

JULY 2018, VOLUME I, ISSUE 2

# FREE MARKET HEALTHCARE SOLUTIONS

BETTER BENEFIT LOWER COSTS



CREATING THE TOOLS FOR

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EXPERTISE, PROFESSIONALISM & COMPASSION — THE PHIA GROUP

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# DPCs: STATE BY STATE

BY ANN MARIE LUDLOW

## Physician-Advocate Fighting for a Better System

*“Instead of hiring people to treat insurance, we hire people to treat patients.” ~Dr. Lee Gross*

**A**cross the nation, 23 states have passed bills that directly affect direct primary care (DPC) practices. Legislative debates focus, among other things, on whether DPC should be considered insurance, a classification that opens the door to government involvement in practice operations beyond medical care.

Physicians like Dr. Lee Gross fall heavily—and with certainty—on the “no” side of the debate. DPC advocates agree the DPC model is a physician-patient contract, without the “middle man” of insurance and other third parties.

Dr. Gross began his solo practice in 2004 when he realized everything he worked for to become a family doctor was being taken away by the government and other third parties. “The patient was no longer the target. Every time I created a new service to help patients and generate revenue for my practice, the government stepped in and found a way to shut it down. What the government doesn’t want is any sense that physicians can regain control of the healthcare business.”

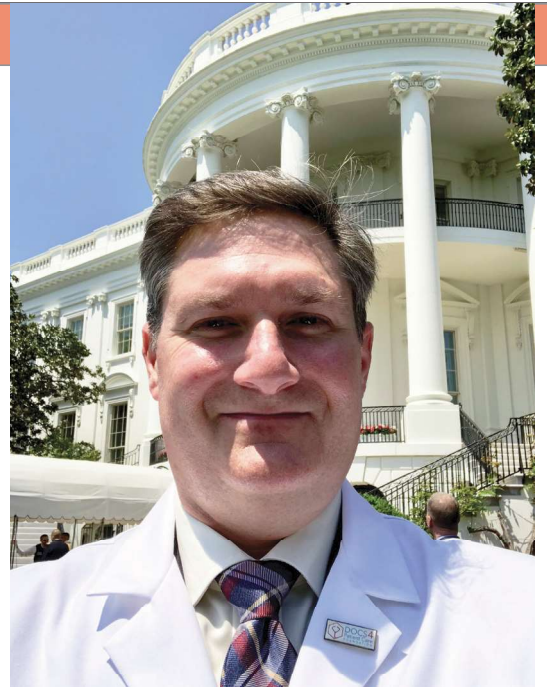
But, when the owner of a small local company asked him to see all of his employees for a set fee, the solution became clear, and Dr. Gross re-created a practice based on that partnership. Epiphany Health was launched in 2010 and has grown steadily since.

Dr. Gross has become a force for change to help others replicate his success (and life balance). He has testified at the state and national level to make DPC exempt, everywhere, as an insurance product, and is committed, in the face of great

challenges, to its success. “It took five years to pass a three-page bill in Florida and we had 170 lobbyists against us.”

Dr. Gross believes great things will continue to happen at the grass roots level. “The conversation is being driven by a small number of people with a large voice. Hospitals don’t want people to know it, but we have seen them negotiate cash prices and side deals many times, so we need people to understand they have that option.”

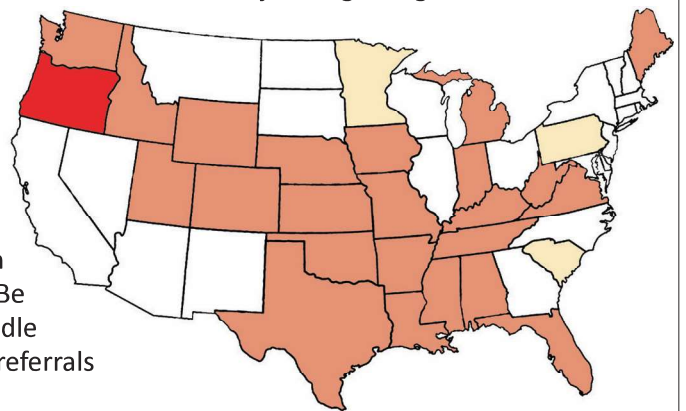
As one in the trenches, Dr. Gross helps businesses lobby for passage of DPC laws. “On the legislative side, business owners need to contact state and federal representatives and tell them they want healthcare without insurance hassles and the necessary army of staff members needed to deal with those daily eruptions, as well as DPC inclusion in Health Savings Accounts. These will help practices and businesses see huge decreases in plan expenses and enable physicians in DPC practices to keep their patient panel sizes reasonable and their prices affordable. On the home side, business owners need to demand price transparency from all parties, and brokers need to also include their prices in transparent fashion. Be ready to refuse a middle man getting paid for referrals but not actually providing value.”



Dr. Gross says the Insurance Lobby is strong, so businesses and DPCs need to fight vigorously. He and his partners at Docs4PatientCare Foundation ([D4PCFoundation.org](http://D4PCFoundation.org)) are working every day with legislators, business experts and the media to develop common sense workable alternatives from a unique perspective.

“It’s impossible to know the future, but we don’t have a care problem; it’s a cost problem and self-funding will be critical to solving it.”

Dr. Gross encourages physicians and employers to be a part of the free market healthcare economy. “It’s happening where you are and it’s just beginning.”



To date, 23 states have passed laws, with positive results, for DPC operations. Oregon’s bill is considered the worst of the lot (ORS 735.500). Minnesota, Pennsylvania and South Carolina have proposals in committee.