Avenu Health

A glimpse into the rapidly evolving landscape of Direct
Primary Care

Rachel Hines, MD/MPH UNC DFM Class of 2016



What is Direct Primary Care?

- » Direct to consumer billing no insurance engaged for primary care services
- » Fee per person, not per service. Like a budget/capitated.
- » Different from concierge based on price point and no insurance billing. Similar in better patient experience
- Typical patient panel is 400-800 patients rather than thousands for a full time physician



DPC Advantages

- » Incentives aligned around cost saving and preserving wellness
- » Patient experience is much better
- » Physician satisfaction
- » Opens door for use of technology, non-traditional interactions

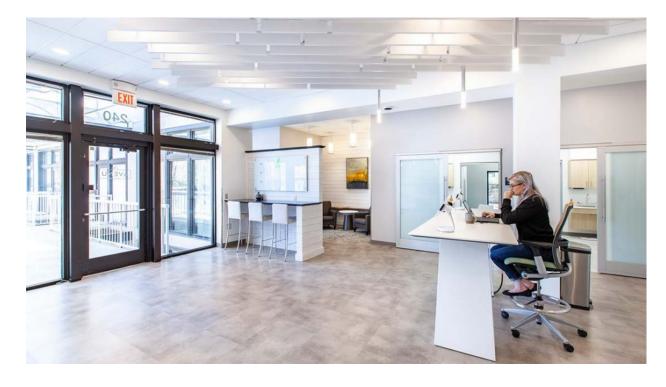


A brief timeline

- » Jun 2017: Ben Aiken recruited by Mission to develop innovation clinic
- » Jan 2018: First patients seen
- » Mar 2018: Avenu grand opening, HCA takeover announced
- » Aug 2018: about 80 members
- » Jan 2019: HCA takeover
- » Oct 2019: 310ish members



Our space







Our team

- » 2 MDs (both with public health training) UNC SOM Class of 2013!
- » 1 RN who is trained as a health coach
- » Previously had a Program Coordinator

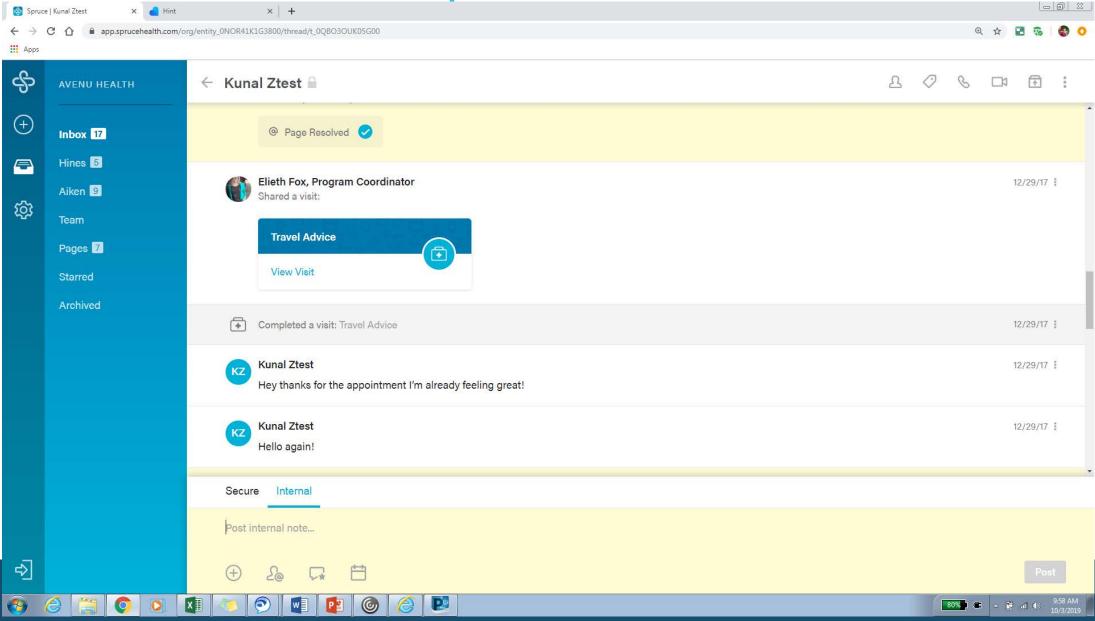


Basic structure

- Comprehensive plan: \$69/month for individual, less for additional family members or people under 26, \$59 for employees
 - Unlimited virtual interactions with MDs or health coach via Spruce
 - Unlimited office visits
 - Specified labs
 - Up to 5 x-rays
 - Negotiated pricing for other referrals
- » Select plan: \$35/month per person, not available to businesses
 - Unlimited virtual interactions
 - 1 annual preventive visit
 - Discounted "co-pay" for additional visits, labs, imaging



Virtual care with Spruce: our bread and butter



Clinical successes

- » Patient stories: Reversing T2DM, early identification of htn, likely familial colon cancer syndrome, multiple first pap smears, dozens of urgent care visits avoided for lacerations, injuries, UTIs, etc on weekends and after hours
- » DPC victories: prenatal care, childhood vaccines, LARC
- » Operational flexibility: virtual interaction, home visits, 60-90 minute initial appointments, lunch n learns, personal carve outs, responses to work site health concerns



What's next for us?

- » Improving growth rate
- » Navigating being part of an (even bigger) system
- » Revisiting overhead spend
- » Community partnerships
- » Strengthening local DPC "coalition"



What's next for DPC nationally?

- » Medicare and/or Medicaid payments
- » Use of HSAs, HRAs
- » Forward thinking insurance plans and/or health shares
- » Networks of local DPC practices to enhance progress
- Social networks and how-to manuals for the "DPC curious" among you
- » DPC Alliance for national advocacy
- » AAFP attention (Nuts and Bolts conference, etc)



Stay tuned...



Questions



Thank you! www.avenuhealth.com

https://dpcalliance.org/

