THE CATHOLIC WORLD REPORT

Catholic doctors turn to direct primary care to practice medicine, faith

By Daniel Payne for CNA

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As the medical model of "direct primary care" continues to grow in the U.S., a number of Catholic doctors are adopting it as a means to combine both the practice of medicine and the living out of their Catholic faith.

Direct primary care (DPC) is a subscription-based model of health care in which patients pay a monthly fee to a primary care provider. The fee, which is adjusted on the basis of family size, generally allows for unlimited doctors' visits as well as reduced rates for services such as prescriptions and labs.

Most DPC offices are cash-pay; insurance is generally not accepted. Practitioners say the reductions in paperwork and administrative costs allow considerably more time for doctors to meet one-on-one with patients and provide a higher quality of service.

Industry data indicate that DPCs have increased hugely in the United States in recent years; one study **found** that from 2017 to 2021, "the number of active DPC clinicians per 100K people increased 159%," compared with only 6% growth in standard primary care providers.

A small but growing number of Catholic doctors, meanwhile, are turning to DPC for both the higher quality of health care it allows them to offer and the freedom it allows for a more fulsome application of Catholic faith.

Dr. Patrick O'Connell, who runs **Sentinel Primary Care** in Raleigh, North Carolina, said he worked for about a decade in a local primary care network before beginning the transition to DPC.

“About eight to nine years ago I was feeling not only the intense productivity pressures that make it hard to do primary care well but also was seeing the cultural trends in health care that were going to make it even harder to be a faithful Catholic and keep my job,” he told CNA.

O’Connell said he was able to practice some moral discretion at his job, including regarding contraception, but that factors such as the Supreme Court’s redefinition of marriage, physician-assisted suicide, and “the gender ideology tsunami” were beginning to pose a threat to his faith.

“I could see that the day was coming when I would either have to compromise my faith or lose my job for not participating,” he said. “I didn’t like either option.”

The launch of his direct primary care practice led him to practice “authentically Catholic” medicine in a way he couldn’t before. Sentinel Primary eschews not only traditional insurance but also Medicare and Medicaid. The rejection of government-backed insurance lets O’Connell “maintain an arm’s length from much of the anti-Catholic agenda in health care that is imposed by the federal government.”

O’Connell acknowledged that “much of the time” his faith doesn’t explicitly factor into his day-to-day treatment of patients. “As I joke with people, it’s not like there’s the Catholic way to treat high blood pressure!” he said.

“However, it means that I’m not going to participate in gender ideology, that I’m going to approach care at the end of life from a Catholic perspective on the goodness of life, that I’m going to donate a portion of my medical care for people in a hard financial situation, etc.,” he said, noting that his practice serves “a good portion of charitable care.”

Dr. Angelique Pritchett is a family doctor at **Gianna Family Care** in Shawnee, Kansas.

Gianna offers “medical care truly aligned with Catholic Church teaching,” Pritchett told CNA. “[W]e do not prescribe artificial contraceptives, perform or refer for sterilizations, refer for abortions, support euthanasia, or offer or refer for artificial reproductive techniques (IVF, IUI, etc.).”

“We advise against sexual intercourse outside of the context of marriage, we consider homosexuality and transgenderism disordered, [and] we offer abortion pill reversal,” Pritchett said, adding that the practice offers **NaPro Technology**, a system of reproductive health that treats women’s fertility issues “without the use of artificial reproductive techniques and oral contraceptives, using natural procreative techniques.”

Local Church officials have been enthusiastic supporters of the practice, Pritchett said.

“We have the support of the archbishop, who has referred patients, advertised our clinic on his radio broadcast and in the diocesan newspaper, blessed our clinic at a public open house after its opening, and has even arranged for our membership fees to be covered for archdiocesan employees through their medical insurance,” she said.

The majority of the practice’s patients are Catholics, Pritchett noted, but the doctors also serve other Christian denominations as well as patients who lack medical insurance.

Dr. Michael Kloess, who runs Our Lady of Hope Clinic in Madison, Wisconsin, told CNA that he and a fellow doctor conceived of their practice in 2009, when direct primary care was still largely referred to as a “concierge service.”

“Our initial members were mostly Catholic,” Kloess said. “They were looking for a Catholic alternative, or a pro-life clinic, and so that initially was our support. It’s still largely Catholic supporters of the clinic, but it’s grown because now people understand what DPC means.”

As with many DPC clinics, Our Lady of Hope offers a wide variety of treatments for subscribers.

“We have labs, prescriptions, NaPro,” Kloess said. “I’m NaPro trained, and I provide a membership base for NaPro clients. But we also have the usual direct primary care clients — blood pressure, diabetes, cuts, scrapes, the usual things.”

“We provide prescription benefits like reduced-cost medicines, and we provide labs as part of memberships,” he said. “And we’ve contracted with an imaging company that can come in for reduced costs.”

Direct primary care offices with Catholic focuses have sprung up in locations as diverse as **rural Virginia**, **northern California,** and **western Pennsylvania.**

High health care costs and poor standards of care, meanwhile, may be poised to continue driving the trend in both secular and religious DPC models. **One recent survey** found that more than 80% of employees would sign up for a DPC model if their employer offered it.

O’Connell told CNA that in addition to allowing him the freedom to practice his faith, the charitable model by which he has structured his practice has allowed him to infuse a Catholic character into his work from start to finish.

The corporate entity of the practice is a 501(c)(3) nonprofit, he said, which gives him “much more selectivity in practice governance and hiring.”

The practice “has a statement of faith that all board members and employees have to assent to,” he said, “and which allows me to preserve the Catholic character of the practice.”

Kloess said his clinic offers a similar level of practical Catholic application. “We’re able to pray with staff and patients. We have the freedom to do that,” he said.

“Even beyond that, we are a hybrid clinic,” he added. “Our clinic supports visits for the uninsured. Sixty percent of our clinic is free care to the uninsured. We have the opportunity to witness our faith to all the patients that come in.”

Asked to what extent his Catholic faith informs the day-to-day operations of the clinic, Kloess said simply: “Everything.”

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