

Direct Primary Care Track
Methodist Family Medicine Residency Program
Track Coordinator: Luke Howell, DO

Purpose:

The purpose of the Direct Primary Care Track is to educate residents on how to start or join a direct primary care model of practice after completion of residency. Residents will prepare to practice high-quality, patient-centered care in a non-insurance, relationship-based model. We aim to equip future family physicians with the clinical, business, and communication skills needed to operate sustainable practices that prioritize access, affordability, and continuity.

Declaration: Residents should discuss their interest in this track with their faculty advisor. Ideally a track should be selected by the middle of PGY-2. Residents must be in good academic standing and performing at the expected level of competency in order to participate in this track. At any given time, the resident may opt out of their track without penalty. Prompt notice must be given to the track coordinator, faculty advisor and program director.

Learning Objectives:

Patient Care

- Provide comprehensive, relationship-based care that emphasizes continuity and accessibility across all stages of life.
- Manage acute and chronic conditions effectively in an outpatient setting with an emphasis on prevention and lifestyle medicine.
- Utilize unhurried visits and enhanced access (e.g., text, phone, video) to tailor care plans that align with patient goals and values.

Medical Knowledge

- Demonstrate broad, up-to-date clinical knowledge relevant to primary care, including outpatient procedures and preventive care.
- Integrate evidence-based guidelines while adapting care plans to suit individual patient needs in a cost-conscious setting.

- Apply knowledge of common specialty conditions to reduce unnecessary referrals and maintain care within the DPC practice when appropriate.

Systems-Based Practice

- Explain how DPC fits into the broader U.S. healthcare system, including its role in reducing administrative burden and healthcare costs.
- Navigate and coordinate care across traditional health system boundaries (e.g., referrals, labs, imaging) while maintaining autonomy.
- Advocate for patients in accessing affordable medications, labs, and imaging through transparent, cash-based or negotiated pricing.

Practice-Based Learning and Improvement

- Use patient feedback, outcomes data, and peer collaboration to refine and improve clinical and operational aspects of care.
- Incorporate quality improvement strategies to enhance efficiency, patient satisfaction, and care delivery within a DPC model.
- Identify gaps in knowledge or skills and seek targeted learning opportunities relevant to independent or small-group practice.

Professionalism

- Maintain patient confidentiality, transparency, and respect while fostering long-term, trust-based relationships.
- Uphold ethical standards in a model where financial and clinical decision-making are closely aligned with patient interests.
- Demonstrate accountability, reliability, and responsiveness in all aspects of care, especially in a setting with enhanced access expectations.

Interpersonal and Communication Skills

- Communicate clearly, compassionately, and effectively with patients during both in-person and virtual interactions.
- Build strong therapeutic alliances through active listening, shared decision-making, and consistent follow-up.
- Educate patients on health conditions and care plans using plain language and tailored communication methods.

Suggested Structure by Year:

PGY-1

- 1) Meet with Dr. Howell to explore resident's interests and aspirations within DPC.
- 2) Become a member of the Direct Primary Care Association
- 3) Choose DPC mentor and meet at least quarterly
- 4) Explore foundational materials in an area of interest (books, articles, white papers, videos of talks, etc.). Select either "Startup DPC" or "The Official Guide to Starting Your Own DPC" to read and discuss with mentor
- 5) Choose a topic from either book read and present on it during a didactics session near the end of the year
- 6) Consider attending a DPC-focused conference such as the DPC Summit, Hint Summit, or DPC Nuts and Bolts

PGY-2

- 1) Meet early in year with DPC track mentor
- 2) Identify any particular area of focus for the year and customize curriculum based on this, which may include attending specific meetings, events, and/or conferences aligned with DPC focus.
- 3) Explore foundational material in an area of interest (books, articles, white papers, videos of talks, etc.). Read "Magic Hats and Pixie Dust" and review with a mentor.
- 4) Consider initiating a DPC focused QI or Research Project
- 5) Complete DPC elective rotation
- 6) Utilize elective rotations for Dermatology, Endocrinology, and additional Behavioral Health rotation
- 7) Meet at least quarterly with mentor
- 8) Consider serving as a resident DPC mentor for a medical student

PGY-3

- 1) Plan for DPC selectives during the 3rd year including: ER/urgent care, additional orthopedic rotation or sports medicine, 2 weeks phlebotomy, or other rotation to bolster areas of interest
- 2) Review a completed business plan with mentor

- 3) Meet quarterly with mentor to help finalize post-residency plans
- 4) Consider writing an article about preparing for DPC from a resident perspective and/or giving a presentation. This could be submitted to DPCnews to be published on their site.
- 5) Consider serving as a resident DPC mentor for a PGY-1 resident on the DPC track or a medical student

Family Medicine Faculty Lead(s)

Luke Howell, DO

drhowell@pillarpc.com