

# Why these doctors are taking a new approach to primary care

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Dr. Ali Rida said he became a primary care doctor because he wanted to care for his patients at the most fundamental level. But a year and a half later, he left.

After late nights filing administrative notes to insurance companies and feeling lost in the health care industry "machine," Rida decided the

modern-day primary care industry was not allowing him to be the doctor he wanted to be.

Now, Rida operates the first direct primary care clinic in Dearborn and Dearborn Heights. Life Beyond MD charges patients a monthly membership for primary care services.

Opened in 2023, it has approximately 75 patients from Wayne County and Metro Detroit. He charges \$30 to \$90 a month per patient, depending on the patient's age. Life Beyond MD does not accept health insurance, and all [medical services](#) are paid for through the monthly membership.

Rida, who now spends as long as an hour with each patient, said it allows him to effectively and comprehensively treat his patients while creating more balance in his life.

"That human aspect between patient and doctor, that's what made me pursue primary care," said Rida, who left his job working in one of Michigan's largest hospital systems to open the clinic. "The reality was something entirely different, and I realized I could never be the [primary care physician](#) I wanted to be in that sort of system, so I had to look for something else."

Rida is an example of a growing number of local doctors now offering what's called direct primary care, a model in which patients pay a monthly membership for primary care services. It differs from concierge medicine in its affordability and lack of copays. Concierge medicine typically requires an annual retainer and may bill insurance for some services.

"Right around 2010 is when DPC (direct primary care) started to grow nationwide," Rida said. "Now there are thousands of DPC clinics, and

we're growing rapidly because patients are becoming aware that there is an alternative that can provide them with better care, and physicians are becoming aware that this actually is a way out."

Scotlen Cox of Taylor, one of Rida's patients, is sold on the new model.

"I don't think I'll ever go back to the typical system," Cox said. "This just works so much better."

Cox made the switch to direct primary care over a year ago from a larger hospital, where Rida was his doctor. Although he was initially unsure about the new model, the potential benefits outweighed his uncertainties.

"The direct contact is huge," Cox said. "So is the consistency of care. I've been with (Rida) for a year now, and he's getting to know me, and he'll even text me: 'Hey, how's your blood pressure?' He'll actually check on me. At typical clinics, they never chat, and to hear from the doctor, it's kind of rare."

Advocates said subscription-based primary care service allows for more personalized, comprehensive care to address potentially complex issues and could play a role in preventing doctor burnout. Experts also worry about a looming shortage of primary care doctors.

But critics said direct primary care isn't a replacement for insurance—memberships don't cover visits to specialists or emergency care—and may not be accessible or affordable to everyone. Some also disagree about whether the model is the solution to a lack of access to primary care.

"I think that if people can afford it ... it can be a good way for some people to get better access to primary care and a way to reduce stress and burdens for some primary care practitioners," said Marianne Udow-

Phillips, a health policy lecturer at the University of Michigan School of Public Health and a senior adviser to the UM Center for Health and Research.

"But it is not a replacement for health insurance. It is not accessible to everyone. It doesn't solve our fundamental problems."

## **How direct primary care works**

Rida's clinic is one of roughly 15 direct primary care clinics in Michigan and more than 2,300 nationally.

Instead of a fee-for-service model where doctors bill insurance companies for each service they provide, monthly payments cover services. Ideally, a direct primary care patient would still have health insurance for their needs outside of primary care, but Rida's patients range from the uninsured and underinsured to those on Medicaid, the government health program for [low-income residents](#), and Medicare, the government health program for seniors.

Direct primary care is about restoring the focus of primary care on doctors and patients by taking third-party insurance out of the equation, Rida said.

"When we eliminate insurance from the primary care equation, we keep it focused on patients and doctors only," Rida said.

Cox, the patient at Rida's clinic, said he believes the consistency and affordability of his care through Life Beyond MD has saved him time and money.

"To get into a new primary care takes months; some don't even accept new patients at all. You wind up driving farther than you need to drive to

go see the doctor," Cox said. "Cost savings are huge, too. If I go to a regular primary care, I'm paying \$50 each time."

The direct primary care model is also an option for patients with high-deductible insurance plans who might normally pay out of pocket for [primary care services](#) that are not considered preventive, as well as those who prefer a more personal primary care experience, according to the American Academy of Family Physicians.

Rida sees around three patients a day for hour-long appointments, and his patients are given medication the same day of their appointment and, if needed, blood work at the clinic. Life Beyond MD also offers home visits and in-house medication dispensing.

Rida offers four monthly membership rates based on age: \$30 for ages 5–17 years old; \$50 for 18–29; \$70 for 30–49; and \$90 for ages 50 and over. Medications, dispensed to patients in-house, and labs are around 95% off the retail price, in addition to multiple other services the clinic provides, he said.

## **Detroit's first primary care outlet**

One of the first doctors to embrace the direct primary care movement in Michigan, Dr. Paul Thomas, opened his clinic in Detroit's Corktown neighborhood eight years ago, becoming the second such clinic in the state and beginning with only eight patients. Thomas, the founder of Plum Health DPC, now runs five clinics across Michigan with a patient base of 3,300 and has another location opening in Royal Oak in less than a month.

"Our direct primary care service is affordable and accessible to everyone in the community," Thomas said. "I say if you have an income or if you can afford a cellphone, you can afford a direct primary care

membership."

Thomas sees an average of five to six patients a day at his Corktown clinic, and more than 50% of his clients are Detroit residents. Each doctor within Plum Health has a patient base of around 400.

"(Affordability) is what we're striving for because a lot of people are shut out of the current insurance-based model," Thomas said.

Plum Health tries to help people who earn too much income to qualify for Medicaid coverage but don't make enough money to buy private health insurance, he said, adding that, "This is a primary care service that needs to serve 90% of their needs."

Mike Ransom, the chef-owner of Ima, a noodle restaurant with locations in Detroit and Madison Heights, is one of Plum Health's longest-running business clients. Ransom signed up for the clinic's membership for his employees eight years ago and said "our staff loves it."

"We just wanted to have affordable health care for our staff. We have mostly younger staff, and this has allowed them to have preventive health care at their disposal," Ransom said. "When I was younger and working in restaurants, I didn't have access to preventive medicine when I probably should have had it, so it's a great resource."

It's also more personal, he said. "Going through a medical group can be very, very bureaucratic," Ransom said, "and this feels like it's just more of a family doctor rather than a doctor within a group of hospitals."

Lynn Revoldt, a patient who uses Plum Health's Lansing location, said she's "very spoiled now." Before Plum Health, she couldn't remember the last time she could get into a doctor the same day or next day.

"That first appointment, they spent an hour with me, and it was just as much to get to know me, to understand my lifestyle, you know?" Revoldt said. "So it's really that all-around holistic health care."

Plum Health's monthly membership pricing is based on the number of patients enrolled from a single family. Single members pay \$75; a member enrolled with their spouse or child pays \$140; and a family, constituting a member, their spouse and children, pay \$200. Plum Health also provides in-house medication dispensing, vaccines, labs and other services, which are all discounted up to 95% of the retail price.

## **Navigating moral injury: 'It's so real'**

There is a debate about how best to address the primary care shortage and increasing gaps in health care access.

"Access issues in general are real problems for patients," said Denise Anthony, a professor of health management and policy, and information and sociology at the University of Michigan. "Not only do we not have enough (physicians), they're not distributed equally to the populations who need them. So lots of people live in communities where there are not enough primary care doctors."

The National Association for Community Health Centers reports that nearly a third of Americans lack access to primary care, or more than 100 million people. Although the number of uninsured Americans has dropped, 25 million Americans of all ages were uninsured in 2023, according to preliminary survey results released last month by the U.S. National Center for Health Statistics.

The University of Michigan Detroit Metro Area Communities Study found that Detroit's African American residents and residents of lower socioeconomic status reported lower levels of health than other residents



and are significantly more likely to use emergency rooms as their primary place of care.

The shortage of primary care doctors is especially an issue in Detroit, Thomas said.

"There's only maybe 100 primary care doctors in all of Detroit for 600,000 residents, and that means there's one primary care doctor for every 6,000 residents, versus if you go into Oakland County, (where) there's one primary care doctor for every 600 residents," he said.

Advocates of the direct primary care model believe it also can play a significant role in preventing doctor burnout, which contributes to a shortage of primary care physicians. The Association of American Medical Colleges reported that fewer medical students are choosing to specialize in primary care, and there's a projected shortfall of up to 48,000 primary care physicians by 2034.

"The burnout is a real issue. It's real and it's a growing issue of great concern," UM expert Udow-Phillips said.

"Primary care physicians have to know a whole broad range of things, and they have historically been paid less than those specialist physicians, so they are particularly vulnerable these days to burnout, and when they become acquired by these larger hospitals or other entities, there's more pressure on them to see patients more quickly."

Instead of calling it "burnout," Rida and Thomas both referred to it as "moral injury." Thomas said when a doctor can only spend 15 or 20 minutes with a patient, especially one facing complex issues, that's a moral injury.

Doctors "really want to give their all," Thomas said. "They want to give



their heart and soul to the [patients](#), and they can only do that if they have (the time)."

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