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Family Medicine

BOOK REVIEW

BYJA Blueprint: An Introductory Guide to Direct Primary Care for Doctors, Patients, and Businesses

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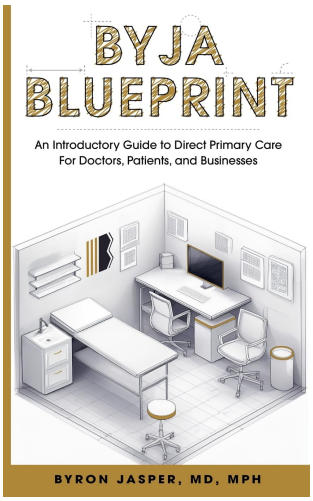

Book Title: BYJA Blueprint: An Introductory Guide to Direct Primary Care for Doctors, Patients, and Businesses

Author: Byron Jasper, MD, MPH

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> We're kings and queens of our castle. We can design our practices any way we want to.
>
> —*Kenneth Rictor, MD*[1]

The book *BYJA Blueprint* (BYJA stands for "beyond just another") is an introductory exploration of the direct primary care (DPC) model for health care. The book is an easy-to-understand, generalized review of DPC. The author argues that DPC is a "game changer" (p. 31). The BYJA clinic is the first Black-owned DPC in Louisiana. The mission of DPC is to improve lives now and in future generations by caring for people of all backgrounds and health statuses. DPC offers a model that "champions accessibility, efficiency, and transparency, challenges the status quo, and sets a new standard of patient centered care" (p. 54). DPC serves the triple aim of health care to improve patient experience of care, increase population health, and reduce health care costs.

The DPC model is for all insured or uninsured patients. Health sharing plans pool money to cover uninsured members' medical expenses. A monthly membership fee allows patients to have unlimited doctor's visits in person or via telehealth. The model is especially well-suited for patients with high-deductible plans, where they may be paying out of pocket for services not considered preventative. The DPC model, with 24-hour access to doctors, allows for more personalized and accessible care than in traditional medicine. The author describes more streamlined care with on-site prescriptions at a lower cost. Also, the author states that DPC is cost-effective while improving access to care and patient-physician relationships.

Physicians deliver outstanding care, are available around the clock, and are able to answer patient calls and text messages in a timely manner. Physicians are said to benefit by not having to deal with insurance companies that tend to dictate health care provided by physicians. Physicians are described as less likely to burn out and have greater job satisfaction because they are seeing about 10 patients per day in a very relaxed manner, and they don't bill insurance. The book lacks evidence to support these statements.

Data from an American Academy of Family Physicians (AAFP) survey targeting members interested in DPC showed 94% of 177 respondents who were already using DPC reported satisfaction with their practice compared to 57% of those who weren't. Burnout was also far less frequently reported by those practicing DPC (12%) than those not practicing DPC (46%).[2]

Dr Jasper asserts that DPC has shown significant annual growth (36%), with total growth of 241% from 2017 to 2021. Similarly, AAFP polled a random sample of 20,000 active members for its 2023 Practice Profile survey. Of the 558 who completed the survey, 9% said they were operating a DPC practice, which was a significant jump from 2021 (5%) and 2022 (3%). An additional 2% of those who responded to the 2023 survey said they were in the process of

transitioning to a DPC practice. The most common concerns reported about opening a DPC practice were capital/cash flow (54%) and patient/member recruitment (50%).[2]

DPC seems like a return to the preinsurance days when everything was a fee for service. Having practiced traditional medicine and been part of a residency program, transition to DPC seems like it would be cumbersome. DPC seems doable only if membership fees were made acceptable for all and physicians' access was limited to office time. The cost of the plan is reported to be $1,200 per year and may not be affordable for patients with no insurance making $15 per hour. Labs and medications are low cost but are still an extra cost for patients.

DPC is a well-meant change in health care through its offerings; however, the model seems based on one-size-fits-all. The DPC model does not seem attractive for patients without chronic conditions because such patients do not require frequent visits. Medicare does not cover DPC, so using it with an aging population or patients with chronic disease may be exceedingly difficult.

The book addresses patient difficulties with access to care, long wait times, brief visits, and frequent follow-ups to address medical concerns. Because DPC has no copays or deductibles, the model avoids insurance hassles and unpredictable medical expenses. The book also addresses physician difficulties of burnout, charting, patient volume, paperwork, and insurance policies. While DPC redefines what delivering patient-centered care means, it is not the answer to the problem of costs. Combining DPC with health insurance or a health share plan could provide the best balance of affordability and comprehensive care. DPC is a valuable option for those seeking more direct care and stronger relationships with their doctors.

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