

'THE POWER TO MAKE A DIFFERENCE'

LOCAL FAMILY DOCTOR PUTS HIS LIFE'S WORK ON THE LINE IN AN ATTEMPT TO 'FIX' HEALTHCARE

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At some point in their lives, almost every American adult will experience some type of headache over health insurance. For some, even the phrase makes them shudder. Word association games may have your mind wandering to “deductible,” “employer,” and the ever-looming “politics.” Of course, we aren’t here to give a stance on the Affordable Care Act or the like. Rather, we’re taking a look at a local doctor jumping feet-first into an enormous risk, all in the name of getting people the care they need.

A few short months ago, Dr. Doug Cluff opened TLC Family Health. It has been a whirlwind of activity, and as any small business owner can attest: the sheer act of opening the doors was preceded by long days and little sleep.

“I’m trying to be a good steward of the precious healthcare dollar,” Cluff says. “I’m working to create a model that takes the money that’s there and distributes it where it’s supposed to be – which is mostly in [the patient’s] pocket. But, it also has to be attractive for other physicians to want to practice.”

So how does he plan to accomplish these lofty goals? Through TLC Family Health, a direct primary care practice.

HOW IT WORKS

Direct Primary Care (DPC) is an alternative payment model that aims to improve access to high-functioning healthcare with a simple membership fee. Cluff estimates that there were 140 such practices in 2014. Now, there are over 865 nationwide, according to the Direct Primary Care Coalition.

In a nutshell, direct primary care is similar to a 24-hour gym membership. There is an upfront cost for registration, followed by monthly dues. At TLC Family Health, monthly fees range from \$30-\$60 depending on age. Additional services, such as labs, injections, pulmonary function tests or EKGs may incur an additional cost, but at highly reduced rates. The goal is to cut out third parties and fee-for-service (FFS) billing. Additionally, such practices are known to give extraordinary access to the physician, and TLC is no exception. Cluff gives out his cell phone number for emergencies and offers tele-visits.

“I want to fix the system,” Cluff says. “Imagine if every primary care doctor simply stopped billing insurance, how much health care insurance costs would fall?”

WHY HE DID IT

We’ve all heard the phrase “risk versus reward.” While Cluff is certainly hoping that this risk will pay off financially, it is clear that money is not the reward he is after. Providing care is his passion.

“Like most family doctors, I went into medicine to help people,” he explains. “Over the years, that ability to help people has shrunk more and more as we have seen insurance companies come in and try to require you to do things in order to get paid. It gets in the way of the decision-making process. It’s no longer about what is best for the patient; it’s what insurance is going to pay for. We have seen our ability to take care of patients just shrink and continue to shrink over the years.”

He is speaking from years of experience. Prior to committing to TLC full-time in September, Cluff was a family physician for 16 years at Health Texas Provider Network, an affiliate of the Baylor Health Care System. When asked if he was taking a pay cut from leaving to start his own practice, Cluff had one word: "Majorly."

"As a family doctor, I have seen my income fall over the years," he says. "And this is going to be a huge pay cut even from that, initially. Like any business person, you take a risk."

At the end of the day for Cluff, it's all about providing care that is accessible to everyone.

EXPANDING THE MOVEMENT

Cluff is quick to admit that this is not the field to go into if you're looking to get rich. In fact, he has heard many fellow physicians specifically state that they did not go into family medicine because other fields presented a better paycheck. But he doesn't say this as a reproach; Cluff recognizes that it's not easy. That is why a big part of his mission in founding TLC Family Health is creating a model that is attractive to other doctors. Even if the client-base is there, without willing practitioners, the direct health care model will not grow.

Introducing the public to a new model of healthcare—it is the first of its kind in Flower Mound—has its challenges, but in some ways, attracting other doctors presents an even larger hurdle.

"Right now, if you tell a doctor, 'Hey I've got this new model of practice for 24/7 unlimited care, doctors are like 'Wait what? I'm on the hamster wheel right now,'" Cluff laughs. "Doctors say, 'You want me to jump out of the frying pan into the fire? Not interested.'"

That, in part, is why Cluff does not offer 24/7 *unlimited* care. While other direct primary care practices may boast the service, Cluff feels this is not an effective way to get other doctors on board with the model.

And, of course, health insurance plays a large part in keeping the model from growing faster than it already is. A house bill, the Primary Care Enhancement Act of 2017, is currently on the Congress floor. The bill, if passed, would allow patients to pay for primary services, such as TLC, from their health savings accounts. But Cluff didn't wait for Congress before taking the leap.

"Myself – and hopefully all of the other doctors – are 100 percent convinced that this will fix the healthcare system," Cluff emphasizes. "Not an if, but a when. We also believe it's the only viable thing that will do it. You can't sit around and wait for Congress to do it. It's got to be the caregivers that make the change."

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