

A PUBLICATION FOR THE
DPC COMMUNITY
FROM MY DPC STORY



THE TOOLKIT

: DIRECT PRIMARY CARE
2026

THE FUTURE IS BRIGHT

FEDERAL BILL HR 1:
"IS IT GOOD FOR DPC?"

UTILIZE AI
TO STREAMLINE
YOUR WORKFLOWS

HIRING & FOR SMALL
HUMAN BUSINESSES
RESOURCES

INFORMATION
HANDOUT:
*"HOW TO
CHOOSE YOUR
HEALTHCARE"*

INTRODUCING
2026
DPCA PRESIDENT



DR. KELSEY SMITH

+ STATE DPC
SUMMITS
COMING IN
2026!


2025

ED. 4 - WINTER ISSUE

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2026! THE YEAR FOR DPC!

As you step into a new year of caring for your patients and shaping the future of your practice, this issue is designed to give you the clarity, confidence, and momentum you deserve. Inside, you'll find inspiration on reclaiming your leadership, guidance on navigating the seismic changes brought by HR 1 and the IRS's new HSA rules that finally recognize DPC, practical strategies for strengthening your HR systems and staffing, and a downloadable insert (also available digitally) to help your patients make empowered choices about healthcare, insurance alternatives, and health shares. We even included a look at sustainable side-gig opportunities for physicians who want to diversify their income without sacrificing their mission. This is your toolkit to start the year strong, stay aligned with your purpose, and build the kind of practice - and life - you've been working toward.

MARYAL CONCEPCION, MD




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YOU'RE NOT ALONE!

2026 NEW YEAR GREETINGS
FROM DR. MARYAL CONCEPCION

Every January, we tell ourselves that the New Year will bring us closer to achieving our potential - yet so many of us quietly carry the same doubts and pressures into the next annual chapter. As physicians, entrepreneurs, advocates, strategists, and stewards of their communities, DPC doctors carry responsibilities that extend far beyond the exam room.

TOGETHER WE GO...

...FARTHER



*Here's the truth: you are not alone.
Not in your struggles.
Not in your growth.
Not in your leadership.*

Across the country, DPC physicians like you are encountering the same unseen barriers. These aren't failures of effort or vision, but internal pressures that slowly erode clarity, confidence, and momentum.

As we head into a New Year, I want to name these barriers, normalize them, and invite YOU! Let's work together to conquer these challenges.

SHIFT FROM SURVIVAL MODE TO LEADERSHIP ROLE

Many DPC physicians start the year thinking, ***“If I can just fill my panel... if I can just keep the lights on... then I will finally have time to lead.”***

But leadership in DPC has never been about protecting your role. It’s about improving the experience of those around you: patients abandoned by a collapsing system, physician colleagues facing burnout, staff seeking guidance.

The moment you shift from ***“How do I preserve myself?”*** to ***“How do I strengthen the people around me?”*** - your renewed sense of purpose will transform your clinic and add increased value to your community.

WHEN YOU’RE CARRYING MORE THAN YOU CAN SHOW

DPC physicians often build a public image: resilient founder, innovative entrepreneur, community anchor, while hiding the human messiness underneath. But effective leadership is not born from perfection. It is born from presence, humility, and listening.

You don’t have to be the physician who always has the answer. You become a stronger leader when you allow yourself to be the physician who can hear the answer from someone else.



WHEN YOU VILLIFY OTHER HEALTHCARE MODELS, CLINICS, OR “COMPETITORS”

In a progressive movement still fighting for legitimacy, it is easy for an “us versus them” mindset to take hold. “Fee-for-service” systems, local hospital politics, local physicians unfamiliar with DPC, or another DPC clinic opening nearby can start to feel like threats.

But leadership in DPC requires a broader lens. Competitors become collaborators; skeptics become supporters when the message is given clearly. Tensions dissolve with good communication and humanity.

Instead of turning people into caricatures, seek connection to create space for the alliances our movement needs.

FLYING SOLO IS ISOLATING

Too many DPC doctors carry their clinics alone - marketing, tech, labs, payroll, advocacy - all while practicing full-scope medicine. The instinct of self-reliance often comes from habits of medical training or while staying “lean” in the startup life.

No one becomes an impactful leader alone.

You need your people - spouse, medical assistant, virtual assistant, mastermind group, and fellow DPC docs who will return your text at midnight because they get it.

Your growth this year will be influenced by those who you allow to have a voice in this DPC journey.

WHEN YOU WAIT FOR PERMISSION TO LEAD

DPC exists because physicians stopped:
waiting for a system to fix itself
waiting for policymakers to understand
waiting for institutions to value their humanity

Leadership in DPC doesn't come from titles. It comes from ACTION!

Whether you're a successful DPC physician, a resident dreaming of opening your doors, or a fee-for-service physician considering a transition; you don't need permission to start shaping the future of primary care.

Lead from where you are.
Lead with what you have.
Begin before you feel ready.

YOUR TAKEAWAY FOR 2026

This year, I invite you to step into leadership, not by being perfect, going faster, or by taking on more, but by releasing barriers that have kept you from achieving your full potential.

As a DPC physician, your work matters more than you often realize. By building effective healthcare for patients, you contribute to systematic change and local community development. You are pioneers, modeling what physician-led care can look like when autonomy and humanity are restored.

An important reminder:
you are not alone in this journey.

The DPC movement is your team: we rise together. Here's to a year of courage, clarity, connection and choosing, again and again, to lead.





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You've taken the bold step to embrace a model that puts patients first. Now that you've aligned your practice with your values, it's time to align your marketing with your goals. At AlignedMD, we understand that trust is everything in healthcare. Founded by a former dentist with over 15 years of experience, we specialize in helping DPC doctors build authentic connections with their patients. From social media and content creation to branding and patient engagement, everything we do is focused on fostering relationships that last. With AlignedMD, you can grow your practice confidently, knowing your marketing reflects the care and integrity your patients already trust.



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.



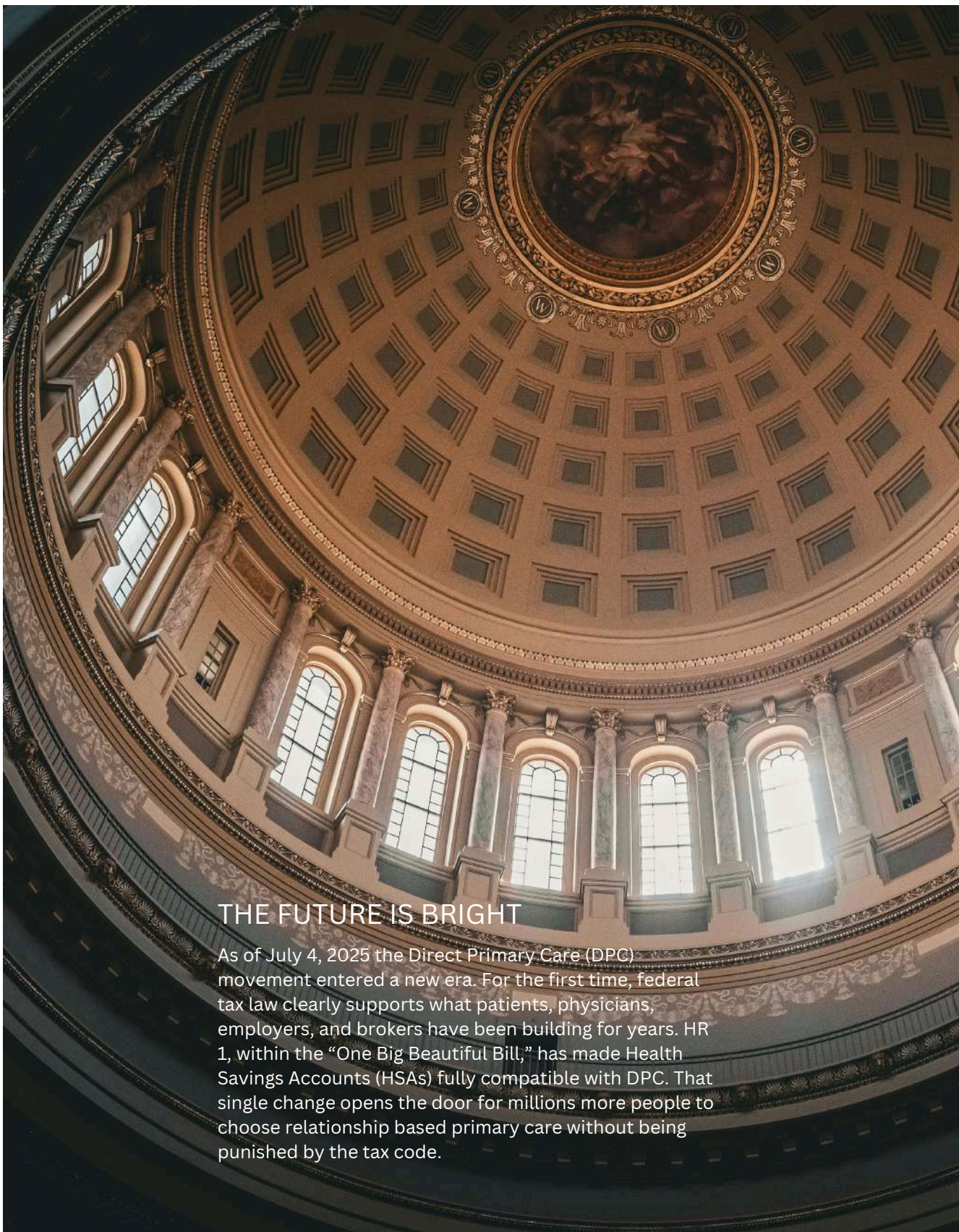
Cost-Effective Solutions

Plans starting at **\$250/month** to help you build strong patient relationships without breaking the bank.

Ready to get started? Contact us for a **FREE marketing audit** and let's grow your practice together.

DPC + HSA....

..Pay attention to Policy 'HR 1'



THE FUTURE IS BRIGHT

As of July 4, 2025 the Direct Primary Care (DPC) movement entered a new era. For the first time, federal tax law clearly supports what patients, physicians, employers, and brokers have been building for years. HR 1, within the "One Big Beautiful Bill," has made Health Savings Accounts (HSAs) fully compatible with DPC. That single change opens the door for millions more people to choose relationship based primary care without being punished by the tax code.

What HR 1 Actually Does For DPC

Direct Primary Care (DPC) has hit another historic milestone. This month, the IRS revealed how HR 1 within the One Big Beautiful Bill Act (OBBBA) officially integrates DPC, telehealth, and ACA Bronze/Catastrophic plans into the HSA ecosystem. DPC has now been recognised in federal tax code as a legitimate, HSA-compatible primary care option.

Simultaneously, Senate Health Committee Chair Bill Cassidy, MD, and Finance Committee Chair Mike Crapo released the **Healthcare Freedom for Patients Act**, a proposal that would deposit federal payments directly into patient HSAs for use with Bronze and Catastrophic plans strengthening the alignment between HSAs and DPC even further.

See below for a concise summary of what these changes mean, why they matter, and **where you can get involved**.

1. IRS Notice 2026-05: What It Actually Says About DPC

December 2026 saw the release of Notice 2026-05, which confirms major expansions of HSA eligibility under the OBBBA including telehealth, ACA Bronze/Catastrophic plans, and Direct Primary Care arrangements.

According to the IRS (Press Release Pg 1):
“Beginning Jan. 1, 2026, an otherwise eligible individual enrolled in certain direct primary care (DPC) service arrangements may contribute to an HSA. In addition, they may use their HSA funds tax-free to pay periodic DPC fees.”

The notice itself provides detailed definitions and clarifications:

DPC does not disqualify a patient from contributing to an HSA

- A DPC membership when structured according to the statutory definition is not considered “other health coverage,” meaning patients with DPC can fully fund their HSAs beginning in 2026.



- The arrangement must charge a fixed periodic fee and include only primary care services delivered by primary care practitioners.
- Primary care services cannot include:
 - Procedures requiring general anesthesia
 - Prescription drugs other than vaccines
 - Laboratory services not typically provided in ambulatory primary care settings (Notice 2026-05, pages 4–6)

Patients may use HSA dollars to pay DPC fees tax-free

- HSA withdrawals for qualified DPC expenses are now explicitly permitted.

The familiar \$150/\$300 monthly DPC fee limit still applies for contribution eligibility

- To remain HSA-compatible, DPC arrangements must stay within the inflation-adjusted monthly limit.
- However, even higher DPC fees can be reimbursed from an HSA - they simply disqualify that individual from contributing to an HSA during that period.

Billing flexibility is confirmed

- Annual, quarterly, or monthly billing is allowed, so long as fees are fixed, periodic, and within the allowed monthly amount on an annualized basis. (Notice 2026-05, p. 12)

ACA Bronze and Catastrophic plans become HSA-compatible in 2026

This makes pairing DPC + Bronze/Catastrophic coverage + HSA a viable pathway for millions of Americans. (Notice 2026-05, pp. 3–10)

2. Cassidy-Crapo Proposal: Direct Federal HSA Funding for Patients

On the same day the IRS released its guidance, Senators Cassidy and Crapo unveiled the **Healthcare Freedom for Patients Act**, which proposes to:

- Deposit payments directly into patient HSAs paired with Bronze/Catastrophic plans (2026–2027).
- Provide:
 - 1,000 dollars for adults ages 18–49
 - 1,500 dollars for adults ages 50–64
- Expand catastrophic (copper) plan eligibility to all individuals by 2027.
- Lower premiums through cost-sharing reduction (CSR) funding.

While the proposal contains politically charged provisions, such as coverage limitations on abortion and gender transition services, the HSA components represent a major structural shift: patients, not insurers, would receive funds directly.

The DPC model will be an obvious choice when:

- More Americans have HSAs,
- More HSAs are funded by the federal government, and
- **More HSA-funded patients can choose DPC as their primary care home.**

3. Why This Matters for the Future of Direct Primary Care

With IRS guidance now aligning the tax code to legislative intent, DPC practices, employers and brokers finally have clarity.

Beginning in 2026:

- DPC is firmly recognized as primary care, not insurance.
- Patients can safely pair DPC with HSAs, Bronze/Catastrophic plans, and telehealth.
- The employer market, exchange market, and individual market all expand dramatically for DPC adoption.

The IRS’s announcement makes brings us closer to the vision of a day when Direct Primary Care is simply primary care.

4. How to Get Involved & Where to Ask Questions



The next phase requires participation - not just celebration.

Join the Direct Primary Care Coalition! Visit dpcare.org to become a member. This is where:

- Guidance interpretations are shared
- Practice-level questions get answered
- Advocacy opportunities are organized
- Physicians, brokers, employers, advocates *and* patients collaborate.

Submit comments to the IRS

- The IRS is inviting public comments on all aspects of Notice 2026-05 until **March 6, 2026.**
- This is a rare chance for DPC physicians and patients to shape federal rules that affect daily practice.

Talk to your policymakers, chambers, and local partners

Whether you're a rural doctor, an employer, or an advisor, your real experiences matter. Policy shifts like HR 1 only happen because ordinary people speak up.

5. The Bottom Line

For the first time, DPC stands clearly inside the nation’s tax and healthcare framework.

- The IRS has affirmed DPC as HSA-compatible.
- Congress is exploring new ways to fund patient HSAs directly.
- ACA Bronze and Catastrophic plans are becoming tools that pair naturally with relationship-based primary care.

If you care about the future of DPC, get involved! **Start at dpcare.org. Your voice, practice, and patients will shape what comes next.**

How DPC Doctors Can Help Their Patients Avoid Financial Disaster

Direct Primary Care brings back what matters: access, time, and real relationships.

But even patients who love their DPC practice eventually ask the question that keeps them up at night: **"What happens if something big happens to me?"**

That's where most feel exposed and where Zion HealthShare enters the picture. We exist for this exact scenario.

Zion HealthShare is a nonprofit medical cost-sharing community, not insurance. Members simply contribute monthly to share in the eligible medical expenses of other members.

When a large eligible medical need occurs, the member is first responsible for their chosen Initial Unshareable Amount (IUA).

This is the amount the member is responsible for before the rest of the eligible expenses are shared by the community.

There are no provider networks, no enrollment windows, and unlike most health shares, no lifestyle or religious requirements to join.



WHERE DPC ENDS AND PROTECTION BEGINS

For DPC physicians, this creates a clean separation of roles. You continue to provide direct, routine, and preventive care exactly as you always have.

Zion HealthShare steps in only when patients face major medical expenses like hospitalizations, surgeries, advanced imaging, maternity, and other high-cost events.

DPC remains the front door of care. Health sharing becomes the financial safety net for everything beyond it.

Many DPC doctors choose Zion HealthShare for themselves and their staff. As independent practice owners, traditional group insurance often feels expensive, restrictive, and philosophically misaligned.

Health sharing offers a corporate benefit that actually aligns with DPC values of simplicity, transparency, and freedom from insurance interference.



ZION HEALTHSHARE IS BUILT TO FIT THE DPC MODEL

Health sharing offers a corporate benefit that actually aligns with DPC values of simplicity, transparency, and freedom from insurance interference.

Practices can offer Essential Membership at a fraction of traditional insurance costs while avoiding the administrative burden entirely. Both physicians and their teams receive real protection from major medical costs while remaining fully self-pay for routine care.



Most importantly, Zion HealthShare gives DPC physicians a clear, ethical answer for uninsured patients who trust you but live one diagnosis away from financial collapse.

These are the patients who stretch labs, skip imaging, and quietly hope nothing big happens.

You've seen the relief on their faces when they finally have protection that doesn't compromise the care model they chose.

A simple referral to Zion HealthShare gives them that peace of mind. A \$50,000 surgery becomes manageable instead of devastating, while preserving the self-pay relationship you built your practice on.

When patients can combine direct care with community health sharing, they stop choosing between access and financial protection. They can finally get both.

If you believe healthcare should be personal and transparent, Zion HealthShare is built for your practice, your staff, and the patients you serve.

Your practice already delivers the care patients deserve. Zion HealthShare ensures they can afford what happens next.

THREE WAYS TO GET STARTED WITH ZION HEALTHSHARE

- ✓ **FOR YOU**
Get a personal membership quote
- ✓ **FOR YOUR TEAM**
Explore staff benefit options
- ✓ **FOR YOUR PATIENTS**
Become a referring practice

You can also call us at **888-920-9466** or email us at **sales@zionhealthshare.org**.

SCHEDULE A 15-MINUTE CALL WITH OUR DPC PARTNERSHIP TEAM





How to CHOOSE Your Healthcare

A HELPFUL HANDOUT EXPLAINING HEALTHCARE COVERAGE.



How to CHOOSE Your Healthcare

A Step-by-Step Decision Guide for Choosing Coverage

In Just **10** Minutes

First Questions to Ask:

What do I want and need from healthcare?

- Preventative care
- Chronic disease management
- Pregnancy care
- Cancer/Complex care
- Procedures/Surgeries

Who will be my primary physician/provider?

- Traditional Insurance
- Direct Primary Care
- Concierge Care
- Community-based clinic

How will I access medications, labs, imaging?

- Access to affordable generic medications
- Coverage for expensive medications
- Cash vs. insurance for medical tests



STEP 1: Understand Your Health Needs

Which best represents you +/- your family?



Baby/Child

- Wellness visits, vaccines, acute care
- Coverage required by parents



Young Healthy Adult

- Preventive + injury protection
- Low medical use
- Mandate penalty only in select states



Pregnant

- Prenatal, imaging
- Must have maternity benefits including delivery coverage



Young Adult w/ Chronic Disease

- Chronic care + labs + meds
- Benefit from stable primary care



Older Adult

- Specialists, imaging, hospital care
- Medicare or ACA Gold recommended

STEP 2: Will You Need Specialty Care?

Examples: Dermatology, Rheumatology, Orthopaedics, General Surgery, Oncology, Cardiology, Endocrinology etc.

The answer is likely YES if:

- You already see a specialist
- You have a diagnosed condition like cancer, a heart condition or mental health condition
- You anticipate a medical procedure or surgery
- You take expensive or specialty medications

STEP 3: Eligibility Check for Catastrophic Insurance

Are you under 30 or do you have a hardship-exemption?

Catastrophic coverage may be a good thing IF these are the case:

- You are generally healthy
- You rarely see specialists
- You don't need maternity coverage
- You don't take expensive medications
- You can afford a large bill if something happens
- You have a primary care plan (like DPC)

STEP 4: Choose Your Coverage Pathway

THIS is where the REAL FUN starts...

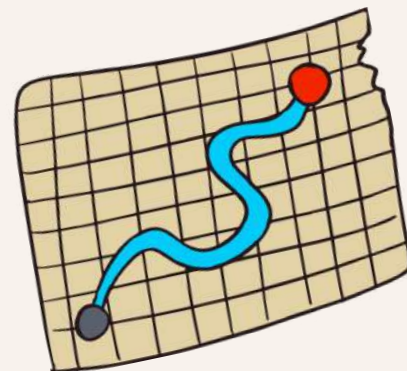
Seriously. keep going.

You're almost there!

Which Seems Right For You?

Path 1 - Direct Primary Care + Catastrophic Plan

- Low cost, strong primary care, emergency protection
- For: healthy adults, families, chronic disease, self-employed



Path 2 - Traditional Insurance (Bronze/Silver/Gold) +/- DPC

- For: pregnancy, cancer, surgery, expensive meds

Path 3 - HealthShare + DPC

- Low cost, community-based coverage
- For: healthy adults, families, chronic disease, self-employed

Path 4 - Cash-Pay + DPC Only

- For: very low medical use, must have savings, consider coverage for when accidents happen!



Final Questions to Ask Yourself!

(After Completing This Healthcare Decision Algorithm)

Use this checklist to confirm you've chosen the right path and remain compliant with state and employer requirements.

1. Am I required to carry insurance in my state?

Check if you live in a mandate state (CA, MA, NJ, RI, DC). If yes → Make sure your choice counts as qualifying coverage.

2. Does my employer offer options I should compare? Questions to ask:

What plans are available? Can I decline group insurance without penalty? Are HSA or FSA options available? Can I pair their plan with a Direct Primary Care membership?

3. Do I have the right level of protection for big medical events?

Emergency care, Hospitalization, Surgeries, Cancer treatment, Pregnancy and delivery. If not → Reassess your Major Medical option.

4. Did I choose a primary care model that matches my needs?

Relationship-based care (DPC), Convenience-based care (like telemedicine), Insurance-based clinic, Pediatric or Obstetric needs.

5. Where will I get labs, imaging, and medications?

Confirm: Pricing, Coverage, Network requirements, access for chronic meds or expensive drugs.

6. If choosing DPC, do I understand what's included and what's not?

Unlimited visits? Labs or imaging included or discounted? After-hours care? Procedures?

7. If choosing a HealthShare, do I understand the rules?

Waiting periods, Eligible vs Ineligible expenses, Incident vs Illness-based sharing, Caps, or Limits?

8. Do I need to update any documents?

Insurance cards, Employer waivers, State compliance forms, Contact information for your new Primary Care Physician/Provider.

9. Do I have a plan for re-evaluating my needs each year?

Open enrollment (marketplace or employer), DPC membership renewal Changes in health status (pregnancy, diagnosis, aging parents, etc.).

10. Do I feel confident, protected, and well supported?

If not → Talk to your employer's HR, primary care doctor, and/or benefits advisors (familiar with DPC and alternative coverage models).

You Are Not Alone In This!

A Movement Worth Building: The Future Vision of the DPC Alliance



When the Direct Primary Care Alliance formed in 2018, it was not a polished organization. It was a small group of entrepreneurial, rebel physicians standing together in an uncharted wilderness. At that time, DPC was still considered fringe: an experiment at best and a fool's errand at worst. Yet these physicians were united by the conviction that the future of primary care depended on reclaiming the physician-patient relationship and restoring autonomy to our profession. Their belief laid the foundation for what has now become a movement.

Today, the meteoric rise of DPC is undeniable. That momentum exists because early leaders took risks and believed a better model of primary care was possible. What was once obscure is now recognized nationally as a viable and sustainable answer to the collapse of physician-led primary care. As corporate systems increasingly prioritize metrics over relationships and replace physicians with non-physician practitioners, many of us have found that DPC is not merely a business model. It is a lifeboat. It is a return to meaningful work, restored patient care, and the joy of practicing medicine *the way we were trained to*.

The Alliance has played a central role in supporting the growth of DPC in many ways:

- *The DPC Summit*, in partnership with AAFP and ACOFP, is the premier annual gathering for new and established DPC physicians. (2026: July 16–19 in New Orleans.)
- *The Annual Retreat* offers experienced DPC physicians protected time for strategy, reflection, and community. This February it will be held in Tucson, with registration open now. Book before Jan 2 to get the best pricing. <https://www.dpcalliance.org/events/dpc-physician-retreat>
- *DPC Masterminds* provides small-group, deep-dive mentorship for physicians launching or refining practices. I attended four during my own startup journey and found them invaluable. Stay tuned for 2026 dates/locations to be announced soon.
- *The RAMS (Resident and Medical Student) Committee* connects students and residents with DPC mentors, speakers, and educational opportunities.
- *The Social Media Committee* is expanding our digital presence to educate both the public and the physician community about DPC.

Despite these successes, The Alliance has also faced difficult moments along the way including internal tensions, leadership transitions, and questions about transparency. These challenges understandably caused some physicians to step back. Acknowledging them is essential. Transparency, candor, and accountability are the foundation of trust and must guide us as we move forward. The Alliance must hold itself to the same standards we expect in our own clinics: authenticity, humility, and service. Each leadership team has learned from the leaders who came before them leading to course corrections and efforts to continuously improve the Alliance for our members.

So Why The Alliance? Why Now?

Because the mission is still essential, and it is bigger than any one leader or committee. We need a place where DPC physicians, whether launching practices, well-established, employed in DPC models, or simply DPC-curious, can gather with shared purpose. DPC is growing quickly, and if physicians do not shape its future, others will, potentially in ways that distort or dilute the heart of the model.

As we enter this next chapter, our focus will be:

1. Building Trust through organizational transparency and integrity
2. Delivering Tangible Value to Members through vendor discounts and partnerships.
3. Elevating the Voice of DPC Physicians through communication, public education, and professional development
4. Supporting the Next Generation of DPC Doctors through guidance, training, and a clear path into physician-led primary care
5. Protecting the Core Principles of DPC, including autonomy, transparency, and physician-led care
6. Strengthening Our Public Presence through coordinated, accurate, and engaging social media outreach

We owe deep gratitude to the founders, the ones who struck the match in the dark and trusted that someday someone else would carry the flame. As we step forward, we do so with gratitude for their contributions and with a renewed determination to continue building an organization worthy of this community. The Alliance needs engaged members to shape its future. If you are not yet a member, please consider joining the Alliance. If you are already a member; your involvement, your ideas, your voice, and your willingness to contribute will determine whether we continue to grow with vision and purpose. I hope you will join us in this important work as we shape the future of Direct Primary Care *together*.

Kelsey Smith, MD

President Elect, Direct Primary Care Alliance



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Direct Primary Care Physician RETREAT

TUCSON, ARIZONA


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New Series!



Dr. Phil Eskew & Dr. Maryal Concepcion break down DPC state by state.

Direct Primary Care continues to grow nationwide, but the landscape is varied. Every state has its own legal nuances, regulatory quirks, opportunities, and barriers that influence how DPC clinics operate and the rate of expansion. That's why Dr. Phil Eskew - national DPC policy expert - and Dr. Maryal Concepcion, host of My DPC Story, are teaming up to launch a brand-new State-by-State DPC Breakdown Series, available exclusively on [Patreon](#).

This series is designed for physicians, residents, medical students, employers, policymakers, and advocates who want clear, reliable, and digestible information about DPC across the United States. Whether you're preparing to open a clinic, advising others, expanding your employer network, or simply trying to understand the regulatory terrain, this series will help you navigate it with confidence.

Why a State-by-State Series?

The principles of Direct Primary Care are consistent - time, access, transparency, and restored physician autonomy. However the laws that govern DPC are variable, with some states offering explicit protections for DPC in statute, with other states treating DPC differently depending on insurance code. We see states with robust DPC pilot programs, while others place restrictions on what services can be bundled or offered.

Our goal is to shine light on these variations and explain what they mean for real-world clinical operations.

Each state chapter will cover key elements such as:

State DPC, Insurance, and HMO Laws

How your state classifies a DPC membership affects everything from employer adoption to compliance requirements. We'll walk through whether DPC is recognized in statute, how insurance regulators view DPC contracts, and whether any HMO-related provisions apply.

In-Office Medication Dispensing Laws

Some states allow physicians to dispense medications directly; others limit or prohibit it. These rules shape how clinics manage convenience, pricing, and chronic disease care. We will highlight what is currently permitted and where to find the relevant governing statutes.

Laboratory and Pathology Pricing Regulations

Transparency is central to DPC, but some states impose restrictions on lab markups or pass-through pricing. We will outline which rules apply - and how clinics can remain compliant while still providing affordable diagnostics.

Medicaid & Public-Program Considerations

Medicaid participation and reimbursement structures vary widely. Some states welcome innovative primary care models, while others have limitations on contracting, billing, or patient eligibility. We'll break down what clinicians need to know.

Pilot Programs, Legislative Trends & Emerging Opportunities

Many states have experimented with DPC pilots for Medicaid, state employees, or rural health initiatives. The series will track these projects, analyze outcomes, and highlight policy momentum that may shape future expansion.

Coming Soon on Patreon

Patreon members will have full access to state-by-state DPC information, with new states added on a rolling basis. Each episode blends Dr. Eskew's deep policy expertise with Dr. Concepcion's clinical perspective and storytelling approach - making complex law both understandable and actionable.

If you're planning a clinic, advocating for better healthcare policy, or simply trying to understand the rules where you live, our DPC state guidelines will be an essential resource.

Stay tuned - and get ready to explore the DPC map like never before.



2026 STATE SUMMITS!

FEB 2026



The Ohio Unsummit is the ORIGINAL DPC Summit! Taking place in OH in February 2026, contact Dr. White for more info:
[info@empoweredhealthdpc.com!](mailto:info@empoweredhealthdpc.com)

SPRING '26



The First ILLINOIS State Summit is set for Spring 2026 in the Chicagoland area! For more information, reach out to [lldpc@caradirectcare.com!](mailto:lldpc@caradirectcare.com)

JUNE 26

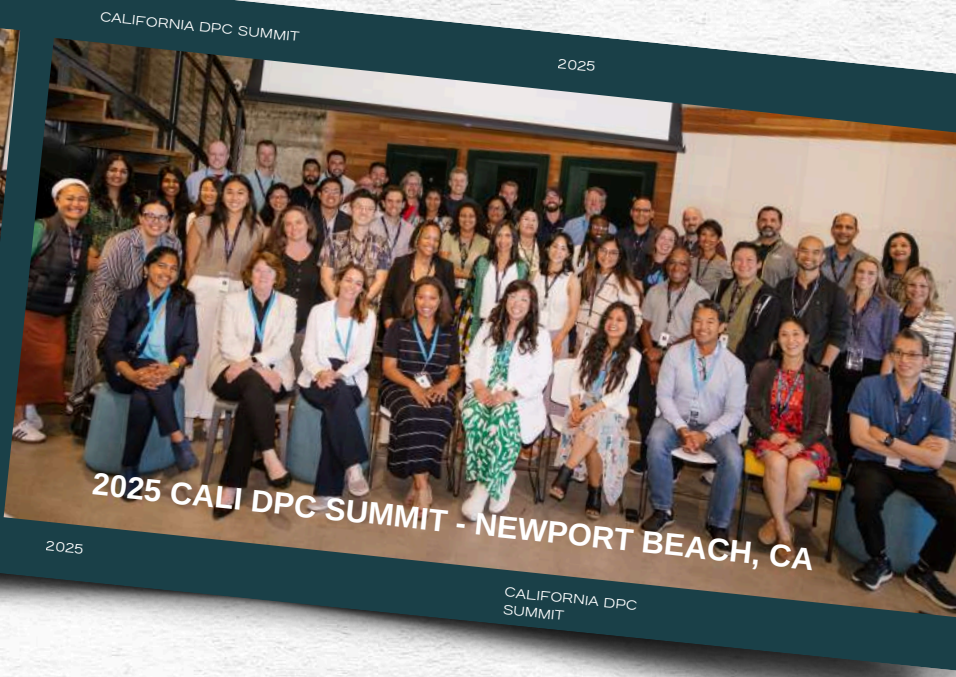


The 2nd Annual California DPC Summit is coming back to Newport Beach! Learn about physician-led DPC in the Golden State! Sign up at calidpc.com today!

YOUR STATE



Need help organizing YOUR state's DPC Summit? My DPC Story would be happy to help you in producing your State DPC Summit! Email us at [summit@mydpcstory.com!](mailto:summit@mydpcstory.com)



CALIFORNIA

DPC SUMMIT

2026

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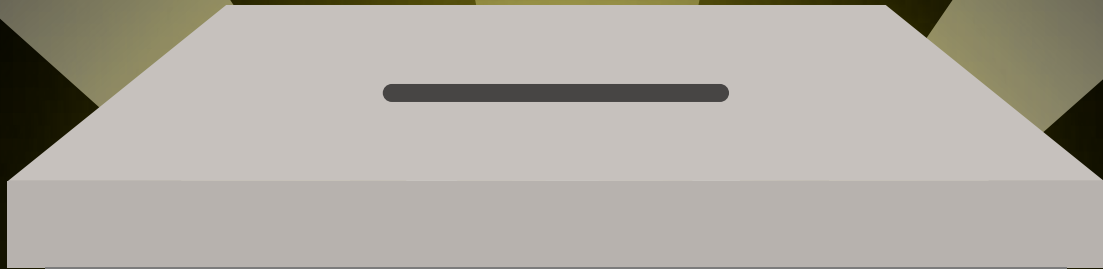
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HUMAN RESOURCES

A Successful Employee Hiring Blueprint

Bringing the right staff on board starts with a thoughtful and well-executed recruitment plan. To help make your life easier, we've laid out the critical steps and some useful tips when looking to fill a job opening.

Step 1

Defining the Job and Your Needs

Before you launch into your candidate search, you'll want to determine your practice's needs and whether you need to hire someone with a different skill set than the staff member who is leaving. Create an accurate job profile, like the sample job profile for Front Office/Receptionist below. As you complete the profile, think of behaviors and qualities of someone who would be your perfect hire.

Job Tasks and Duties	Related Behaviors and Qualities Needed to Be Successful in the Job
Open/close the office	Professional appearance/demeanor
Answer phones	Personable
Make appointments	Honest
Greet patients	Customer experience oriented
Take co-pays (cash, check, credit)	Problem solver
Let MA know patient has arrived	Proactive rather than reactive
Open mail	Organized and neat
Balance cash each night	Pays attention to detail

You may also want to prepare a job description listing the top seven to ten duties required of the position. This is when you will determine what your minimum qualifications are in a candidate. In addition, you should have an idea of the salary or hourly wage the incumbent will be paid. If you need help determining salary ranges, the Medical Group Management Association (MGMA) and other employment-related websites are good resources.



Step 2

The Search

The next step in the hiring process is attracting a large enough pool of qualified candidates to interview. To get you started, here's a list of resources for feeding the candidate stream:

- Post ads on leading job search websites, such as Indeed and LinkedIn.
- Seek referrals from current employees or colleagues. Gift or cash incentives for referring someone are often effective. If you do hire someone from an internal referral, first decide on the referral fee amount and submit payment after the new hire has completed the introductory period.
- Reach out to professional organizations, like the MGMA or your regional medical society.
- Contact nursing schools, trade schools, or other colleges and universities offering physician assistant and nurse practitioner programs.
- Advertise in nursing magazines.

Step 3

Preparing for the Interview

Review all resumes and applications before scheduling interviews, and only interview those applicants who fully meet your educational and experience requirements. All other applicants may be thanked via email for their interest in the position and advised that they do not meet the position requirements.

Interviews should be roughly 30-60 minutes in length, depending on the position. Provide enough time between interviews to prepare notes regarding your experience with each applicant.

Prepare a set of open-ended questions that will be asked of each applicant. Open-ended questions are questions that cannot be answered with a simple "yes" or "no" but require a detailed explanation. Questions of this nature generally begin with the words, "Who, What, Where, When, Why, or How." Attempt to frame questions that are situational for the position that will assist you in identifying the applicant's depth of experience and patient service skills. Let the applicant do the talking.



Step 4

Meeting With the Candidates

Be sure to provide a comfortable meeting place for the interview in an environment where disruptions can be minimized. This setting is your first opportunity to create a positive image of your organization in the mind of the applicant. Remember you are not only looking for a good employee, you are selling your organization.

It's a good idea to avoid telling the applicant what experience/training you are looking for until all of your questions are answered. If you share what skills you are looking for, you will be forecasting to the candidate how to respond to your interview questions. Begin the interview by saying, "I want to know about you and your experience/skills. After I have gathered my information, I will respond to your questions about the position."

And keep an open mind during the interview. Hiring decisions are often made in the first few seconds of an interview. Guard against this trap. Follow your script of questions and evaluate each applicant from all aspects of the job requirements.

Step 5

Post Interview

After all interviews have been completed, review your notes and make a hiring decision. Avoid hiring a "warm body." Do not make an employment offer to anyone that does not meet your requirements. Keep looking. You will be much better off waiting for the right applicant.

Offers should be made verbally either face-to-face or via telephone. Once the offer is accepted, an offer letter should be composed and forwarded to the applicant. The offer letter should outline all of the terms and conditions relevant to employment. All other applicants should be notified in writing that they are not receiving an offer. An electronic note is acceptable.

Finally, do not make any non-job-related inquiries of applicants or employees, either verbally or through the use of an application form, that express, directly or indirectly, a limitation, specification, or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination.

This article was extracted from *Hiring Great Staff (And Knowing When and How to Let Go)*, a human resources publication created by the Cooperative of American Physicians (CAP). Download your free copy at www.CAPphysicians.com/GSDPC.

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ESSENTIAL AND PRACTICAL HUMAN RESOURCE TIPS EVERY NEW OWNER SHOULD KNOW

Human Resources (HR) can feel intimidating for small business owners - especially when you don't have a dedicated HR department. But the truth is that effective HR isn't about having a big team or complicated software. It's about creating clear processes that support your people, protect your business, and help your company grow sustainably.

Whether you're hiring your first employee or managing a small team, here are the fundamentals every owner should understand.

1. Human Resource Functions

Every small business should have basic HR functions:

Hiring and onboarding: Includes writing accurate job descriptions, posting jobs, interviewing effectively, checking references, and creating an onboarding plan so new hires feel supported from day one.

Payroll and compensation: Classify workers correctly (employee vs. contractor), track hours, pay wages on time, and maintain required payroll documentation. Using modern payroll software can dramatically reduce errors.

Compliance and documentation: Small businesses are responsible for federal and state labor laws, required posters, workplace safety protocols, and storing personnel files securely. Compliance is often the most overlooked HR area—but carries the highest risk if neglected.

Training and performance management: Employees need clarity: what their role is, how to succeed, and how their performance will be measured. Even simple quarterly check-ins work if they are consistent.

2. System Requirements

The most successful small businesses use structure to prevent guesswork for themselves and for their teams. Corporate-level infrastructure is not needed - create simple, clear systems!

Core System Requirements:

Employee Handbook: Outlining expectations, hours, communication standards, and processes.

Standard Operating Procedures (SOPs): Streamline your workflow.

Secure digital filing system: Storage of licenses, W-4s, I-9s, training certificates, and evaluations.

Shared calendar: noting key HR dates such as performance reviews, onboarding timelines, and compliance deadlines

3. Tools for Small Businesses

Modern HR platforms make it possible for owners without HR backgrounds to stay compliant and organized. Tools like Gusto, BambooHR, and Rippling automate payroll, onboarding, time tracking, and benefits administration. *Investing in the right tool early saves hours of administrative work later.*

If you're just starting out, choose tools that:

- Are intuitive and easy to train others on
- Centralize documents and communication
- Automatically update compliance requirements
- Integrate with email, scheduling, and your project management system



4. Learn the Basics of Employment Law

You don't need to be an attorney, but you do need to know:

- Minimum wage and overtime rules in your state
- Meal/rest break requirements
- Anti-discrimination and harassment laws
- What must be included in personnel files
- Termination and unemployment processes

Your state's Department of Labor, SBA, and local small-business centers offer free, accurate resources.

5. Prioritize Communication and Culture

HR is ultimately about people. Your team will thrive when expectations are clear, feedback is consistent, and communication feels safe and respectful. Even a small business benefits from:

- Weekly or monthly team check-ins
- Defined work hours and communication preferences
- Clear boundaries around workload
- Celebrating wins and acknowledging challenges

Culture doesn't happen by accident - it's built through the systems you create and the behavior you model.

5. Final Tip: Keep Learning!

HR is a skill set that grows over time. Start small, build your foundation, and add sophistication as your business evolves. The more comfortable you become with HR basics, the more confidently you can lead your team and protect your business.



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Medical professional liability coverage is provided to CAP members through the Mutual Protection Trust (MPT), an unincorporated interindemnity arrangement organized under Section 1280.7 of the California Insurance Code. Members pay assessments, based on risk classifications, for the amount necessary to pay claims and administrative costs. No assurance can be given as to the amount or frequency of assessments. Members also make an Initial Trust Deposit, which is refundable according to the terms of the MPT Agreement.



AI Scribes in DPC: How to Use Them Safely, Effectively, and Responsibly

Artificial intelligence is changing primary care faster than almost any technology that has come before it. For Direct Primary Care (DPC) clinicians - who often balance medical care with operations, patient communication, and business management - the arrival of AI-powered documentation tools has become a game-changer.

Today, thousands of physicians use AI scribes to reduce administrative burden, improve charting accuracy, and regain meaningful presence with patients.

Many DPC doctors describe these tools as the closest thing to having an additional clinical partner: something that remembers details, organizes documentation, and frees them to connect more deeply with the people in front of them.

Real-world reports from clinics across the country show consistent improvements: shorter documentation time, fewer after-hours charts, better eye contact, and more energy left at the end of the day. When used well, AI scribes can strengthen the philosophy that defines DPC—relationship-based, accessible, personal care.

But with rapid innovation comes an equally important truth: physicians must adopt AI scribes responsibly. The legal and regulatory landscape is evolving far more slowly than the technology itself, which means independent physicians must be proactive, intentional, and informed.

Where Caution Meets Opportunity

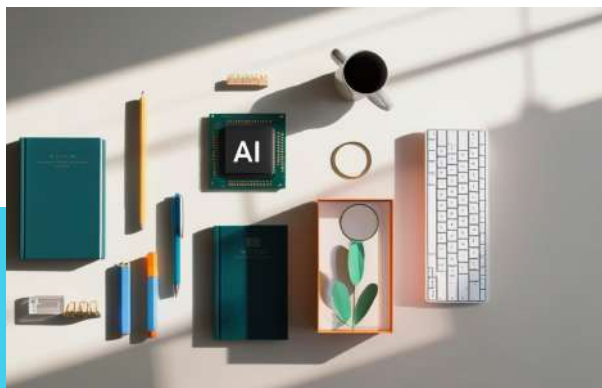
One of the biggest questions surrounding AI scribes is accountability. If an error appears in a chart created with AI assistance, the physician - not the technology - is ultimately responsible. That makes careful review of every note non-negotiable.

Privacy is another major concern. AI tools often operate partially outside an EMR system, meaning physicians must ensure clear safeguards are in place. Any vendor used in a healthcare setting should be able to provide strong data protections, transparent policies, and a signed Business Associate Agreement (BAA), like the one we have as a template you can download for free (keep reading).

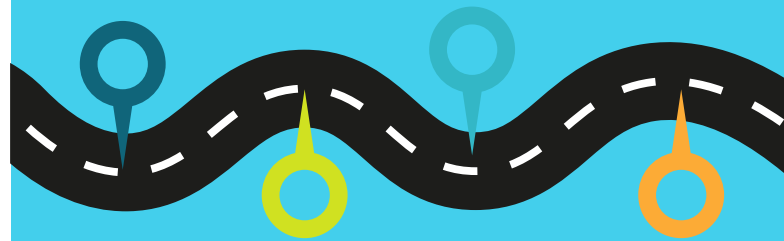
Patients also deserve clarity. Informing them that AI is being used - whether through a brief statement, posted notice, or documented consent - helps strengthen trust and reinforces the transparency that is foundational in DPC.

Despite these considerations, the promise of AI scribes remains remarkable. They can restore time, reduce burnout, and improve the quality and completeness of documentation. Most importantly, they allow DPC physicians to practice with the presence, humanity, and attention that brought them into medicine in the first place.

As AI continues to accelerate, the physicians who benefit most will be the ones who combine innovation with intention: using these tools to elevate - not replace - the care they provide.



[**Download Our FREE BAA Template**](#)



YOUR DPC AI ROADMAP

8 Steps to Thoughtful Integration

1 Start With Your Why

Identify your goals - reduce charting time, improve documentation, expand capacity, or reduce burnout.

2 Evaluate Vendors Carefully

Choose HIPAA-aligned tools with clear privacy, data handling, and BAA agreements.

3 Pilot Before Fully Adopting

Test with a small trial first. Refine workflows before expanding clinic-wide.

4 Explain AI Use to Patients

Use simple, clear language about how AI supports your documentation.

5 Review Every Note - Always

AI can draft, but you are responsible for accuracy and final sign-off.

6 Train Your Entire Team

Everyone should understand how the tool works and how to discuss it with patients.

7 Document Your Process

Keep compliance info, vendor BAAs, and workflow updates in your policy manual.

8 Reassess Regularly

Technology evolves fast. Revisit processes and legal expectations at least quarterly.

Pro Tip: AI should enhance care, not replace it. Keep the human connection front and center.



WORKING ON VS WORKING IN YOUR DPC

A New Year Reflection for
Physician Entrepreneurs



DPC physicians may be familiar with the advice to work on the business, not in the business. My DPC Story has had many physicians say this exact sentiment. Here is something to consider: CEOs who work closely on the details of their business can be successful too. The strongest clinics are built by leaders who know when to step into the daily work and when to step back and design the systems that shape it. As you set goals for the year, it is worth considering both sides of this leadership approach.

Working In the Business: Leading Through Presence

Working in your DPC is not a failure of delegation. Many micro-practice and newer DPC physicians participate directly in patient onboarding, message triage, billing workflows, EMR templates, or scheduling design. This presents a clear, unfiltered view of clinic function. As growth occurs, delegation becomes a necessity and may provide valuable insight. This work can be opposite of micromanagement when it is done with purpose. It is how you learn the friction points your staff faces, understand what patients truly value, and identify where small experiments could dramatically improve the clinic's rhythm.

Working On the Business: Constructing Systems That Last

Working on your DPC involves designing the structures, habits, and processes that allow your clinic to function consistently even when you are not in the room. This includes building standard operating procedures, refining automations, setting service standards, defining your membership value metrics, and teaching your team how to solve problems using simple frameworks. When you work on the clinic with intention, you create a scalable foundation that reduces errors, increases



clarity, and frees your mind to lead strategically.

The Blend That Makes DPC Strong

The most effective DPC leaders shift fluidly between both micromanagement and delegation modes, stepping in to understand how work is done, then stepping out to redesign it. By observing real workflows, measurable improvements may be constructed. Leaders both teach and direct. This is how continuous improvement becomes part of daily operations. In DPC, depth and presence are not obstacles to growth. They are what create clinics that are adaptable, patient-centered, and built to last.





ACTIONABLE STEPS TO TRY FOR THE YEAR AHEAD

Audit one workflow while doing it yourself.

Pick a process like prescription refills, patient task triage, or new patient onboarding. Analyze each step - note friction points.

Translate that insight into a simple SOP.

Create a one-page standard that staff can follow. Test it for a week, refine it, and save the final version in your clinic manual.

Define your customer value metrics.

Examples: time to first appointment, response time to messages, preventive screenings review, or patient retention.

Run one experiment each month.

Change a workflow, test it for two weeks, gather data, and adjust your daily flow.

Teach staff one problem-solving tool.

This might be root cause analysis, a decision tree, or a three-step task triage method. Model this until it becomes routine.

Schedule quarterly reflection.

Review what improved, what bottlenecks emerged, and what needs redesign before the next quarter begins.

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MARYAL'S CURRENT BOOKS & LISTENS



Traction by **Gino Wickman** is my featured book for 2026 because it asks the essential question: do you run your business, or does it run you? Look at how to fix misalignment, stalled decisions, and inconsistent growth. With six practical components - Vision, People, Data, Issues, Process, and Traction - the book offers a clear system to bring structure, accountability, and momentum to your practice or business. Available in [print](#) and as an [unabridged audiobook](#).



Your World-Class Assistant by **Michael Hyatt** is a practical guide for entrepreneurs and leaders who need trustworthy, high-level support but aren't sure where to begin. It outlines a clear, repeatable system for finding, training them effectively, and integrating them into your workflow so they become a true extension of you. Learn how to save time, money, and mental bandwidth by focusing on the work only you can do. Available in [print](#) here.



Buy Back Your Time by **Dan Martell** reframes success around how intentionally you use your free time—not how hard you work. Learn to trade money for time, focusing on high-value work that creates energy, fulfillment, and growth. Get practical steps for delegating, hiring, and building systems so you can scale faster while avoiding burnout. It's a guide to building a thriving business and a meaningful life at the same time. Available in [print](#) and [audiobook](#) here.



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