Satisfaction	2.6 → 4.4	**+68%**
Visit Length	14.9 → 29.4 min	**+98%**
After-hours EHR	1.9 → 0.7 hrs	**−64%**
Patient Panel	2,050 → 526 pts	**−74%**

Patient PCPCM Scores (out of 4.0): Overall 3.5 · Quick response 3.9 · Ease of access 3.8 · Trust in referrals 3.7 | 78% reported increased care quality

The Cost & Quality Outcomes at Scale.

PREMISE HEALTH 2024

Employer-onsite advanced primary care

207,000 eligible lives · 26 employers & unions · Milliman-validated

30% lower total cost of care ($2,434 / member)

52% reduction in inpatient hospital admissions

17% reduction in ER visits

20% increase in routine & preventive care visits

Premise operates employer-onsite clinics — different model than independent DPC, same principle at actuarial scale.

When primary care is accessible, trusted, and coordinated, downstream costs fall and health improves.

The Premise Health data and the Anovia DPC report comprehensively demonstrate the power of primary care when positioned outside the insurance machinery.

Is DPC Affordable?

THE INVESTMENT

$99

median retail / month (2025)
$65 employer or union-sponsored

- Less than 1% of per-capita healthcare spending
- Insurance premiums rose 43% (2016–2024) — DPC tracked with wages
- Less than car insurance — far more likely to be used
- 80% of DPC patients report lower OOP costs

The DPC model proves that primary care can be high-quality and affordable when profit-driven intermediaries are removed.

THE RETURN

The Inverse Relationship

Communities with stronger primary care investment have lower total costs, fewer ER visits, and fewer hospitalizations.

The Cost of Inaction

When primary care is inaccessible, patients shift to ER and inpatient care — which costs far more.

The average ER visit costs more than 15 months of a DPC membership that could have prevented it and done so much more.

Funding DPC for everyone: shifting the burden to the collective

DPC AS COMMUNITY-OWNED UTILITY

$60–$100

per member / month

DPC makes primary care community-controlled, equitably accessible, and locally sustainable.

Source: PC4AA Local Playbook (2024)

Three core pillars of a community coalition

Service clubs

Public unions

Local businesses

- Use collective financial power and social influence to fund DPC memberships for the underserved.
- Partner to stabilize the local economy and ensure healthcare becomes a sustainable community asset.

POLICY ADVOCACY

Medicaid wraparounds to fund DPC memberships
HSA expansion at the state level to unlock tax-advantaged dollars for DPC fees

DPC as a Community Organizing Tool

01 Connect

Start or join a PC4AA local workgroup — a structured, self-sustaining team that builds the local movement and holds progress accountable year over year.

02 Build a Coalition

Ask your Rotary Club to start a Primary Care Rotary Action Group (PCRAG). Bring in local EMS, school districts, hospital auxiliary boards, unions, and the mayor's office.

03 Assess

Calculate primary care adequacy and map local workforce gaps.

02 Educate & Advocate

Start with a city or town council resolution declaring primary care a community priority. Conduct town hall meetings with local leaders.

Find more at primarycareforallamericans.org

Primary care is the foundation of health.

> *When your community takes back control of how care is delivered and paid for, that's not just a health decision. It's an act of democracy.*

Start this week: Call three people in your community who care about health. Ask them to meet.

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primarycareforallamericans.org

Questions?

Supplementary Slides

Included for reference — not part of the main presentation.

THE EVIDENCE

DPC Improves Both Cost and Quality of Care

Lower ER visits and hospitalizations reflect healthier patients — not just better utilization. Three studies, same finding.

Society of Actuaries / Milliman

2020 · Risk-adjusted employer analysis

12.6%
lower total claims

40%
fewer ER visits

20%
fewer hospitalizations

DeSoto Memorial Employee Plan

2020 · Rural Florida hospital employer

54%
lower health plan spending

30%
lower OOP costs

20%
lower premiums

Colorado School District DPC vs. PPO

2020 · Self-insured school plan

50%
lower total costs

74%
fewer ER claims

~$1K
saved/member/yr