



Dr. Jill Butryn



Dr. Andrea Stoecker



Christine Straley

GOING DIRECT

How Table Health bypasses traditional insurance-based primary care

By Craig Manning

Whether it's direct primary care, concierge medicine, retainer medicine or membership medicine, alternative care models are gaining traction nationwide and in Traverse City.

Direct primary care (DPC) is a growing model in the healthcare world in which medical practices bypass health insurance, billing the patient directly. Most versions of this approach involve a membership structure where patients, families or employers pay a flat fee (or "retainer") for access to a DPC practice and its physicians.

In return, those patients are given unlimited access to primary care services – including annual checkups, follow-up appointments, lab work and more.

Proponents of the DPC model argue that it allows for stronger doctor-patient relationships, shorter wait times for appointments, longer doctor's visits and superior healthcare outcomes.

DPC isn't necessarily new: Most sources indicate that the model has been around in some form since the turn of the century. However, there is evidence to suggest that the DPC niche is growing exponentially – and could soon become a much bigger and more widely known presence in the world of medicine.

According to an online mapper tool maintained by DPC Frontier (an organization dedicated to growing the DPC movement) there are nearly 1,500 DPC practices in the United States right now, spanning 48 states and Washington, D.C.

In the past five years, the number of DPC practices in the U.S. has grown more than 235%, up from just 445 practices in 2016. Even since early 2020, more than 270 new DPC practices have opened their doors.

The DPC model has been active in

northern Michigan since 2018, thanks to the arrival of a practice called Table Health. Based at The Village at Grand Traverse Commons, Table Health touts itself as "a direct primary care and functional medicine practice helping you transform your health through transparency, authenticity and value for the individual, family and company."

According to Dr. Jill Butryn, who co-founded Table Health along with her husband, Dr. Rob Butryn, the decision to launch the business was motivated by a sense of duty. Increasingly, Butryn says young physicians are looking for this kind

of healthcare model, but can't always afford to start their own practices in order to bring it to fruition.

Butryn and her husband – both retired physicians, both Traverse City natives and both fed up with what they see as major weaknesses in the industry to which they'd dedicated their careers – decided to do their part in supporting the cause by opening a DPC practice in their hometown.

"We were seeing (a need for this model) from all three sides," Jill Butryn explained. "We're both physicians, but we're patients also, and we were seeing from a patient perspective that something needed to give and change. And then we're also business owners, and it became really difficult for us to provide healthcare for employees. And then as physicians, we're aware that there's just a lot of burnout

and a lot of energy related to administrative burden."

Citing a growing physician burnout and suicide problem, Jill says that the system "is not really working for the people it's supposed to work for."

"So we thought, 'Maybe it's time for this (DPC) model to work in Traverse City,'" she said.

The hurdles were significant. Not only were the Butryns launching a business within a small niche of the healthcare industry, but they were also doing it in a largely rural area, without the patient base that bigger cities can provide. Attracting

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– Dr. Andrea Stoecker, physician, Table Health

employees – physicians in particular – also could have been a challenge, given the more established pathways that doctors are trained to follow.

Table Health hit a stroke of luck in that regard by finding Andrea Stoecker, one of two physicians currently working at the practice. A board-certified osteopathic family physician, Stoecker graduated from medical school at Michigan State University in 2017 and finished her residency at McLaren Greater Lansing hospital last summer.

In addition to gaining skills and on-the-job experience through her residency, Stoecker says she also learned something crucial about her own medical career preferences: She didn't want to work within the traditional insurance-based model of medicine.

"I spent three years working in the resi-

dent clinic under the insurance model, and the last two years of medical school are also spent doing clinical rotations," Stoecker explained. "So I've basically been part of (that model) for the last five years. I spent five years seeing how poorly it worked. And I knew when I graduated that I didn't want to have any part of that."

That revelation led Stoecker to educate herself about DPC.

"I didn't have to see 20 patients in a day just to pay for the overhead of hiring staff to deal with insurance companies and billing and all of their requirements," she said. "Instead, I could focus on just having 45 minutes or hour-long visits with patients, seeing a few a day instead of 20, and really being able to spend the time with them to figure out what's going on and how to help them best."

More time with patients; less rigidity in scheduling, or with structuring appointments to qualify for insurance reimbursements; less paperwork: These were just a few of the facets of the DPC model that appealed to Stoecker. Her first thought was that she would need to start her own DPC practice right out of residency. But serendipity intervened and she found her way to Table Health, which she calls "a perfect match."

At the moment, doctors like Stoecker or Jennifer Lyon – Table Health's other physician – are trailblazers in the medical field. As far as Stoecker is aware, she is the only person from her residency class who took a job with a DPC practice.

Some young physicians, she says, aren't even aware that there is an alternative option to the insurance model of medicine. Others might know about DPC but have concerns about its relatively fledgling state, or about whether patients will pay for primary care if they

are already paying for health insurance, or even just about the overall numbers and metrics of the practice model.

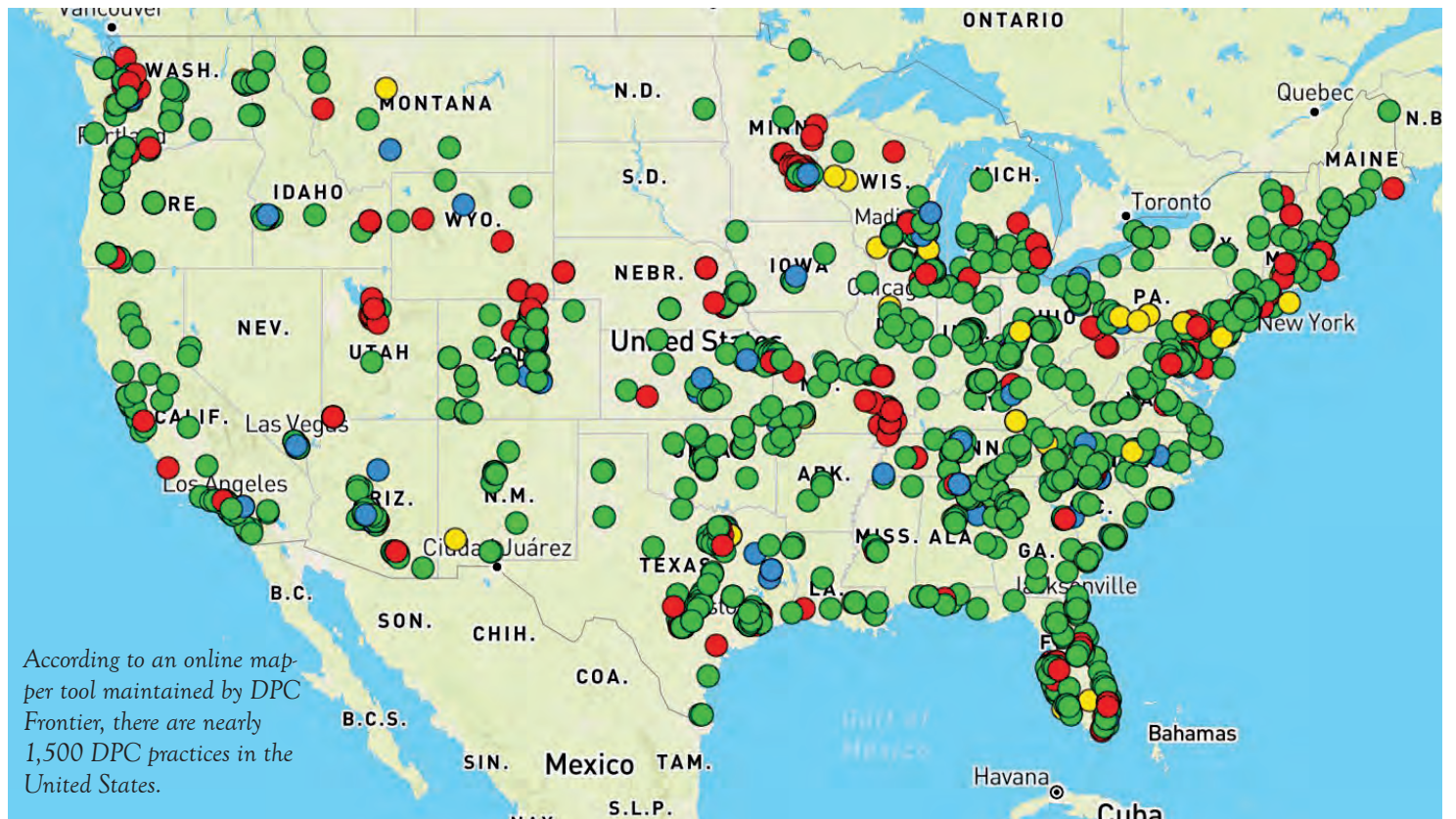
For her part, Stoecker does admit that “the limited number of patients that we see (at Table Health) – 600 instead of 2,000” – could become an issue at some point for keeping the business model profitable and sustainable. There’s a caveat: Those limits aren’t necessarily set in stone. As more patients learn about DPC – and, even more crucially, as more doctors consider it as a career path – practices like Table Health could feasibly grow their capacities enough to erase those limitations.

“There are a lot of doctors that are getting out of medicine, because they’re so miserable,” Stoecker said. “They’ve gotten into medicine because they want to help people and then they realize that they’re not able to do that because they only have 10 minutes, and all they can do is prescribe medication that treats symptoms and doesn’t actually help.”

Stoecker says in the long run, there could be a shift of physicians wanting to stay in medicine because of models like DPC.

“That could also help the whole medical field as well,” she said.

As for patient growth, Jill Butryn says it’s already happening slowly, but steadily. Table Health is drawing about 10-15 new patients each month, whether in the



form of individuals, families or employers. Most of that growth is coming from word-of-mouth – a sign, for her, that she and her husband made the right choice by bringing DPC to Traverse City.

Christine Straley, who serves as practice manager for Table Health, suggests that Table Health is still in its first phase of

convincing locals that DPC is a viable model for healthcare.

It’s in the next phase where the bigger, faster, more transformative growth could start to happen, she says.

“In this area, healthcare seems to be a little bit dated, if you will,” Straley said. “There’s a lot of set-in ways.”

Straley says that the practice’s biggest challenge is helping people understand that “you can have a better experience in healthcare with a provider that offers transparency, ease and affordability.”

“It just seems like it’s a too-good-to-be-true kind of thing for people,” she said. “But when they get it, it’s amazing.”



CSS Signs 15-Year Veteran to TC Closing Office Manager Position

Locally based title, settlement and closing company, Corporate Settlement Solutions (CSS), recently announced the hiring of Justin Elliott – a 15-year veteran in the title insurance industry.

ELLIOTT'S BACKGROUND as a graduate of Thomas M. Cooley Law School and industry experience provides a wealth of knowledge and resource to successfully close and insure your real estate transactions.



I am thrilled to be part of the Corporate Settlement Solutions team. The organization is full of very talented individuals that work together to provide fast and accurate title products and an excellent closing experience."

JUSTIN ELLIOTT,
TC Closing Office Manager