Breaking Up With Bureaucracy
A Subscription-Based Care Model to Improve System-Wide Efficiency

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INTEGRIS HEALTH

Background

Insurance-driven administrative complexity is a major source of physician burnout, rising costs, and fragmented care. In primary care, these inefficiencies affect more than clinic workflow. Poor access and delayed routine care can increase emergency visits, referrals, imaging utilization, and avoidable hospital-based care. Because radiology sits downstream of primary care, improving the “front door” of healthcare may improve referral quality, imaging appropriateness, and system-wide efficiency.

Objectives

1. Compare costs under traditional insurance-based primary care and a subscription-based hybrid model.
2. Estimate changes in annual patient spending and retained practice revenue.
3. Discuss downstream implications for referral efficiency, imaging appropriateness, and system utilization.

Methods

A representative 1,000-patient primary care panel was modeled using publicly available national expenditure and utilization data. Costs under a traditional insurance-based system were compared with a three-layer hybrid model consisting of a monthly direct-care subscription, a practice-level community cost-sharing pool, and external catastrophic coverage. Estimated annual patient spending, administrative overhead, and retained practice revenue were compared across patient-mix assumptions.

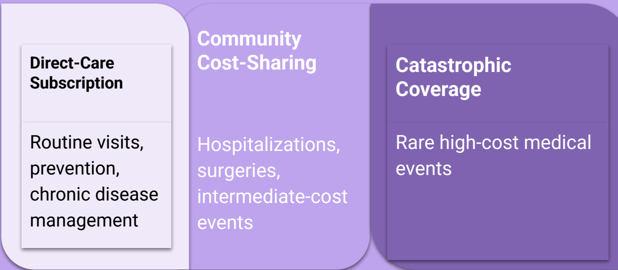
Proposed Hybrid Model

The proposed model separates routine care from catastrophic risk. Routine and preventive care are financed through a monthly direct-care subscription. Intermediate expenses, including hospitalizations and surgeries, are supported through a community cost-sharing pool. Rare high-cost medical events remain covered through external catastrophic protection. The goal is not to eliminate risk protection, but to remove high-overhead insurance structures from predictable routine care.

Results

The three-layer hybrid model redistributed routine and high-cost care into separate financing streams. The direct-care subscription supported predictable primary care services, while the community cost-sharing pool absorbed intermediate events such as hospitalizations and surgeries. External catastrophic coverage was preserved for rare, high-cost medical events.

Fig. 1. Three-layer hybrid model separating routine primary care from intermediate and catastrophic risk protection.



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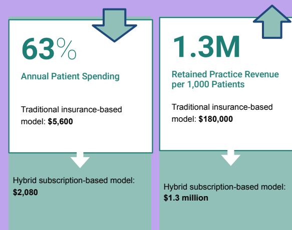

Mean annual patient spending decreased from $5,600 under the traditional insurance-based model to $2,080 under the hybrid model, representing a 63% relative reduction.

After operating expenses, retained practice revenue increased from approximately $180,000 annually under the traditional model to $1.3 million per 1,000 patients under the hybrid model. Sensitivity analyses demonstrated continued cost reduction and financial

Discussion & Conclusion

Routine primary care is predictable, yet the current system often finances it through high-overhead insurance structures designed for risk protection. This creates avoidable administrative friction through billing complexity, claim denials, prior authorization, and fragmented reimbursement. A subscription-based hybrid model may give practices predictable revenue while lowering patient spending. For radiology, stronger primary care access may reduce avoidable emergency-based imaging and support more appropriate diagnostic pathways.

A subscription-based hybrid care model may reduce patient costs, improve retained practice revenue, and decrease administrative waste. By strengthening primary care access, this framework may support better referral patterns, improved imaging appropriateness, and more efficient downstream care. Further evaluation is needed to assess feasibility, regulatory considerations, and long-term outcomes.

References

ICMS National Health Expenditure Data; KFF Employer Health Benefits Survey; Health Care Cost Institute Reports; AAFP Direct Primary Care resources.

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