

# Direct primary care builds bridge between doctors, patients

by LAKENDRA LEWIS

**AN INCREASINGLY POPULAR, new type of health care fresh to San Antonio has some doctors abandoning billing through traditional means in favor of a membership-fee model.**

Called direct primary care, physicians say it allows more time with patients.

The DPC model bypasses insurance, copays and deductibles, opting instead for a direct billing arrangement between doctor and patient that resembles a

subscription membership paid on a monthly, a quarterly or an annual basis.

In exchange for payment typically ranging from \$35-\$100 per month, clients get access to numerous primary-care services including same- and next-day appointments, wellness checkups, laboratory and consultation services and telehealth contact (phone, video chats or texting), plus more quality face-to-face doctor visits.

"Many patients are disappointed in how the system works because they don't get to spend that time with the physician, and that's totally opposite from the direct-care model," said Dr. Prisiliano Salas, who opened his DPC practice, Salveo Direct Care at 11503 N.W. Military Highway, Suite 111, last October.

"The traditional model fee for service is very time-limiting for patient encounters," he added. "The average time is seven minutes in the traditional

practice, and we really get pushed to see a large number of patients to meet the demands of the insurance companies."

Salas, who has been practicing medicine since 2011, started using the DPC model after becoming frustrated with the traditional health care system, which he feels has thrown a bureaucratic monkey wrench into providers' abilities to treat patients due to having to meet insurance companies' criteria.

Under DPC, doctor appointments last from 30-60 minutes, which was the primary reason family practitioner Dr. Roger Moczygemba, who operates Direct Med Clinic at 1010 N.W. Loop 410, Suite 100A, adopted the process. He noticed more companies gravitating toward it as a way to provide benefits to their employees at a lower cost.

According to the American Academy of Family Physicians, besides more access to, and time with, medical professionals, DPC

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together teams of people who are not just taking care of pregnant patients specifically, but having to integrate care of those physicians with other specialties – medical and surgical – that can focus on coordinated care of complex maternal medical and surgical conditions.”

He added, “Generally, maternal care has been seen as a silo – nonphysicians and other providers have been uncomfortable caring for pregnant patients. People that care for pregnant patients enjoy the complexity of dealing with two or more patients in one.”

The ultimate goal is providing the best possible support for mother and child under the maternal-care designations, created in March 2018 after state approval, officials said.

“Pregnant patients are a vulnerable population,” Nielsen said. “This new approach to maternal care will force a collaboration in caring for women who have complex medical and surgical conditions and improve their outcomes,” Nielsen added. “We’re looking at a coordinated system involving cardiology, pulmonary/critical care, hematology, gynecologists, surgeons who care for pregnant patients, neurology and more specialists. They all come together to meet our patients’ needs.”

A Christus Health team of maternal-fetal medicine specialists, obstetrician hospitalists and neonatologists quickly examined Heimbecker. She was admitted for observation due to preeclampsia and other issues.

According to The Mayo Clinic, preeclampsia occurs when previously normal blood pressure suddenly rises. The result could be serious, even fatal, complications for both mother and baby.

Charles Hankins, chief medical

officer and neonatologist at The Children’s Hospital of San Antonio, said, “Our teams do a lot of training and simulations to address the issues facing pregnant patients. We think about what do we need to do today for the patient, versus in the future.”

On May 7, 2018, Heimbecker’s daughter, Katherine, was delivered at 25 weeks, six days, some 3 ½ months early. She weighed only 11 ounces, roughly the size of a soda can. Heimbecker’s size 4 wedding ring fit on Katherine’s tiny foot.

During five months in the neonatal intensive-care unit, doctors said the infant experienced very few struggles, and now, Katherine has no complex medical conditions related to her premature birth.

The positive results for mom and baby underscore Christus Health’s commitment to enhancing treatment and outcomes in maternal care, officials said.

“Most pregnancies should be a happy life experience,” Daskevich said, “but we know there is a small percentage that are at high risk for having bad things happen. What we want to do is offer high-risk moms a more confident picture than they may have been used to.”

He added, “At the end of the day, it’s about saving lives.”

Today, Katherine weighs about 10 pounds.

“I am literally amazed at Christus Health. As a nurse, I have high standards for my care, especially when it comes to my children. They blew me away, from pre- and postpartum, the work in the NICU all added up to phenomenal care,” Heimbecker said.

“Christus Health saved Katherine’s life and most likely mine, too,” she added.

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