

direct primary care: a model (that works) for the rural and underserved

Olivia M Dhaliwal, MS-4
Case Western Reserve University School of
Medicine
future healer, generalist family physician

welcome!



- submit questions, comments throughout the presentation using this QR code!
- we will display them at the end, and answer as many as we can.
- please don't hesitate to ask questions about **ANYTHING** related to this presentation, including DPC as a model, your doubts/hesitations/confusions, your own stories and experiences.



~disclosures~

I'm a nerd, a poet, a dog mom, and an athlete.

I love direct primary care (this presentation is unabashedly biased).

This **will not** be a boring lecture. Please interact, stand up, walk, eat, drink, take care of yourself.

I have no financial disclosures.

debunking myths

Turn to your left. Tell them something you
already know about DPC.

REAL PRACTICES.



ANTIOCH
MED

Wichita, KS
Dr. Brandon Allenman



empowered
health

Lakewood, OH
Dr. Lilian White

Blue Spruce
HEALTH

Newport, VT
Dr. Umair Malik



Real stories.



Employer based care

Small businesses like to support their own community with this investment.



Patient savings

Meds, imaging often cheaper under this model.



Personalized, attentive care

DPC can accommodate changing needs and acuity.



Community savings

Urgent care, ER, nursing home utilization, hospital admissions



Other benefits

“How can your DPC support your community MORE?”

acknowledging limitations

DPC is NOT a panacea, it's a means to an end.
Family physicians should not and cannot be martyrs.

Thank you.

to all of my family doctor heroes who were brave enough to pave this path and continue to set the standard for high quality, affordable primary care that enables physicians and communities to be well, together.

questions?

what surprised you?

what did you learn?

what do you wonder?

more
info



oliviadhaliwal@gmail.com