How to Train Your Employees to Protect Profits Through Their Direct Primary Care Membership

An eBook for Benefits Administrators New to the World of DPC



How to Train Your Employees to Protect Profits Through Their Direct Primary Care Membership

As a benefits administrator at your company, you may be solely dedicated to assisting your fellow employees with access to their health plan, or you may wear many hats within the organization. Whatever your role, it is your responsibility to make sure employees are informed and educated on their benefits and how to access them.

As you know, the way your fellow employees consume healthcare directly impacts your employer's health insurance renewal rate, influencing the health plan's overall cost. No matter the makeup of health plan design, savvy employers nationwide are adding direct primary care (DPC) to their health plans to manage these expenses. By offering unlimited primary care services, DPC saves employers money by diverting acute care claims, chronic disease management, and urgent care away from their health plans. Let's dive into the importance of primary care access and how you can train your employees to protect profits by utilizing their DPC membership.

In this eBook, you will learn:

- How to overcome escalating challenges for employers and their employees
- Why primary care is considered the foundation for health
- How to deliver a primary care solution for a mobile workforce
- Ways to educate employees to utilize health plans effectively

Escalating Challenges for Employers and Their Employees

As the healthcare industry reels from one challenge after another, the cost of care continues to rise. Employers struggle to provide health plans for employees that are affordable and easily accessible while containing their own expenses. Some employers are forced to reduce wages and offer less generous benefits because the cost of claims for traditional health insurance plans escalates too quickly. From 2006 to 2016 out of pocket spending increased by 54 percent, while deductibles increased by 176 percent. In comparison, employee wage growth was a mere 29 percent in those ten years.¹ In essence, employees are not only ill-equipped to seek care and stay healthy, but they also struggle with low morale and feeling undervalued by their employer.

Traditional insurance often leaves employees ill-equipped to seek appropriate healthcare.

Underinsured Employees Result in Expensive Outcomes Long-term

When employees are offered traditional insurance plans (for example, a high deductible health plan (HDHP)), often they cannot afford to utilize their coverage. Employees bear multiple burdens when seeking appropriate care through traditional insurance plans. These burdens include paying



out-of-pocket for every doctor visit until they hit their deductible, ineligibility for coverage of chronic disease treatments, limited network options, balance billing after care is received, and minimal to no after-hours access. These employees are often underinsured and unable to receive appropriate care.²

According to the Commonwealth Fund, one in four adults with employer-sponsored health plans are, in fact, underinsured.³ And of these underinsured adults, 41 percent say they delayed needed care due to cost, and 47 percent reported medical bills and debt problems related to the care they did receive.⁴ These high costs result in expensive outcomes and overall healthcare avoidance, shifting many Americans further away from Primary Care Physicians (PCPs) and the essential care they deliver.⁵

The Expensive Outcome of Primary Care Avoidance

It seems the number of Americans with primary care providers is shrinking. With 24 days being the average waiting period for an in-office visit with a new primary care physician,⁶ it's not surprising that nearly 50 percent of adults do not have a relationship with a primary care provider.⁷

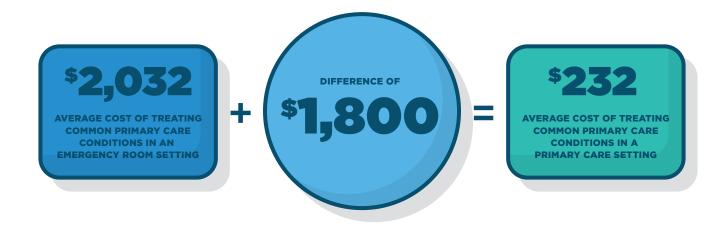
To fully understand the significance of primary care, we need to evaluate what happens when care is not received. As mentioned, concerns such as long waiting-periods for acute illnesses, higher copays, and retail healthcare availability have shifted patients away from their PCPs.

Overall, this shift results in fragmented care, expensive outcomes, and overall healthcare avoidance by employees.⁸

In addition to these factors, a growing number of people do not understand the importance of primary care and how to use the healthcare system most effectively. Many Americans have skipped medical tests or treatments due to cost, and most say they have a problem paying their basic healthcare bills. Because of this avoidance, Americans are developing preventable conditions that are expensive to treat and manage.

50% of American adults avoid going to a PCP because of costs and 13% of that group noted their condition worsened as a result.⁹

According to the United Health Group, the average cost of treating common primary care conditions within an emergency room is \$2,032. This price tag is \$1,800 higher than treating those conditions within a primary care setting.¹⁰ The staggering amount of money the U.S. spends on healthcare each year is estimated to reach \$6 trillion by 2027. It is partly driven by patients that delay care or seek care in emergency rooms for issues that could be treated easily within a primary care setting.¹¹ This uneducated utilization of the healthcare system leads to those high expenses.



What that Means for Employers

In 2019, the National Business Group on Health estimated that employers should expect to spend more than \$15,000 per employee for healthcare in 2020 – and that estimation was made pre-COVID.¹² Simply put, healthcare prices have grown faster than the general economy.¹³ To control costs and protect their bottom line, employers need to strategize how to construct health plans to serve their employee population best and provide affordable and convenient access to primary medical care. Once the health plan is established, it's up to benefits administrators to educate employees on how to access that care.

Primary Care is the Foundation for Health

Primary medical care is so essential that if everyone in the U.S. saw a primary care provider first for care, it would save the U.S. an estimated \$67 billion every year.¹⁴ Those savings are compelling, but how can you translate it into possible savings for your employer? One study found that for every \$1 increase in primary care spending, it resulted in \$13 of savings in overall health care spending.¹⁵ Another study uncovered that people who have a primary care provider save 33 percent on healthcare compared to their peers, who only saw specialists.¹⁶

Since primary care is so essential to your employees' well-being, let's cover why it is indeed the foundation for health.

Patient Health is Complex

Most people don't know the complexities of their health and wellness. People who feel they can't afford to utilize their health plans effectively tend to consume health care in a manner that costs them and their employers more over time. Health issues escalate for those who forgo seeing a primary care doctor because of out-of-pocket costs. Also, the lack of primary care leads some to use urgent care or emergency rooms for conditions that don't belong in that setting, or for concerns that have escalated beyond control.

The result of treating the emergency room like a primary care clinic is skyrocketing expenses for the patient and their employer (if they have health insurance). Without health insurance, medical bills can quickly overwhelm anyone. Having primary care access helps patients get effective care by allowing them to be proactive about their health.

Awareness Saves Lives

PCPs screen for many things such as obesity, high blood pressure, and diabetes; they also review immunization records and help keep patients and their families up to date with shots and other preventative measures.

Studies show people who utilize primary care have better health outcomes, including lower rates of all causes of mortality.¹⁷ Researchers found a noticeably lower mortality rate from heart disease, cancer, or stroke, infant mortality, low birth weight, and poor self-reported health in areas where people sought care from primary care physicians.

Building an ongoing relationship with a primary care physician and his team empowers people to take control of their health. Having a support system and a wealth of knowledge alleviates fears or unfamiliarity, which may prevent patients from getting life-saving care. Having someone you trust to advise you to see a specialist can prevent illnesses from developing or worsening. Also, while being referred to a specialist, having a dedicated PCP helps personalize your care and save time.

Chronic Disease Management

A primary care provider is responsible for screening all major health-related conditions. If you already have a chronic condition, your PCP helps manage it and improve your quality of life. Unfortunately, some health plans do not accept people with preexisting conditions. This practice alienates many people as approximately 133 million Americans, over 40 percent of the total population, suffer from chronic diseases. That number is projected to grow to an estimated 157 million, with 81 million having multiple conditions.¹⁸

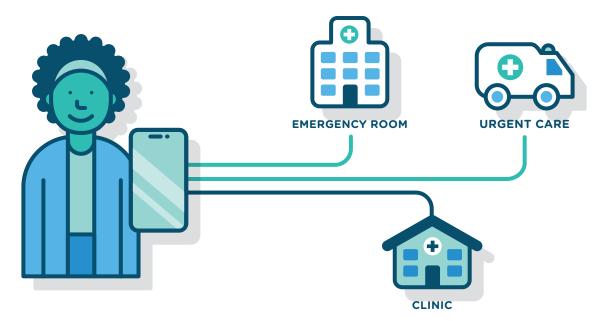
People with preexisting conditions are the ones who need care the most, but with insurers turning many away, some cannot afford quality healthcare to keep their disease from escalating.



People Want Convenience

For a generation that never slows down, retail healthcare utilization has spiked, causing decentralized patient records across multiple health networks. This issue often leads to care fragmentation and misdiagnoses that create more problems and expenses for patients in the long run. When cross-communication between providers is siloed—accountability, traceability, and administration of the patient medical history suffer, causing a domino effect of increased spend, wasted time, and significant health risks.

With a PCP as your entry point to the healthcare system, patients are navigated through recommended next steps or potential unnecessary land mines by someone they trust.



A Primary Care Solution for a Mobile Workforce: Direct Primary Care

The misconception among many is that one cannot access quality primary care unless he has insurance. However, in the age of Direct Primary Care (DPC), that is no longer the case. DPC is a non-insurance healthcare membership where a flat monthly fee is paid for defined primary care services. This membership can be paid for by a patient or by an employer for their employees.

While services differ nationally, membership typically includes timely and unlimited access to your physician via in-office visits or over the phone. The model encourages members to actively participate in their health by building a trusting relationship with their physician to conduct preventative exams, treat acute conditions, and detect and manage chronic illnesses before they become serious, among other services. By emphasizing the patient-physician relationship, DPC encourages members to be invested in their long-term health and wellness.

By eliminating barriers to primary medical care, DPC allows affordable and convenient access to services on which members depend. The three building blocks of healthcare below establish the baseline for DPC memberships and guarantee the successful delivery of primary medical care.¹⁹

Lower Care Costs

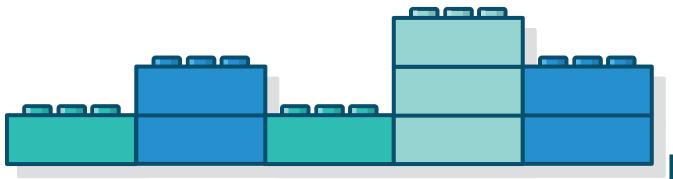
For care performed within the DPC environment, there are no claims generated on the employer's health plan, and there are no bills for members after receiving care. According to Milliman's study, members of DPC practices experienced cost reductions in various healthcare claims (but we'll get to this later within this eBook).

Better Employee Health

Patients achieve superior health outcomes with DPC's personalized service delivery. Employees enrolled in direct primary care have 59 percent fewer E.R. visits, are referred to specialists 62 percent less often, have 65 percent fewer radiology exams, and have 80 percent fewer surgeries.²⁰

Better Patient Experience

Patients receive unrestricted access to physicians through multiple services. Common benefits include comprehensive primary services, such as routine care, regular checkups, preventive care, and care coordination.



DPC has become extremely important in recent years for those who do not have health insurance and even those who do. For example, a HDHP requires patients to pay high copays and deductibles for care, which puts routine healthcare out of reach for some. A DPC membership can be combined with a HDHP so that the employee can visit a primary care provider for little-to-no-cost.²¹ With the onslaught of lay-offs and a global pandemic in recent months, employers are looking for cost-effective solutions to keep their employees, and their loved ones, healthy while watching their bottom line.

DPC Contains Expenses for Employers and Employees

Milliman, Inc. recently published a study called "Direct Primary Care: Evaluating a New Model of Delivery and Financing." They found that DPC members visited emergency rooms 40 percent less over two years. They also reported that DPC members were admitted to the hospital 20 percent less over that same two-year period.²² The study also summarized the overall DPC fee-for-service claim cost savings for a group of employers. See below for another example of why direct primary care is becoming the go-to strategy to contain health plan costs.²³

Estimated DPC FFS Claim Cost Savings

Source of Savings	Savings PMPM	Percentage of Savings
Carved-Out DPC Services	\$22.54	37.8%
Lower Outpatient Facility Claims	\$19.03	31.9%
Lower Physician Claims	\$13.02	21.9%
Lower Inpatient Facility Claims	\$4.98	8.4%
Source of Savings	\$59.56	100%
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Source | Millman Inc.

Healthcare2U's Direct Primary Care is a Coast-to-Coast Healthcare Membership

Because of their core values, Direct Primary Care (DPC) memberships lay a solid foundation for health plans that want to institute real change and redefine healthcare delivery. Unfortunately, traditional DPC practices are regionally based and may not provide a complete solution for a national or mobile workforce. That is where Healthcare2U comes in.

We are a nationwide, hybrid direct primary care organization that has progressed the model's benefits and removed its limitations. Our integrated solution believes the primary care patient-physician relationship is the foundation for healthy living and is the key to reducing costs and eliminating healthcare barriers. By providing a nationwide solution to primary care, we bring affordability, accessibility, transparency, and mobility to our members.

Affordability

Our no-claims membership aligns the patient and physician incentives to drive affordability. This value enables employers to offer lower care costs, empower employee health, and deliver better patient experiences. Healthcare2U's DPC membership accepts people with preexisting conditions within manageable ranges, and we make managing diseases much more affordable. Members get unlimited treatment and management of 13 chronic disease states for a \$10 visit fee. Now people who desperately need care can finally receive it.

Accessibility

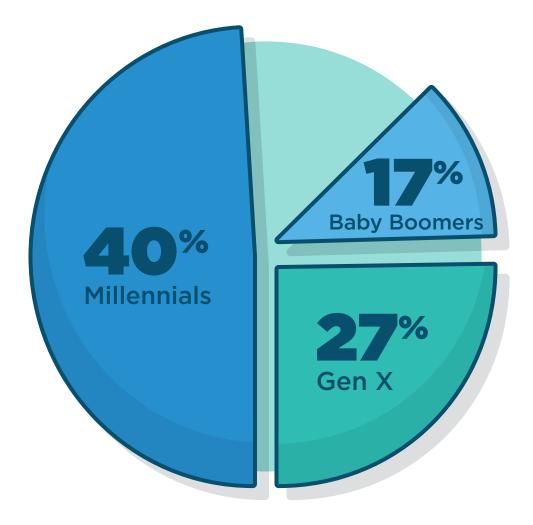
Members have unlimited accessibility to Healthcare2U partner physicians during business hours and 24/7 access to Virtual DPC for after-hours care. Annual physicals, immunizations, and other screenings are just a few of the essential primary care services that help maintain optimal health. Our primary, chronic, and urgent care options allow treatment from anywhere within the U.S., reducing healthcare avoidance and giving peace of mind.

Transparency

The upfront, fixed pricing, and detailed support delivers the transparency needed to empower patients to make smart, budgeted healthcare decisions—preventing post-visit surprise charges or opaque payment responsibilities. Healthcare2U's membership includes services such as unlimited access to in-office acute care or chronic disease management for \$10 a visit, urgent care access for \$25 a visit, and 24/7 bilingual telehealth consultations for \$0 out-of-pocket cost to members and eligible dependents.

Mobility

Healthcare2U's nationwide footprint drives primary care mobility to better service our members regardless of location while transferring medical records between Healthcare2U and partner physicians for every visit—eliminating care fragmentation and chances for misdiagnosis. Even before social distancing due to coronavirus, Millennials were leading the charge toward technology-driven healthcare. Studies show telemedicine and virtual care benefits are not lost on millennials and Gen Xers. This audience is more likely than baby boomers to report that a telemedicine option is "extremely or very important."



Forty percent of millennials say telemedicine is an extremely or very important option, compared with 27 percent among Gen Xers and 19 percent among baby boomers.²⁴

No matter why your employer is implementing a Direct Primary Care membership, DPC will make a positive impact within your organization. This case study shows how one employer in South Texas utilized Healthcare2U's DPC to decrease turnover while providing enhanced benefits to their employee population. By educating their employees, this employer reaped the cost-containment benefits of DPC.

CASE STUDY

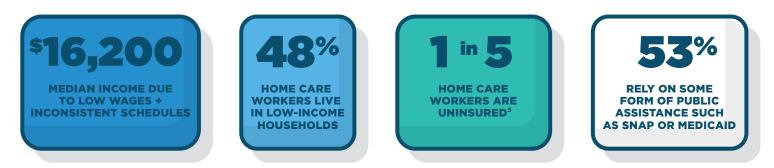
Home Health Care Industry

Enhanced Benefits Increased Retention In an Industry Rifled by Turnover

Direct Primary Care added robust benefits to an otherwise bland compliance play

About the Home Health Care Industry

The nation's Home Health Industry is plagued by various factors that lend to its remarkably high turnover rate. With low wages and inconsistent schedules, the median annual income for home care workers is around \$16,200,¹ leading to high poverty rates among those employed in this industry. In fact, one in five home care workers lives below the federal poverty line, and almost half live in low-income households.² These workers are often enticed to bounce from one company to the next, persuaded by cents on the dollar and the promise of benefits. These factors and others lead to the industry's high turnover rate of 82 percent.³



Because of these factors, many home health organizations found turnover to be so severe they had to turn away new clients because they did not have enough caregivers to take on new business.⁴

In addition to turnover, many home care organizations were affected by the Affordable Care Act (ACA) that mandates organizations with 50 or more full-time equivalent employees to provide access to preventative care. In response, home care organizations needed inexpensive health plans that aligned with their thin margins. Because of limited affordable options, many home health organizations enrolled employees into Minimum Essential Coverage (MEC) plans. MECs historically are worthless compliance plays, which offer employees no valuable healthcare benefits. These plans exacerbate the need for affordable and convenient healthcare that these under-insured, low-income employees desperately need.

In this case study, we review a home health organization located in South Texas who needed to satisfy the ACA Mandate but wanted to provide their employees with a robust and meaningful benefit.

About the Client

Home Health organization in South Texas with nearly 200 eligible staff members.

The Challenge: ACA Compliance, Employee Satisfaction and Retention

Like most organizations in the industry, the Client operates on razor-thin margins while trying to attract, engage, and retain quality staff members. Before Healthcare2U, the Client provided no valuable healthcare benefits, and employees were dissatisfied. They experienced the impact of staffing challenges concerning growing their business and ensuring improved patient outcomes. When left unaddressed, these challenges seriously weighed on the agency's growth. With wages and benefits as the determining factor to attract quality staff members, the Client wanted a cost-conscious benefits package that satisfied the ACA Employer Mandate and delivered immediate value to their staff and families through affordable and convenient healthcare access.

The Solution

The Client's broker introduced them to a Minimum Essential Coverage (MEC) plan that included Healthcare2U's Direct Primary Care (DPC) membership. The Client was relieved to find a cost-conscious healthcare option that limited their claims liability and kept them compliant with current ACA regulations. The MEC with DPC plan provided "Meaningful Essential Coverage" by combining the MEC's 72 preventative services with Healthcare2U's DPC. The DPC membership includes services such as unlimited access to in-office acute care and chronic disease management for \$10 a visit, and 24/7 bilingual telehealth consultations for \$0 out-of-pocket cost to members and eligible dependents. With this membership, the Client could afford an ACA-compliant plan while creating a personalized solution to the high turnover rate they were experiencing.

When looking at the numbers, it is essential to note that the employee utilization rate is more than 80%, with 167 visits within the annual period.





Summary of Savings

Client Savings

Of these 167 visits, only 13 of them would have initially been covered through a basic MEC as a preventative service. With Healthcare2U, these preventative visits are addressed within the DPC environment, deferred from the MEC's claim reserve. This process saved the Client nearly \$5,000 this annual period. Allowing the Client to utilize their saved dollars for other organizational expenses such as employee salaries and additional benefits.

Employee Savings

Over a year, Healthcare2U saved the Client's employees more than \$25,000 in out-of-pocket expenses. Because a basic MEC is purely comprised of preventative services, the remaining visits (154) would have been out-of-pocket expenses for the Client's employees had they not enrolled in Healthcare2U. With the DPC membership, these unlimited services were provided to employees at a fraction of the price. Access to unlimited benefits is critical because if an employee is a low-wage earner there is a high probability that the employee would have delayed care until the issue became severe or possibly life-threatening.



The Results

Since implementation in 2016, the Client has enjoyed simple and organized enrollments, leading to more employees electing to participate in the plan. Historically, Minimum Essential Coverage (MEC) plans experience a 10 to 20% enrollment rate,⁶ but with Healthcare2U, the Client has an enrollment rate of more than 70% annually and has experienced high employee retainment since introduction. To add perspective, some employees have been enrolled in the health plan since it was introduced four years ago and have enrolled their families into the plan.

By providing "Meaningful Essential Coverage," the Client implemented a healthcare plan that anchored their employees within their organization, improved retention, and provided quality healthcare to their under-insured employee population.

Sources

- ¹ U.S. Home Care Workers: Key Facts (2019) https://phinational.org/resource/u-s-home-care-workers-key-facts-2019/
- ² U.S. Home Care Workers: Key Facts (2019) https://phinational.org/resource/u-s-home-care-workers-key-facts-2019/
- ³ 2019 Home Health Care News (HHCN) Staffing Report
- ⁴ 2019 Home Health Care News (HHCN) Staffing Report
- ⁵ CNN via KFF

https://www.cnn.com/2017/04/17/health/home-health-worker-insurance-partner/index.html

⁶ According to Healthcare2U data, collected from groups since 2014

Why Educating Your Employees is Vital to the Success of Your Health Plan

Because employees have been conditioned to believe that traditional health insurance is their only option, they won't understand how to use a direct primary care membership unless you educate them. When implementing creative plan designs, employee education is key to the success of the health plan. Start by introducing the health plan details during open enrollment, but do not forget to review benefits with employees quarterly. As turnover happens, employees experience life changes, or the staff gets busy with life and work, people tend to forget how to engage with their health plan properly.

Focus on DPC Education

Physical wellness and financial wellness do not have to be mutually exclusive to your employees. By giving them a brief overview of the importance of primary care and showing them how easy it is to use their Direct Primary Care benefits, you can help them stay well and save money while also protecting your bottom line from absenteeism, presenteeism, and escalating health claims.

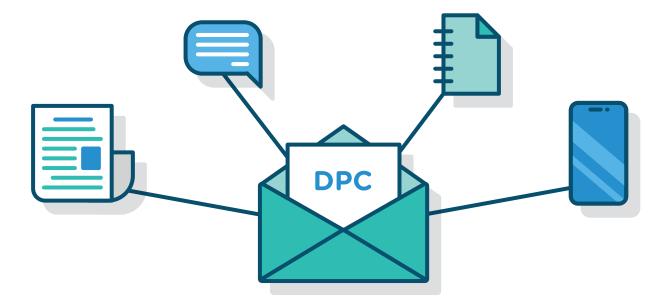
Healthcare2U is dedicated to making enrollment into our membership easy for employers and employees. We understand it's essential to communicate the value and process of utilizing DPC to staff regularly. For Open Enrollment and new hires that elect this benefit, we've created a short and informative video that can be shared via this **link**. Below is an email that can be deployed to employees that links to the video:



Once again, DPC is an excellent solution for employees because of the low monthly membership fee and minimal out-of-pocket costs to visit a primary care physician. It is also a win for employers because it diverts claims away from health plans to protect the bottom line.

Remember, as a benefits administrator, you are the door keeper to your organization's health plan. If you are interested in keeping employees educated year-round, schedule drip campaigns to keep staff engaged with their health and well-being. These emails can range from reminding employees to schedule their annual physical to inform them about Healthcare2U's unlimited telehealth. A little education and encouragement can go a long way in assisting staff to protect profits with DPC.

Let your broker know if you are looking for more information to deliver to employees, they can help you keep staff engaged. Healthcare2U also offers educational pieces for employers such as drip campaign content, membership flyers that explain how to utilize DPC, and workplace posters.



Thank you for your time, we look forward to serving you.

About Healthcare2U

Healthcare2U is a hybrid, integrated direct primary care (DPC) organization that ensures employers of all sizes and structures have nationwide access to affordable, consistent, and quality primary care over 40% below the average cost of traditional DPC practices operating in the market today. Through our proprietary Private Physician Network (PPN)[™], Healthcare2U promotes healthy living by detecting, treating, and managing acute and chronic conditions before the onset of serious illness. Healthcare2U is headquartered in Austin, Texas, and is available nationwide.

www.healthc2u.com | contact@healthc2u.com

Sources

- 1. "2018 Employer Health Benefits Survey," KFF, October 3, 2018, accessed October 7, 2020, <u>https://www.kff.org/health-costs/report/2018-employer-health-benefits-survey/</u>
- 2. Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, "Health Insurance Coverage Eight Years After the ACA," The Common Wealth Fund, February 7, 2019, accessed October 7, 2020, <u>https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage</u> <u>-eight-years-after-aca</u>
- 3. Samantha Liss, "A quarter of adults in employer plans are underinsured, Commonwealth Fund says," September 9, 2020, accessed October 7, 2020, <u>https://www.healthcaredive.com/news/a-quarter-of-adults-in-employer-plans-are-underinsured-commonwealth-fund-s/584918/</u>
- 4. Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, "Health Insurance Coverage Eight Years After the ACA," The Common Wealth Fund, February 7, 2019, accessed October 7, 2020, <u>https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage</u> <u>-eight-years-after-aca</u>
- 5. Sandra Boodman, "Spurred By Convenience, Millennials Often Spurn The 'Family Doctor' Model," October 9, 2018, accessed October 7, 2020, <u>https://khn.org/news/spurred-by-convenience-millennials-often-spurn-the-family-doctor-model/</u>
- 6. "Merritt Hawkins Survey: Physician appt wait times, Medicare acceptance," November 8, 2018, accessed October 7, 2020, <u>https://www.aristamd.com/resources/literature/merritt-hawkins-2017-survey-of-physician-appointment-wait-times-and-medicare-acceptance-rates/</u>
- 7. Barbara Starfield, Leiyu Shi, and James Macinko, "Contribution of Primary Care to Health Systems and Health," NCBI, September 2005, accessed August 10, 2020, <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/</u>
- 8. Sandra Boodman, "Spurred By Convenience, Millennials Often Spurn The 'Family Doctor' Model," Kaiser Health News, October 9, 2018, accessed October 7, 2020, <u>https://khn.org/news/spurred-by-convenience-millennials-often-spurn-the-family-doctor-model/</u>
- 9. Ashley Kirzinger, Cailey Muñana, Bryan Wu, and Mollyann Brodie, "Data Note: Americans' Challenges with Health Care Costs," KFF, June 11, 2019, accessed August 10, 2020, <u>https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/</u>
- **10.** "Avoidable E.D. Visits," United Health Group, July 2019, accessed October 7, 2020, <u>https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2019/UHG-Avoidable-ED-Visits.pdf</u>
- 11. Joseph P. Williams, "Avoidable' ER Visits Fuel Health Care Costs," U.S. News & World Report, July 22, 2019, accessed October 7, 2020, https://www.usnews.com/news/health-news/articles/2019-07-22/avoidable-er-visits-fuel-us-health-care-costs

- 12. Katie Kuehner-Hebert, "Employers expect to spend \$15,375 per employee on health care in 2020," BenefitsPro, August 13, 2019, accessed October 7, 2020, <u>https://www.benefitspro.com/2019/08/13/employers-expected-to-spend-15375-per-employee-on-health-care-in-2020/</u>
- 13. Gary Claxton, Matthew Rae, Larry Levitt, and Cynthia Cox, "How have healthcare prices grown in the U.S. over time?" Peterson-KFF Health System Tracker, May 8, 2018, accessed October 7, 2020, https://www.healthsystemtracker.org/chart-collection/how-have-healthcare-prices-grown-in-the-u--s-over-time/#item-prices-for-health-care-have-grown-faster-than-prices-in-the-general-economy
- 14. Stephen J. Spann, MD, MBA, "Report on Financing the New Model of Family Medicine," NCBI, November 2, 2004, accessed October 7, 2020, <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466777/</u>
- **15.** Oregon Health Authority, "Patient-Centered Primary Care," accessed October 7, 2020, <u>https://www.oregon.gov/oha/hpa/dsi-pcpch/Pages/index.aspx</u>
- **16.** P. Franks, K. Fiscella, "Primary care physicians and specialists as personal physicians. Health care expenditures and mortality experience," National Library of Medicine, August, 1998, accessed October 7, 2020, <u>https://pubmed.ncbi.nlm.nih.gov/9722797/</u>
- 17. Barbara Starfield, Leiyu Shi, and James Macinko, "Contribution of Primary Care to Health Systems and Health," NCBI, September 2005, accessed August 10, 2020, <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/</u>
- 18. "Tackling the burden of chronic diseases in the USA," The Lancet, January 17, 2009, accessed August 10, 2020, <u>https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60048-9/fulltext</u>
- **19.** Direct Primary Care Coalition, "What is Direct Primary Care?" 2019, accessed October 7, 2020, <u>https://www.dpcare.org/</u>
- **20.** Alex Lickerman, "How employers can benefit from direct primary care," Benefits Pro, October 12, 2018, accessed October 7, 2020, <u>https://www.benefitspro.com/2018/10/12/direct-primary-care/</u>
- 21. Andy Bonner, "How to cushion the HDHP blow with voluntary benefit options," Benefits Pro, September 10, 2020, accessed October 7, 2020, <u>https://www.benefitspro.com/2020/09/10/how-to-cushion-the-hdhp-blow-with-voluntary-benefit-options/</u>
- 22. Fritz Busch, Dustin Grzeskowiak, and Erik Huth, "Direct Primary Care: Evaluating a New Model of Delivery and Financing," 2020, 7.
- 23. Fritz Busch, Dustin Grzeskowiak, and Erik Huth, "Direct Primary Care: Evaluating a New Model of Delivery and Financing," 2020, 41.
- 24. Beth Jones Sanborn, "Millennials demand telehealth in a move away from traditional primary care model," Healthcare IT News, April 3, 2018, accessed August 10, 2020, <u>https://www.healthcareitnews.com/news/millennials-demand-telehealth-move-away-traditional-primary-care-model</u>