

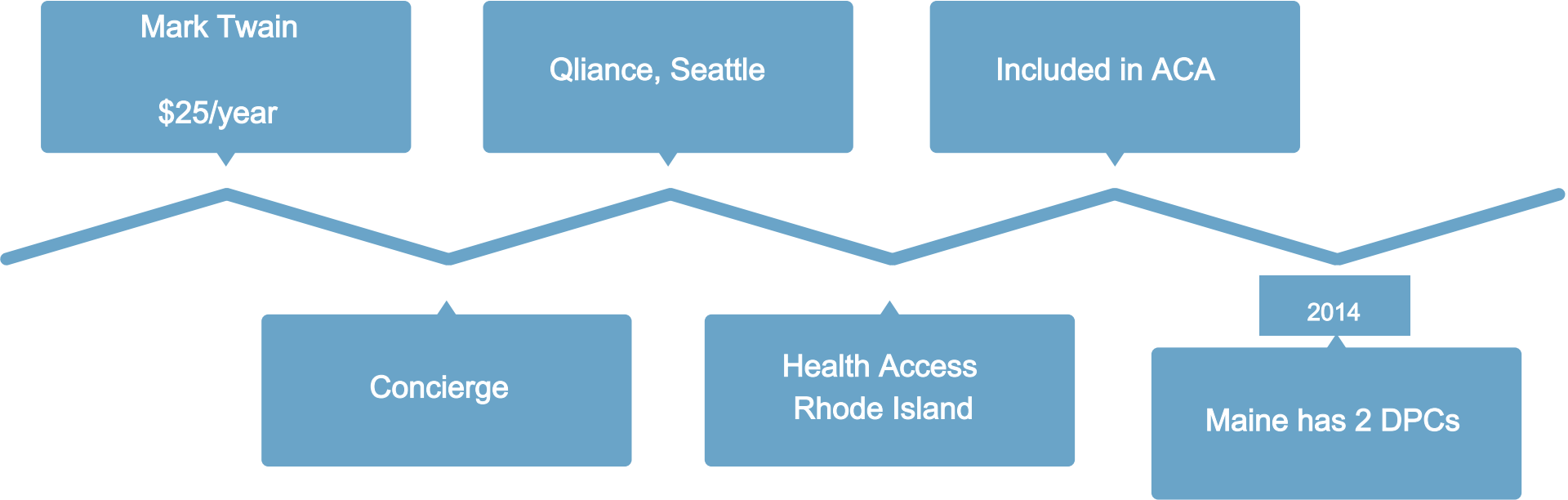
Direct Primary Care in Maine

Perspectives, & Resources

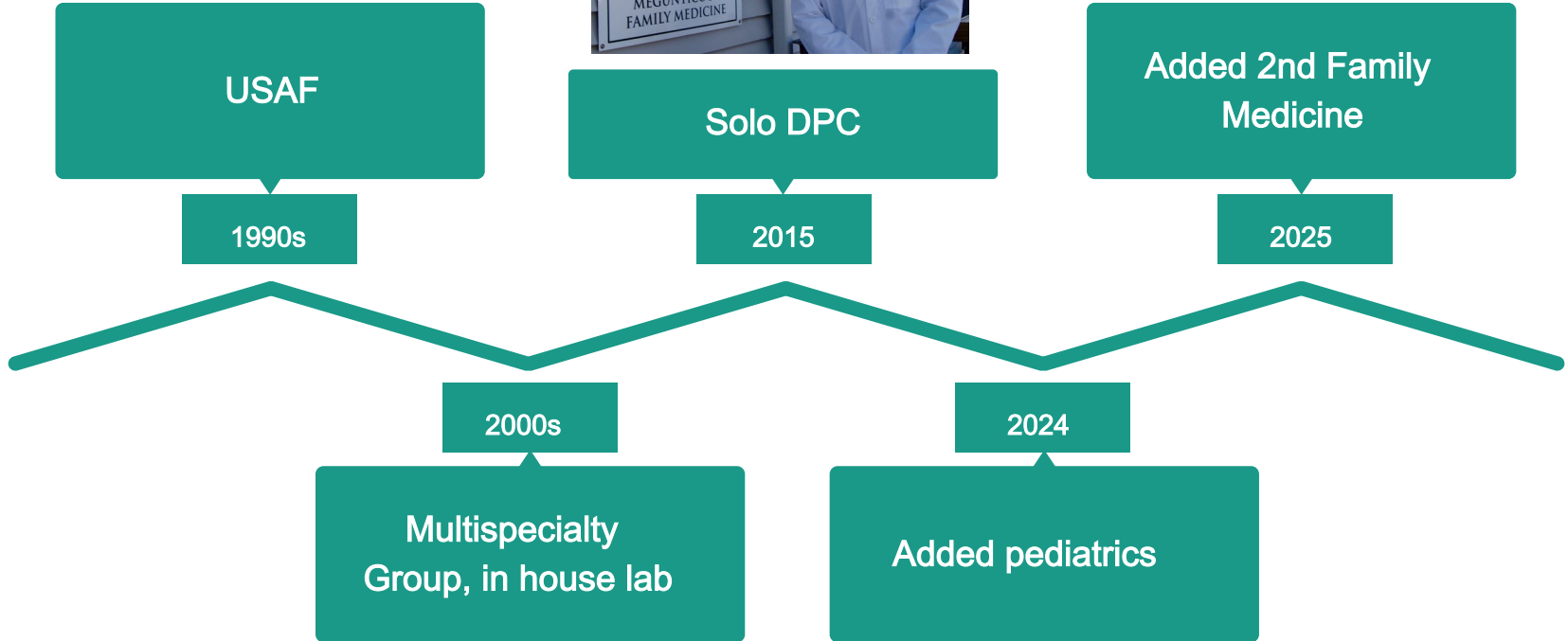
Brian Pierce, MD
Megunticook Medicine
Rockport, ME



History of DPC



My History



Differences Between Models

DPC vs FFS vs Concierge

	Fee for Service	Concierge	DPC
Insurance contracts	Yes	Yes	Usually no (except ME,OK)
Panel size	2000 +/-	hundreds	hundreds
Visits per day	20 +/-	4-14	2-8 (1% rule)
Access to physicians	Days to weeks	Same day	Same day
Staff (overhead)	High	Moderate	Low
Prices	High (OOP varies)	Higher	Low

DPC Provider Survey



Anonymous Survey of NEDPCA members

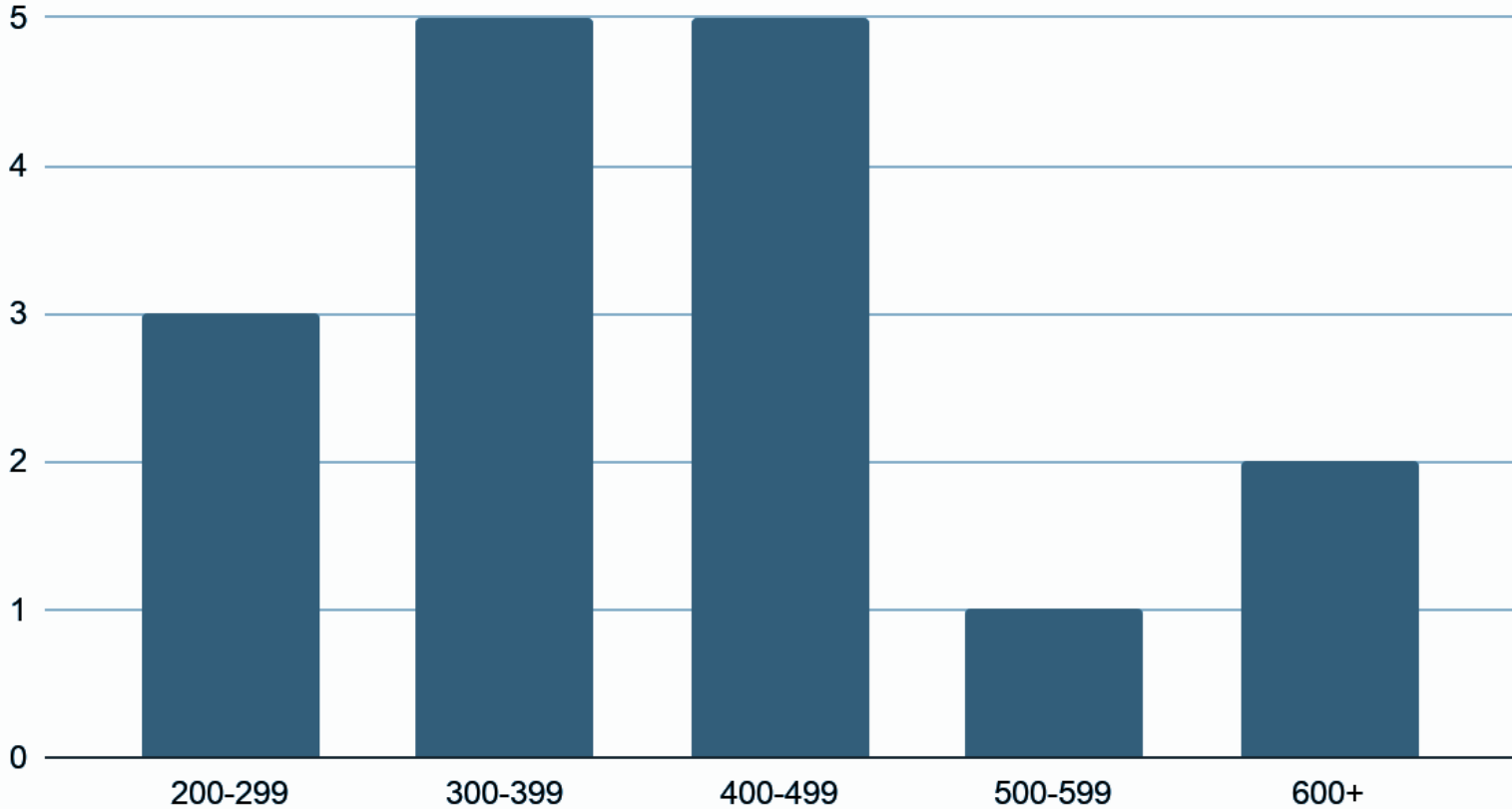
February 2026

15 Maine DPC physicians (of 50)

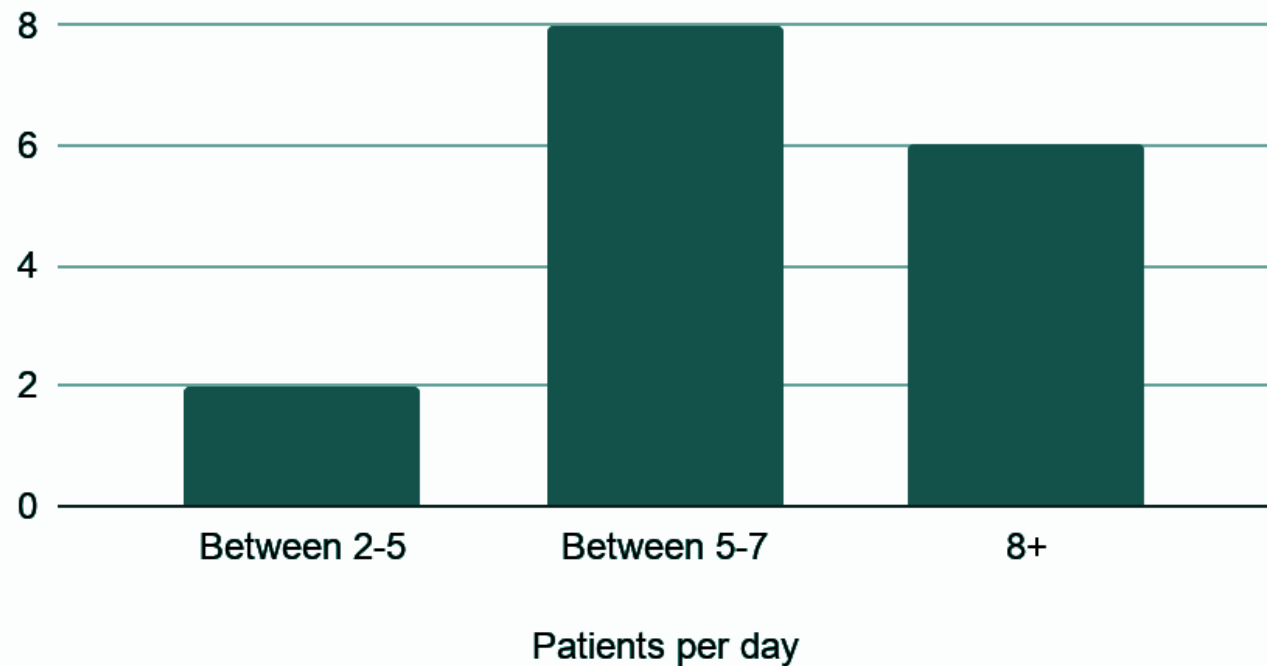
1 Massachusetts DPC physician

15 Practice owners, 1 employed physician

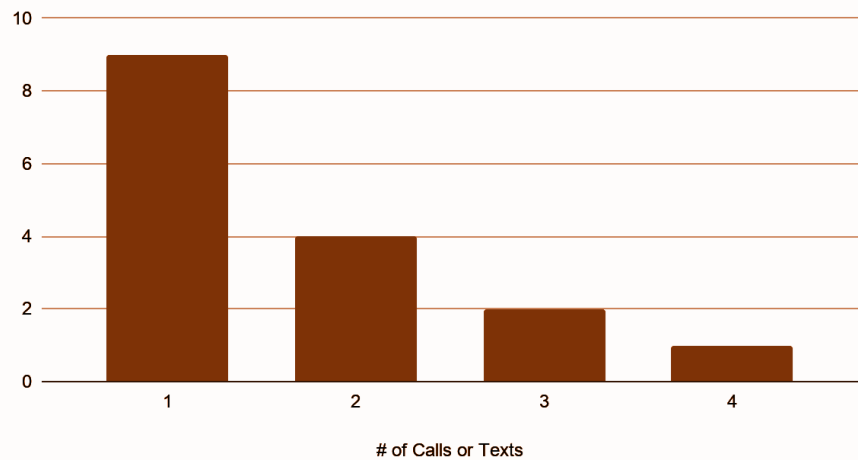
How many patients do you have (or want) with a full panel?



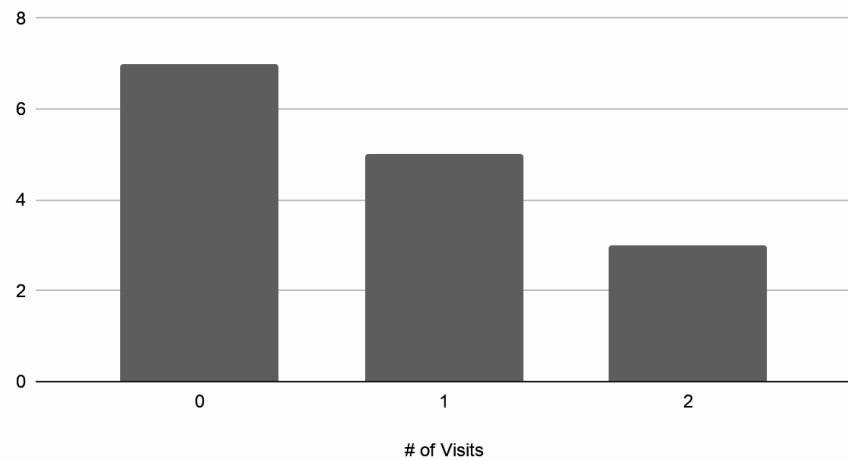
How many patients do you see per day?



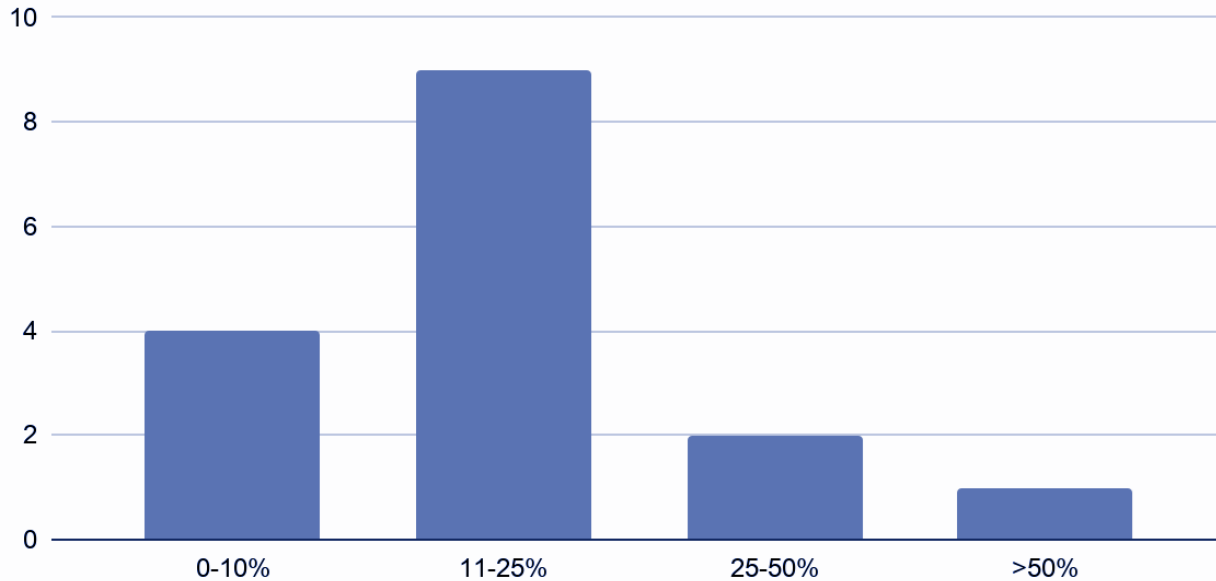
Number of After Hours Messages per Week



Number of After Hours Visits per Week

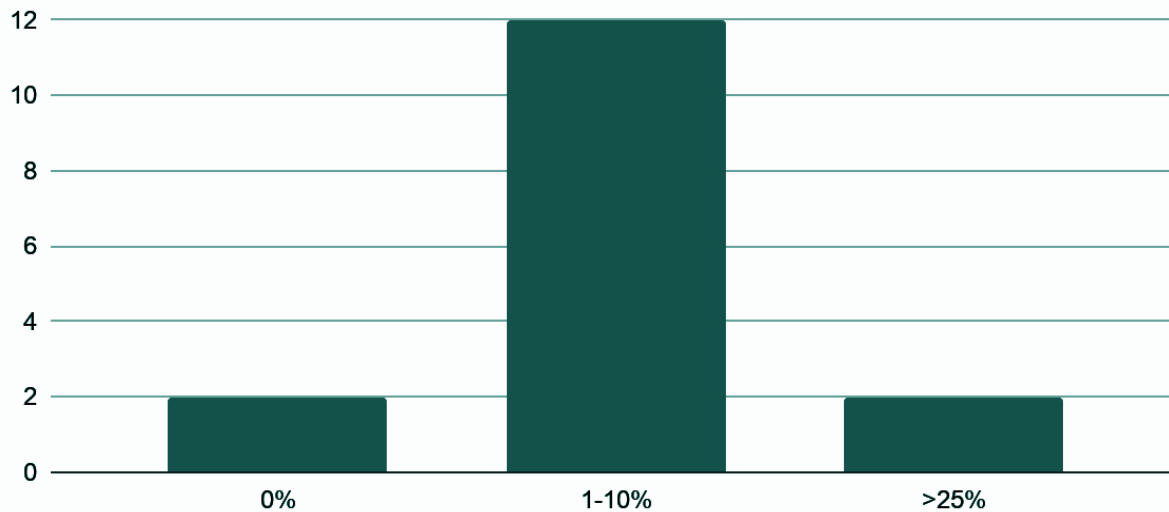


What percent of your patient panel is uninsured?



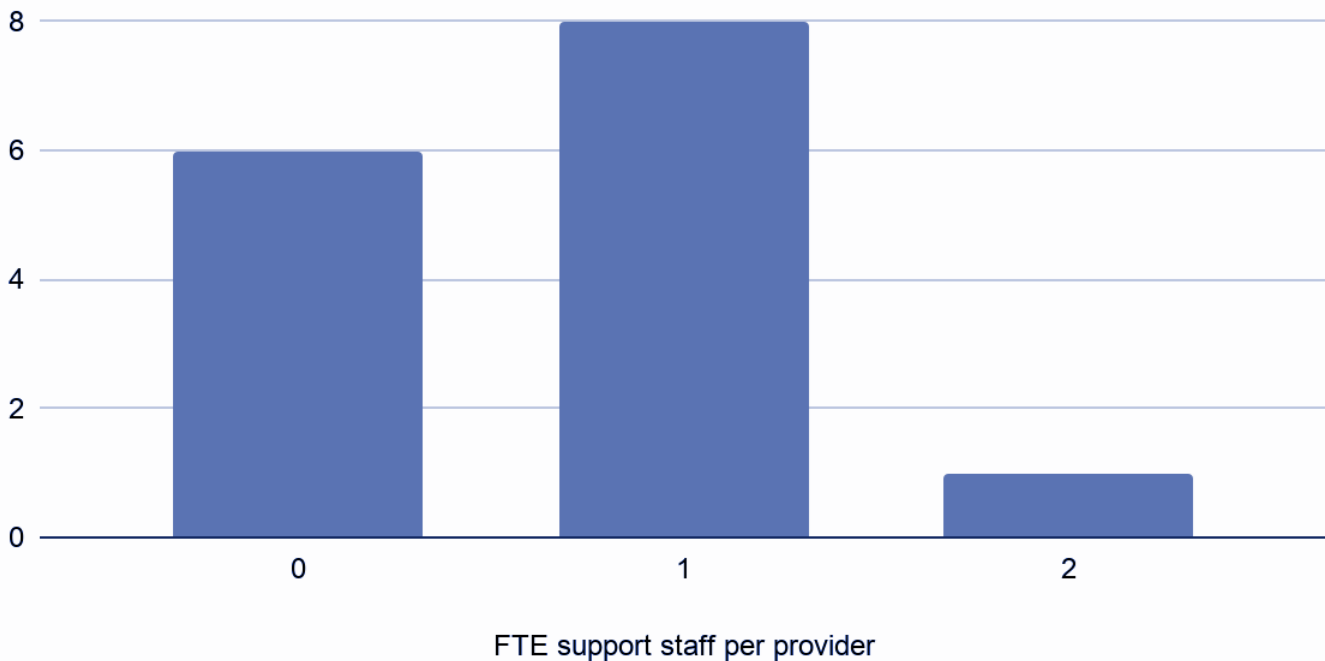
Count of What percent of your patient panel is uninsured?

What percent of your patient panel has Medicaid but pays you for DPC?



Count of What percent of your patient panel has Medicaid but pays you for DPC?

How many FTE (full time equivalent) support staff are in your practice (manager, MAs, etc.) per FTE physician/APP?





Finances of DPC



Initially-

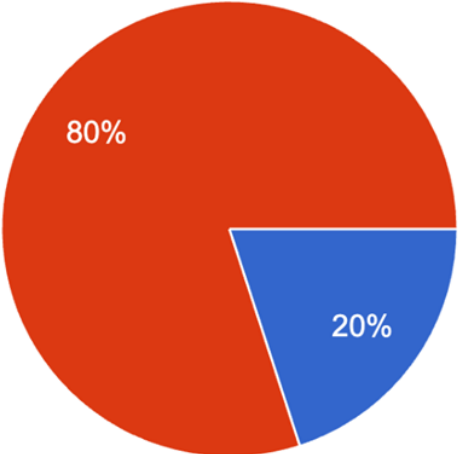
SBA , bank, or 401K loans if starting practice

supporting doc (and family) during ramp up main problem

join or buy a practice as option

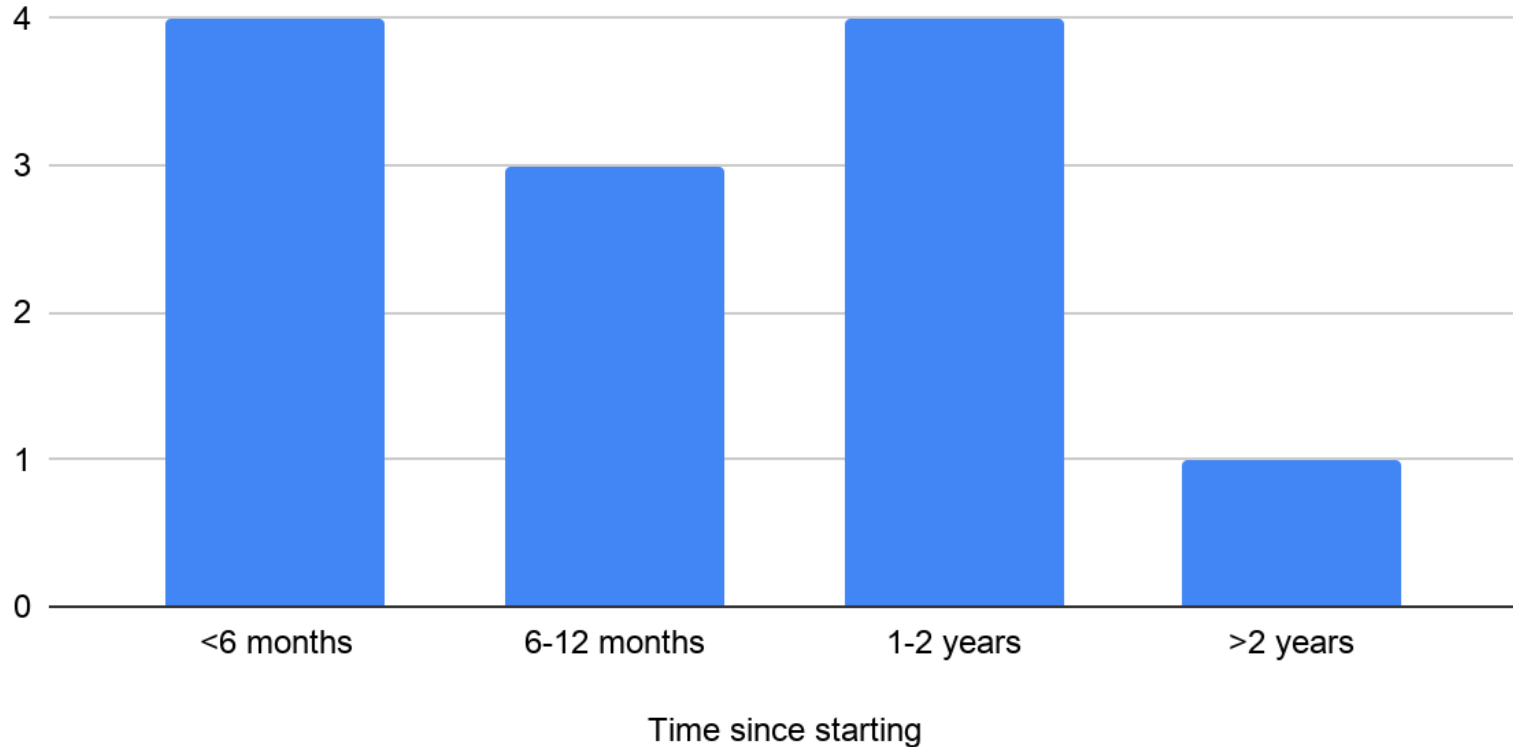
Did you convert, start or buy your DPC practice?

15 responses



- Converted my fee for service practice to DPC
- Started my own DPC practice
- Bought a DPC practice

How long after starting your DPC until you were paying yourself enough to get by without moonlighting, borrowing money, etc?





Overhead

Staff is primary expense

% Overhead is only useful for comparing stable, full practices



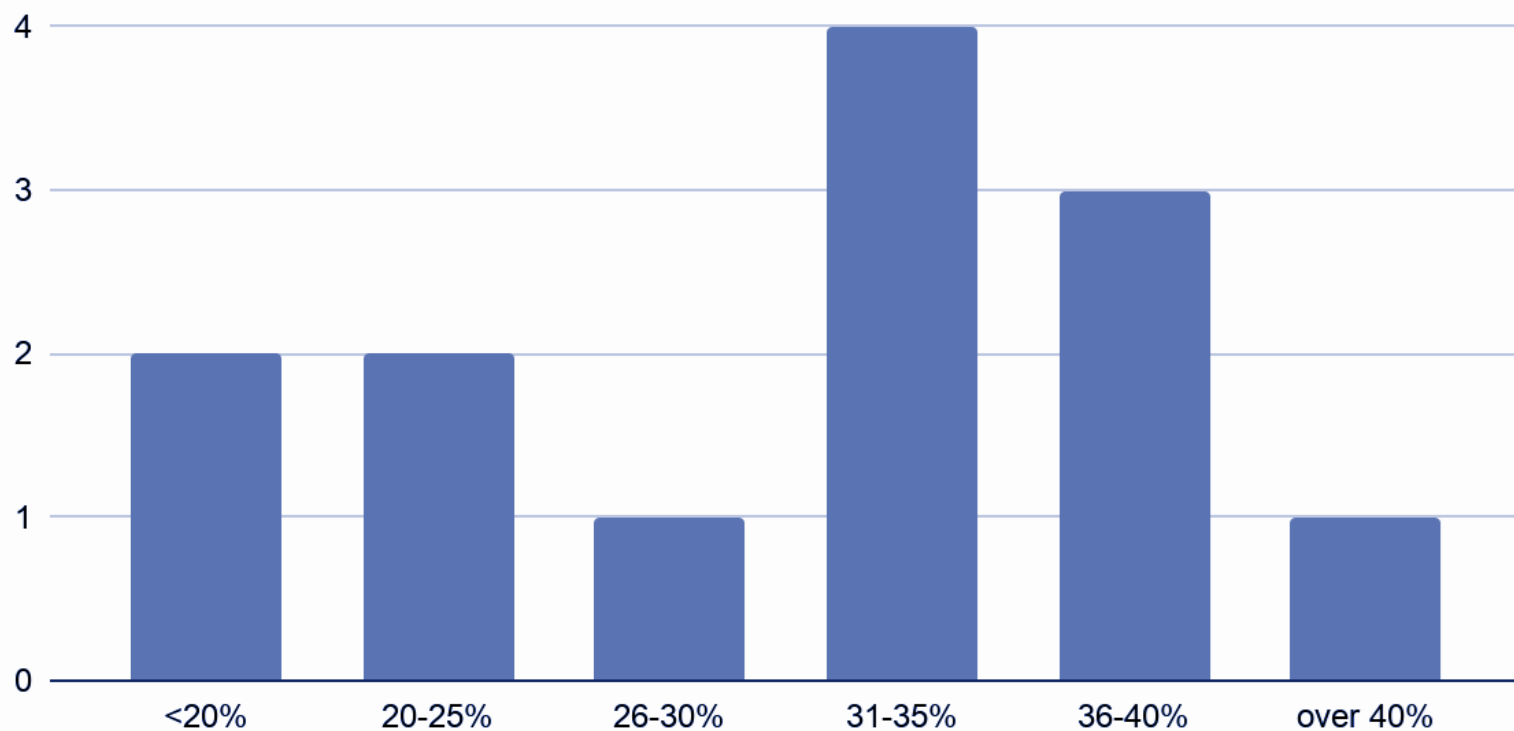
Predicting overhead for practice with growth or more providers

Some big items are fairly fixed within a moderate range of practice changes- rent, manager. business insurance, utilities

Some overhead is directly related to number of physicians and APPs - EMR, MA (0,5 to1 per doc), medmal, licenses, CME/MOC, medical society dues

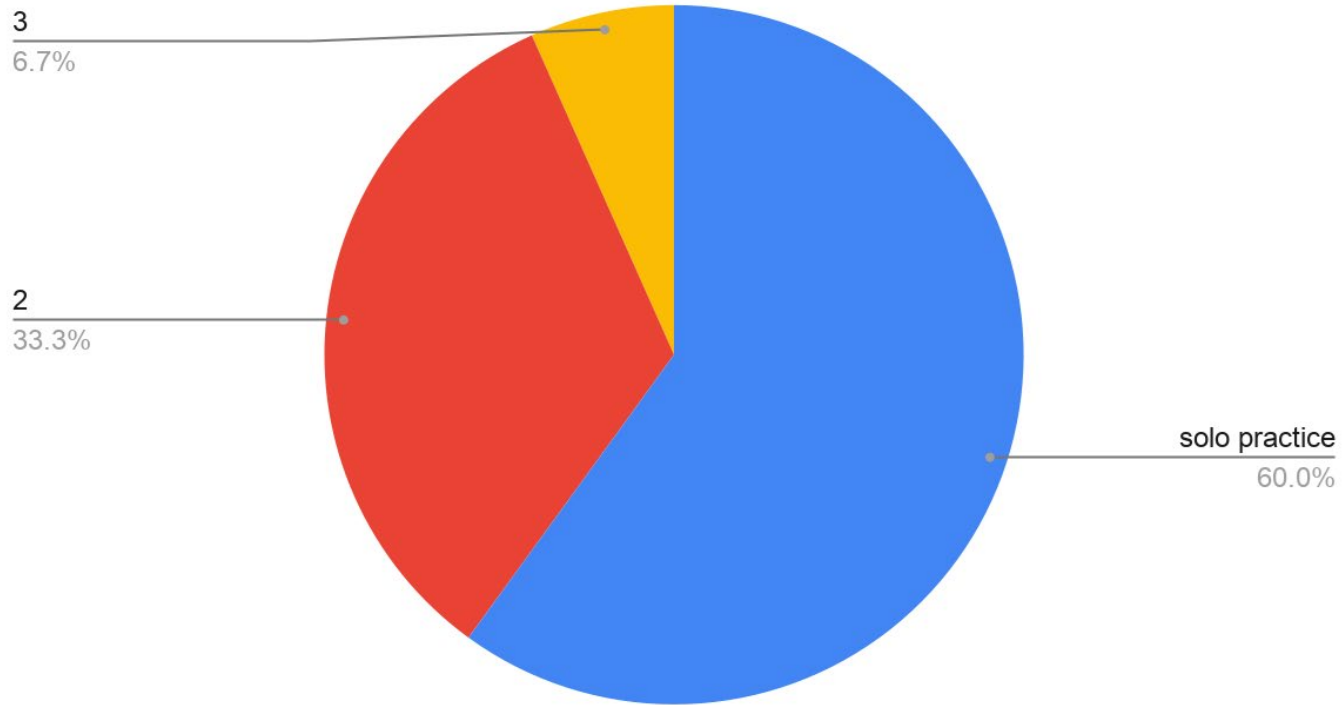
Only a relatively small change in overhead with more patients (~\$3/patient/month) -medical supplies. flu shots in past

What is the (projected) percent overhead at full panel(s)?



What is the (projected) percent overhead at full panel(s)?

How many physicians are in your DPC practice?



Note: only 1 survey respondent reported an NP/PA in the practice



Revenue

mostly individual/family monthly fees- posted online

employers (not direct)

Mending (not direct)

dispensed medications margin

client bill labs margin

Tufts (via Maine Health 1099)



Revenue

500 patients x \$80/month = \$40,000/month

=\$480K/year gross income

Assume \$12,000/month expenses (30%)

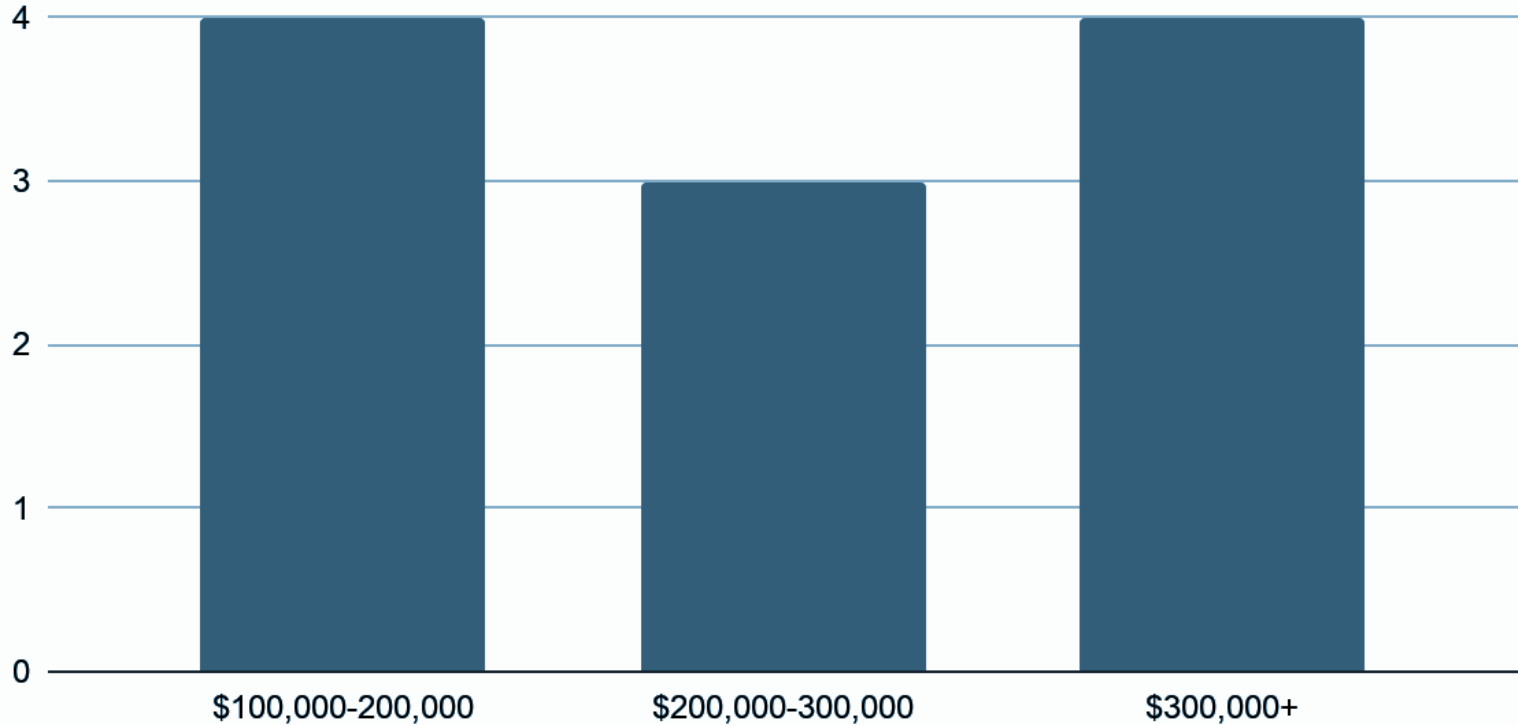
Net Income

\$336K

-20% of 480K if employee

\$240,000/year (but usually less benefits) * **corrected from handout**

What is your (projected) net income with a full panel?



What is your (projected) net income with a full panel?



Charity Care

No survey data for Maine

We had donated memberships to free clinic

Two other clinics give discounts to 'handful' to 10% of practice

Sliding fee scales too complicated



Legal Issues

Federal

- Medicare opt out (IM and FM, not peds)
- Recent HSA law changes
- ACA (includes DPC)
- Pending bipartisan Medicaid bill
- CLIA, OSHA
- Antitrust, Stark
- HITECH, ADA

Maine

- DPC law defines DPC as not insurance
- HMOs must take referrals (except ERISA)
- Medication dispensing legal
- Medicaid patients can pay out of pocket

Maine DPC Resources




Maine Medical Association




New England DPC Alliance



National DPC Resources

- 
- DPC Alliance- events
 - DPC Frontier (legal- Opt Out, dispensing, Medicaid, etc)
 - SCORE- free mentorship, classes
 - SBA- \$\$
 - AAFP (DPC member interest group)
 - conferences (DPC Summit, Nuts and Bolts, Hint)
 - books (Doug Farrago, Paul Thomas, Julie Gunther, others)
 - Business classes, AAPL (use CME \$)
 - Facebook public and “secret” groups


Suggestions from DPC Physicians



I started as hybrid taking medicare. Without that, I would have struggled financially. I'm happy to have dropped it at 3 years in, but I think the universal advice to opt out of medicare is not right for everyone. I am in a rural area with lots of medicare patients and needed this income when starting.

Opt out of Medicare early!


Low overhead, vet employees well, good boundaries, don't text



no regrets. I recommend getting your practice set up and pre-enrolling patients while still employed if possible, this allowed me to enroll 70 patients all of whom were billed on day 1 when I opened.

Learn from as many others doing DPC as possible. Don't be distracted by people doing things that you would not be (authentically) happy doing. Find the match between what you want in your practice, and what your community / target patient market want and need.

I would have done in sooner had I known about it



Not starting solo starting without being able to draw from a panel from a previous practice (I practiced in a different state prior to starting DPC with heavily Medicaid population). In retrospect, I wish I had joined a current DPC practice as promotion and worries about growth has been the biggest negative to doing DPC for me.

Take a bigger SBA loan when starting to allow opting out right away which gives faster panel growth and more word of mouth early on.

That I didn't do it earlier



independence and freedom

Make a business Pro Forma to better understand your budget and financial goals. It will guide you in many ways. Prioritize keeping initial capital low and overhead low. In your financial planning consider how you want to grow. Staff can be a benefit, but huge expense, so plan on that as part of future overhead when planning. We don't go into family medicine to make millions, but when you are creating your own business and having to think about the cost of your care— know your worth.

Questions?

