



The Consumer Guide To Primary Care

Read this guide and you'll discover:

- What Every Patient Ought to Know About Their Primary Care Office
- 6 Primary Care Office Rip-offs
- 9 Most Common Complaints Patients Have About Their Primary Care Office
- 7 Costly Misconceptions About Primary Care
- The Top Six Errors to Avoid When Choosing A Primary Care Doctor
- The Top Five Mistakes to Avoid After You Have Picked Your Family Doctor
- Ten Questions You Should Ask When Meeting a Doctor
- The Value of Having a Primary Care Physician
- Why You May Want To Consider a Direct Primary Care Doctor
- Great Care, Guaranteed
- And Last, But Not Least, 7 Steps To Optimizing Your Health

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Provided as an educational service by:
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New Freedom Family Medicine



Dear Patient,

Choosing a family doctor isn't easy. Why? Because you're bombarded with misleading advertising, confusing claims, and bad information from the insurance companies, the media, local billboards and others who are NOT physicians but pretend that they are. How do you ever find a qualified, competent primary care doctor? You start by reading this consumer guide. In this fact-filled booklet, you'll discover how to avoid 6 primary care office rip-offs, 6 mistakes to avoid when choosing a family doctor, 7 steps to optimizing your own health and much more.

With this informative guide, you can make an educated decision. I am a certified family physician, and I know exactly what things really cost and how they are marked up. What I can share with you are some common-sense guidelines, and if you have any questions about direct primary care, you're invited to call us at 573-271-2927. We've dedicated our business to educating patients. We'll be happy to help in every way.

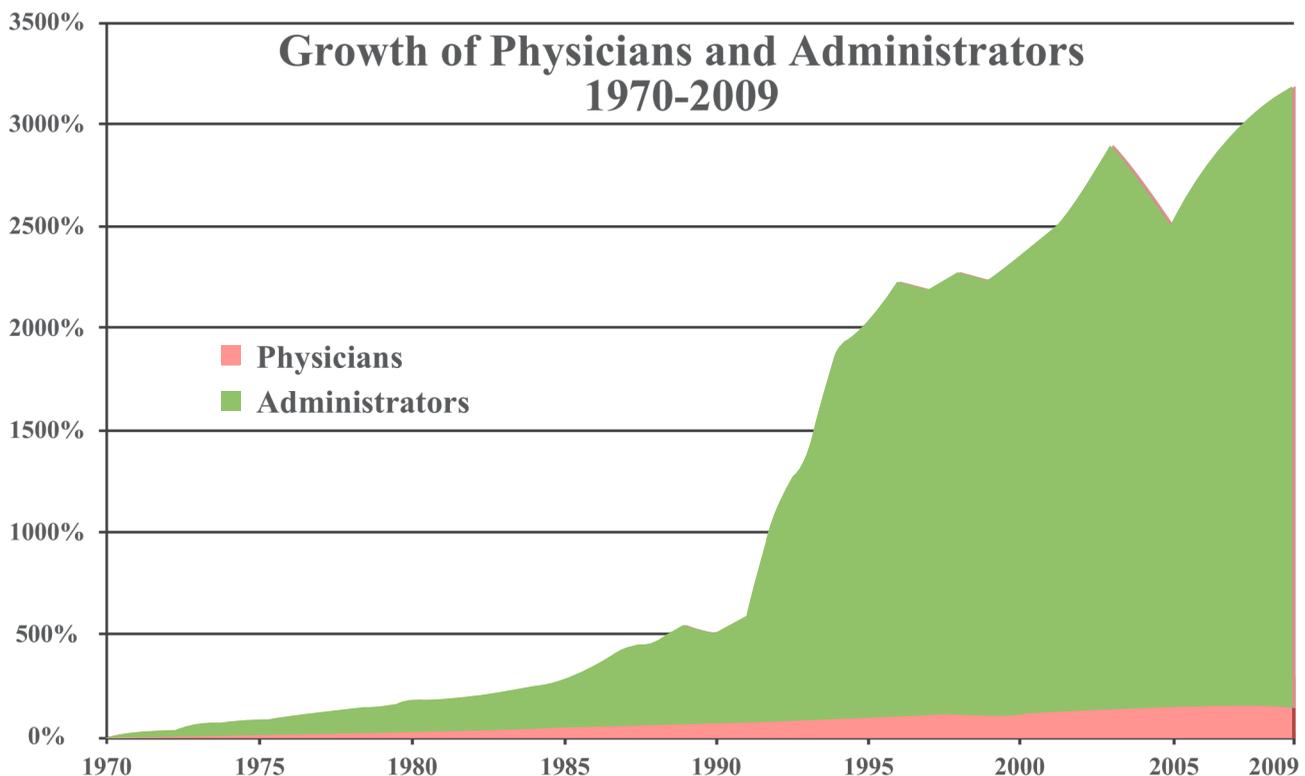
Cordially,
Dr. Jennifer Allen
New Freedom Family Medical

What Every Patient Ought to Know About Their Primary Care Office

Most primary care offices, under the constant barrage of insurance and government mandates, are overwhelmed. Not just the doctors but the staff as well. Over the years, these offices have added more and more staff just to handle the paperwork and phone calls. This has led to physicians seeing more and more patients just to break even financially. What has come out of this is a turnstile experience or a cattle-herding mentality. Patients are getting less time with their doctors, which has been frustrating for everyone. During the visit, it is not uncommon for a doctor to stare at his or her computer answering questions from third parties all the while ignoring questions from the patient. Patients are unhappy. Doctors are unhappy. The insurance companies, though, are happy because they are raking it in and have what they always wanted – control.

The healthcare system is so broken that these trends are only getting worse. Doctors have lost independence as most of them now work for hospitals or very large groups/systems. They do this to show strength in numbers in order to bargain better with the insurance companies. Independent thought and feeling of self-ownership are gone. Doctors are now part of the machine and are just trying to get through their days. With physicians having an allegiance to their employers, patients have lost the most important advocate for their health - their family doctor.

Unfortunately, no one has come up with good solutions. Why is that? Well, since the 1970s the number of physicians in this country has pretty much stayed about the same. The number of administrators, however, has risen at an astonishing rate of 3000%!



Source: Bureau Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS

This rate is unsustainable because administrators do not bring in any money into the system. They just crack the whip on the doctors to get more and more out of them. They do this by making doctors see more patients or making them do more computer “chores” to hopefully get some bogus award for their shelves. But where does that leave the patients?

Doctors truly want to help their patients. They went to medical school with an altruistic and idealistic vision. They give a decade of their lives to train to be family doctors. Unfortunately, the environment of today’s healthcare system now forces doctors to do whatever it takes to survive. This means quick visits. This means staring at the computer. This means hiring extenders like Nps and PAs to help with the workload.

It doesn’t have to be this way.

Read the following and learn some of the inside secrets to getting the best out of your primary care experience.

Six Primary Care Office Rip Offs

RIP OFF #1: Requiring patients to return to the office to review results when they can be delivered via phone or electronically. Over 90% of the results from testing are normal. The bottom line is the doctor wants another copay and another chance to bill you or your insurance. And with high deductibles that means more money out of your pocket. This does not mean you shouldn’t communicate with your doctor about the results. It just means there shouldn’t be a cost. With a membership model, like in direct primary care (DPC), these visits don’t cost anything.

RIP OFF #2: The office performs a bait-and-switch with the “provider” who is really seeing you. You were thinking you had an appointment with your doctor, but instead you see a nurse practitioner or a physician assistant. You never even get to see your doctor, and it will cost you the same in the end.

RIP OFF #3: Padding the bill. Many offices will perform unproven screening testing that does little except to make them money. This may include yearly EKGs on low-risk patients or a urinalysis at physicals. Sometimes you are nickel-and-dimed for every charge such as phlebotomy, cryotherapy, strep tests, and injections and on and on. These things costs next to nothing for the office, but wait until you see your bill.

RIP OFF #4: The doctor will only address one problem per visit or will not discuss any other issues during your yearly physical. Doctors can only bill so much per visit. Once she hits her max, there is no reason to discuss any new issues, so it is financially more beneficial for the doctor to have you follow up at another visit. For a complete physical exam the doctor does not get paid for any extra complaints outside of normal health maintenance issues. Therefore, the patient is told to come back for these issues. Recently, by using a simple modifier in the coding, doctors have started to find ways to bill an extra fee during that visit. Since only a physical is covered for free by your insurance, that extra fee comes directly out of your pocket.

RIP OFF #5: Many doctors are now employed by hospitals. Who cares, right? Well, you should. Hospitals love to hire doctors because this guarantees that they get all the referrals for procedures, labs, surgeries and x-rays. The other benefit is that to the insurance companies and government, the primary care office is now classified under the hospital umbrella, which allows them to charge a “facility fee”. This amount can be quite alarming, so be aware because it will eventually come out of your pocket due to the trend of large deductible plans.

RIP OFF #6: The bill is not paid by the insurance company. This is not the office’s fault. The bottom line is that with the new high deductible plans, only a basic physical is covered. Any other visits are on you and the prices are high. Too high. At this point assume nothing is “covered” anymore no matter what the front office staff says.

9 Most Common Complaints Patients Have About Their Primary Care Office

Complaint #1: The staff seems burned out, rude, unfriendly and never smiles. We hear this all the time because, well, they are. The system is broken and they are running around like they are chickens with their heads cut off. The mandates by the government and insurance companies have created so many hurdles and so much paperwork that the staff can never catch up or take a breath. This burns them out and can make them rude or unfriendly. It is no excuse but now you know why and you also know why it won’t change any time soon in this current system.

Complaint #2: You can never get in quickly or you never see your own doctor. Most doctors have way too many patients and not enough time. They hire NPs or PAs to “extend” their reach, but that isn’t the same as seeing your own doctor and they do not have the same training as your doctor. And it still isn’t enough. Some doctors have upwards of 3000- 4000 or more patients. That’s insane. Most direct primary care doctors, however, have only 600 patients or less. They can see their patients in a proper time period because of this, which also gives them the time they need.

Complaint #3: The visits are seven minutes or less and the doctor is looking at the computer screen the entire time. Due to having too many patients, as noted above, and being asked to click useless boxes on the computer to appease the insurance companies, doctors are spending less time engaging with the patient. Electronic medical records, or what the doctor is typing on when you see him or her, are built for billing and not really to improve your care. The doctor is staring at the computer more to get paid and less to make your office visit a better experience. This only makes the visit more impersonal and less effective.

Complaint #4: I can never speak to my doctor and can only leave a message, which is returned much later, if at all, by a nurse. The combination of being overworked in the office as well as not getting paid for talking or emailing with patients makes doctors less inspired to return your call or email you. Direct primary care doctors, on the other hand, have no problem talking with you or emailing you in a very expedient manner. There is no extra fee for them to do this either as this is part of the monthly membership.

Complaint #5: Being badgered for your insurance card, HIPAA form, and copay before you can say hello to the receptionist. This is the robotic system we have built to once again make the government and insurers happy. When your doctor and her staff know you, then there is no reason to ask these stupid identifier questions when a "Hello, Mary, how are you today?" will do. When a doctor is not beholden to the insurance companies and the government, then your encounters are much more personal. This happens every day in direct primary care offices.

Complaint #6: The physician is not conscious of the cost of the tests she is ordering or the medications she is prescribing. Almost everyone has a high deductible plan now, and that means the first \$3K to \$6K is coming out of your pocket. The doctor NEEDS to know what things cost because many patients won't get the medicine or the test if it is too costly. This is bad care. When your doctor has the time, then he can look into these costs and help you make an informed decision and possibly even save you money.

Complaint #7: My doctor doesn't even know who I am or doesn't remember me. With thousands and thousands of patients, your physician can't keep up with everyone, but with 600 patients she can. That is the major difference between regular primary care offices and direct primary care offices.

Complaint #8: The waiting room and office is dirty. We call these things "broken windows". If a restaurant had dirty dishes or was messy everywhere, would you ever go back? No. Then why do we tolerate this from a medical office? When the doctor and the staff treat the office like their own, which is the case in direct primary care offices, then you see a real difference in cleanliness and less of these broken windows.

Complaint #9: The phone never stops ringing. Right now there is up to five personnel per doctor who work in a medical office. It's insane. Some just answer the phones all day. Others shuffle paperwork, click buttons or just try to get some things done. The bottom line is that no one ever feels complete because the work in a medical office keeps coming. And the phones keep ringing. And the patients just keep getting more and more annoyed. It doesn't have to be that way. With direct primary care offices there are no insurance burdens, no billing, 75% fewer patients and there is a lot more silence. Ahhhh.



7 Costly Misconceptions About Primary Care

Misconception #1: Primary care is simple and any “provider” can do it. Not true, at all. Family doctors go to medical school after a four-year college degree. And remember, medical schools only take the best of the best, and even then they try to weed many students out after the first year. After four brutal years in medical school, the newly-graduated doctors will do an additional three years of a family practice residency where they work up to 80 hours a week in clinical situations treating patients and learning. Why do they do this? It is because it takes broad expertise and training to manage things in primary care. Anyone can give a patient a stack of costly referrals and order lots of expensive tests, but a primary care doctor needs to coordinate all aspects of their patients’ care in order to get a complete picture of their health care needs.

Misconception #2: Family doctors are just gatekeepers who manage referrals but not real medical conditions. Incorrect! A trained family doctor rarely refers out to specialists. He or she will work with the patient visit after visit to find an answer. Only when she feels she needs help in treating you will your referral be made. This happens only about 10% of the time on average. It takes a smart and confident doctor to admit when she needs help and a good family doctor will do that.

Misconception #3: All medical care, including primary care, is expensive. This is a myth. The right doctor who uses his well-trained ears, eyes and brain to find a diagnosis is not costly. Most of the time expensive tests and lab work are not needed. Also, when you work with a doctor and office that is cost conscious, like a direct primary practice, you will be amazed at the savings you will be getting. Most things like procedures, cryotherapy and joint injections are free with your monthly membership fee.

Misconception #4: If you don't use a doctor who takes your insurance, it will cost you a fortune. Not true! Why are you letting insurance companies control which doctors you can see? Don't give them that power! Remember when President Obama promised that if you like your doctor you can keep your doctor? Well, let's just say he didn't actually speak the truth. But there is some kernel of truth that people will pick a doctor “in network” just because they think they will save money. The truth is that almost every visit will be \$100-\$150, plus a copay, with additional costs for any other tests (urine, strep, etc.). With a direct primary care doctor, your costs are fixed at a monthly rate and your labs are up to 90% reduced. You can and should still work through your insurance with your direct primary care doctor, and in the end you just may save yourself a lot of money.

Misconception #5: I don't need a family doctor. I can just Google my symptoms. Wrong. Study after study has shown that the Internet is not the best place to get your answers. Most people find themselves in rabbit holes and get lost with a wrong diagnosis. This just delays you from getting help from a doctor who has been through four years of college, four years of medical school and three LONG years of residency training. If you were able to access your doctor as easily as you can access the Internet, then you would probably go that route. That is called direct primary care.

Misconception #6: Urgent care centers are a convenient and inexpensive alternative when my doctor is too busy to see me or is out of the office. Not true! Urgent care centers may be convenient but it is not better care. It is also not cheap. They only exist because your doctor has too many patients to care for. At these centers, you will more than likely see a nurse practitioner or a physician assistant. At urgent care centers they will not know your medical history and this often fragments your care. They rarely communicate with your doctor about your issues. It is a Band-Aid approach, at best, and not on the same level as seeing your own family doctor.

Misconception #7: Labs cost the same no matter which office you go to. Incorrect! Some offices run their own labs in house or their own free-standing laboratories. Many other offices outsource their labs by drawing blood and then sending the samples to companies like Quest or LabCorp. Those medical offices are charged a fee by Quest or LabCorp and then they charge you up to 10 times that amount to make a profit off you. If you have a large deductible, then that bill is out of your pocket. We once had someone compare a lab bill from a large university medical center to ours. The price was \$1700, not covered by insurance, compared to \$115, at our office. That isn't right.

The Top 6 Errors to Avoid When Choosing A Primary Care Doctor

Mistake #1: Not getting an opinion about the doctor from friends or family or not checking out rating sites. To be honest, not all ratings sites are worth any time at all. That being said if you combine their information with what your friends and family are saying then this information is very useful.

Mistake #2: Not meeting your doctor first. How do you know you are compatible with the person unless you meet him first? Sometimes personalities just do not connect and that may affect your relationship with the doctor and eventually your care. Most offices do not offer meet-and-greets. Direct primary care offices encourage them.

Mistake #3: Picking a doctor randomly from the list in the insurance company's network directory. Doctors are on their list because they have agreed to a contract that includes pricing, bonuses, etc. Many of these doctors are just fine but it in no way infers they are better than other doctors not on the list. Insurance companies have many reasons to put doctors on their list and most revolve around money. Rarely are they vetted to provide the highest quality of care.

Mistake #4: Not picking a doctor at all but instead choosing a non-doctor such as a chiropractor, a naturopathic doctor, a physician assistant or nurse practitioner and thinking they are a qualified substitute for your doctor. You get what you pay for. Training and education do matter. MDs and DOs have the most training. This is not to say these other medical professionals don't have a role to play in healthcare, but they should not take the place of your family doctor.

Mistake #5: Choosing a doctor who refers out for everything. This includes other “providers” as well. A good primary care doctor should be able to handle 90% of everything he sees. If you find that you are being referred every single time for what seems like simple symptoms, then it is time for someone new.

Mistake #6: Choosing a doctor who is burned out, overwhelmed or just doesn’t seem to care anymore. If your doctor doesn’t smile, remember you or even interact with you, then it may be time to move on. Also, a physician who is not interested in discussing treatment plans with you should make you suspicious. The system is chewing up and spitting out doctors at an alarming pace. Surveys show that most doctors would not have chosen their current career option if they had the chance to do it all over again. The results are just the opposite for direct primary care doctors.

The Top Five Mistakes to Avoid After You Have Picked Your Family Doctor

Error #1: Not seeing your doctor at least once yearly so she knows you. Your doctor is a teacher, coach, health mentor and advocate. Knowing you and your family is part of a greater relationship that will benefit you by keeping you healthy and getting you seen when you need to be seen. Sometimes it takes multiple visits to figure out a problem, and that is the basis of the concept “continuity of care”.

Error #2: Assuming your lab or test results are normal if your doctor doesn’t call or get back to you. Never, ever assume “no news is good news”. One of the most common types of lawsuits is when doctors do not follow up on abnormal tests. When a doctor is responsible for a very large number of patients, it makes oversights more likely to occur. It is a numbers game. Direct primary care doctors carry only about 500-600 patients versus the 3000 or more by other doctors. This makes it much easier for them to not miss things.

Error #3: Being sick but holding back from going to see your doctor because you don’t want to pay a copay and office visit fee. This happens way too often and proves the point that health insurance is not health care. You need to use it. The problem is that the copays and office visit fees kill you. With a direct primary care doctor, your fees are covered in your membership and patients normally come into the office about six times a year.

Error #4: Agreeing to see another provider instead of your doctor. Unless it is an emergency, try to see your doctor (MD or DO). There is a difference in having a well-trained clinician who has four years of medical school and three years of residency training versus those who have just two years of training after college. It is also important to see YOUR doctor who knows you. He or she doesn’t need to waste time figuring out old stuff that is not related to your complaint.

Error #5: Letting your doctor off the hook for not getting back to you with your questions. Doctors are overwhelmed. They have too many patients and are pushed to do bogus bureaucratic tasks to make insurance companies happy. Those things have nothing to do with your care. Your questions do matter and are critical to your health. If your doctor has no time to answer them, then you should have no time for him or her.

Ten Questions You Should Ask When Meeting a Doctor

1. **Will I get to see you when I come in?**
2. **How long will I have to wait to get an appointment?**
3. **Are you board certified? In what?**
4. **How long can I spend with you at each visit?**
5. **Will you be able to tell me how much things cost? For example, things like prescriptions, procedures, x-rays, strep tests, etc.?**
6. **How hard is it to talk to you during the day or after hours? Do you text or use email? Are you the one answering these messages?**
7. **Can I meet you first (without charge) and see if we're a good fit?**
8. **Will my information private or will it be shared with the government, the electronic medical record company or anyone else?**
9. **Will you be my advocate when dealing with specialists or insurance companies?**
10. **Will you have to work on the computer during my entire visit?**

What is the Value of a Primary Care Physician?

Price is what you pay. Value is what you get. When you select a family doctor you want to know who you are getting, right?

First, you really need to know who is a primary care physician. Don't be fooled by letters. MA, RN, LPN, PA, NP, MD, DO... who is a physician, who is a provider, who is a clinician, an assistant, a lab-tech, your neighbor??? The assorted titles, names and abbreviations don't help anyone make any sense of their healthcare. Add to it the broad use of "clinician", "provider", "practitioner", "generalist" and no one really knows what they're getting. Medical "provider" has taken on a broad range of meanings to include physicians, nurse practitioners, physician assistants and many other trained personnel. The degree of training and scope of practice differs substantially. Here we will discuss physicians (otherwise known as "doctors"). A traditionally trained physician will always have either "MD" or "DO" after their name. Other people referred to as doctors in our culture may be those with PhD's, nurse practitioners, chiropractors, dentists or physician assistants. When most people say they need to go to the doctor, they are usually referring to seeing an MD or DO. And for good reason. MDs and DOs have much more education and training than any of the other groups.



How are physicians trained? After college and medical school, physicians go on to residency. Residency training is an intensive 3 years where physicians finalize their training and gain expertise in their specialty. This includes family medicine, internal medicine and pediatrics. If a physician stops their training after 1 year of residency they are called a “generalist”. When a physician finishes residency, he often takes the last of a long series of difficult exams called “the boards”. If a physician satisfactorily completes medical school, residency and all 4 of their certification exams, including the boards, they are called ‘board certified’. Assuring your physician is ‘board certified’ is one way you can assure he has completed all of the necessary training in his branch of medicine. But let’s get back to primary care physicians.

Why do you need a primary care physician? While we live in a DIY culture, and I am certainly a very independent and strong proponent of doing-it-yourself, there are a few things that people simply should not do on their own. We’ve all had an example in our lives of something we tried to do by ourselves and, in the end, if we just would have hired a professional we would have saved time, money, effort and suffered far less trouble! This includes coordination of your medical care. Your body and your health is your single best asset to securing you and your family’s future. And being proactive and taking wellness guidelines seriously will help you protect that asset for a very long time. This is why you need a primary care physician.

What can a primary care physician do for you? Primary care physicians can care for most people and most problems most of the time. In any one given day, they may do pap smears, discuss and treat depression, refill medications for blood pressure, remove suspicious moles and diagnose and treat pneumonia, amongst many other things. They epitomize the one-stop shop philosophy that can take care of most medical needs, most of the time. They act as your advocate, your advisor and your coach. They can give you peace of mind by providing the great care you need.

Why You May Want To Consider a Direct Primary Care Doctor Direct Primary Care is enhanced and personalized healthcare without the interference of insurance companies. Using a membership model, you get unrestricted access to your doctor and most services for a monthly fee. No insurance is taken or ever billed. This does not mean you don’t need insurance. You do for such things as hospitalizations and large procedures. Direct primary care doctors will work with your insurance to make these referrals just like any other primary care doctor. The only difference is that direct primary care doctors don’t have the burdensome paperwork and hoops to jump through any more.



Why join a Direct Primary Care Practice?

- 1. Do you want more time with your doctor?**
- 2. Do you want more proactive than reactive healthcare?**
- 3. Do you miss old-fashioned healthcare when your doctor was more of a partner?**
- 4. Do you want more access to your doctor when you need it?**
- 5. Do you want to have a clear picture of your healthcare costs?**
- 6. Do you want cheaper labs?**
- 7. Do you want a nice office atmosphere where the staff is smiling and the doctor pays attention?**

Great Care, Guaranteed

Most primary care doctors have too many patients as it is. They get paid per visit, though that may be changing to a “value” score soon. What that means is questionable. Paying a doctor based upon unproven metrics like blood pressure, weight and cholesterol levels just means he may be more likely to prescribe a medication. That seems crazy. The one thing that will never be measured is what is called TWP or “time with patient”. Most doctors would dread this because they are too overwhelmed by paperwork and nonclinical issues. Add to this, the thousands of patients on their panels and doctors are spending less and less time in the room. That is not good care. What makes it even worse is that when a patient transfers out of a practice there are ten more patients waiting to get in. So, if a patient leaves the practice, it doesn’t really matter that much to the doctor.

Direct Primary Care doctors know that you are spending your own money to have a membership in their practice. They understand how important it is for you to get you in, to be seen for extended periods of time and to receive the attention and care you deserve. No one can guarantee medical outcomes, but direct primary care doctors can guarantee great care. This includes knowing their patients, seeing them regularly, calling or emailing them back and spending time with them. If you leave a direct primary care doctor to transfer to someone else, he does take it personally because he understands how much effort went into that patient-doctor relationship and he wants to learn how to make it better. Patient retention is critical for a successful DPC or Direct Primary Care practice and each DPC doctor strives to give great care in order to keep his patients. That being said, if patients feel they are not getting what they signed up for, then there is no penalty or fee for leaving. In other words, there is no locked-in yearly contract. Why do DPC doctors do this? Because they believe that TWP or “time with patients” is what makes them different and makes their care great. Guaranteed.

And Last, But Not Least, Here Are 7 Steps to Optimizing Your Health

1. **See your doctor regularly – not only for your yearly physical but also to check your labs regularly and to discuss lifestyle changes.**
2. **Eat Healthy – consider lower carb diets like the Paleo diet with tons of vegetables.**
3. **Exercise – both cardio and strength training, four to five days as week.**
4. **Sleep Better – bad sleep equals bad health.**
5. **Drink enough water – we are like batteries and if your car battery had no water it would not work and neither will you.**
6. **Get some sun – yes, sun. Not a burn. Just 10-15 min a day without sunscreen.**
7. **Laugh, smile and socialize with friends (in person).**



Dr. Jennifer Allen

I am Jennifer Allen, MD, founder of New Freedom Family Medicine, LLC. I am proud to be a country doctor and hope that you will consider joining my direct care practice. I am board certified in Family Medicine. I graduated from Oceania University of Medicine in 2012 and completed my residency training at Mercy Hospital St. Louis in 2015. Prior to becoming a physician, I was a nurse and Family nurse practitioner for 15 years. The road for me has been long and winding, but I believe that my nursing experience and my medical education makes me a better physician and I cherish all of the experiences along the way. Family medicine is the greatest medical specialty. I love caring for people of all ages- my favorite day is one when I have a newborn in one room and a 100 year old in the next. My passion is learning about you as a person so that I can help you stay healthy and enjoy a fulfilling life. The relationships we form make the difference when you truly need a doctor. It is my honor and privilege to be trusted by you to provide care, advice, education and comfort when you need it.



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