

Direct Primary Care Medical Service Agreement Act

My name is Kimberly Legg Corba and I am board certified family physician. I was born and raised in Allentown, PA, attended Muhlenberg College, The Philadelphia College of Osteopathic Medicine and have a private practice in the Lehigh Valley. I have been practicing medicine in the Commonwealth for 20 years. After owning and operating my own solo, independent family practice since 2003, I transitioned my 13 year old private, solo practice to Direct Primary Care in January 2016. The name of my office is Green Hills Direct Family Care.

I am thankful for the opportunity to provide testimony to the committee and the public about the emerging model of Direct Primary Care (DPC). As residents of Pennsylvania struggle to afford the cost of even basic healthcare needs, family physicians are opening Direct Primary Care (DPC) offices which offer an affordable, accessible and attentive alternative. These practices are succeeding in PA and in 47 other states; DPC has seen a national growth rate of 590.4% since 2014 as evidenced on [www.dpcfrontier/mapper.com/](http://www.dpcfrontier/mapper.com/). The American Academy of Family Physicians estimates that approximately 3% of their members practice in the Direct Primary Care model.

In an effort to delineate the unique and necessary aspects of a Direct Primary Care medical arrangement, I feel it is important to share some basic pillars of the model.

1. All prices in DPC are completely and 100 % **transparent**. They are always discussed with the patient.
2. DPC practices charge a medical service fee that is periodic, most often monthly. This fee covers all visits, after hours coverage and care, access to discounted ancillaries and all in-office services outlined in the Patient Agreement. There are no co-pays, no co-insurance.
3. It is made clear in all advertising materials, in the Patient Agreement and discussed in person that Direct Primary Care is **not a substitution for health insurance and is not a form of health insurance**.
4. We make it clear that it is highly recommended, in the least, to have some form of coverage for catastrophic health issues.
5. If a patient does not have insurance, every effort is made to refer them to a licensed insurance agent or an agency to help with the purchase of a health plan.
6. **Our panel size is self-limited by our ability to provide the promised level of service. If we cannot accommodate our patients' needs, the patients will leave and the practice will fail.**
7. We are governed by the standards of our Hippocratic Oath and our State Board of Medicine.
8. The patient may leave the practice at any time.
9. We make it clear that we practice within the scope of our training.
10. In PA, most of us provide value-added services to the medical service fee; most routine in-office procedures are included at no added cost; if there is an added cost, it is negligible, TRANSPARENT and discussed with the patient.
11. Other value-added services include deeply discounted laboratory services, in-house dispensing of medications at near wholesale cost, radiology services at a fraction of the cost through third

parties. Examples of these costs in each category will be provided at the end of this written testimony. \*

12. DPC provides access, affordability and attention through same day/next day appointments for acute health issues and after-hours access via phone, text, email, Skype. Our goal is to keep people out of Urgent Care and the ER as best we can.
13. We are NOT concierge as we never bill third parties for medical services. Concierge medicine collects an additional fee (often an annual fee) in addition to still participating with and billing insurance. There are some DPC practices that still participate with and bill Medicare and/or Medicaid but these patients are not charged a medical membership fee; these are called “hybrid” practices and do not participate with commercial insurers so those patients join the DPC part of the practice by paying the medical service periodic fee.

The monthly medical service fee at Green Hills Direct Family Care (GHDFC) are as follows:

Age 0-19	\$10.00/month with an adult (\$0.33/day)
Age 0-19	\$25.00/month without an adult (\$0.83/day)
Age 20-44	\$50.00/month (\$1.67/day)
Age 45-64	\$75.00/month (\$2.50/day)
Age 65+	\$100.00/month (\$3.33/day)

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Green Hills Direct Family Care (GHDFC) and the other PA DPC practices have seen growth from all factions of the public sector. I have patients that are low on the socioeconomic scale, are middle class and those that are on the high end of earned income. Patients that compromise my panel include blue collar workers and laborers, teachers, owners of small businesses, CEO’s, lawyers, physicians and the unemployed. I have single individuals, millennials, entire families, those that have retired or are eligible for Medicare, and recipients of Medicaid benefits. All report enjoying the value of being part of a Direct Primary Care office.

The demographic cross section of my practice is similar to other DPC practices across the state. I gathered some information from DPC colleagues in PA in preparation for this hearing and these are the results:

**13.5 % no insurance/ 10.5 % Medicare/ 3.5 % Medicaid/ 1.2 % Health Sharing Ministries/ 68% private insurance/ 3.3% coverage not reported**

I will share the most common reasons for enrollment in a DPC practice by each category listed above.

Those with **no insurance** enroll for obvious reasons, to at least have access to basic primary care medical services. This allows them the opportunity to stay out of Urgent Care and the ER for medical issues that can be easily treated in the office. This saves the patients hundreds if not thousands of dollars and also saves the system precious healthcare dollars. If specialty care is needed, I can often find a specialist that will offer cash pricing.

**Medicare** patients enjoy the prolonged visits, excellent coordination of care, efficient communication with specialists, and post-hospitalization visits that help them decipher their ridiculously complicated discharge summaries. We will schedule specialist visits for our mature patients. DPC allows for thorough and frequent communication with family members, family meetings of our aging patients. The prolonged visits of 30-60 minutes (more if needed) are invaluable in this population. When they hit the “donut hole”

with their medications, our in-house dispensary offers a way for them to be able to continue paying their bills without going broke paying for needed medications. A great case study demonstrating this last benefit will be included at the end of this written testimony.\*\*

**Medicaid** patients join DPC for access to appointments and to me after hours in addition to prolonged visits and great coordination of care. It is no secret that the Medicaid population has a huge problem with access to outpatient primary care services. This is well documented in a study from the Merritt Hawkins as cited in the articles below. In 2017 average wait time for a first appointment with family practice in major cities was 29.3 days and Medicaid acceptance rate was only 53 % in the offices surveyed. In medium cities in 2017, the wait time was over 150 days and the Medicaid acceptance rate was 63.9%.

<http://www.lvb.com/apps/pbcs.dll/article?AID=/20170327/LVB01/170329897/as-health-care-debate-rages-chronically-ill-wait-for-access>

<https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Pdf/mha2017waittimesurveyPDF.pdf>

**Health Sharing Ministries**, although not reflective in the percentage above, are flocking to DPC practices across the country. By the nature of design, Health Sharing Ministries promote and support members' participation in DPC practices as they know the level of care rendered is excellent for their members, that the cost is beneficial to their plan design and that great primary care can lower more expensive health care costs downstream.

**Private insurance** patients join DPC for the access, attention and as we are seeing a larger number of patients with deductibles nearing 10K or more as they try to afford the lowest monthly premium possible; they are opting to pay cash prices for our greatly discounted in-house medications, labs and imaging, not use insurance for things that are so affordable in the DPC office and save the deductible for more expensive services that may be needed.

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Additionally, DPC helps patients find discounted pricing for **specialty services**. My patients have access to the following specialty services; the prices patients of Green Hills Direct Family Care enjoy are listed first. This list is not inclusive but only a sampling. Regional comparison prices were found by using clearhealthcosts.com.

**Echocardiogram** = \$ 220.00

**Highest regional charge found online** = \$ 6,516

**MRI Brain with and without contrast** = \$ 577.50

**Highest** = \$12,862

**Physical Therapy** = \$75.00 initial one-hour visit/\$ 50.00 follow up 45 minute visit  
\$ 50.00 copay for 30 minute visit

**Highest** = \$ 795.00 with

**Chest x-ray** = \$38.50

**Highest** = \$ 397.00

**Glucose monitor w/ supplies** = \$18.97

**Highest** = \$ 98.97

**Nebulizer treatment** = Free

**Fair Market** = \$60.00

**Colonoscopy** = \$1025.00 (includes facility fee and anesthesia)

**Highest** = \$7924.00

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The average calculated ancillary costs for my patients in **2016** were:

1. **\$168.45** per radiology study
2. **\$5.35** per prescription (Kaiser Family Foundation and Milliman Medical Index)
3. **\$6.75** per lab test

Average cost per RX per person in 2015 in US = **\$138.27** (per Kaiser Family Foundation and Milliman Medical Index)

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**\*Lab Prices**

CBC	\$1.65
Hemoglobin A1C	\$1.27
Lyme	\$22.00
Rheumatoid Factor	\$5.23
Basic Metabolic Panel	\$1.05
Comprehensive Metabolic Panel	\$2.15
Glucose	\$0.50
Hepatic Panel	\$2.15
Potassium	\$0.50
Lipid Panel	\$3.25
Urine Microalbumin	\$14.85

**\*Radiology Prices**

CT- Head or Brain without contrast	\$330.00
MRI- Lumbar Spine without dye	\$412.15
MRI- Joint Upper Extremity without dye	\$412.15
CT- Abdomen/Pelvis with contrast	\$467.50
X-ray- Chest	\$38.50
X-ray- Knee, 3 views	\$49.50
X-ray- Hand, 2 views	\$38.50

**\*Medication Prices**

Atenolol 50 mg	0.13 cents/pill
Ciprofloxacin 500mg	0.10 cents/pill
Levothyroxine 0.1 mg (100mcg)	0.34 cents/pill
Metformin 500mg	0.02 cents/pill
Sertraline 50mg	0.03 cents/pill
Ventolin HFA	\$23.30/inhaler
Hydrochlorothiazide 25mg	0.01 cents/pill
Imitrex Nasal	\$64.58/dose
Sumatriptan 100mg	0.47 cents/pill

**\*\*Medicare case study # 1:**

72 year-old Medicare patient has multiple chronic medical issues and hits the “donut hole” in April.  
Below is a list of the meds taken daily.

Medicare Silver Scripts Choice Pricing 30-day supply of meds:

Amlodipine 5 mg #30-\$2.00/month

Carvedilol 25 mg #30-\$5.34

Clonidine 0.1 mg #30- \$19.33

Escitalopram 20 mg -\$14.00

Hydrochlorothiazide 25 mg- \$30.00

Levothyroxine 125 mcg- \$38.67

Metformin 1000 mg- \$20.33

Simvastatin 40 mg- \$41.35

Spironolactone 25 mg- \$74.28

Valsartan/HCTZ 160/12.5mg- \$ 48.95

**Total monthly cost of meds = \$294.25**

DPC pricing for 30-day supply of same meds:

Amlodipine 5 mg- \$0.63

Carvedilol 25 mg- \$0.99

Clonidine 0.1 mg- \$0.98

Escitalopram 20 mg- \$2.67

Hydrochlorothiazide 25 mg- \$0.33

Levothyroxine 125 mcg- \$0.50

Metformin 1000mg- \$0.98

Simvastatin 40 mg- \$1.31

Spironolactone 25 mg -\$0.07

Valsartan/HCTZ 160/12.5mg- \$6.17

**Total monthly cost of meds = \$14.63**

**Total savings per month= \$279.62.** It would have taken her 4-5 months to get out of the donut hole.

**Total savings for the year = \$1,118.48- \$1,398.10**

**\*\*Medicare Case Study #2:**

71 year-old Medicare patient hits “donut hole:”

Patient's prices for meds at pharmacy for one-month supply:

Atorvastatin 40 mg = \$ 131.66

Invokana 100 mg = \$ 507.99

One box Lantus Solostar injectable insulin = \$ 404.99

Lisinopril/HCTZ 20/25 mg = \$ 18.86

Metformin 1000 mg = \$ 13.30

Metoprolol tartrate 25 mg = \$ 16.46

One Touch Ultra Touch Strips = \$ 150.99

Repaglinide 2mg = \$ 170.66

**Total monthly cost of meds = \$ 1414.91**

Price for one-month supply in our dispensary:

Atorvastatin = \$ 7.65

Invokana = price pending per patient using coupon but I GUARANTEE it will be less than above

Lantus = 30 days of free samples can obtain monthly from manufacturer

Lisinopril/HCTZ = \$ 3.69

Metformin = \$ 1.44

Metoprolol = \$ 7.56

Glucometer test strips = \$ 8.50

Repaglinide = \$37.08

**Total monthly cost of meds = \$ 65.92 + cost of Invokana (even if he pays full price for Invokana of \$ 507.99 total monthly savings is still \$ 841.00)!!!**

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Case Study:

Patient: 35 year-old female with history of high blood pressure, high cholesterol, hypothyroidism, depression, on total of 6 medications, loses her job & has no more health insurance. What happens next? She is forced to stop all of her meds because she cannot afford office visits/medications. All 6 medications costs = \$2.50/day (\$75/month) in my office. She needs WEEKLY visits in a month to get her medications re-started and increased. She needs an EKG which is FREE! All visits covered for monthly medical service fee of \$50. Patient finds high deductible plan to cover specialist care and catastrophic issues for low monthly premium and stays with my office for affordable primary care services, no copays, unrestricted access and wholesale services.

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Patient testimonials:

*"My entire family benefits from DPC model of healthcare. It is so nice to be able to have personalized care and not just be another number in over-crowded waiting rooms. Both of my daughters have had ailments and needed attention on a weekend, and not only do we have contact with our dr., she also has the ability to treat us. Before we had this type of care, we would be billed so-much extra money on top of being treated by someone who has know history with my children. I ask that you please encourage this type of health care it is so beneficial in so many ways."*

*Sincerely,*

*Bekki George*

*As a single mother, Direct Primary Care insurance coverage has provided lifesaving and affordable health care to me and my two children. Dr. Kimberly Corba of GHDFC and her professional staff are available 24/7 to ensure medical needs are met and exceeded beyond any expectation. It has also been cost effective and convenient to have prescriptions filled at GHDFC's office. I am very pleased that Dr. Corba has integrated emerging technology in her practice to offer the best health care for her patients which includes after hours telephone consultations, access to medical files, text messaging and video conferencing. Having DPC health insurance has helped me financially and given me peace of mind to know my family's medical needs are always covered. GD, Attorney*

*Dear Senators of Pennsylvania,*

*I am writing to ask you to vote in favor of "The Medical Service Agreement Act" (s.926)*

*There are many reasons why I believe this bill should be passed but as far as I'm concerned the main reason I want this to be passed is the amazing care I receive from my family doctor Kim Corba, who I believe will be addressing this issue in person. Dr. Corba has been my family doctor since the late 1990's and while she always provided the best care possible since she has gone to DPC the level of care and concern I and I am sure all of her patients receive is way off the charts. She takes her times, listens to what I have to say and discusses everything to me in a way that I understand totally. She answers all questions and I feel makes the best determination possible.*

***If any of you are leaning towards not passing this bill then I would suggest you make an appointment with Dr. Corba so you can find out for yourself what and how all doctors should treat their patients and I am sure you would pass this bill in a heartbeat !!!***

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*I have been a patient of Dr. Corba's for almost 10 years. Two years ago when her practice was transitioning into a DPC model I had a choice to make. I had really great medical insurance benefits along with gap insurance coverage, so paying an extra fee was something I had to decide was it really worth it?*

*I know going to see most family doctors there will be a wait in the waiting rooms with other sick people sometimes for several minutes to an hour. Then when you finally see someone which may not always be your doctor you have about 3 minutes with them.*

*I love having the confidence in Dr. Corba that I can reach her 24/7 via text, phone, Skype or an office visit. I also love that I have her time and full attention when I am in her office. She is never rushed and I always feel like I am number one when I am there and I am sure that is how she makes all of her patients feel.*

*When I am sick or God forbid a more serious sickness I want the best for myself*

*Sincerely,*

*Keshua Breidinger*

I would like to gratefully thank the Committee on Banking and Insurance, the Pennsylvania Senate and Senator Pat Browne for the opportunity provide information and education about Direct Primary Care as an alternative practice model for the citizens of the Commonwealth of Pennsylvania. 23 states have passed legislation defining DPC and medical services provided through its offices as non-insurance, requiring no regulation from the insurance department but only oversight through the physicians' State Board of Medicine. On behalf of all DPC patients and physicians in PA, we sincerely appreciate your time and effort and look forward to favorable consideration of S 926.