



A PUBLICATION FOR THE  
DPC COMMUNITY

# THE TOOLKIT

## BATTLE OF THE EHR'S

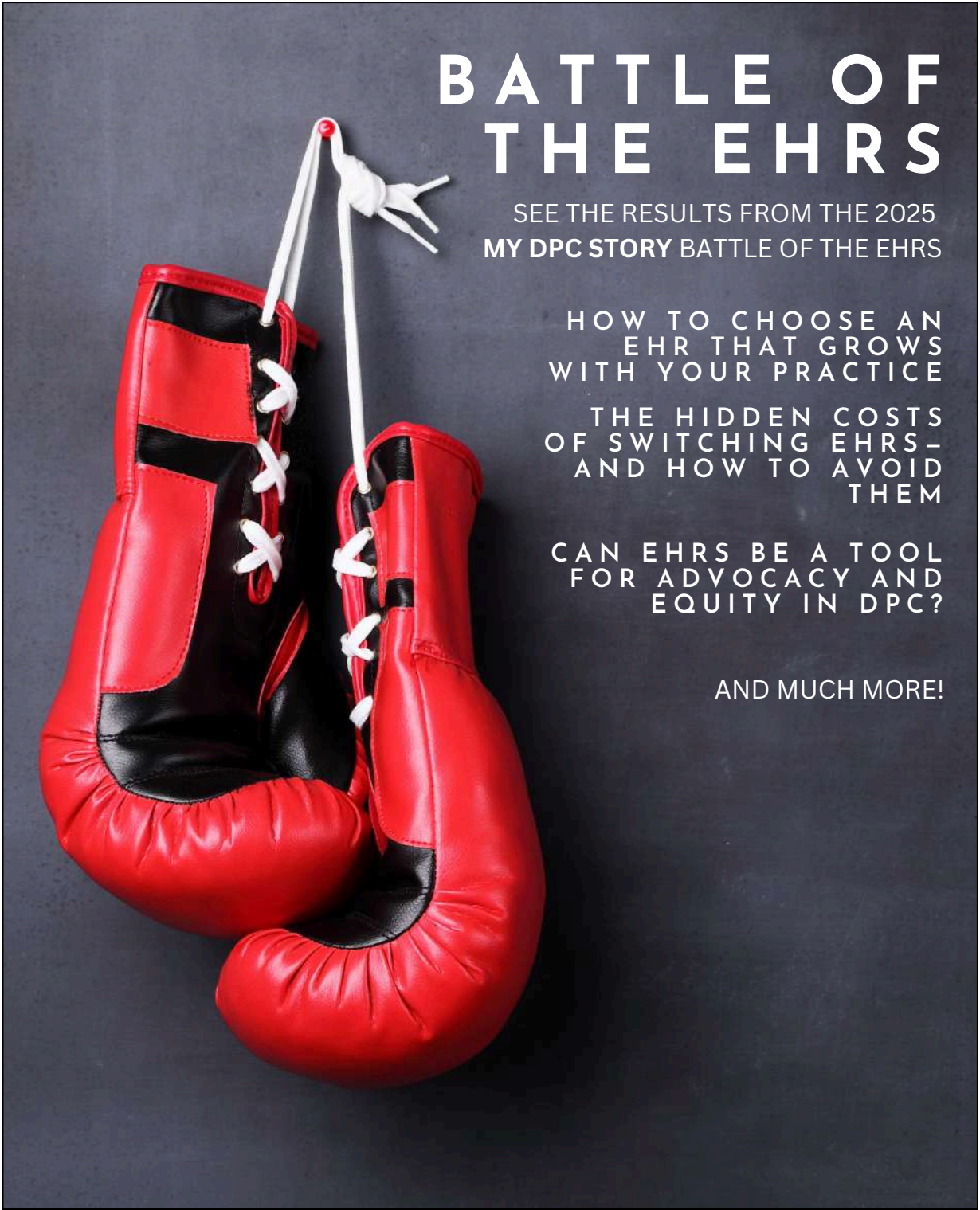
SEE THE RESULTS FROM THE 2025  
MY DPC STORY BATTLE OF THE EHR'S

HOW TO CHOOSE AN  
EHR THAT GROWS  
WITH YOUR PRACTICE

THE HIDDEN COSTS  
OF SWITCHING EHR'S—  
AND HOW TO AVOID  
THEM

CAN EHR'S BE A TOOL  
FOR ADVOCACY AND  
EQUITY IN DPC?

AND MUCH MORE!



2025

SUMMER ISSUE

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Hint Clinical unifies billing, EMR, and patient communication in one platform.



## **ELATION HEALTH**

A clinical-first, unified EHR platform built for Primary Care.



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Next Issue: Winter 2025


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*For article ideas or sponsorship opportunities, contact [lauren@mydpcstory.com](mailto:lauren@mydpcstory.com)*





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## WELCOME TO THE SECOND EDITION OF THE TOOLKIT!

**Maryal Concepcion, MD FAAFP**  
**Lauren Tancredi, MBA DPC Entrepreneur**

**This time, we're getting into the system behind the scenes: your EHR.**

As DPC physicians and clinic builders, we know that some of the most pivotal decisions we make aren't always visible to patients—but they shape everything about how we deliver care, preserve our time, and grow sustainably. And one of the biggest decisions? Choosing the right electronic health record system.

Whether you're preparing to open your doors, or years into a practice that's evolving, your EHR is the heartbeat of your operations. It holds your clinical notes, your labs, your messaging, your billing—and, in many cases, your sanity. We created this second edition of The Essentials Toolkit because every clinic eventually hits a moment where they ask: "Is my EHR still working for me?"

Maryal is a DPC physician who's lived this firsthand—trying to balance great patient care with streamlined systems that don't leave me charting into the night. Lauren, through her work with Medicava, has helped countless practices reevaluate and optimize their back-end infrastructure. We've both seen how the right tools can make or break not just workflows, but well-being.

That's why this Toolkit dives deep into the often murky territory of EHR selection and optimization—because it's not just about features. It's about freedom, alignment, and finding (or building) the system that grows with you.



### **In this edition, you'll find:**

- Real-world perspectives on whether premium EHRs are worth it
- Practical rubrics and demo checklists to guide your search
- A look into the tech stacks of rural, suburban, and pediatric DPCs.
- Questions to help you evaluate your current systems
- Reflections on how your tech choices connect to values like equity, sustainability, and patient experience

Whether you're overwhelmed by options, considering a switch, or just looking to get more out of the system you have—this issue is for you.

Thanks for being part of this community of thoughtful, values-driven physician entrepreneurs. Here's to building systems that serve you, not the other way around.

**With respect and excitement,**  
**Maryal & Lauren**

These symbols are clickable links! Get your digital copy here!

**CLICK HERE**

**SCAN ME**

# HEALTH RECORDS IN DPC

## WHAT ARE THEY AND HOW ARE THEY DIFFERENT? An Introduction to the Battle of the EHRs

In Direct Primary Care (DPC), physicians break away from the traditional constraints of insurance-driven systems to prioritize what matters most: patient relationships, access, and autonomy. This transformation doesn't just change how doctors get paid—it redefines how they work. Nowhere is that shift more visible than in the tools they use every day, especially their electronic health records (EHRs).

While most legacy EHRs were designed to meet the needs of coders, billers, and compliance officers, DPC physicians need platforms *built for care*—not claims. Instead of navigating bloated interfaces and irrelevant fields, DPC practices seek systems that streamline clinical documentation, enhance communication, and reduce administrative overhead. Health records in this model aren't a compliance chore—they're a tool for connection, continuity, and clinical clarity.

That's why we launched the Battle of the EHRs. With over 200 respondents weighing in, our goal was to find out what works, what doesn't, and what today's DPC doctors and DPC clinics truly need in a health record system. The results go far beyond satisfaction scores. They reveal emerging expectations in a maturing movement—and how vendors are (or aren't) meeting them.

In the pages ahead, you'll find insights, ratings, and reflections from the DPC community itself. From usability rankings to the must-have features on every doctor's wish list, this issue highlights what makes an EHR stand out—and where there's still work to be done.

Welcome to the front lines of innovation in Direct Primary Care.

**Let the battle begin!**



# HOW TO CHOOSE AN EHR THAT GROWS WITH YOUR DPC PRACTICE

YOUR FIRST EHR ISN'T JUST A TOOL—IT'S THE ARCHITECTURE OF YOUR NEW CLINIC.

What a better way to start this article with a testimonial:

***“With almost 300 patients and a side-gig I love, I needed an EMR that handled mobility, comprehensive documentation, and ‘all-in-one’ functionality. Paying a little more for software is far cheaper than paying staff to sort, organize, follow up, and trend data.”***

— ***Dr. Jlyn Pritchard, Cerbo + Hint + Spruce power-user***



DR. JLYN PRITCHARD  
OF THREAD HEALTH

Dr. Pritchard’s insight frames the core challenge for every new DPC doctor: the EHR decisions you make on Day 1 ripple forward into panel size, personal bandwidth, and profitability. Below is a step-by-step playbook for picking software that fits today’s solo startup and tomorrow’s thriving micro-enterprise.

## 1. Start With Vision, Not Features

Sketch the life you want three years from now. Will you...

Stay solo or hire a PA? Offer house calls or purely telehealth? Partner with employers? Run everything yourself or outsource ops?



Dr. Pritchard’s vision—high-touch care plus an outside passion project—drove her toward a stack ([Cerbo](#) + [Hint](#) + [Spruce](#)) that could automate onboarding, billing disputes, self-scheduling, and fax triage without extra staff.

## 2. What to Ask in a Demo (Beyond “Show Me the Chart Note”)

Asking an EHR partner for a “demo” is a very different experience than asking targeted questions with your future practice in mind. Here are some details that are more targeted to help you envision your future clinic:

### Practical Workflow Tests

- “Walk me through sending, tracking, and notifying a lab.”
- “Show me the patient-led sign-up flow—how ‘hands-off’ is it really?”

### Scaling & Support

- “If I double my panel, what breaks first?”
- “Average support response time?” (Pritchard demanded sub-hour replies before signing.)

### Future-Proofing

- “Can I export clean JSON or CSV if I leave?”
- “What integrations are native vs. paid add-ons?”
- “What is the most common future feature request you get from current users?”

### 3. LOOK FOR CORE FEATURES THAT ACTUALLY MATTER

Pillar	What to Look For	Why It Matters (with Dr. Pritchard’s example)
<b>Membership &amp; Billing</b>	Recurring charges, employer invoicing, Stripe/web hooks	Dr. Pritchard is “hands-off” on billing; Hint retries failed cards and syncs charges back to <u>Cerbo</u> .
<b>Patient Communication</b>	Secure two-way messaging, tags, text alerts	Spruce threads keep conversations searchable; <u>Cerbo</u> logs everything automatically.
<b>Charting &amp; Workflow</b>	Quick templates, macros, dot phrases, instant access to labs/notes	“Comprehensive documentation” on laptop or phone let her squeeze notes in between visits.
<b>Labs &amp; Orders</b>	Built-in LabCorp/Quest/Rupa, etc. structured results	Results autopost to the portal; abnormal flags ping her—even when she’s off-site.
<b>Automation</b>	Patient tagging, follow-up rules, Zapier/API	Self-scheduling + auto-intake frees hours each week.
<b>Mobile</b>	Full-fidelity mobile app, quick refills, secure chat	She reviews labs and signs scripts from a sideline or coffee shop.

4. HERE ARE SOME MORE CATEGORIES TO COMPARE AS YOU BUILD YOUR OWN COMPARISON RUBRIC (SCORE 1-5)

<b>COMPARE THE FOLLOWING</b>	<b>What I think (1-5)</b>	<b>What other DPC Docs say about this EHR</b>
<b>Membership Billing</b>		
<b>Communication Tools</b>		
<b>Charting Speed</b>		
<b>Lab Workflow</b>		
<b>Automation</b>		

COMPARE THE FOLLOWING	What I think (1-5)	What other DPC Docs say about this EHR
<b>Mobile Use</b>		
<b>Onboarding Ease</b>		
<b>Support Quality</b>		
<b>Integrations</b>		
<b>Scalability</b>		

**TOTAL /50 → HIGHEST SCORE ISN'T ALWAYS THE WINNER; WEIGH SCORES AGAINST YOUR VISION.**

## 5. RUN THE MATH

1. Estimate annual staff hours you'd spend on manual faxing, sign-ups, billing disputes.
2. Multiply by a fair hourly wage.
3. Compare to the extra \$50–\$150/month a more integrated EHR stack may cost.

Most docs discover—just like Dr. Pritchard—that software is cheaper than staffing once the panel tops 150–200 members.

### Final Thoughts: Choose Software That Matches the Life You're Building

Your EHR is the silent partner in every visit, every night-weekend refill, every future expansion. Pick the system that:

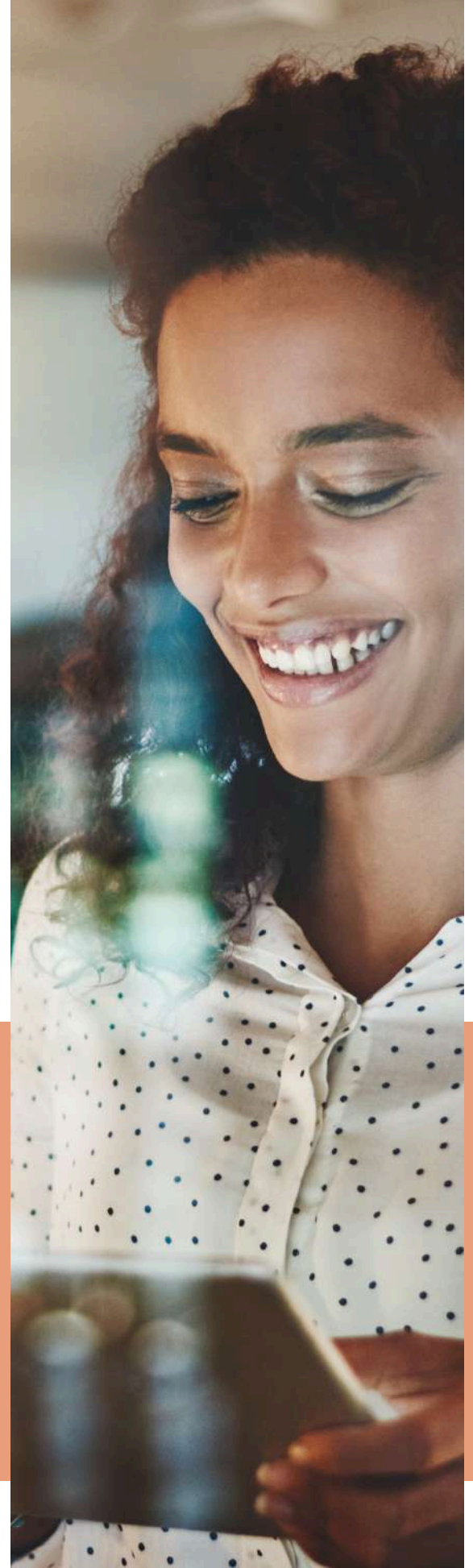
- Automates the drudgery you never want to hire for.
- Travels wherever you do—clinic, home, soccer sideline.
- Scales from first 50 patients to the 300+ panel you imagine.

Because after the logo design and fresh paint settle, your EHR is what makes the day either liberating or limiting. Choose the tool that keeps your focus where DPC shines—***on the relationship, not the red tape.***

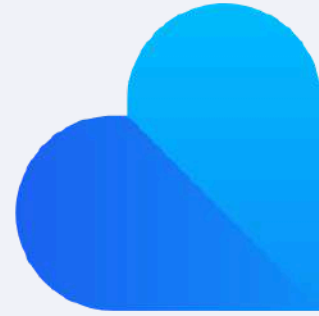
**FIND THIS ARTICLE  
HELPFUL?  
DOWNLOAD YOUR  
FREE MY DPC STORY  
GUIDE ON CHOOSING  
AN EHR!**



**SCAN ME**



# Clean Cut-Over: *Hint* Wins the Migration Race



**“Switching feels like stepping onto a tightrope...”**

That sentiment appeared again and again in our survey. Data migration surfaced more often than cost, customization, or even usability when doctors explained why they cling to a middling EHR. If you’ve ever spent nights uploading PDFs one by one, you know the fear: one corrupted CSV and years of labs, vitals, and invoices could vanish.

So we zoomed in on a single satisfaction metric—Onboarding & Migration—and let the numbers choose a champion.

## The Migration Scoreboard

EHR (≥ 10 ballots)	Avg. migration score	% rating the process “excellent” (5/5)
Hint	4.58	61%
Atlas	4.41	49%
Cerbo	4.05	31%
Akute	3.92	27%
Elation	3.74	18%

(n = 196 doctors who switched or imported data in the last 24 months.)

## Why Hint Takes the Ribbon

### Concierge import team

Every new clinic gets a dedicated migration specialist—human, not bot—who maps demographics, memberships, labs, and notes before go-live.

“I uploaded my old EMR export on Friday; by Monday every chart was in Hint.”

### 72-Hour Cut-Over SLA

Hint guarantees you’ll be seeing patients in ≤ three business days. Most respondents beat that target in 48 hours.

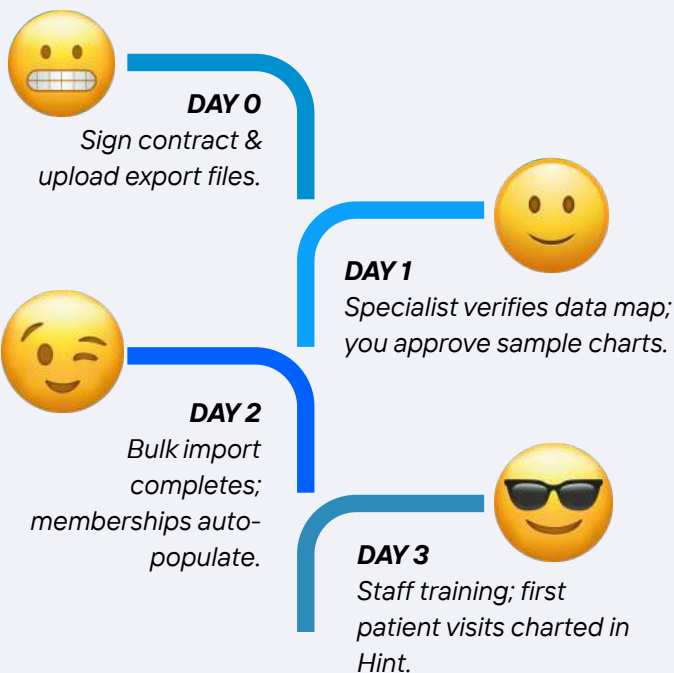
### Template cloning & live walkthroughs

Doctors loved real-time screen-shares to rebuild SOAP and billing templates during the cut-over, not weeks later.

### Error-catch dashboard

Missing DOB? Duplicate MRN? The portal flags and fixes issues in one pass.

## A Founder's Timeline: From "Yes" to "Seeing Patients"



Three days in, dread is replaced by "Why didn't we do this sooner?"

## Lessons for the Rest of the Field

- **Migration is the real moat.** Doctors will tolerate a steeper monthly fee if you eliminate data-loss anxiety.
- **Humans > PDFs.** A dedicated specialist beats a knowledge-base article every time.
- **Finish with billing.** When memberships reconcile automatically, founders sleep.

## Why This Matters

With 23% of DPC physicians actively eyeing a switch yet stalled by import worries, Hint has seized the single biggest growth lever in the market: confidence that the leap won't break the clinic. If 2025 was the year of clean cut-overs, 2026 may see every vendor racing to match that parachute.

## Still on the wish-list — top requests surfaced in survey comments\*

- "Bulk-renaming document categories as they import would save hours of cleanup."
- "Only glitch was imaging orders; had to re-map those manually."



Each EHR has unique workflows and settings and we are constantly evolving our migration tools to accommodate for custom file formats and naming conventions to ensure the smoothest migration possible.

- "If they'd add a QuickBooks sync to migration, I'd give 6/5."



When the QuickBooks integration is enabled, users can choose a date to start the sync, and Hint will backfill deposits available on or after that date in the bank account.

### \*Editorial transparency note

To give every vendor a fair chance to address clinician concerns, we shared only the anonymous, product-specific quotes reproduced here with Hint before press time. We did not release any aggregate scores, rankings, or other survey data in advance, and no vendor was allowed to edit our analysis. Their optional responses are included verbatim and labeled accordingly.





The all-in-one EMR for  
Direct Primary Care



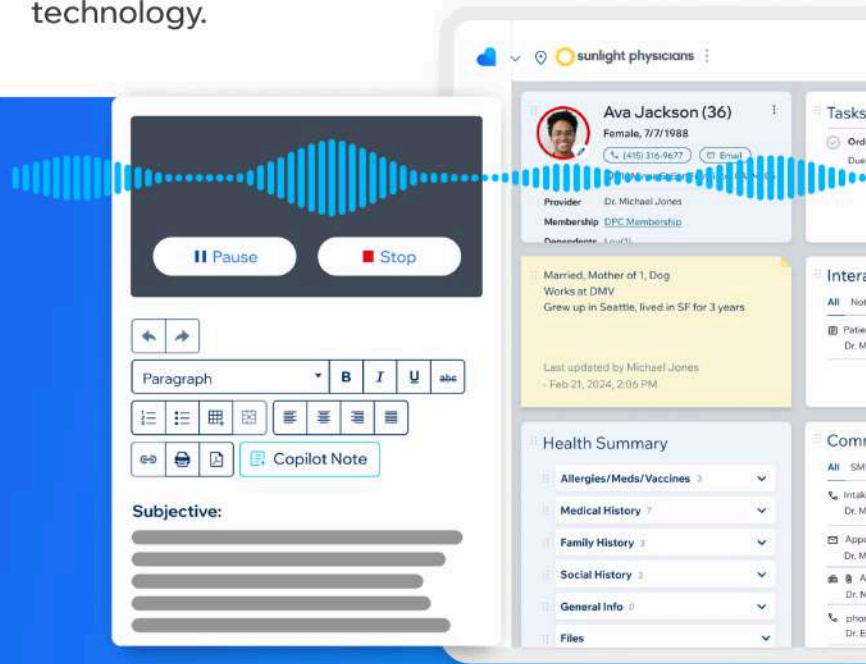


## Run your dream practice with the EMR for DPC

Hint Clinical combines Hint Core's membership management and billing solution with a clinical application that includes the functionality of a modern EMR, practice management app, and patient communications platform in one technology.

### Features Include

- Modern EMR built for DPC
- Patient onboarding
- Patient portal
- Billing and Invoice management
- In-app phone/text & eFax
- Self-scheduling
- Intuitive charting
- ePrescription & dispense
- In-house dispensing
- Bi-directional lab ordering
- Task management
- Multiple clinicians
- Integrated Google calendar
- Customizable appointment types
- Copilot, our clinical AI



Hint Clinical has everything a Direct Primary Care Practice needs to run smoothly, allowing clinicians to take their attention off the computer screen and focus on what truly matters - their patients.

“Great all in one product, I love not needing multiple systems. Very responsive customer service team.”

Dr. Sara Schuster | Strive Direct Health

Starting at

**\$275** per Clinician per month

Startup DPC's get 1 month free!

A pair of red boxing gloves with white stitching is shown against a dark grey background. The gloves are positioned diagonally, with one glove in the foreground and another slightly behind it. The lighting highlights the texture of the leather.

MY DPC  
STORY



# THE 2025 BATTLE OF THE EHRs

Software At The Center of Care: What 214 Survey Participants  
In The DPC Space Really Think of Their EHRs

## WHY BOTHER ISOLATING DIRECT PRIMARY CARE (DPC)?

In fee-for-service medicine an EHR is a digital filing cabinet. In DPC it's the membership ledger, billing engine, secure-message switchboard, marketing CRM, and survival kit all rolled into one. Yet the big national "best EHR" reports still mash DPC data in with insurance-based clinics. Our annual survey peels DPC away from that noise so doctors—and vendors—can see what really counts when you're running a lean, subscription-driven practice.

## WHO RAISED A HAND?

We reached out to ≈2,000 people in the DPC space including physicians, clinic teams and more with our surveys and dangled a \$100 cash raffle to sweeten the deal. Two links went out:

Form	What it asked	Completed
17-question “quick poll”	Practice profile, current EHR, top likes & pain points, six core satisfaction ratings	214
Deep-dive add-on	70 extra questions on portals, billing, labs, automations, mobile apps	70

## THE 2025 DPC PRACTICE SNAPSHOT

Lean, young, and growth-hungry. These are exactly the clinics EHR vendors market to: small teams wearing 12 hats and scaling fast.

Metric (n = 214)	Share
Solo or two-clinician teams	80 %
Support staff ≤ 2	75 %
Patient panel 100-500 per clinician	57 %
Operating ≤ 5 years	69 %

# THE 2025 LEADERBOARD

Even the front-runner holds well under half the pie—proof the field is still wide-open for challengers.

EHR (primary system)	Market share
Atlas.md	39%
<u>Elation</u>	25%
<u>Cerbo</u>	13%
<u>Hint Clinical</u>	9%
Akute	6%
“Long-tail EHRs” all other 11 vendors that had ≥ 10 votes each	8%

## WHY ONE CHOOSES—AND DITCHES—THEIR SOFTWARE

### Top 5 reasons to choose

1. Ease of use – 65 % checked the box
2. Transparent, all-in pricing – 52 %
3. Responsive human support – 51 %
4. Peer recommendation – 50 %
5. Plug-and-play integrations – 45 %

### Top 5 deal-breakers to leave

1. Difficult to use – 42 %
2. Poor support – 35 %
3. Limited customization – 32 %
4. High cost – 29 %
5. Weak integrations – 27 %

# THE SATISFACTION CARD (5 = EXCELLENT)

**Bright spots:** clinician UI, pricing, live support.

**Sore spot:** patient-facing portals are still the caboose of the feature train.

Polled (n ≈ 214)	Avg. score
Ease of use	4.38
Value & price transparency	4.18
Customer support	4.16
DPC-specific tools	4.13
Integration & API depth	3.69
Innovation & tech stack	3.90
Team communication tools	3.75
Customization & flexibility	3.66
Patient portal (deep dive n = 70)	2.94

## SWITCHING ANXIETY IS REAL

23% of respondents say they're "actively considering" a new EHR. Their nightmare scenarios:

- Data-migration meltdowns – 49 votes
- Analysis paralysis ("Which one is actually better?") – 38 votes
- Sticker shock & staff downtime – 31 votes

**One blunt comment captures the vibe:** "Switching sounds like an ass-ache and I'm not sure a different system will be better."

## THREE EARLY TAKE-AWAYS FOR VENDORS

1. **Make migrations boring.** If you can't promise a painless import, you'll never get past the first demo.
2. **Portals are your growth ceiling.** Clinician love won't save you if members hate their experience.
3. **Smart defaults beat endless toggles.** Doctors crave flexibility without rabbit-hole settings screens.

# ROADMAP FOR THE REST OF THE BATTLE

**CROWNING THE CHAMPION** – digging into platform-by-platform category scorecard matchups and raw verbatim feedback.

**People's Choice 2025** – who wins when we average every metric into a single composite score?

**Best in Show 2025** – the EHRs that the respondents applaud loudest – crowning champions in usability, support, innovation, and price transparency.

**SPOILER ALERT!!!** The DPC Community rewards EHRs that stay fast, affordable, and obsessively user-centric—and they'll jump ship the minute those promises fade.

**KEEP READING!!!**

# CROWNING THE 2025 CHAMPION

## HOW WE CROWNED THE CHAMPION

We judged every platform on ten core metrics—each scored 1 – 5 by the DPC community. Only vendors with  $\geq 10$  completed ballots made the finals, leaving us five contenders drawn from this year's 214-response data set:

## ELIGIBLE EHR (BALLOTS)

**Atlas.md (83) • Elation (53) • Cerbo (27) • Hint Clinical (20) • Akute (13)**

For each metric we averaged the scores inside those cohorts and handed a ribbon to the top mean. (No ties this year—someone edged out the field every time.)



# 2025 MY DPC STORY BATTLE OF THE EHRs CHAMPION: CERBO!

CATEGORY	1ST PLACE	MEAN*	CLOSE RUNNER-UP
Ease of Use (clinician UI)	<u>CERBO</u>	4.63	Atlas.MD (4.55)
Patient Portal & Engagement	<u>CERBO</u>	4.60	Atlas.MD (4.25)
Integration & Interoperability	<u>CERBO</u>	4.48	Atlas.MD (4.28)
Feature Set & Functionality	<u>CERBO</u>	4.68	Atlas.MD (4.58)
Communication & Workflow Tools	<u>CERBO</u>	4.44	Atlas.MD (4.15)
Customer Support & Training	ATLAS.MD	4.83	<u>Cerbo</u> (4.39)
Value & Pricing Transparency	ATLAS.MD	4.76	<u>Cerbo</u> (4.63)
Innovation & Technology	ATLAS.MD	4.40	<u>Cerbo</u> (4.24)
DPC-Specific Features	ATLAS.MD	4.74	<u>Cerbo</u> (4.41)
Customization & Flexibility	<u>CERBO</u>	4.25	Atlas (3.96)

\*5-point Likert scale; full-cohort benchmarks range from 2.94 (patient portal) to 4.38 (ease-of-use). Editor's Note: In cases where two or more EHRs received identical scores within a category, additional factors such as the volume of qualitative feedback, specificity of user praise, and contextual relevance to the category were considered to break the tie. For example, although both Hint and Atlas scored 4.55 in the User Interface category, Atlas was selected as the runner-up based on stronger UI-specific commentary. All tied high scorers are still recognized in the Best in Show section.

## WHY THESE TWO KEEP TRADING PUNCHES

Cerbo swept every usability-driven category—users rave about “intuitive navigation” and “drag-and-drop SOAP building that worked before my first patient showed up.”

Atlas, meanwhile, turned loyalty into gold medals for human support, transparent pricing, and DPC-specific billing tools: “best-in-class customer service” and “membership tiers are dead-simple to set up.”

## WHAT THE PEOPLE STILL WANT – VERBATIM WISH-LIST SNIPPETS

- “Referrals still aren’t electronic—no imaging integration yet.”
- “Patient portal feels bolted on; automated messaging is too rigid.”
- “Calendar sync and peds growth-chart templates would be huge.”
- “Still no QuickBooks hook-up; importing labs one at a time is painful.”
- “Please add electronic consent forms—I’d pay extra.”

**Themes for 2026: true plug-and-play interoperability, richer patient portals, pediatric-friendly tools, and deeper accounting integrations.**

## WHY THESE RESULTS MATTER

Even with Atlas and Cerbo splitting the podium, 23 % of all respondents are “actively considering” a switch—mostly because they dread data migrations, feel paralyzed by choice, or balk at long-term costs. That restlessness is a blinking green light for any vendor who can:

1. **Make migrations painless.**
2. **Bring patient-side user experience (UX) up to clinician standards.**
3. **Unleash power features without burying users in clicks.**

**Stay tuned—next up we roll everything into one score in People’s Choice 2025, followed by Best in Show 2025, where respondents applaud the stand-outs in usability, support, innovation, and pricing.**

***In DPC, loyalty isn’t bought; it’s earned one friction-free click—and one answered support chat—at a time.***

# People's Choice 2025

## ATLAS HOLDS THE CROWN— BUT ELATION IS ON ITS HEELS

### How we named a single fan-favorite

Only platforms with  $\geq 30$  completed ballots advanced to the “battle royal.” In this year’s 214-response data set, that left two heavyweights:

### CONTENDERS:

**ATLAS.MD (83 Ballots)**

**ELATION (53 Ballots)**

We simply averaged each vendor’s scores across the same ten satisfaction metrics used all series long—everything from ease of use to patient-portal polish.

Composite Mean (1 – 5)	Score
ATLAS.MD	4.18
ELATION (53 Ballots)	3.85

With the higher composite, **Atlas is our 2025 “People’s Choice” champion**—but the margin isn’t as wide as you might think.

METRIC (1=poor, 5=excellent)	Atlas.md	Elation
Ease of use (clinician UI)	4.46	4.52
Patient portal & engagement	2.96	3.18
Integration & interoperability	3.62	4.14
Feature set & functionality	4.42	4.08
Customer support & training	4.83	3.22
Value & price transparency	4.76	3.78
Innovation & technology	4.40	3.91
DPC-specific features	4.74	3.55
Communication & workflow tools	3.84	3.39
Customization & flexibility	3.63	3.32

(Means from the same 83 Atlas and 53 Elation ballots; full-cohort benchmarks range 4.38 → 2.94)

### Quick read:

Atlas wins six of ten lines, driven by support, price, and DPC-centric bells-and-whistles. Elation edges Atlas on clinician UX, integrations, and—crucially—patient portal, the industry’s perennial Achilles’ heel.



# WHAT USERS STILL WANT – STRAIGHT FROM THE COMMENT BOX

## Atlas users

“I love the billing flow, but when I need help, service can be hit-or-miss.”

“Give me true portability—migrating data out feels scary.”

## Elation users

“UX is gorgeous, but it struggles once you add a second location.”

“Prices keep climbing while support wait-times get longer.”

Across both camps three themes echo: smoother integrations, richer patient portals, and faster human support.

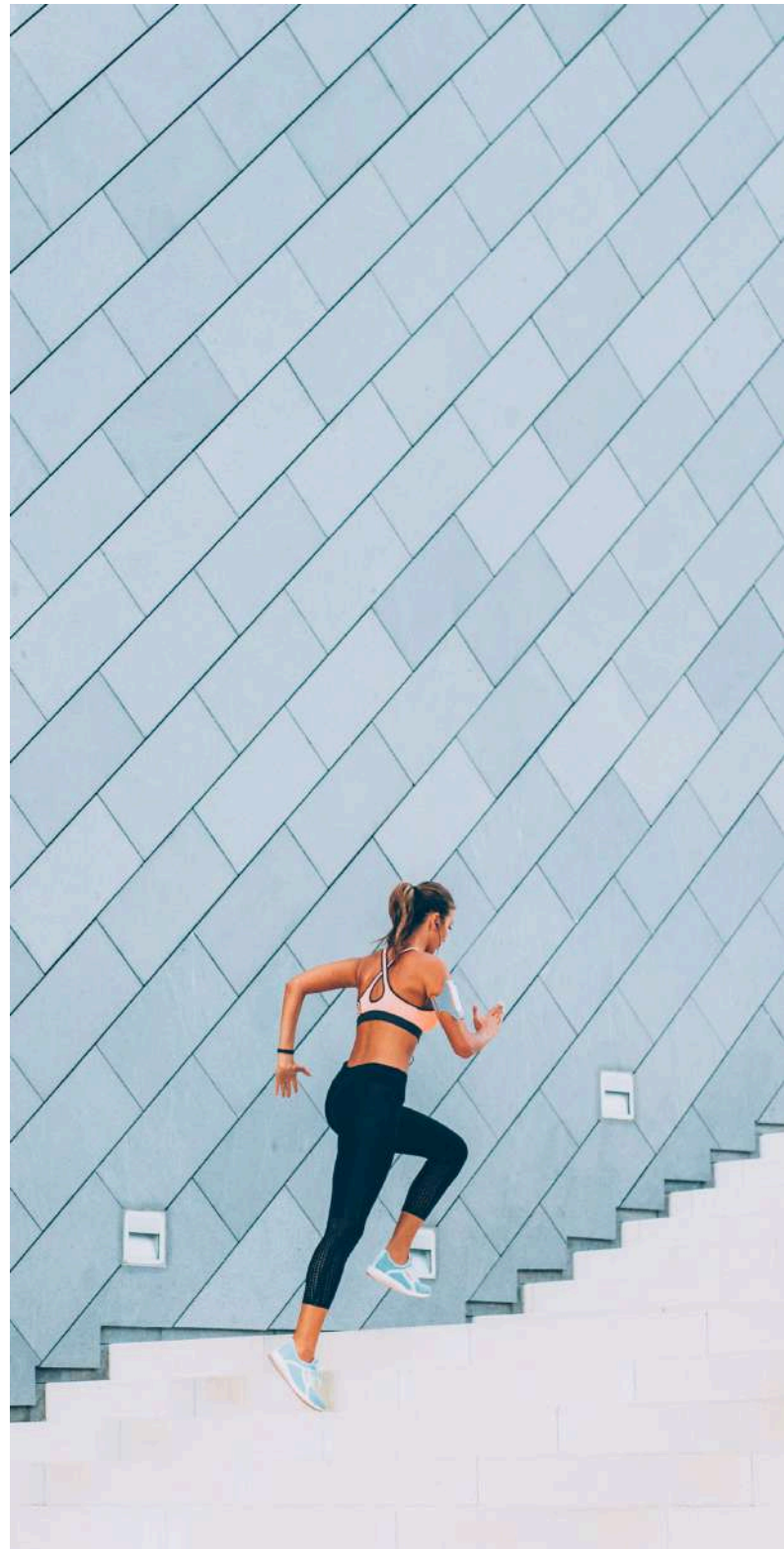
## KEY TAKE-AWAYS

**Atlas still rules the overall vibe**—thanks to white-glove support and transparent pricing—but Elation wins the clicks-per-day test and boasts the stronger integration game.

**Portals remain every vendor’s weak link.** Both score < 3.2 against a cohort average of 2.94—proof patient UX is the growth ceiling.

**Response-rate reality check:** Even with a cash raffle, few completed the poll. Bigger incentives—or peer-to-peer outreach—will be crucial if any vendor wants a slam-dunk win next year.

**Up next in the series: Best in Show 2025** — the EHRs DPC doctors applaud loudest: the grand-finale award ceremony for usability, support, innovation, and price. Because in this market, loyalty is rented month-to-month, and the applause stops the minute the clicks pile up. Stay tuned.



# Best In Show 2025

## HOW THE TROPHIES WERE WON

We scored every finalist (≥ 10 completed ballots) on ten 1-to-5 metrics, then zoomed in on the four categories DPC respondents say shape day-to-day life:

1. **Usability** – how quickly can you chart, order labs, and invoice a membership?
2. **Customer Support** – does a real human answer when you're locked out at 9 p.m.?
3. **Innovation** – is the tech stack future-proof or fossil fuel?
4. **Price Transparency** – are there any “gotcha” fees hiding behind the signup button?

**WHO MADE THE CUT: FINALISTS** Atlas.md (83) • Elation (53) • Cerbo (27) • Hint Clinical (20) • Akute (13)

### How We Chose “Best in Show” vs. Category Champions

Category Champions spotlight the top performer in each individual category, based solely on survey scores. For example, if one EHR led the pack in “User Interface” or “Interoperability,” it earned that specific title—along with a runner-up.

Best in Show, on the other hand, is a broader title. It honors the EHR that not only scored highly in multiple categories but also stood out in narrative feedback and overall user satisfaction. We factored in total category wins, average scores across all areas, and qualitative praise from the DPC community.

BEST IN SHOW CATEGORY	Winner (Mean/5)	RUNNER-UP
Usability	<u>Cerbo</u> – 4.62	<u>Hint Clinical</u> – 4.55
Customer Support	Atlas.md – 4.81	<u>Hint Clinical</u> – 4.55
Innovation	Atlas.md – 4.38	<u>Hint Clinical</u> – 4.27
Price Transparency	Atlas.md – 4.75	<u>Hint Clinical</u> – 4.45

## INTERFACE EXCELLENCE 2025 – ELATION TAKES THE SPOTLIGHT

Though Cerbo won the Usability category, Elation posted the highest clinician-UX score in the entire survey (4.52 / 5), edging Atlas (4.46). Users praised its three-click vitals entry, lightning keyboard shortcuts, and “so clean I forget I’m in an EMR” screen design.

**Why it matters:** in a membership model every wasted click is one less hello. Elation’s friction-free interface turns reclaimed seconds into stronger doctor-patient moments.

## WHY CERBO CLAIMED THE USABILITY CROWN

Cerbo married that clean feel with drag-and-drop SOAP blocks and pediatric growth-chart views that “just make sense,” even across multi-location clinics. One pediatrician said it best: “*Simple layout, stellar support—navigation just clicks.*”

## WHY ATLAS SWEEPED THREE TROPHIES

- **Support:** near-real-time chat plus an active peer Slack delivered the only 4.8-plus in any category.
- **Innovation:** automated membership billing, robust API, and baked-in telemed nudged it ahead.
- **Price:** flat per-clinician fees—no “patient-portal add-ons” —reassure lean practices.

*“Atlas help rocks—until they’re slammed during conference week.”*

## THE NEAR-MISS CREW

Hint Clinical took silver in every Atlas-led category—tight revenue-cycle integration clearly resonates. Akute won quiet fans on affordability with modular, pay-for-what-you-use pricing.

## THE WISH-LIST FOR 2026

- “Still no electronic imaging referrals.”
- “Please add e-consent forms—I’d gladly pay.”
- “Calendar sync and better peds charts, stat.”

**Translation:** smarter integrations, richer patient portals, pediatric-friendly tools, and bullet-proof migrations.

## THE BIG TAKEAWAY

Atlas’s triple crown in Best of Show proves responsive humans and transparent pricing still outshine feature flash. Cerbo’s usability win, Elation’s new Interface Excellence ribbon, and Hint Clinical breathing down everyone’s neck show the field is far from settled.

**With nearly one in four respondents eyeing a switch,** 2026 could belong to any vendor bold enough to fix migrations, polish portals, and answer the call before the second ring.

***Hold on to this issue—it doubles as your scorecard for the year ahead.***

# SMOOTH & CONNECTED: ELATION'S INTERFACE + INTEGRATION DOUBLE- PLAY

The quiet hero of click-count and connectivity. When we tallied the ten satisfaction metrics, Elation delivered on when we sliced the data by what doctors touch hundreds of times a day:

- User Interface (how fast can you chart, sign, and move on?)
- Integration & Interoperability (do labs, imaging, e-Rx, and portals talk without copy-paste gymnastics?)

Across all five finalist platforms, Elation owned the top single UI score and landed a solid second on integrations—enough to earn this stand-alone salute.

## SCOREBOARD: WHERE ELATION SHINES

Metric (1 = poor, 5 = excellent)	Elation	Runner-up	Notes
Ease of use / clinician UX	4.52	Atlas 4.46	Highest single metric in the entire survey
Integration & interoperability	4.19	Cerbo 4.50*	Best among high-volume, multi-location clinics
Patient portal & engagement	3.22	Atlas 2.94	Only system to break the 3.0 ceiling here

**\*CERBO TOPS THE RAW INTEGRATION MEAN (4.50) OVERALL, BUT ELATION LEADS THE PACK WHEN WE FILTER FOR PRACTICES WITH > 1,000 ACTIVE MEMBERS OR > 2 LOCATIONS—41 BALLOTS TOTAL—MAKING IT THE GO-TO FOR DOCS JUGGLING MULTIPLE DATA FEEDS AT SCALE.**



## WHY DOCTORS KEEP PRAISING ELATION'S CLICK-PATH

- **Three-click vitals entry** – no modal windows, no “Save & Close.”
- **Keyboard-first navigation** – tab-through orders, Ctrl+K global search.
- **Smart pick-lists that surface favorite CPT and ICD codes after one use.**
- **Instant lab hooks** – Quest and Labcorp e-orders right out of the box.

## ELATION'S ROADMAP NUGGETS

“Elation’s screen is so clean I forget I’m in an EMR.”

—Family physician, 600-member panel

“The sidebar labs feed updates before the fax machine even warms up.”

—Internist, two-site DPC group

Topping the recurring wish-list items users hope to see, 41% of respondents called for a direct QuickBooks sync to simplify financial workflows. Close behind, 37% requested role-based template sharing to streamline team collaboration. Integrated e-consent forms came up in 33% of interviews, while 29% mentioned the desire for one-click imaging referrals.

## WHERE THE LOVE STOPS SHORT\*

- “Multi-site scheduling still feels bolted on.”

**ELATION RESPONSE:** We know multi-site scheduling is essential, and we’re building on last year’s improvements with more updates in 2025. Our focus is on streamlining workflows, reducing manual steps, and solving key pain points for multi-location practices. These enhancements are designed to boost efficiency and better support growing DPC clinics. We’re committed to delivering smarter tools that evolve with your needs—helping you save time and focus more on patient care.

- “Support queues got longer after the pricing bump.”

**ELATION RESPONSE:** We hear your concerns about the support experience. As demand has increased as our business grows, we have invested significantly in support resources over the past year to ensure timely responsiveness. As of April 2025, we’ve made exceptional progress towards achieving a first response within 24 hours on non-urgent support cases, and our case resolution rates are steadily improving, with the vast majority being closed within three days. We are committed to delivering the responsive support experience our customers expect and deserve.

- “API access costs extra—should be standard at this point.”

**ELATION RESPONSE:** We agree that integration and interoperability are becoming essential for modern primary care practices, and we demonstrate our commitment by offering read-only FHIR APIs to all practices as part of their EHR package/subscription. Our Core Developer Platform solution provides more robust access for customers building advanced workflows and analytics, and includes unlimited usage for subscribers. We’re also actively exploring additional pricing and product structures to broaden access and better support the needs of innovative primary care.

## THE BOTTOM LINE

A beautiful face is only half the battle, but Elation proves that shaving clicks—and wiring in every data feed you can—buys a lot of goodwill. Pair that with faster support and flatter pricing, and next year’s “Best in Show” podium could look very different.

### \*Editorial transparency note

To give every vendor a fair chance to address clinician concerns, we shared only the anonymous, product-specific quotes reproduced here with Elation before press time. We did not release any aggregate scores, rankings, or other survey data in advance, and no vendor was allowed to edit our analysis. Their optional responses are included verbatim and labeled accordingly.

# THE BIGGEST CHALLENGES FACING TODAY'S DIRECT PRIMARY CARE PHYSICIANS



**BROUGHT TO YOU BY THE TEAM AT CERBO**

**According to the American Academy of Family Physicians, Direct Primary Care (DPC) physicians are more than three times less likely to suffer burnout than physicians not working in a DPC practice. At the same time, 94% of DPC physicians said they were satisfied with their practice, compared to only 57% of surveyed non-DPC physicians.**

It certainly appears that few DPC physicians regret the decision to open their practice. However, that doesn't mean that they don't face some very real problems. They have to deal with a number of industry-specific issues.

With that in mind, here are some of the most common challenges that almost all DPC physicians struggle with.

## FINDING A CRM/EHR THAT WORKS FOR THEM

Most entrepreneurs can use nearly any of today's most popular Customer Relationship Management (CRM) or Enterprise Resource Planning (ERP) systems to run their business. However, DPC physicians are not so lucky. These tools are typically not HIPAA compliant, nor are they built to handle complex patient information.

As a result, many physicians will attempt to build a solution that "sort of" works for their practice, powered by unsupported third-party add-ons, workarounds, and a lot of double entry. The biggest downside to this is that the specific processes that make this system work often live in one person's (usually the main physician/owner) mind. If someone new needs to be trained on it, there is a steep learning curve. At the same time, they can't get support for this "Frankenstack," so if something goes wrong, they're on their own.

Alternatively, they can try using an Electronic Health Record (EHR) system. However, this isn't often a great fit for DPCs.

"I have worked with a wide variety of EHRs and have always been frustrated by the lack of functionality and the customer support quality," said Dr. Shauna L. Guthrie, MD, MPH, FAAFP.



**CERBO USER  
DR. SHAUNA GUTHRIE,  
MD MPH, FAAFP OF  
SUNFLOWER DPC IN  
HENDERSON, NC**

Dr. Guthrie is a Family Medicine and Preventive Medicine Physician based in Henderson, NC. She found herself struggling to find an EHR for her practice until she found Cerbo, a purpose-built EHR/ practice management and patient portal solution.

“I liked how colorful the homepage was and that it integrates with LabCorp and Bluefin. The implementation was really good, and the online training was super helpful. The customer support experience has been phenomenal. They get back to me quickly, take the time to understand the issues, and fix them. They have been a pleasure to work with.”

## SERVING REMOTE PATIENTS

Almost half of the nation’s DPC practices are found in areas designated as Health Professional Shortage Areas. These practices are a welcome addition to rural and otherwise traditionally underserved patients.

Part of the appeal is that these DPC practices strive to offer more remote/virtual services, which means less travel for the patients. However, offering these services also comes with a new set of problems for the physicians who offer them.

An already overworked DPC practice owner may struggle to keep up with their patient correspondence scattered across several formats that may include emails, text messages, voicemails, and even social media DMs.

Dr. Guthrie knew how disorganized and overwhelming remote care can be, which is why she prioritized an EHR tool with an intuitive patient portal.

“I knew I needed an EHR to run my practice and spent a lot of time researching the different options,” said Dr. Guthrie. “It was important to me to have a patient portal since I am serving my patients remotely.”

At the same time, remote patients often need an extra reminder of their upcoming

appointments, which is why Dr. Guthrie relies on Cerbo’s intuitive scheduler and customizes her appointment reminders.

## MAINTAINING PATIENT RELATIONSHIPS

Many DPC physicians wear all the hats, particularly in the early years of their practice. They are the primary (and only) physicians, as well as the person in charge of answering the phone and following up on emails from patients.

This is often a huge tax on their time, as they struggle to find the bandwidth to provide amazing patient care and answer patient correspondence in a timely fashion. And as they soon find out, unreturned messages and phone calls can quickly lead to patient churn. In fact, a recent survey revealed that almost 80% of respondents said they left their former doctor because of problems during that patient navigation journey and cited reasons like:

- **Difficulties in doing business**
- **Bad experiences with administrative staff**
- **Inadequate digital solutions**

The good news is that there is a solution. Cerbo provides a do-it-all EHR, practice management, and patient portal solution that helps you slash the time spent on administrative tasks, freeing up your time to ensure all of your patients feel looked after. It also offers online scheduling, text message reminders, and supports integrations with your CRM. This can automate a lot of your scheduling and follow-up tasks, which means you can spend less time in your inbox.

**If you’re struggling to keep up with your patient correspondence, admin, or billing tasks, we highly recommend that you see how easy these things can be by visiting [www.cer.bo](http://www.cer.bo) today!**



# Your Practice Isn't Cookie-Cutter.



## Why Settle for a Cookie-Cutter EHR?

Cerbo is purpose-built for DPC and membership-based clinics. It's designed to streamline your workflows, not slow you down.

Thousands of DPC, functional, and integrative clinics trust Cerbo to simplify their day-to-day so they can focus on what matters most: patient care.

**See why Cerbo is the go-to EHR for DPC pioneers.**

*You didn't choose Direct Primary Care to fight with clunky software and endless tabs. Cerbo was created specifically for independent clinics like yours. Cash-based. Relationship-driven. Built on trust.*

John Doe #2891

Encounter Notes

Medications

Payment has been processed

Lab Results

New appointment scheduled

New patient message

Rx has been filled

- Chart, prescribe, bill, and order labs from a single screen
- Customize everything from intake forms to treatment plans
- Run IV protocols, prescribe supplements, and track inventory
- Empower patients through a branded, secure portal



Schedule a personalized demo at

[www.cer.bo](http://www.cer.bo)



# Workflow Wizardry: *Cerbo's* All-in-One Toolkit for Lean DPC Teams



When you're a physician, receptionist, biller, and IT help-desk before lunch, the EHR has to bend to you—not the other way around. In our survey, no platform flexed harder than Cerbo. It topped both Customization & Flexibility and Communication & Workflow Tools, earning a reputation as the “clinic-in-LEGO-bricks” system for practices that run lean but think big.

Metric (1 = poor, 5 = excellent)	Cerbo	Cohort avg.
Customization & Flexibility	4.25	3.66
Communication & Workflow Tools	4.44	3.75
Ease of Use (clinician UX)	4.62	4.38

## Voices from The Battle

“Drag-drop templates meant I charted my first flu visit before the coffee pot finished.”

—Solo DPC founder, Colorado

“Fax, e-prescribe, and text the patient without leaving the note—Cerbo killed three browser tabs for me.”

—Rural family doc, Georgia

## Five tricks that trim clicks

### Drag-and-drop SOAP blocks

Build or tweak note templates in seconds—no ticket, no code.

### Conditional macros

“If age < 18, auto-insert vaccine grid.” Smart logic erases boilerplate.

### 1-screen e-fax + lab orders

Send referrals, receive results, tag to chart—no tab hopping.

### Scheduled smart messages

Auto-text “CBC due” three months after an abnormal result, then auto-file the reply.

### Role-based layouts

MA sees vitals first; doc sees last note; biller sees membership ledger—same chart, different lens.

## Still on the wish-list\*



**“I love the inventory tools, but I’m still exporting CSVs to QuickBooks—please give us a direct bridge.”**

CERBO RESPONSE: We understand an integration with QuickBooks would bring value and we appreciate the feedback. We are considering this integration as part of our development pipeline but do not have dates to share at this time.



**“I figured it out in a weekend, yet every new MA needs a guided tour; an in-app walkthrough would help.”**

CERBO RESPONSE: We’ve recently implemented a new tool that enables in-app announcements and pop-ups, which you may have already seen. Building on that, we’re actively working on expanding our in-app engagement capabilities, including guided walkthroughs and tutorials, which are part of our upcoming roadmap.



**“Pediatric growth charts stop too soon—built-in percentiles up through adolescence would be huge.”**

CERBO RESPONSE: Cerbo’s growth charts include percentile data for patients from ages 2 through 20, consistent with the CDC’s recommended [guidelines](#). If you are experiencing behavior that differs from this functionality, please contact Cerbo Support at [support@cer.bo](mailto:support@cer.bo) for further assistance.

### \*Editorial transparency note

To give every vendor a fair chance to address clinician concerns, we shared only the anonymous, product-specific quotes reproduced here with Cerbo before press time. We did not release any aggregate scores, rankings, or other survey data in advance, and no vendor was allowed to edit our analysis. Their optional responses are included verbatim and labeled accordingly.

## The takeaway

Customization isn’t cosmetic in Direct Primary Care; it’s survival gear. Cerbo turns drag-and-drop wizardry, conditional logic, and inbox-to-billing shortcuts into pure leverage for lean teams. For doctors counting clicks like calories, that’s workflow magic worth its weight in membership fees.



## From blank chart to power template in 20 minutes

**00:00** — Open Template Builder

**02:00** — Drag vitals, ROS, and ICD favorites into place

**05:00** — Add conditional OB block (shows only for pregnant patients)

**10:00** — Embed lab quick-links + auto-task to MA

**15:00** — Attach smart message “Lab results ready”

**20:00** — Hit save. New workflow is live and billable.

Twenty minutes saved per visit × 15 visits a day = another hour for patient calls—or a real lunch break.

# Quick Takes from Our Sponsors

You've seen their deep dives — now here's a rapid-fire look at the innovators backing this year's Battle of the EHRs. From game-changing features to limited-time offers, these companies are helping DPC practices thrive with tools that actually work for doctors. Scroll through for key highlights, standout testimonials, and why each of these sponsors believes in building a better healthcare model.



Hint Health is more than a membership platform—it's the operational engine behind thousands of Direct Primary Care practices. With Hint Clinical, you can automate billing, manage memberships, and track patient engagement with ease.

Trusted by startups and seasoned DPC docs alike, Hint helps practices grow—without growing pains. As Dr. Wendy Stevens shared: **"Very intuitive, quick learning curve."**

**Why DPC Clinics Love Hint:** Clean transitions from other systems, best-in-class onboarding, and deep integrations with leading EMRs like Elation and Cerbo.

Get 1 month free for new Hint Clinical customers. Explore more at [www.hint.com](http://www.hint.com)



Elation is designed for relationship-driven care—making it a natural fit for DPC. Their clinical-first EHR puts physicians front and center with a sleek interface that's powerful yet easy to navigate. No extra clicks, no clutter.

What makes Elation stand out? Thoughtful workflows, responsive support, and top-tier security. As Dr. Kenneth Rictor put it:

**"I'm not labored by coding or box-checking. At the same time though, good record keeping is paramount to good patient care and communication is integral to coordination and maintenance of that care."**

**Why DPC Clinics Love Elation:** Intuitive design, quick charting tools, and robust clinical features tailored for longitudinal care.

See how Elation supports DPC success at [www.elationhealth.com](http://www.elationhealth.com)



A&S Meds is a trusted partner for in-house dispensing and wholesale pharmaceuticals. They help DPC practices stock the meds their patients need—at prices that keep care accessible.

With dedicated account reps and simple ordering, A&S Meds takes the headache out of managing your practice's pharmacy arm.

**Why DPC Clinics Love A&S Meds:** Fast shipping, no membership fees, and no-nonsense support.

Contact [www.a-smeds.com](http://www.a-smeds.com) to set up an account or schedule a call today.



Cerbo is a customizable command center built specifically for Direct Care. Founded in 2011, Cerbo has been evolving right alongside the DPC movement. Today, hundreds of independent clinics trust Cerbo to streamline care and reduce admin burden without compromising on features.

From configurable charting and in-house inventory tracking to advanced patient communications, Cerbo delivers flexibility that DPC doctors rave about. Dr. Andrea Wadley put it best:

**"I knew how important it was to have ePrescribe functionality, a patient portal, fax line, the ability for patients to add their credit cards, patient charts, integrated billing and telemedicine features. Cerbo has it all."**

**Why DPC Clinics Love Cerbo:** Clean UX, responsive support, and rapid feature rollouts tailored to physician feedback.

[DPC Directory members get \\$300 off setup fee when you sign up and mention Battle of the EHRs.](#)



SmartHeart isn't just a device—it's a cardiology powerhouse in your pocket. Developed by SHL Telemedicine, SmartHeart brings hospital-grade heart diagnostics into the hands of DPC physicians, making rapid, remote cardiac assessment a reality.

FDA-cleared and trusted by hundreds of practices, SmartHeart delivers a full 12-lead ECG in just 30 seconds, with board-certified cardiologist interpretation in under 30 minutes. It's a plug-and-play tool that empowers doctors to catch silent cardiac threats early—no extra staffing or steep learning curve required.

**"As an Internal Medicine Physician. SmartHeart® has been fantastic for my practice. The device is quick, easy to use, patient friendly, paperless and provides excellent tracings. I would recommend SmartHeart across multiple use cases."** (Dr. Jonathan Jacobs)

**Why DPC Clinics Love SmartHeart:** Lightning-fast setup, real-time results, and clinical-grade quality that puts primary care at the center of heart health.

[DPC Clinicians receive an immediate discount of nearly 30% off subscription rate. Learn more or request a demo at www.smartheartpro.com.](#)



Spruce is the modern communications hub built for the future of care. Whether you're texting patients, managing your inbox, or coordinating with your team, Spruce makes it seamless—and secure. Used by hundreds of DPC practices, Spruce centralizes calls, texts, faxes, and messages in one place.

**"Spruce makes my solo practice feel like a well-oiled machine."** Bonus? It integrates beautifully with most DPC-favorite EMRs.

**Why DPC Clinics Love Spruce:** Unified communications, HIPAA compliance, and delightful UX.

[Learn more at www.sprucehealth.com](#)



# JUMPSTART

DPC SOLUTIONS

Founded by a DPC insider, JumpStart DPC Solutions specializes in helping physicians streamline their practice operations from Day 1. From system setup to staff training and optimization, they've got your back.

With real-world experience and a tailored approach, JumpStart helps DPC clinics save time, reduce costs, and scale with confidence. Dr. Elie Miller says:

**“JumpStart DPC Solutions enabled me to not just enter the world of private practice with a good marketing strategy - it allowed me to build the strategy around my vision while bringing my vision into a practical and successful reality.”**

**Why DPC Clinics Love JumpStart:** Deep DPC experience, plug-and-play templates, and accessible support.

**DPC Directory Members can receive \$250 off any New Website Build OR Marketing Package. Visit [www.itsjumpstart.com](http://www.itsjumpstart.com) to learn more or book a consult.**



# AlignedMD

MARKETING

## Services & Pricing for DPC Marketing That Grows Your Practice

Founded by Nathalia Hyland, DDS, MSc Health Comms (and head of Marketing and Strategy at My DPC Story).

Running a DPC clinic is demanding—marketing shouldn't be. I offer tailored, hassle-free strategies to help you attract patients, build visibility, and grow your practice while you stay focused on care.

From social media and SEO to content and email marketing, each service is designed with DPC physicians in mind—cost-effective, patient-focused, and aligned with your values.

Browse the pricing options below to find the right fit. Not sure where to start? Contact me for a free consultation and let's create a custom plan that gets results.

**Claim your FREE marketing audit + 20% discount today! [alignedmd.agency](http://alignedmd.agency)**

# ARE YOU ON THE PHYSICIAN-LED ONLY DPC & DIRECT CARE MAPPER?



MARYAL, THE HOST OF THE MY DPC STORY PODCAST AND FELLOW DPC DOC, **CREATED THIS MAPPER TO GO WITH THE PATIENT STORIES SHE IS RECORDING.**

AS PATIENTS FIND THESE STORIES, THEY WILL WANT TO FIND THEIR OWN DPC AND/OR DIRECT CARE DOCTOR(S). **HELP PATIENTS FIND YOU!**



SCAN ME

TAKE A PICTURE AND SHARE WITH ANOTHER DPC DOCTOR!



## LIST YOUR CLINIC TODAY!

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# Battle Tested

THE EHRS THAT REALLY GET YOU THROUGH YEARS 0-3



BECAUSE THE FIRST THOUSAND DAYS OF A NEW DPC PRACTICE FEEL MORE LIKE A ROLLER-COASTER THAN A RAMP-UP.

Picture this...

You've signed a lease, painted the exam room walls yourself, and told your spouse you'll "totally be home for dinner" (famous last words).

Now it's 2 a.m. on Day -3, the phone won't stop buzzing, and you still have to pick an

EHR that won't implode the moment you add patient #25. That panic? It's exactly what 61 brand-new DPC doctors were feeling when they answered our Battle of the EHRS survey. Here's what those scrappy founders say separates "launch fuel" from "dead weight."

## *The Startup Crowd*

### **Tiny clinical teams**

96 % run solo or two-doc shops (≤ 2 clinicians).

### **Shoestring staffing**

95 % have 0–2 non-clinical helpers.

### **Still building panels**

76 % care for < 300 members per clinician.

**Translation:** every feature has to pull its weight—or it's out.

## *Who They Chose When Every Dollar Counts*

### **EHR Share of users (Years 0–3)**

**Atlas.md** 38 %

**Hint Clinical** 22 %

**Elation** 16 %

**Akute** 8 %

**Cerbo** 7 %

**Everyone else (7 systems)** 9 %

Atlas.md still leads, but Hint Clinical has vaulted into a strong #2, while the long-tail of niche systems continues to grow.

## *Winning Hearts in the Hardest Years*

Users share their pain points followed by the % respondents who ranked it their #1 reason.

**“I opened it and... it just worked.”**

**(instant, intuitive UI) - 60 %**

**Real humans on chat at 10 p.m.**

**(responsive support) - 59 %**

**One price, no fine print. (transparent, flat pricing) - 51 %**

**Labs and e-Rx plug straight in. (turn-key integrations) - 44 %**

**Patients actually use the portal.**

**(engaging front-end) - 22 %**

## *The Ribbons They Handed Out*

For different reasons, users awarded praise to different EHRs. Here's what they had to say:

### **Plug-and-Play Usability: Cerbo**

*“Imported my SOAP templates and charted flu #1 before coffee.”*

### **On-Boarding & Support: Atlas.md**

4.8 / 5 for 24-hour chat + founder-run Slack.

### **Budget MVP: Hint Clinical**

Flat per-member pricing keeps the lights on at 80 members.

### **Most Hackable Newcomer: Akute**

API-first design let one doc bolt QuickBooks, labs & online booking together over a weekend.

## *The Potholes That Still Pop Tires*

“Friendly” demos that hide a month-long learning curve (32 %). Trial discounts that morph into sticker shock (28 %). Migrating labs one... file... at... a... time (23 %). Patient portals nobody wants to use (17 %)

“Elation felt gorgeous—until the \$400/mo kicked in while my panel was 80 patients. Back to square one.”

“Atlas billing was plug-and-play, but importing old labs cost me three sleepless nights.”

**The first three years make or break a DPC practice. These EHRs didn't just score well—they helped founders grow when every minute and dollar counted. That kind of loyalty can't be bought—only earned.**

# Choosing the Right EHR:

Lessons from Paula Tomczyk,  
Clinic Manager of Cara Direct Care



When it comes to Direct Primary Care (DPC), Electronic Health Records (EHR) aren't just another tool—they're a cornerstone of the practice. **Paula Tomczyk, Clinic Manager** and trusted right-hand of Dr. Clodagh Ryan at Cara Direct Care, knows this better than most. Having navigated over 230 patients and two very different EHR systems over the years, Paula's insights are invaluable for anyone starting or optimizing their own DPC practice.

## Understanding Your Brain's Processing Power: The EHR Decision

When it comes to choosing the right EHR, Paula emphasizes the importance of considering how your brain processes information. "Charting is one of the hardest parts of running any practice, and the EHR is at the center of that," she says. The first question, according to Paula, is simple: can you chart with ease? "The system should match the way you process information."

She advises new DPC owners, especially those without staff, to carefully evaluate which system feels intuitive to them. Some people may prefer seeing everything on one page, while others might prefer a more categorized approach. "If you're a category person, make sure the EHR allows you to see everything in clear categories, like health maintenance, family history, and medications," Paula explains. This organizational method keeps the workflow smooth and efficient, even when patient volume increases.

## The Tough Reality of Switching Systems Mid-Stream

For those who think they can "get by" with a cheap EHR in the beginning, Paula's experience is a reality check. After seven years, Paula and Dr. Ryan decided to switch to a new system to streamline their practice. "Switching EHRs seven years in was not easy," Paula admits. "But the new system made things much easier. The workflow is more efficient, and we can see everything we need in one place."

That said, Paula warns against taking this switch lightly. "I can't stress enough how important it is to choose the right system from day one," she continues. "This is a long-term investment, and the system you pick will directly impact your practice's efficiency."

## Charting Beyond the Notes: The Full Picture

Charting in a DPC practice is about more than just documenting the visit. Paula emphasizes that an EHR should integrate all aspects of patient care. "Being able to label visits clearly—whether it's a refill, a phone call, or a health maintenance visit—is essential," Paula shares. "The system should also allow you to attach important documents like lab results and faxes directly to the patient's notes." This reduces time spent searching for patient information and ensures that everything is right at your fingertips when you need it. For Paula, integrating tools for health maintenance—like tracking vaccines and overdue screenings—

into the system is a key part of providing well-rounded patient care. “Being able to remind patients about things like vaccinations in a timely way is invaluable,” she says.

### The Technical Aspect: A Balance of Simplicity and Functionality

While some EHR systems boast complex features, Paula points out that not all systems are created equal when it comes to user-friendliness. “If you’re not technically inclined, paying extra for highly technical features may not benefit you,” she cautions. With this in mind, she advises DPC practices to look for an EHR that balances ease of use with the functionality needed to run a modern practice.

### The Right Team: The Key to EHR Success

Another crucial consideration when choosing an EHR is how well your team can use it. “Even if the system works well for you, it may not work for your staff if they’re not familiar with the technology,” Paula warns. “If your team isn’t technically savvy, picking a very complex system could cause problems down the road.” The takeaway? Involve your team in the decision-making process. While Paula didn’t have input in the initial decision, she stresses the importance of ensuring that all team members are on board with the choice. “Getting the whole team involved will make the implementation process much smoother,” she says.

### The Bottom Line: Get It Right from the Start

With over 15 years of experience in the healthcare field, Paula knows that the right EHR is a vital investment in the future of a DPC practice. From charting to patient communications and billing, choosing an EHR that suits your brain and your team’s needs is one of the most important decisions you’ll make as a DPC physician.

Take the time to demo several systems, get a feel for what works best for you, and make a thoughtful decision,” Paula advises. “This is the foundation of your practice, and it will affect every aspect of how you care for your patients.”

### Key Takeaways:

- EHR choice should align with your natural workflow—pick a system that works for your brain.
- Switching systems mid-stream is tough, but sometimes necessary for long-term success.
- Charting should be intuitive, with all patient information available in one place.
- Your EHR should support both you and your team’s workflow—technical systems need a technical team.
- Choose carefully from day one to avoid the pains of switching later.



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# DPC SWAG



## THE HIDDEN COSTS OF SWITCHING EHRs— AND HOW TO AVOID THEM

Insights into migration headaches, staff retraining, and data loss prevention strategies.

In Direct Primary Care, time is sacred. Whether you're in the early stages of opening your doors, expanding your team while raising little ones, or reworking systems after five years in practice, every choice you make in your business must support—not sap—your mission. That's why switching electronic health records (EHRs) can feel so fraught. Maybe your current system no longer fits your growth. Maybe charting has become clunky, patient messaging lacks fluidity, or you're drawn in by another EHR promising intuitive design and better integration. The temptation to jump ship is real—but so are the consequences if you do it without a clear-eyed plan.

This article offers a reflective lens on what really happens when you switch EHRs—from data migration woes to team training fatigue—and how to avoid common missteps that could disrupt patient care or your own peace of mind.

### The Unseen Complexity of Data Migration:

Switching EHRs isn't just a matter of downloading a file and uploading it somewhere new. Your data is more than numbers and notes—it's the memory of your practice: patient conversations, labs, past treatment decisions, and years of documentation. The problem? Not all EHRs handle data the same way. Transferring information can feel less like a clean move and more like trying to speak two different dialects in the same language. Mismatches happen. Files don't import correctly. Entire pieces of the patient record can vanish in translation.

It's critical to ask your current and prospective EHR vendors detailed questions before making any decisions. What exactly will transfer—and what won't? How will care plans, attachments, or secure messages be preserved? Expect to spend time reviewing patient files after migration. Even with the best tech support, it's your eyes that will ultimately catch what's missing.

### Training the Team Without Losing Momentum

Regardless of whether you're a team of one or managing a few staff members, every system change comes with a learning curve. A new EHR can subtly upend your day-to-day flow. Click paths change. Shortcuts disappear. Familiar screens look foreign. In a high-touch, relationship-based model like DPC, even a few extra seconds per task adds up to more time away from the moments that matter most—whether that's in the exam room or with your family at dinner.

Make space for this transition. Build in slower weeks. Give yourself and your team grace. And don't wait for a crisis to create training materials—document your new workflows as you learn them, so that future onboarding is smoother. You're not just learning a system; you're reestablishing the rhythm of your entire practice.

### **Patient Care Doesn't Pause for Software:**

The reality is, your patients won't know you switched systems—but they'll feel the ripple effects if a message goes unanswered or a refill gets delayed. Any hiccup in your internal process will show up in how patients experience your care.

That's why communication is key. Let your patients know a transition is happening. Set expectations around delays, and prioritize your most complex or vulnerable patients for extra follow-up. As physicians, especially in DPC, we pride ourselves on seamless, attentive care. It's okay to be transparent about behind-the-scenes changes when it means preserving trust.

### **The Emotional Weight of Change:**

What few people talk about is how emotionally taxing it can be to switch EHRs. You may feel frustrated, regretful, even betrayed by the promises of the new system—or haunted by the muscle memory of the old one. If you're already managing big life transitions—pregnancy, parenting, certification exams, planning a sabbatical or retirement—the emotional load of a software switch can feel heavier than expected.

Give yourself permission to feel those things. Reconnect with the reasons you wanted to switch in the first place. Talk to other DPC docs who've been through it. You don't have to carry the stress alone.

### **The Post-Switch Reality Check:**

Finally, remember that implementation isn't the finish line. Sometimes it takes weeks—or even months—for limitations to become clear. Reporting may not be what you expected. Workflows may feel clunky. What seemed perfect on demo might not fit your day-to-day needs.

Treat the first 90 days like a pilot phase. Keep a list of frustrations. Revisit your workflows regularly. Most importantly, don't be afraid to advocate for yourself with your vendor. You are not being “difficult”—you are protecting the integrity of your practice.

### **Reclaiming the Why Behind the Switch:**

At its best, switching EHRs can re-energize your practice and improve your quality of life. But before you leap, take a breath and a step back. What's the real reason you're considering the switch? Is it truly the EHR that's broken—or is the friction coming from a different area of your practice?

No technology is perfect. But in DPC, the tools you choose should feel like extensions of your values—not obstacles to them. Choose systems that work for you, not the other way around. You deserve a practice that runs smoothly, honors your patients, and supports the kind of life you're trying to build—one where peace, presence, and purpose guide the way.





# 5

## QUESTIONS TO ASK BEFORE YOU SWITCH YOUR EHR

Because the right system should serve your mission—not complicate it.

**ONE: What problem am I really trying to solve?**

Is the issue truly the EHR—or is it a workflow, training, or team communication problem? Make sure the switch addresses a root cause, not just a surface frustration.

**TWO: What data won't transfer—and how will I handle it?**

Ask for clarity from both your current and new EHR vendors. Will care plans, secure messages, PDFs, and images come over cleanly? If not, what's your strategy for preserving continuity?

**THREE: What will the downtime look like—for me and for my patients?**

Consider how long you'll need to slow down your clinic, retrain yourself and any staff, and double-check data accuracy. Are you willing to trade short-term disruption for long-term gain?

**FOUR: How does this system grow with me?**

Will this EHR support future expansion—like hiring another clinician, adding procedures, integrating with a new lab vendor, or incorporating telehealth? If your practice vision changes, will the tech still fit?

**FIVE: Am I making this decision from a place of clarity—or burnout?**

Take a pause. Reflect. If you're feeling overwhelmed, it might not be the time to make a major systems change. Talk to trusted peers, look at your life wheel, and be sure your choice supports the life and practice you're building—not just the day you're trying to survive.





# BEYOND THE PODCAST: WHAT GUESTS SAY THE IDEAL DPC EHR SHOULD LOOK LIKE

A WISH-LIST FROM FORWARD-THINKING DOCTORS, DEVELOPERS, AND TECH-SAVVY DPC CHAMPIONS (PRO-TIP: LISTEN TO THESE DOCS' FULL INTERVIEWS ON MY DPC STORY!)

Direct Primary Care has already proven that stripping out third-party billing resurrects the doctor-patient relationship. Yet most of us still document inside platforms designed for coders and claims adjusters.

*“The EHR should be a tool to facilitate care—not a checklist so the insurance company pays me,”* reminds house-call pioneer and Family Physician **Dr. Marguerite Duane**.

We combed through [MY DPC Story](#) podcast transcripts to harvest some of the best ideas from pediatricians, internists, neurologists, pharmacists, and admins and more who live in these systems every day. Here’s the collective wish-list.

## #1 PATIENT-FIRST (NOT PAYER-FIRST) DESIGN

*“I write down what I need to remember—no crossing T’s for some coder in the sky.”* — **Dr. Marguerite Duane**. Free-text when you want it, structured data when you need it. Scut work that exists only for billing codes should vanish.

**Pediatrician Dr. Cindy Rubin** adds that her current system dropped the mandatory ten-point ROS entirely, *“forcing me to be more simple in my notes—and that’s a good thing.”*

## #2 VISUAL DASHBOARDS THAT MATCH THE CLINICIAN’S BRAIN

**Family Physician Dr. Jennifer Allen** chose her current platform because *“it’s colorful, tab-based, and everything lives on one screen—my staff will mutiny if I ever switch again.”*

Think kanban-style task tiles, drag-and-drop lab queues, and a decade-long timeline that fits on a single scroll.

## #3 AUTOMATIONS THAT ACTUALLY SAVE TIME

**Pediatrician Dr. Lauren Hughes** let her EHR auto-email parents two weeks before the next well-baby visit *“so I don’t have to remember anything.”*

**Pediatrician Dr. Alan Burton** used ActiveCampaign triggers to capture inquiries, tag geography and fire off Calendly links before a human ever opens the inbox. Any future platform should let every user string together similar if-this-then-that flows with a drag-and-drop builder.

**Internist Dr. Deepti Mundkur** stores full-paragraph replies in her phone’s keyboard—she ordered a CT from an airport concourse with three taps.

## #4 FRICTION-FREE ONBOARDING & SMART FORMS

***“Use the forms built inside the EMR—once you pass 15 patients you’ll waste hours downloading PDFs,” advised Dr. Jalan Burton.***

An ideal system should send e-consent, history, and payment details the moment a patient clicks “Join,” then file everything automatically.

## #5 ONE-CLICK MEMBERSHIP BILLING & IN-HOUSE DISPENSING

***Dr. Jennifer Allen’s dream setup “does all my billing and my pharmacy—even the portal—so everything is in one place. I didn’t realize how many minutes I was losing until they were handed back”.***

## #6 INTEGRATED, PAPERLESS COMMUNICATION

***Direct Neurologist Dr. Sumul Modi “mandates the portal” for image uploads and consents because, in a virtual practice, missing a file equals missing a diagnosis.*** Docs want secure text, video, fax-to-chart, and a phone tree that can hand off after-hours call duty without leaking personal numbers. If faxes must still exist, they should drop straight into the chart.

***Family Physician Dr. Diana Medina Galvan cut eight separate apps down to three by pairing Cerbo with Hint and Spruce; faxed labs now land in the right chart without her touching a scanner.***

***Dr. Jalan Burton’s phone-tree hack routes non-patients to voicemail and transcribes messages into her Customer Relations Manager (CRM) so she can call back only when she’s ready.***

## #7 PRESCRIPTION & PROTOCOL LIBRARIES AS BUILDING BLOCKS

***Dr. Jalan Burton learned to build every common form into Cerbo—so staff aren’t spending “an hour a week downloading” custom PDFs.*** Extend that idea to meds: template a dozen GLP-1 titration schedules or contraceptive packs and sign with one click.

## #8 CLEAN, INTUITIVE UI

***“It came down to how the screen felt,” Dr. Burton says of her final pick; Cerbo “was simply more intuitive” than its rivals.*** Pixel-level craft matters when you stare at a screen all day.

***Family Physician Dr Kenneth Qiu agrees: “It’s a true EHR, not a billing program wearing an EHR skin.”*** Visually quiet whitespace, responsive design and mobile parity are no longer optional luxuries.

## #9 TRULY TRANSPARENT PRICING

***Dr. Marguerite Duane dumped a previous vendor after a surprise rate hike.*** Transparent, long-term pricing belongs in the contract—not in next year’s release notes. Subscription practices live on predictable overhead; future vendors should publish tiers, cap annual increases and never charge extra for core APIs or data export.



## #10 OPEN, PLUG-AND-PLAY ARCHITECTURE

***Dr. Qiu loves that his stack “integrates with everything” from Hint to Spruce.*** Open technology through open APIs, for example, lets innovators bolt on AI scribes, remote-monitoring feeds or predictive analytics without begging for a seat on the vendor roadmap.

## #11 AI THAT AUGMENTS, NOT OVERWHELMS

Ambient dictation that drafts a SOAP note, checks guidelines, but stays silent until you click “accept.” Zero pop-up fatigue.

***Family Physician and My DPC Story Host Dr. Maryal Concepcion has built her Heidi Scribe template such that it pulls in ICD-10 codes, orders to be followed, patient summary note and SOAP note all from one transcript.*** Heidi also lets her use the same transcript to draft limitless other notes like referral letters, well child checks and more!

## #12 COMMUNITY-LED ROADMAP

***Family Physician Dr. Jake Mutch records little Loom-style videos of every workflow tweak and parks them in a shared drive—future hires on-board themselves.*** Imagine if the vendor hosted that library and paid power users to contribute. The best vendor would fund mini-grants for user tutorials, publish public changelogs and vote on new features in Slack—not on sales webinars.

## #13 HIDDEN COSTS—STILL AVOIDABLE IN DPC

***Switching isn’t painless. Dr. Hughes learned her first system had failed to upload two years of vaccines to the state registry—she’s still re-entering data by hand.***

***Dr. Medina Galvan’s previous vendor wanted \$5,000 just to export her patient data; Cerbo’s founder imported it for free.*** Any modern platform must make both exit and migration humane.

## THE CALL TO BUILDERS

DPC physicians have already hacked together color dashboards, payment scripts and staff “wikis” built from Loom videos. What we crave now is a platform that bakes these hacks into the core product—so we can get back to doctoring.

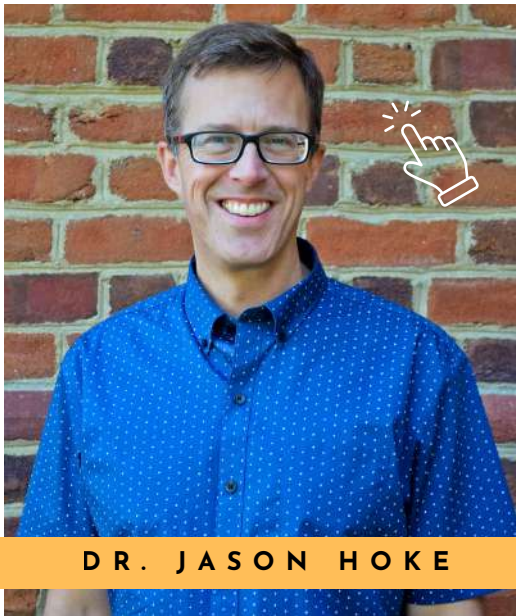
If you’re a health-tech founder searching for the next breakout product, steal this list. Ship it, price it fairly, leave us ownership of our data, and the DPC community will become your unpaid sales force. ***Because, as Dr. Duane reminds us, an EHR ought to disappear behind the encounter—leaving only care in its wake.***



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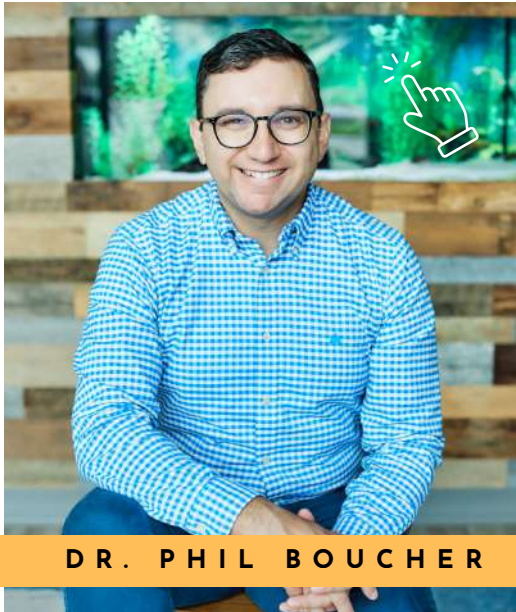




DR. JASON HOKE



DR. SARA SCHUSTER



DR. PHIL BOUCHER

## TECH-STACK SHOW & TELL: BEHIND THE SCREENS OF THREE VERY DIFFERENT DPC CLINICS

*A rural solo practice, a suburban group, and a tech-savvy pediatric clinic open their digital toolboxes.*

Why peek under the hood?

DPC physicians and teams juggle doctoring, office management, and IT troubleshooting—often before noon. Choosing software that stays out of the way is half the battle. We asked three practices in very different settings to walk us through every app, plug-in, and integration that keeps their operations humming.

### THE RURAL COLLEGE TOWN SOLO PRACTICE



*Jason Hoke, MD | Hoke Direct Primary Care – Oxford, OH  
Panel: 700 patients*

Take-away: In a town of 10K, value wins over flash. Hoke’s single-vendor based stack lets him redirect dollars to discounted labs.

**EHR:** Cerbo. He states why it made the cut: “All-inclusive on a startup budget—one vendor, one point of support.”

**Labs:** **LabCorp Integration with Cerbo**. “Results plot automatically for trend spotting.”

**Dispensing:** Cerbo inventory. “In-house generics save patients a trip and a co-pay.”

**Communication:** Cerbo native patient portal and e-fax, integration with Twilio. “Portal slashes phone time; faxes route straight into the chart.”

Up next, Dr. Hoke is looking to add voice-to-text dictation as he aims to shrink evening charting even more.

## SUBURBAN MULTI-CLINICIAN PRACTICE



**Sara Schuster, DO | Strive Direct Health – Erie, CO**

**Panel: 870 patients (3 clinicians)**

Quality-of-life wins: 1) Calendar blocks let Dr. Schuster dash out for school pickup without reshuffling the day. 2) 24-hour self-booking keeps same-day slots under clinician control.

**EHR: Hint Clinical.** She states why it made the cut: “Combines EHR, membership billing, scheduling, and *Health Gorilla labs*. Fewer tabs, fewer headaches.”

**Communication: Spruce.** “After-hours rules, urgent escalation, and canned replies keep inbox zero within reach.”

**Email/Docs: Google Workspace Connected to Hint Clinical.** “Shared drive for residency teaching files; HIPAA-configured Gmail.”

**Phil Boucher, MD | Frontier Pediatric Care - Lincoln, NE**

**Panel: (growing)** Time-savers: Self-scheduling via Elation Families pick their own slots; staff skip phone-tag.

**EHR: Elation.** He states why it made the cut: “Integrates with VaxCare, matches Boucher’s “brain flow,” and supports easy note templates.”

**Memberships & Billing: Hint.** Handles registrations and recurring payments.

**Communication: Spruce.** “Texting families directly builds trust and slashes unnecessary visits.” Urgent routing keeps nights sane.

**CRM/Marketing: PracOS (AI-powered funnels).** “Runs email sequences, voice AI, and online payments for non-member services like ear piercing.”

## TECH-FORWARD PEDIATRIC CLINIC



## THE COMMON THREADS - NO MATTER THE ZIP CODE

**COMMON THEME: One core hub plus one comms app**

Between the three, we see Cerbo/Twilio, Hint Clinical/Spruce, Elation/Spruce each cover >90 % of daily clicks.

**COMMON THEME: Portal or text beats phone**

All three docs cut call volumes down after rolling out secure messaging.

**COMMON THEME: Automation buys real life back**

Whether it’s PractOS email funnels or Hint Clinical self-booking, every saved keystroke turns into patient face time—or an actual lunch break.

## SHOPPING CHECKLIST IDEAS FOR YOUR OWN STACK

1. *Single login for charting + billing + messaging*
2. *Two-way labs—orders out, plotted results back*
3. *Patient-facing portal or SMS that patients genuinely use*
4. *Automation hooks for reminders, drip emails, and template replies*
5. *Humane exit plan—make sure you can migrate out as easily as in*



### **BOTTOM LINE:**

Whether you're courting farmers in rural Ohio, juggling shifts at a residency program, or running a pediatric clinic from three browser tabs, the ideal tech stack has one job: disappear behind the visit. As Dr. Boucher says, "If a feature buys me minutes with a family, it stays. If it adds clicks, it's gone."



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In Direct Primary Care, your time is the currency that determines everything—how many patients you can care for, how fast you grow, and whether you make it home in time for dinner. Yet most DPC physicians spend hours each week on inboxes, intake, scheduling, billing follow-ups, and social media—not doctoring.

That’s where Cool Blue VA comes in.

Founded by Justin Lam—himself a multi-time founder, physician practice builder, and business strategist—Cool Blue VA is on a mission to help DPC doctors offload the admin work that drains their energy and clutters their day. His company doesn’t just match doctors with virtual assistants (VAs); they train medical virtual assistants (MVAs) to slot into the rhythms and needs of a DPC clinic from day one.

“Every minute you spend doing \$10 tasks is a minute you’re not using your \$200/hour expertise. That’s not sustainable—and that’s not why you started a DPC.”  
— Justin Lam, CEO of Cool Blue VA

# WHY EVERY DPC DOCTOR DESERVES A VIRTUAL ASSISTANT

## Not Sure You’re Ready for a VA? Start with a Time & Task Audit

During a recent My DPC Story webinar, Justin walked doctors through two game-changing exercises:

- (1) A Time & Task Audit and
- (2) A Skills Gap Review.

If you’re spending more than a few hours a week charting late at night, playing phone tag with pharmacies, or answering patient messages yourself, a VA could save you dozens of hours—and your sanity. “Anything you do on a computer can be delegated,” Justin reminded attendees. “Only you can be the doctor. Let someone else handle the rest.”


## Why DPC Docs Love Cool Blue VA

- **Medical expertise:** Their MVAs often come with healthcare backgrounds—nursing, pharmacy, techs—not just call center training.
- **HIPAA-compliant by design:** VAs are based in the Philippines, where the Data Privacy Act of 2012 mirrors U.S. HIPAA standards.
- **Practice-specific pairing:** Every doctor completes a free Practice Analysis so Cool Blue VA can match them with the right support.
- **Risk-free trial:** Work with your VA for two full weeks, 40 hours a week—completely free.

## Your Next Hire Costs \$9.95/hr

Let’s be honest—hiring local admin help is expensive. And turnover is high. (One study showed 59% of MAs quit within the first year.) But Cool Blue VA’s flat hourly rate makes hiring affordable from Day One—especially for small panels or growing solo docs.

Whether you need one person to handle phone calls and follow-ups, or a whole back-office crew to streamline operations, Cool Blue VA can help. Because in DPC, every hour matters. **Make sure yours count.**

Test drive your future VA—on us. **Start free for 2 weeks.** 



**CoolBlueVA**<sup>TM</sup>  
Medical Virtual Assistant

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# The Equity of *EHRs*

When we think about the value of an EHR, we usually talk efficiency—fewer clicks, smoother messaging, faster billing. In Direct Primary Care, where we’re intentionally rebuilding the healthcare experience, we can set the bar higher: our day-to-day tech can advance equity, inclusion, and population health—if we use it on purpose.

Dr. Anna Mirer



## Beyond the Chart: Tracking the Needs of Your Whole Population

Liberated from CPT codes, you’re free to ask better questions of your data:

- Are my Spanish-speaking patients getting mammograms as often as English speakers?
- Do Deaf or hard-of-hearing members book

follow-ups at the same rate as hearing peers?

Which ZIP codes miss chronic-care labs most often—and why? Color-coded flags, simple tags, and quarterly micro-audits can surface silent disparities long before they become crises.

Dr. Anna Mirer, whose Wisconsin micro-practice serves English, Spanish, and ASL users, reminds us: “Even something as simple as an appointment reminder coming in English can delay care. There’s definitely an opportunity to narrow disparities there.”

### Tech as a Support Tool for the Margins

Communication Built for Every Language & Modality

- Multilingual portals and reminders. If your EHR

can’t natively text in Spanish—or substitute an icon-based reminder for patients with limited literacy—look for add-ons or push vendors to build it. ASL-friendly documentation. Mirer discovered that her AI

scribe “was useless when half the conversation was in ASL.” A truly inclusive system should let you upload mixed-format visit notes (voice, video, typed summary) without breaking compliance or adding hours of manual work.

# TINY TWEAKS, BIG IMPACT



## IDEAS FOR YOUR EHR WITH EQUITY IN MIND

Reimagine your tech setup through the eyes of the people you serve—and the team who serves with you.

### 1 They log into the portal... or try to.

If your portal isn't intuitive or smartphone-friendly, you may unintentionally create a barrier. If your EHR doesn't support texting or simple secure messaging, are there ways to flag patients who need alternate workflows?

### 2 They get your messages and reminders...

Are they mobile-friendly? Written in clear, inclusive language? Can they be sent in Spanish, Tagalog, or Somali for patients who'd understand best in their native tongue? Consider how your communication lands on a cracked phone screen between work shifts or in a household without consistent Wi-Fi.

### 3 You open their chart for a visit.

Is there a visible, consistent way for you to see key identity info at a glance—pronouns, chronic stressors, language needs, or social determinants of health? Do your chart templates make assumptions about family roles or binary gender language? You don't need to overhaul everything—just start where people are most often misread.

### 4 You look at the big picture.

Every few months, step back. Run a quick report. Are preventive care gaps showing up more often in certain neighborhoods? Do no-show rates suggest access barriers for certain groups? Even the simplest data can uncover patterns—and from there, you can act.

### 5 You send a follow-up.

Think about how it's phrased. Is your auto-message kind, trauma-informed, and free of clinical jargon? Does it sound like you—or like a computer trying to be human? Patients are more likely to stay engaged when they feel like a person, not a case file.

### 6 Equity starts with intention, not overhaul.

Small shifts in your EHR setup aren't just tech tweaks—they're quiet acts of care. They signal to patients: You belong here. We see you. We've made space for you in how we've built this.

# RISE-UP!

## PHYSICIAN SUMMIT

Hosted by FlexMedStaff and My DPC Story



**Dr. Holly Shen, OBGYN**

*Physician Co-Lead FlexMedStaff*

Nearly 20 years ago, as an OBGYN resident, I could never have imagined the shape my professional life would take. To be fair, the healthcare landscape itself is nearly unrecognizable. What remains constant, however, is my deep commitment to caring for pregnant and gynecologic patients.

Like many of us, I spent the first seven years of my career working relentlessly—on the proverbial hamster wheel, giving my all for systems that rarely gave back. Over time, the slow but persistent advance of corporate medicine and private equity drained the passion that had once fueled me. I came to realize that the secret to a sustainable and fulfilling career in medicine is staying closely aligned with your own sense of purpose—and being willing to adapt.

Truthfully, it's not the patients or the medicine that have changed. It's the system, and how Physicians are too often treated as interchangeable cogs in a machine. No one is coming to save us - it's time to save ourselves. For me, that meant saving grace was stepping into life as an independent physician contractor. Working as a critical access locums OBGYN, I rediscovered professional autonomy, flexibility, negotiating power, financial opportunity, and—most importantly—joy in patient care. I now have the freedom to give my full commitment to my patients while on shift, and to my family when I'm home. That balance is invaluable. As the healthcare system continues to shift, Physicians remain its most essential asset. Yet we are seeing more and more colleagues leave medicine altogether,

burned out and disillusioned. Now is the time to pivot. The challenge? Most of us are never taught how. That's why those of us who have found success through innovation feel a deep responsibility to share what we've learned.

That's why Dr. Aaron Morganstein, (orthopaedics) myself and other committed Physicians built **FlexMedStaff**—the first and only educational platform by Physicians, for Physicians, created to empower independent career paths in medicine. We are building a knowledge base to help Physicians break free from outdated models and explore innovative, sustainable work options. Our offerings extend across beginner to advanced topics in locums and agency “how-to”, barriers to leaving employment, contract negotiation, tax strategies and more. Every aspect of becoming a successful independent Physician contractor is covered. In alignment with our mission, we've partnered with **My DPC Story**, a leader in the Direct Primary Care movement. This collaboration reflects our shared commitment to advancing Physician-led, patient-centered care while creating meaningful professional freedom.

We invite you to join us this October for the first ever RiseUp Physician Summit—a groundbreaking virtual event bringing together visionary Physicians from across the country. This is a space to learn, connect, and be inspired by others who are redefining how medicine is practiced and experienced. It's time to reclaim your purpose, rediscover your passion, and reshape the future of medicine—on *your terms*.

<https://flexmedstaff.com/rise-up-physician-summit/>



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# Marketing Your DPC Practice Without Losing Your Voice



By Nathalia Hyland, DDS, MSc Health Comms

In a world where social media is saturated with influencers, clickbait, and gimmicks, it's easy to assume marketing means shouting the loudest. But for DPC doctors, marketing isn't about being flashy—it's about being authentic.

Unlike traditional fee-for-service models, DPC is built on relationships, transparency, and accessibility. That's why marketing a DPC practice shouldn't feel like a hard sell. It should feel like an invitation—to a healthier, more human way of practicing medicine. The good news? Social media offers the perfect stage for that invitation—if you know how to use it.

## Storytelling is Your Superpower

Every DPC doctor has a story. Maybe you left a hospital system to escape burnout. Maybe you wanted to spend more time with your patients—or with your own family. These aren't just personal truths—they're powerful marketing assets.

When patients understand your **“why,”** they begin to trust your **“how.”** Sharing your journey through posts, videos, or blog entries gives potential patients a glimpse behind the curtain. And in healthcare, *trust is everything.*

**Tip: Pin your origin story to the top of your Instagram profile or Facebook page. Whether it's a simple quote, a photo of your first clinic day, or a quick Reel—make your values visible.**



## Think Strategy, Not Saturation

Contrary to popular belief, you don't need to be on every platform. Think of each as a room at a party—choose the ones where your ideal patients are already mingling.

- **Facebook** is great for connecting with local families, community groups, and older adults.
- **Instagram** appeals to millennial parents and health-conscious individuals who value authenticity and visual storytelling.
- **LinkedIn** is your best bet for networking with professionals and showcasing your leadership in healthcare.

Rather than reposting the same content everywhere, tailor your message. A 30-second Reel explaining how your membership model works might perform well on Instagram, while a partnership announcement with a local gym is more fitting for LinkedIn.

## Content That Converts

You don't need a marketing degree to create compelling content—you need clarity and consistency. Focus on four key themes:

1. **Affordability:** Use plain language to show how DPC eliminates surprise bills.
2. **Transparency:** Break down what patients actually get when they join.
3. **Personalized Care:** Highlight stories of patients whose lives changed because of your availability and attention.
4. **Accessibility:** Emphasize how easy it is to reach you—texts, video calls, same-day visits.

Pair those themes with real moments from your day. A quick Story showing how you prep for patient visits, a post thanking a local business you partner with, or a Reel answering common questions like “Do I still need insurance?” all position you as approachable and informative.

## Set Goals and Track Progress

A lot of doctors ask, “**If I'm providing excellent care, why do I need marketing?**” Because even the best-kept secret won't grow your panel.

Set clear goals. Maybe it's attracting 10 new patients through Instagram in the next three months. Maybe it's building relationships with five local businesses. The key is to measure what matters—engagement, referrals, conversions—not just likes.

You don't need fancy tools. Start with Instagram Insights, Meta's Business Suite, or even a simple spreadsheet. The question isn't “Did this go viral?” but “Did this help someone understand DPC better?”

## Stay Compliant and Compassionate

Marketing in healthcare means walking a line—between personal and professional, between transparent and too much. Always get written consent before sharing patient stories. Keep responses to reviews respectful and HIPAA-safe. Remember: **marketing is not about selling care, it's about inviting trust.**

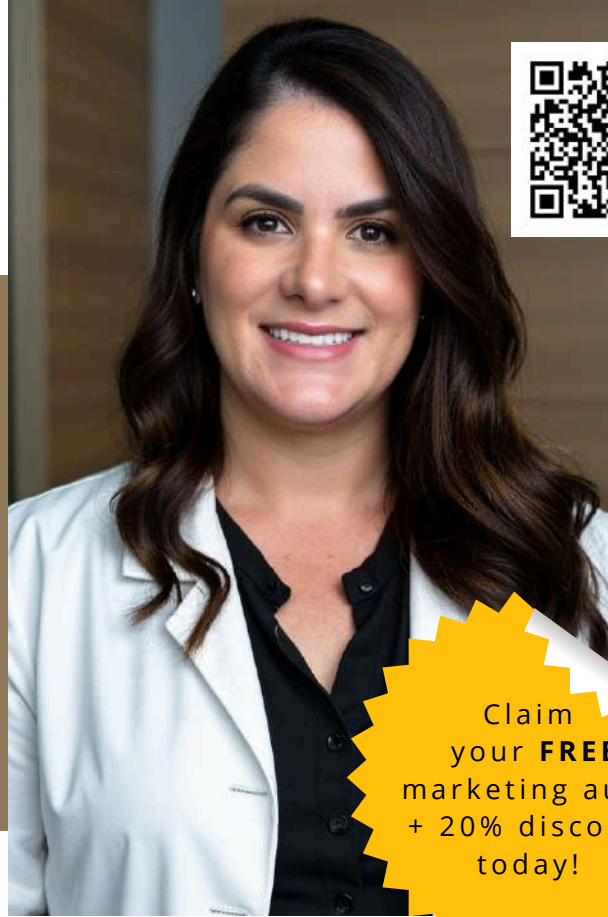
## Final Thoughts

Marketing as a DPC doctor isn't a chore—it's a chance to educate, connect, and grow your impact. Whether you're posting a heartfelt story, partnering with a local yoga studio, or simply responding to a comment on Facebook, every interaction is a ripple. And those ripples? They build the kind of community you set out to serve when you first chose this path. **Your voice is your advantage. Use it.**



**If you're ready to build a stronger online presence without sacrificing your authenticity, I'd love to help. As the founder of AlignedMD, a marketing agency built specifically for DPC doctors, I understand the unique challenges you face—and how to turn your story into your strongest marketing tool.**

**Whether you're just starting out or looking to refresh your strategy, we'll meet you where you are and help you grow—organically and intentionally. Connect with us today! [alignedmd.agency](https://alignedmd.agency)**



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## Highlights



### Social Media Management

Create, schedule, and optimize content to grow your online presence and connect with patients.



### Content Creation

Blogs, videos, and branding materials to educate and inspire your audience while showcasing your expertise.



### Tailored Strategies

Customized plans designed for DPC doctors to align with your practice's unique values and goals.



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## How to Doctor Differently by Dr. Naomi Lawrence-Reid

Doctoring Differently® is a transformative approach to physician careers founded by Dr. Naomi Lawrence-Reid that authorizes physicians to move beyond traditional, full-time clinical roles and redefine how they practice medicine. It is both a mindset and a movement—one that recognizes the evolving landscape of healthcare and the diverse opportunities available to physicians outside the confines of hospital systems and employee-based models.

At its core, Doctoring Differently encourages physicians to reclaim their autonomy, explore alternative paths, and build careers that are financially sustainable, professionally fulfilling, and personally aligned with their values. This may include working per diem, doing locum tenens assignments, becoming a highly-paid medical expert witness, engaging in medical writing or consulting, pursuing disability evaluations, or launching independent aesthetics or functional medicine practice. It also includes federal contract work, virtual care, non-clinical roles in tech or Pharma, and other innovative opportunities that leverage a physician's knowledge and experience. Dr. Lawrence-Reid developed the concept and blueprint out of her own personal experience along with the collective frustration shared by many physicians: burnout, lack of flexibility, limited income potential despite long hours, and feeling disconnected from their purpose. Doctoring Differently® is the antidote to the “one-size-fits-all” model of medicine. It offers physicians a toolkit to reimagine their careers on their own terms—whether they want to practice part-time, leave clinical work entirely, or simply add new streams of income that create breathing room in their lives.

Birthered out of that concept and rooted in her own career experience, Dr. Lawrence-Reid has created live and digital courses since 2021 to teach physicians practical skills that are rarely


taught in medical training but are crucial to success in independent or non-traditional careers. These include negotiation, contract review, business entity formation, navigating malpractice and health insurance independently, resigning without burning bridges, and managing time as an expert witness or consultant. Within these curated lessons, Physicians learn to position themselves not just as employees but as highly skilled professionals capable of commanding their worth in various industries. Ultimately, Doctoring Differently is about giving physicians permission and tools to create a career that works for them—not the other way around. It's a movement that is growing rapidly, fueled by physicians who are no longer willing to sacrifice their health, families, or passions in service to broken healthcare systems. Instead, they are charting new paths, building sustainable and diverse careers, and proving that there is no single way to be a doctor. In short, Doctoring Differently is about doing what you trained for—differently. **Enrollment is now open for the Doctoring Differently® Summer Series!** Join Dr. Naomi every Tuesday in August for a live, physician-only teaching series where she'll share the most high-yield lessons from within the Doctoring Differently Academy. You'll learn how to build a flexible and profitable career outside of full-time clinical medicine—from going per-diem and landing well-paid locums contracts, to starting medical expert witness work, medical writing, aesthetics, and veteran disability exams across all specialties. Throughout the series, you'll also learn how to secure independent health insurance and malpractice coverage, manage retirement accounts as a self-employed physician, and confidently negotiate high-paying contracts. We'll even cover resignation strategies that preserve your professional relationships. This is a confidential, supportive space designed for physicians who want real solutions and actionable strategies. You won't find anything else like it. **Visit [DoctoringDifferently.com!](https://www.doctoringdifferently.com)**





# UNLOCK THE FULL POTENTIAL OF YOUR PRACTICE

Let's get real for a second—when was the last time your practice's sales process didn't feel like a chaotic circus? Juggling patient care, new leads, and admin work is basically a recipe for burnout.

Here's where  **practOS** comes to the rescue. Think of it as the personal assistant you've always wanted but never knew existed. It's more than a CRM; it's the all-in-one toolkit to streamline your practice, helping you generate leads on autopilot and convert them into paying members without breaking a sweat.

Stop wasting time on systems that don't work, and let us show you how to practice smarter, not harder.



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# Dr. Michelle Cooke

@sol\_dpc



## TECH WITH HEART: HOW DR. MICHELLE COOKE USES DIGITAL TOOLS TO DELIVER DEEPER CARE

When Dr. Michelle Cooke opened Sol DPC in East Point, Georgia, she did more than just create a medical home—she designed a space where tech and compassion work hand in hand. From the start, Dr. Cooke knew that choosing the right tools would help her spend more time with patients and less time wrestling with paperwork or clunky systems. Her practice uses a carefully chosen tech stack to automate scheduling, streamline communication, and simplify patient education. That means patients can reach her easily, stay informed, and get the care they need without unnecessary barriers.

## Delivering DPC Beyond the Clinic Walls

Dr. Cooke uses social media to share real, personal stories that reflect the heart of her practice, and she regularly connects with the community through her tech stack: newsletters, events, and thoughtful health content. This consistent, purpose-driven outreach helps her patients feel seen—and helps new patients discover a doctor who understands them. With every post, message, and click, Dr. Cooke shows that technology, when used intentionally, can strengthen relationships and extend care far beyond the exam room.

Listen to Dr. Cooke on My DPC Story



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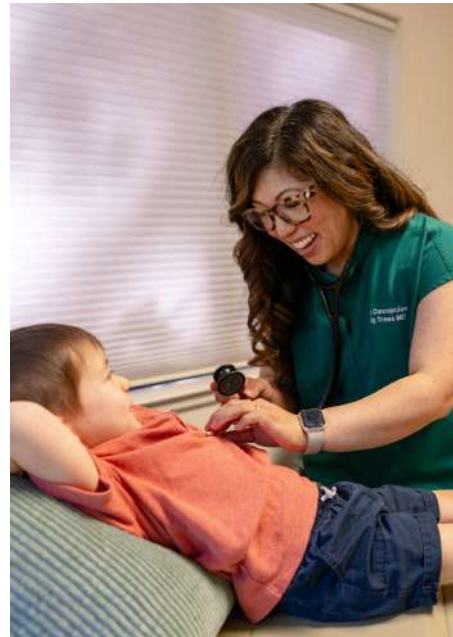
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DPC Owner,  
My DPC Story Podcast Host

**By Maryal Concepcion,  
MD FAAFP**



## *YOU DON'T HAVE TO BE A FINANCIAL GENIUS TO BUILD A DPC —YOU JUST NEED A PLAN*

For me, finances used to make me want to bury my head in the sand like an ostrich. Even as a physician, even with a thriving clinic and podcast, even after years of practice—I've had to learn how to face the numbers without fear. That's why I talk about finances so often: not because I love spreadsheets, but because I deeply relate to how hard this part can be.

I've attended free SCORE business classes virtually from Rhode Island during the pandemic. I've read business books late at night with a newborn in my arms. And yes—I've tried to manage my business finances completely solo. Eventually, I realized: the numbers are not my strong suit. Between running a full-scope DPC clinic, raising two kids, and producing My DPC Story, I was creating a bottleneck. So I hired help.

Today, I'm more confident with the numbers—but I still have support from

people who live and breathe finance. That's not failure. That's strategy. You don't have to be the financial expert. You just need to know your numbers—and know when to bring in help.

And if you're two years into your DPC journey and ready to grow, I join many of my colleagues in saying this loud and clear: [Apply to the Goldman Sachs 10,000 Small Businesses program](#). It's a free, transformative business education for entrepreneurs. Everyone I know who's completed it says the same thing: you'll wish you had done it sooner.

So if you're thinking, "DPC sounds great, but I can't afford to do it"—pause that thought. Because the truth is: you can. But you need a plan—and a mindset shift. I've interviewed over 250 DPC physicians on My DPC Story, and I've heard versions of similar (and relatable) stories:

*I was a resident, making \$50K, with a baby on the way and student loans breathing down my neck.”*

*“I was a mid-career employee who thought I had to stay stuck until retirement.”*

*“I had no business background, no MBA, and no clue how to price a membership.”*

But physicians in similar situations still did it. Because they decided to.

### **Nobody Builds a Business Alone**

One of the most important lessons I’ve learned—both in practice and from the SCORE business planning process—is this: “Nobody builds a business by themselves. But without a written plan, it’s very hard for others to help.”

When your ideas are floating in your head, they’re just that—ideas. But when you put them in writing, they become a blueprint. A one-page business plan can be your most powerful tool. It shows you’re serious. It gets others up to speed in minutes. And most importantly—it keeps you focused on where you’re going and what really matters.

### **Your Business Plan, Broken Down (No MBA Required)**

Here’s how to turn that swirling cloud of “what ifs” into a clear direction. The One Page Business Plan method has helped thousands of businesses—and it works beautifully for DPC.

#### **1. Vision: What Are You Building?**

Are you designing a solo clinic for families with neurodivergent kids? A rural full-scope practice with OB? A pop-up service for teachers?

Write down:

- *Your timeframe (3 years is a great start)*
- *Your target patient panel or revenue goal*
- *Your services and offerings*
- *Your ideal customer*
- *Your location or coverage area*

#### **2. Mission: Why Does This Clinic Exist?**

This is your purpose. Who are you in service of? What’s the benefit?

“To serve working families with transparent, personalized, in-home care.” That’s a mission. Not a paragraph. Not fluff. Just clarity.



*When your ideas are floating in your head, they’re just that—ideas. But when you put them in writing, they become a blueprint.*

#### **3. Objectives: What Are You Measuring?**

You can’t manage what you don’t measure. Start with 4–6 outcomes you’ll track:

- *Revenue milestones*
- *Number of members*
- *Chart completion rates*
- *Employer partnerships signed*

These are your markers. They tell you if the work you’re doing is moving the needle.

#### 4. Strategies: How Will You Grow?

This is where your plan comes to life. List how you'll achieve those objectives:

- *Grow via community partnerships and local events*
- *Streamline with new workflows and virtual assistants*
- *Attract members through employer education and social media*

Be specific—but not long-winded.

#### 5. Action Plans: What Will You Do in the Next 90 Days?

Choose 1–3 key projects. Not 30. Not “rebuild everything.” Just the next right steps. Here are some to consider:

- *Launch website and collect emails*
- *Get malpractice and find low-cost EHR*
- *Start building a waitlist*
- *Take a finance workshop (or hire a bookkeeper)*

These short-term projects stack up. And momentum builds.

#### Rethink What You Can Afford

Your mindset around money matters more than your starting balance.

I've seen physicians bootstrap their DPC with:

- *Locums or urgent care shifts*
- *Small business grants or microloans*
- *Savings from side gigs*
- *Coworking space instead of leasing a building*

And I've seen others burn out trying to do it all themselves.

Whether you're DIY-ing your bookkeeping or considering a \$200/month tool that saves you 5 hours a week, ask this instead of

“Can I afford it?”: *“What is it costing me to keep doing things this way?”*

A plan lets you see the trade offs clearly. And a simple budget—built on real goals, not wishful thinking—puts you in control.

#### YOU Are the Asset

You don't need to master every skill before launching. DPC doesn't come with a rule book that says you must chart, bill, clean the floors, run payroll, build your website, and track expenses all on your own. You're trained as a physician. That's your core superpower.

If you're not comfortable running the financial side alone, hire someone short-term to set it up right. Learn what you need to over time. *You don't have to do it all on Day One.* I've been in my DPC practice for over three years. I'm still learning. Still evolving. Still leaning into change. That's what makes this work meaningful.

***DPC doesn't require perfection. It requires courage, clarity, and commitment. And it all starts with a plan.***

Write it down. Let others help you. And give yourself permission to build something bold—even if the numbers make you want to hide at first. You're not just building a practice. You're building freedom—for yourself, for your patients, and for your future. Let's make sure your plan reflects just how possible that really is.

***On the next page I included an example of a lean startup business plan and a space for you to create your own!***



# Lean Startup Business Plan (Example)

PROBLEM 01	SOLUTION 05
<ul style="list-style-type: none"> <li>List a frustration your target market has.               <ul style="list-style-type: none"> <li>ACME Clinic is too hard to access because they have 3000 patients per doctor.</li> <li>ACME Clinic has a non-physician model for care.</li> </ul> </li> </ul> <p>Existing Alternatives</p> <ul style="list-style-type: none"> <li>List a potential competitor or similar business and their offering.</li> <li><b>Wildfire Aesthetics</b> has a trendier marketing approach that appeals to all demographics</li> <li><b>Front Porch DPC</b> has a "for students" community college agreement</li> </ul>	<ul style="list-style-type: none"> <li>List how your business can solve a customer's problem.</li> <li>Offer innovative healthcare at a friendlier price.</li> <li>Appeal to a larger and growing demographic who want a relationship with their doctor.</li> </ul>
UNIQUE VALUE PROPOSITION 02	KEY METRICS 06
<ul style="list-style-type: none"> <li>Write about what makes your product (you ARE the product!) special so you can convince a stranger to become your customer.</li> </ul> <p>High-Level Concept</p> <ul style="list-style-type: none"> <li>Provide a short, catchy, easy-to-remember description of your product</li> </ul>	<ul style="list-style-type: none"> <li>List a metric by which you measure the success of your business.               <ul style="list-style-type: none"> <li>10% profit increase by our third year</li> <li>Increased customer retention rate at the end of each year</li> </ul> </li> </ul>
CUSTOMER SEGMENTS 03	UNFAIR ADVANTAGE 07
<ul style="list-style-type: none"> <li>List personas of the people that you expect to use your product.               <ul style="list-style-type: none"> <li>Students</li> <li>Professionals</li> </ul> </li> </ul> <p>EARLY ADOPTERS</p> <ul style="list-style-type: none"> <li>List specific characteristics of your early adopters.               <ul style="list-style-type: none"> <li>Students who see having access by text as a break from the stress of having to make an appointment in person to review labs.</li> <li>Professionals who appreciate cost-savings through transparent lab and image pricing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>List what sets you apart from competitors.</li> <li>All-In-One services.</li> <li>New features that patients are looking for.</li> </ul>
COST STRUCTURE 04	CHANNELS 08
<ul style="list-style-type: none"> <li>What are the fixed and variable costs to launch your product or service? Consider the cost at each stage from setting up a website, hiring employees, production, marketing, and bringing them to patients.</li> </ul>	<ul style="list-style-type: none"> <li>List the ways you plan to reach your audience.               <ul style="list-style-type: none"> <li>Physical space</li> <li>Social media</li> </ul> </li> </ul>
REVENUE STREAMS 08	<ul style="list-style-type: none"> <li>How will you generate income? Show a pricing model of your product or service and include other revenue sources, such as sales and subscription fees.</li> </ul>





# Lean Startup Business Plan (Your Turn!)

<b>PROBLEM</b> <b>01</b>	<b>SOLUTION</b> <b>05</b>
<b>UNIQUE VALUE PROPOSITION</b> <b>02</b>	<b>KEY METRICS</b> <b>06</b>
<b>CUSTOMER SEGMENTS</b> <b>03</b>	<b>UNFAIR ADVANTAGE</b> <b>07</b>
	<b>CHANNELS</b>
<b>COST STRUCTURE</b> <b>04</b>	<b>REVENUE STREAMS</b> <b>08</b>



# MORE THAN SKIN DEEP: WHAT MEDICAL AESTHETICS HAS TAUGHT ME ABOUT MONEY

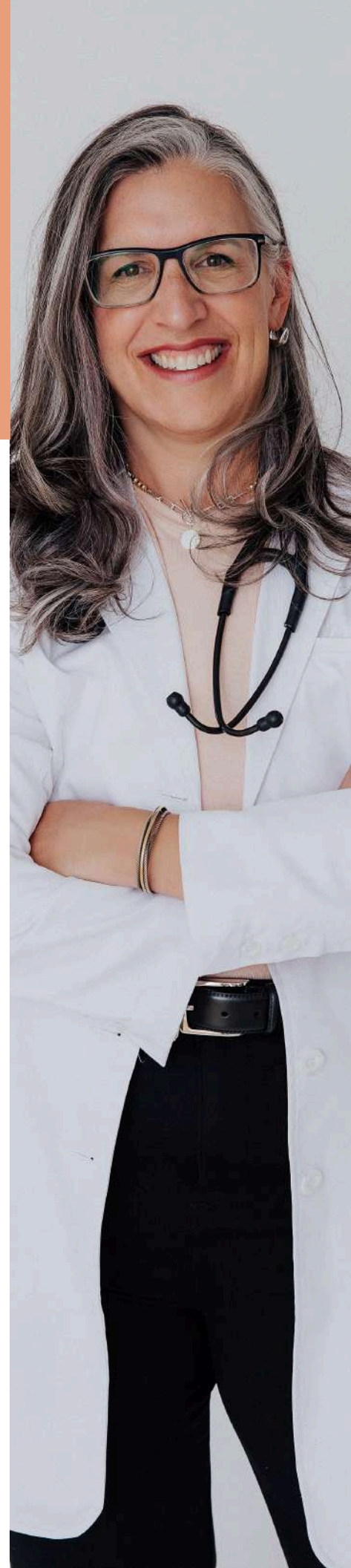
BY JULIE K. GUNTHER, MD FAAFP

**Working in medical aesthetics has taught me far more than how to use neurotoxin to reduce frown lines.** It has taught me about people—what they value, how they make decisions, and what they believe they deserve. It has also taught me about money—not in a financial sense, but in a deeply human one. *Money is a language we use to express value, gain control, and define identity.*

I'm a board-certified family physician and over the last 12 years I opened, ran, and sold my Direct Primary Care (DPC) practice. I began offering medical aesthetics services in 2018. Over time, aesthetics became more than a side interest—it unlocked creative energy and revealed powerful lessons about self-worth, value, and the emotional relationship people have with money.

**What other people think of you is none of your business.** Aesthetic medicine invites judgment. People whisper about vanity—however most people simply want to look like the best version of themselves. Motivation for aesthetic intervention is often self-actualization not disfiguration. Whether or not other people understand this is irrelevant. This same lesson applies to professional decisions. If you move forward in a new direction and want to change something about your life (say leave outpatient family medicine to work two days a week in aesthetics) whether or not other people understand is irrelevant. Other people's ideas about us only matter if we give them relevance.

**Worrying about what everyone else thinks will get you stuck, every time.** What other people think of us is the number one ingredient to getting stuck. In medicine we can get very stuck worrying about what our colleagues think, stuck in tradition, stuck in “we do it this way because we do it this way.” Medical aesthetics has taught me about being un-stuck. Many of my medical aesthetics clients move through the world with a purposeful and solution-oriented mindset. Want a faster car? Go get it. Want a new house? Check. Better career –Back to school.



Different hair? Better body? Comfier shoes? Check. Check. I wonder how it would feel to be a primary care physician with this kind of solution-driven patient. My medical aesthetics lesson is that decisional, unstuck, solution-oriented people often have resources because they have learned to be decisional, unstuck, solution-oriented people.

**How other people value and spend money is none of your business.** Worrying about what people will think of my fees, what “something should cost” has gotten me stuck every time. My starting prices- that I will call DPC classic- and my starting medical aesthetics prices were defined by what I thought I could charge. I was afraid of ‘asking too much.’ To this end my business was, and is constrained by my own financial scarcity ideals.

**Money isn’t just about resources—it’s about priorities.** In DPC, I couldn’t make sense of money. People would say they valued the work I did and yet scrutinize the smallest of charges. DPC scrambled my money brain because I was trying to figure out the right answer to get to the right pricing as though with enough research I would discover the golden ‘perfect pricing’ egg. However, the right pricing is a result of the business owner establishing their own priorities and attaching a dollar amount to that vision.

**Money is a reflection of personal culture.** Another lesson from medical aesthetics is that what I think is important doesn’t really matter. Each person has a financial culture shaped by experience and belief. To one client a \$300 facial is a treat. To another, its maintenance.

**Money is an expression of how we problem-solve, how we self-soothe, how we express agency.** Spending on aesthetics isn’t just a financial decision- it reflects how people think about aging, confidence and control. The key is understanding that every financial decision is rooted in culture and personal

belief systems that go far deeper than numbers.

**People pay for what they want, not what they need.** If we’re honest, no one wants primary care. No one wants to routinely come to the doctor, to be on medication or to have a chronic condition. These are not the “fun” ways to spend money. This is another reason people will pay much more for an ER visit or imaging or same-day visit but then struggle to assign value to an ongoing preventative care relationship.

**Medical aesthetics services are a wanted service.** They are also a transactional service. As such people expect to pay them. And while most aesthetic treatments aren’t “necessary,” many are profoundly restorative. People pay for things they feel change their day-to-day lives for the better. In this way medical aesthetics is not frivolous—it’s powerful. Aesthetic medicine is ultimately about control. Aesthetic medicine is about helping people take ownership of how they present themselves to the world. It’s about choice and consent. In a culture that often bombards us with how we should look or feel, the ability to say, “This is what I want for me,” is an act of power.

*After a decade of pioneering DPC, Dr. Julie founded **Wildfire Aesthetics**—combining anatomical precision, care, and empowerment. Her mission extends beyond delivering results: she’s committed to mentoring physicians who are ready to embrace autonomy and build sustainable careers. At Wildfire Aesthetics, Dr. Julie:*

- *Delivers anatomically-informed aesthetic care with safety and transparency.*
- *Guides patients using evidence-based aesthetics, aging, and regenerative therapies.*
- *Mentors physicians in procedural mastery, entrepreneurship, and independent practice design.*

***If you’re a DPC physician eager to diversify your services and reshape your practice, Dr. Julie invites you to train with her.***





## CRUSHING DEBT, BUILDING FREEDOM: HOW FRESH-OUT-OF-RESIDENCY PHYSICIANS TACKLE STUDENT LOANS ON THE ROAD TO DIRECT PRIMARY CARE

Starting a medical practice right out of residency might sound impossible—especially when six figures of student loan debt loom large. But with creative financing, side gigs, forgiveness programs, and a mindset shift, these doctors are rewriting the playbook on what’s financially possible after graduation.

Below, you’ll find their real-world strategies—and the mindset shifts that made all the difference.

### The Elephant in the Exam Room

*“I was literally contemplating leaving medicine altogether, and if I didn’t have student loans, I probably would have,”* recalls Texas family physician Dr. Jamie Eller, who launched Healthy Self DPC just months after finishing residency.

### Pay First, Jump Later – the “Dave Ramsey” Bridge

Emergency-doctor-turned-CFO Dr. Brian Ostick counsels new grads to treat a salaried stint as temporary: *“Work a few years, crush the loans, live like a resident... then build the DPC practice in the background.”*

### Income-Driven Repayment: A Micro-Practice Safety Net

Rhode Island micro-practice pioneer Dr. Lauren Hedde notes that federal Income-Based Repayment “floats” with start-up revenue:

*“When you’re not making much, the payment adjusts... but you do forfeit physician student loan forgiveness (PSLF) if you go DPC right away.”*

### Borrowing for the Business—When Cash Flow Beats Interest

Kentucky internist Dr. Michael Lovelace warns that personal credit cards make a shaky safety net: issuers *“can cut your limit without warning”* just when a start-up needs it most. Yet he leveraged a well-nurtured local-bank relationship to finance a clinic building, showing that strategic commercial debt can accelerate growth.

### Side Gigs & Hybrids: Buying Runway Time

Alabama’s Dr. Kyle Adams kept urgent-care shifts while membership fees trickled in: *“The urgent care became the side gig until the DPC practice made enough... if you’ve got an MD or DO, you can always find a shift tomorrow.”* He and his wife funneled that income into wiping out \$360k of student debt in under four years.

### Riding PSLF to the Finish Line—Then Jumping

After nine years with the VA, Georgia’s Dr. Stephanie Phillips finally received Public Service Loan Forgiveness and opened Front Porch Family Medicine six months later: *“Not having that student-loan payment was huge... but I wish I’d jumped ten years earlier.”*

**THE DPC MODEL THRIVES WHEN PHYSICIANS AND PATIENTS BREAK FREE FROM THE CHAINS OF TRADITIONAL INSURANCE, ALLOWING TIME AND CARE TO TAKE CENTER STAGE INSTEAD OF BILLING CODES.**



## MINDSET MATTERS

Whatever mix of snowball payments, IDR, moonlighting, or strategic debt you choose, every physician above shares one conviction: loans should shape strategy – not dictate destiny. As Dr. Eller tells her students, *“You’re joining me because you’re as frustrated with the system as I am... and I’m worth more than a Starbucks.”*

**Key Takeaway:** Student loans are a hurdle, not a wall. With a deliberate payoff plan—aggressive repayment, forgiveness, or calculated borrowing—new-grad physicians can still claim the autonomy, patient relationships, and career joy that Direct Primary Care offers right out of residency.

## PRACTICAL PLAYBOOK FOR NEW-GRAD DPC FOUNDERS

Tactic	How It Helps
<b>Live Like a Resident</b>	Keep fixed costs low and throw large payments at debt during an initial employed “bridge” period.
<b>Choose IDR (temporarily)</b>	Lowers required payments while patient census grows; preserves cash for start-up expenses.
<b>Hybrid Work Model</b>	Locums, urgent-care, EM moonlighting, or telehealth shifts buy runway until panel revenue stabilises.
<b>Consider Strategic Borrowing</b>	SBA or commercial loans can fund build-out when reserves are thin—provided repayment math is clear.
<b>Pursue Loan-Forgiveness Tracks</b>	VA, NHSC, military, or state programmes can erase debt—just weigh the time trade-off.
<b>Build Credit Early</b>	A small, paid-off card builds the score you’ll need for future business credit and better interest rates.

## WHERE ARE THEY NOW?

Drs. Mundkur, Mutch, Mutch, and Hughes opened their DPC practices right out of residency. Hear **them share about each year of their journeys as we’ve followed them from Year 1 through Year 4—with a Year 5 update coming soon!**



**SCAN ME**





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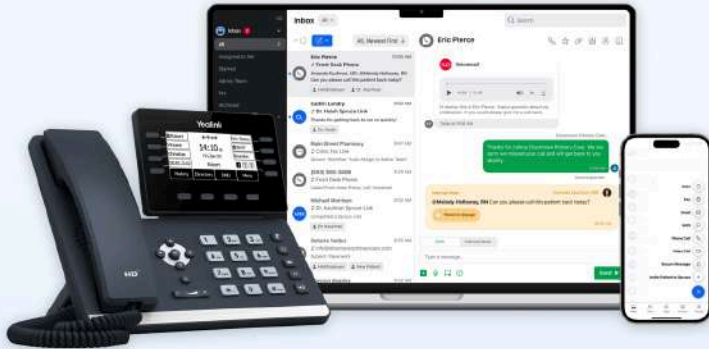


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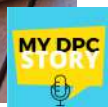
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**MY NOTES**

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