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# Radical care: Doctors ditch health insurance



(<https://www.c-ville.com/radical-care-doctors-ditch-health-insurance/>) Dr. Maura McLaughlin believes that by not taking health insurance, she's found a better way to practice medicine. EZE AMOS

News (<https://www.c-ville.com/news/>)

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Maura McLaughlin still remembers the day in January 2015 she heard about a revolutionary way to practice medicine—like doctors used to do decades ago. Now she spends as much time as she needs with patients, who can come see her as often as they like at a reasonable cost.

A key component: She doesn't take health insurance at her two-year-old medical practice in Crozet. The model is called direct primary care, and it's spreading across the country, with four such practices now in Charlottesville and Albemarle, where, incidentally, people who don't qualify for Affordable Care Act subsidies are facing the



McLaughlin compares it to a gym membership. Patients sign up and pay between \$15 and \$60 a month, and use it as often as they like.

What it's not, she stresses, is health insurance. "We don't consider ourselves substitutes for insurance," she says. But for those who have high-deductible health insurance that makes them balk at doctors' visits they'll have to pay for out-of-pocket, direct primary care can be a more affordable alternative, she says.

And by not having to spend 40 cents of every dollar she takes in to cover overhead for dealing with health insurance companies, "I'm able to keep costs low," she says. "From a physician standpoint, it allows doctors to be doctors and focus on patients."

Her Blue Ridge Family Medical Practice offers lower rates for lab tests, and "I can help people navigate the [prescription drug] system" to find generics or the best local pharmacy prices, she says.

One of her patients has diabetes and comes in every three months for a follow-up visit. Young families like the convenience of being able to come in without a long wait, she says, and some employers and school systems add direct primary care as part of employee benefits.

"Even if you don't have insurance, it's a way to get health care," says Delegate Steve Landes, who carried a bill the past two years in the General Assembly that specifies direct primary care is not insurance—after insurers complained the doctor-patient agreements should be regulated like insurance.

Carolyn Engelhard is a health policy expert at UVA, and she has a few concerns about the direct primary care model. "I worry that people think it's insurance and it isn't," she says. "If they end up in the hospital with a major illness, they wouldn't be covered."

She also worries about accountability for solo practices not connected to a larger health care system. Doctors

metrics and best practices, and insurers attach payment to guidelines being followed, she says.

"Dr. McLaughlin is a wonderful doctor," says Engelhard. "She's connected to other doctors in the community." But for other standalone direct primary care practices, there's "no oversight," she says.

And when it's necessary to refer a patient to a specialist, a doctor who is affiliated with Sentara or UVA talks to the specialist, she says. Direct primary care "fragments an already fragmented health care system."

McLaughlin, who worked for UVA for nine years before venturing on to her own practice, says making referrals works much the same as it did when she worked in a traditional practice, only now she has more time to research specialists and costs, and to discuss patients with the specialists.

For the solo practitioner, there's been no looking back. "This model of care," she says, "allows me to be the kind of family doctor I always wanted to be."