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Keynote Speaker

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Brittney Kaufmann

Chief Executive Officer

Health System Alliance of Arizona

#HS25

Arizona's Healthcare Future in a Shifting Landscape

State, Federal, and Legislative Impacts to Healthcare

Presented to Westmarc
June 11, 2025
By Brittney Kaufmann

Health System Alliance of ARIZONA

A Healthy Community is a Prosperous Community.

Healthcare: A Pillar of Arizona's Economy

Gross Domestic Product: Arizona's healthcare sector is a major economic driver, contributing more than $38.0 billion to the state's (GDP).

Employment and Job Growth:

- Employing more than 470,000 workers.
- Annual wages in excess of $32.0 billion.
- Average salaries 8.4% higher than the state average.

Multiplier Effect: jobs in supporting industries, local, state, and federal tax revenues.

Healthy Arizonans!

Federal Headwinds: The View from 30,000 Feet

In 2025, the U.S. healthcare landscape is undergoing significant federal and state legislative and regulatory changes that will likely significantly impact access, affordability, and the structure of care delivery.

Federal Legislative and Regulatory Changes

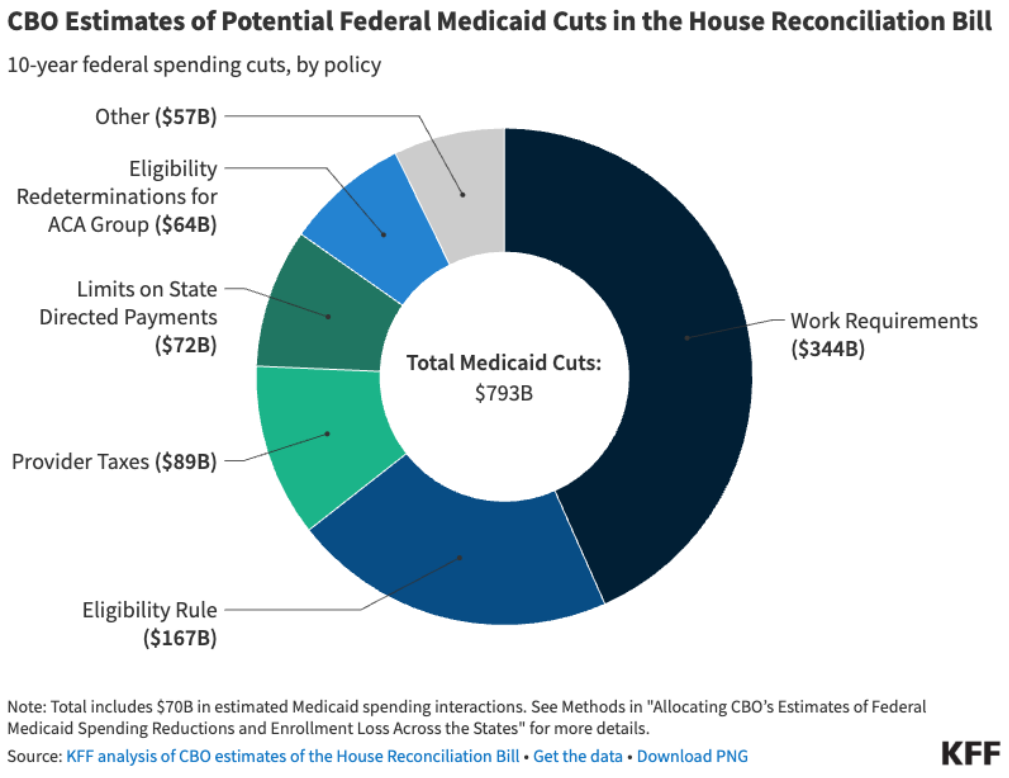
- **Medicaid Overhaul in the Federal GOP Budget Bill**
- **Affordable Care Act (ACA) Modifications**
- **Department of Health and Human Services (HHS) Reorganization**
- **Funding Cuts & Freezes**
- **Executive & Agency Orders**
- **Drug Pricing Reforms**
- **Regulations, Tariffs & Supply Chain Volatility**

Federal Legislative and Regulatory Changes: Medicaid

The Republican-led “One Big Beautiful Bill Act” introduces sweeping Medicaid reforms.

The proposals, aimed at reducing federal spending by approximately $800 Billion, would introduce new eligibility requirements, increase costs for some beneficiaries, and alter federal-state funding structures.

- **Work Requirements**: Mandates 80 hours of monthly employment or community service for certain Medicaid recipients.
- **Frequent Eligibility Checks**: Requires states to verify Medicaid eligibility every six months, increasing administrative burdens.
- **Provider Reimbursement:** Revising rules on how states can use provider taxes to raise revenues to fund their share of Medicaid.
- **Projected Coverage Loss**: Approximately 7.8 million individuals could lose Medicaid coverage over the next decade.



Federal Legislative and Regulatory Changes: Medicaid (AHCCCS in AZ)

- Medicaid is a federal-state program that provides health insurance to low-income individuals and families.
- It is designed to cover a wide range of medical services, including doctor visits, hospital stays, long-term care, mental health, and prescription drugs, for eligible populations.
- Arizona's Medicaid program is called the Arizona Health Care Cost Containment System, or **AHCCCS**.
- In Arizona, all Arizona citizens with incomes up to about $21,000 for a single individual ($43,000 for a family of 4) are eligible for AHCCCS.

AHCCCS Highlights

2,027,424	Number of people covered by AHCCCS as of 3/1/2025
$21 Billion	AHCCCS Budget (SFY 2025)
107,396	Number of providers registered with AHCCCS as of 3/1/2025
45,242	Number of individuals that are elderly or physically disabled served by AHCCCS as of 3/1/2025
1 in 2	Proportion of Arizona births covered by AHCCCS in CY 2024
60%	Percent of nursing facility days covered by AHCCCS in CY 2024
40%	Percent of AHCCCS enrollment who are children as of 1/1/2025
8	Number of contracted managed care health plans as of 10/1/2024
64,000	Number of AHCCCS members treated for malignant cancer in FFY 2024
181,000	Number of AHCCCS members treated for Diabetes in FFY 2024
67,500	Number of AHCCCS members treated for opioid-related disorders in FFY 2024

Federal Medicaid Cuts & Arizona's Economy

Figure 11: Profile of Arizona's Healthcare Industry

471,600	$68,300	$32.2B	$38.1B
Healthcare Jobs in Arizona	Average Wage of Workers	In Labor Income Across Arizona	In State Gross Domestic Product
Total number of healthcare jobs across the state.	Average annual wage of healthcare workers in Arizona	Total employee-earned wages and salaries.	Total direct economic output produced by the healthcare industry.

Figure 12: Economic Impact of Each 10% Decline in Arizona's Healthcare Industry

105,120	$7.6B	$16.9B	$672.1M
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee-earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

Figure 9: Economic Impact of a $1.9B Reduction in Federal Medicaid Funds

Note: Based on KFF estimates of federal Medicaid funding reductions in Arizona.

130,000	$5.9B	$13.1B	$500.0M
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee-earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

Figure 10: Economic Impact of a $7.5B Reduction in Medicaid Spending

Note: Based on KFF estimates of Federal Medicaid spending reduction in Arizona if Medicaid expansion is discontinued.

299,900	$14.0B	$30.9B	$1.1B
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee-earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

Medicaid Economic Impact Study
Arizona Chamber Foundation
March 2025

Federal reconciliation bill will shift costs from federal government to state: Arizona would be forced to cover a significantly larger share of costs. **Arizona would have to find BILLIONS in additional state funds to offset the federal cost shift.**

→

These cost shifts **threaten state budgets broadly and could divert funds from other critical priorities** such as education, infrastructure, and public safety.

→

States have few options: Make cuts to eligibility, make cuts to services, make cuts in payments to providers for services or raise taxes to make up the lost federal funding.

"While the exact details of potential federal Medicaid cuts and Arizona's response remain uncertain, the scale of economic losses is clear – the negative repercussions would reach recession-level impacts. The impacts would offset much of the economic growth from past tax cuts and the creation of high return-on-investment economic development programs."

- Jim Rounds, Economist
Arizona Chamber Foundation Study

Scan here for the full report

Federal Legislative and Regulatory Changes: Affordable Care Act

The Republican-led “One Big Beautiful Bill Act” introduces sweeping changes that make access to insurance through the more difficult—even private insurance.

- **Increased Bureaucracy and Stricter Eligibility for ACA Subsidies:** The proposal would add new verification requirements for individuals seeking premium tax credits, making it more difficult to enroll and maintain coverage. It would also eliminate the automatic re-enrollment feature for marketplace plans.
- **Changes to Out-of-Pocket Costs:** The bill proposes modifications to the ACA's limits on annual out-of-pocket spending, which could lead to higher costs for individuals with significant medical needs.
- **Inevitable Rise of Uncompensated Care:** The large-scale coverage losses projected under the GOP reconciliation bills would increase uninsured rates which could result in tens of billions of dollars in additional uncompensated care costs annually.

Implication for Stakeholders

Patients: Potential loss of coverage due to stricter Medicaid and ACA requirements; increased out-of-pocket costs if subsidies expire.

Healthcare Providers: Need to manage increased financial stress including large cuts to Medicaid funding streams, navigate new compliance requirements, especially concerning Medicaid and Medicare; potential staffing and regulatory challenges due to federal workforce reductions.

Insurers: Adjusting to new enrollment verification processes and subsidy restrictions; potential market instability due to regulatory changes.

Pharmaceutical Companies: Facing pressure from drug pricing reforms and increased scrutiny over pricing practices.

The Immediate Impact: Restricted Access to Care

Longer wait times for care

Funding cuts will lead to increased wait times for both appointments and necessary medical procedures, causing frustration for patients and potential negative health outcomes.

Reduced specialized services

There will be a significant reduction in the availability of specialized medical services, affecting patient outcomes and care options.

Increased healthcare costs

As uncompensated care rises, the overall cost of healthcare will escalate for all patients, increasing financial strain.

Closure of rural facilities

Rural hospitals and clinics may face closure, particularly those reliant on Medicare and Medicaid, leading to severe access issues.

Impact on everyday Arizonans

The cuts will directly affect the healthcare access and affordability for everyday Arizonans, impacting their quality of life.

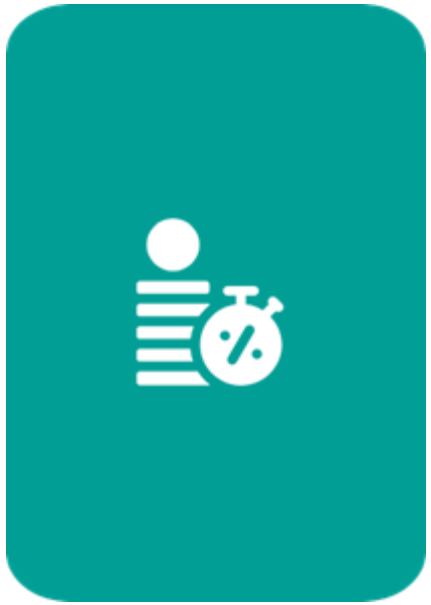
For the Construction Industry: A Chilling Effect on a Decade of Growth

Hospitals and healthcare systems are major drivers of construction projects, including new wings, hospitals, and medical office buildings.

With unpredictable revenue streams due to potential funding cuts, long-term capital investments become too risky for construction firms.

For example, a planned hospital expansion is put on hold, meaning no contracts for construction firms, architects, engineers, and skilled labor.

For Bankers and Lenders: Increased Risk and Hesitancy



Increased lending risks for healthcare

The financial instability of the healthcare sector makes lending for capital projects and operational needs a riskier proposition.

Uncertainty in reimbursement rates

Financial institutions may be less willing to lend to healthcare providers facing uncertain reimbursement rates, impacting their financial health.

Impact on innovation and technology

This can stifle innovation and the adoption of new technologies and treatments that require significant upfront investment, hindering progress.

For University Leaders: The Future of Arizona's Healthcare Workforce

Fewer clinical training opportunities if hospitals cut back on services.

→

Difficulty in recruiting and retaining top medical talent in a state with a volatile healthcare market.

→

This directly impacts Arizona's medical schools and nursing programs at our universities.

Opportunity in the Challenge

A stable healthcare sector equals physical and economic health for Arizona

Innovation

AI, Telehealth, Bioscience

Partnership

Workforce development, smart growth, industry synergies

Stable Policy & Regulatory Environment

Our Shared Advocacy Interest: A Healthy Arizona is a Prosperous Arizona

The health of our communities is inextricably linked to the health of our economy.

Universities

Continue to research and publicize the economic and social impacts of healthcare policy. Continue to create the healthcare

Construction & Banking

Engage with policymakers to explain the downstream economic consequences of an unstable healthcare sector.

City Officials

Advocate for the needs of your communities and the importance of stable healthcare funding.

Healthcare Industry

Continue to innovate and find efficiencies while clearly communicating the realities of providing care in the current environment.

A Healthy Community is a Prosperous Community.

Brittney Kaufmann
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Health System Alliance of ARIZONA

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HEALTHCARE SUMMIT '25

Ed Willard

Director of Business Development & Strategic Planning

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Ted Talk

HEALTHCARE SUMMIT '25

Dr. Hassan Ghasemzadeh

Program Director & Associate Professor - College of Health Solutions

Arizona State University

#HS25

ASU College of Health Solutions
Arizona State University

EMBEDDED MACHINE INTELLIGENCE LAB

Beyond the Clinic: The AI-Powered Future of Digital Health

Hassan Ghasemzadeh, PhD
Program Director & Associate Professor, College of Health Solutions
Director, Embedded Machine Intelligence Lab
Graduate Faculty, Biomedical Informatics & Data Science, Computer Science, Computer Engineering, Biomedical Engineering
Arizona State University

WESTMARC Healthcare Summit – June 11, 2025

Embedded Machine Intelligence Lab

- Conduct research at the intersection of mHealth and AI
- Clinical domains
  - Diabetes
  - Cardiovascular disease
  - Heart failure
  - Parkinson's disease
  - Alzheimer's disease
  - Alcohol use disorder
  - Environmental health

Burden of chronic diseases

- Two thirds of deaths are due to diabetes, cancer and other chronic conditions
- 60% of Americans live with at least one chronic condition
- 1 in 3 American adults will have diabetes by 2050
- $4.5 trillion annual cost of healthcare in the US in 2025
- 75% of chronic conditions can be prevented or delayed
- Risk can be minimized by maintaining a healthy lifestyle

- *CDC: https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data*
- *CDC: https://www.cdc.gov/chronicdisease*
- *https://www.innovu.com/post/cost-of-chronic-disease-to-reach-42-trillion-by-2030*

Mobile health (mHealth)

- Integrate computing capabilities into everyday objects such as phones, wearables, cars, assistive robots, homes, workplaces, etc.
- Common attributes
  - Highly dynamic environments
  - Direct interaction with humans
  - Constrained in resources
- Need for robust, interactive, and embedded pervasive systems
  - Focus of our **ExpandAI project**

ExpandAI team and projects

Hassan Ghasemzadeh
***Biomedical** Informatics*

Pavan Turaga
***Electrical** Engineering*

Giulia Pedrielli
***Computer** Science*

Daniel Rivera
***Chemical** Engineering*

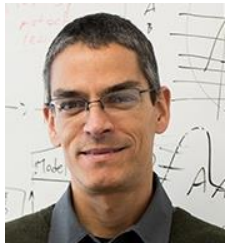
Adam Klivans
Computer Science

Peter Stone
Computer Science

Joydeep Biswas
Computer Science

Amy Zhang
Computer Science

Edison Thomaz
Computer Eng.

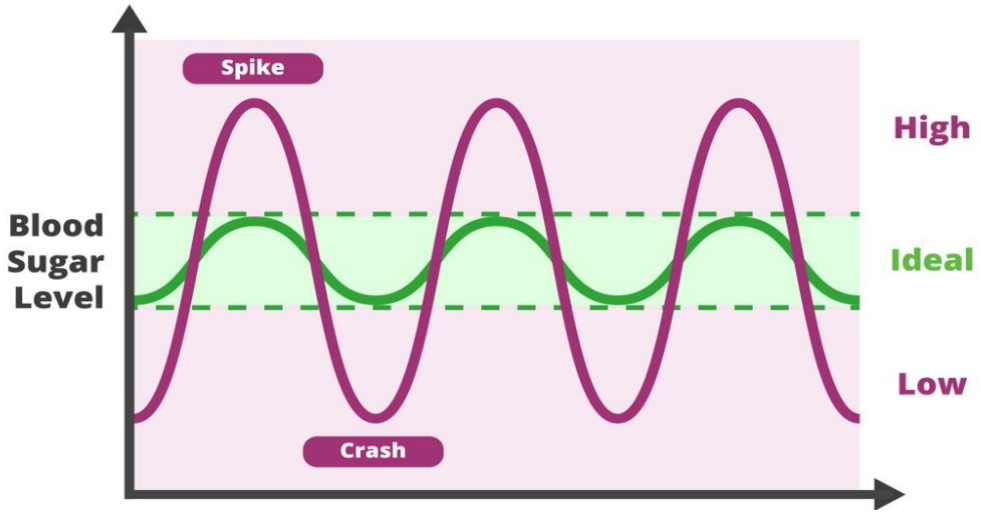


Brad Knox
Computer Science

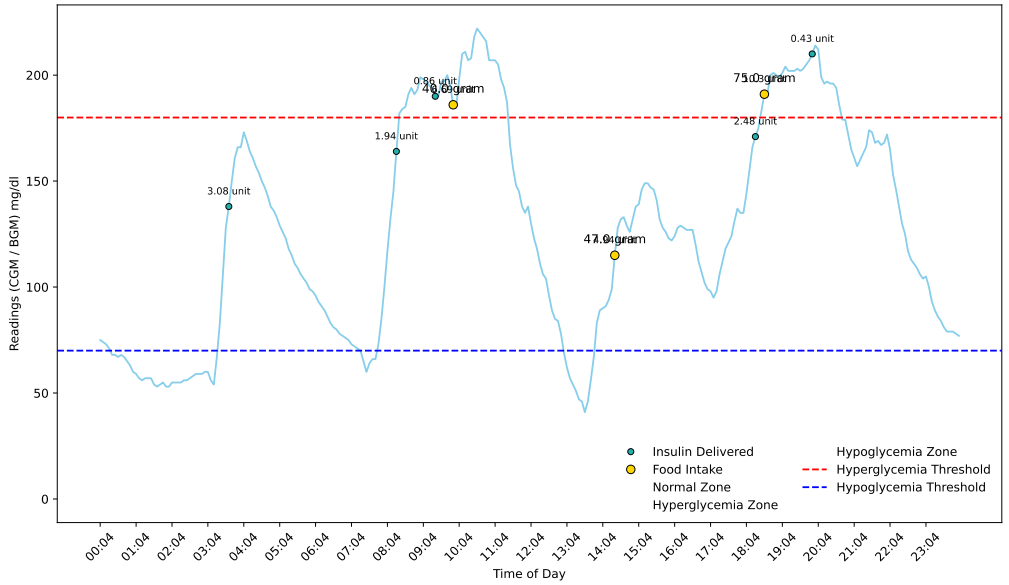
- Project themes
  - Aligned **reinforcement learning** for behavior change
  - Pervasive **continual learning**
  - Robust **robot perception** and decision-making

Glucose control

- Keeping blood glucose level within range
- Glucose control helps to lose weight, optimize mental health, suppress food carvings, improve sleep, prevent diabetes
- Poor glucose control increases risks of cardiovascular disease, kidney disease, stroke, cancer, reduced eyesight



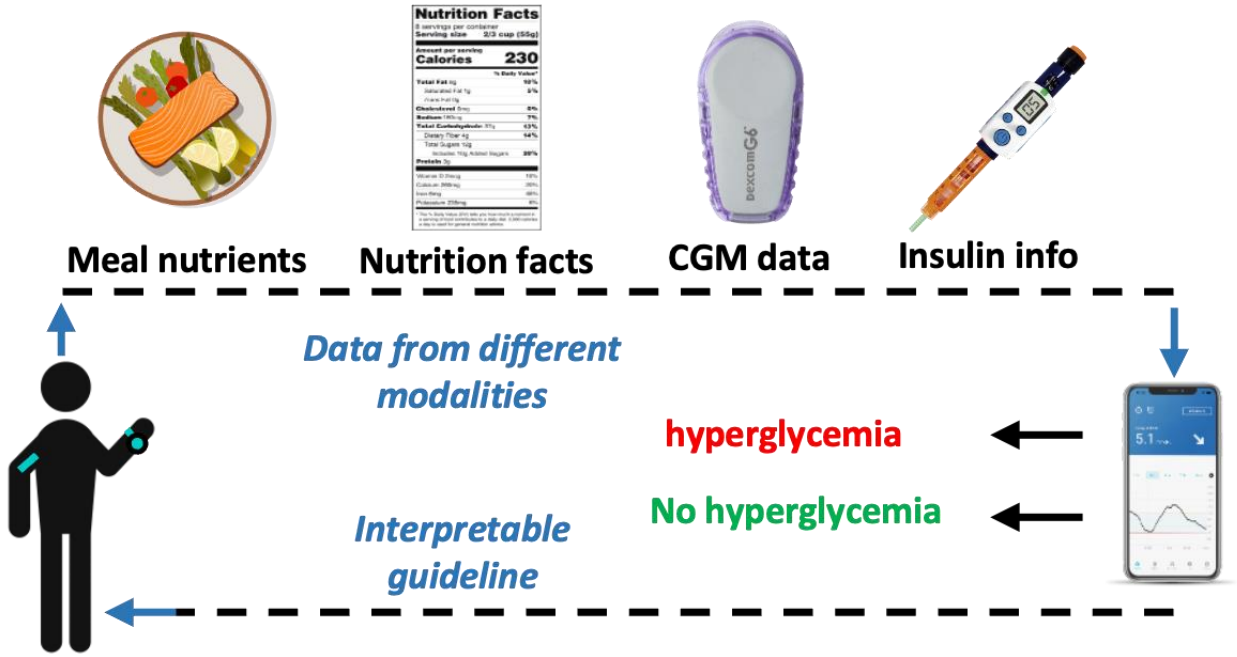
Credit: https://www.precisionnutrition.com/

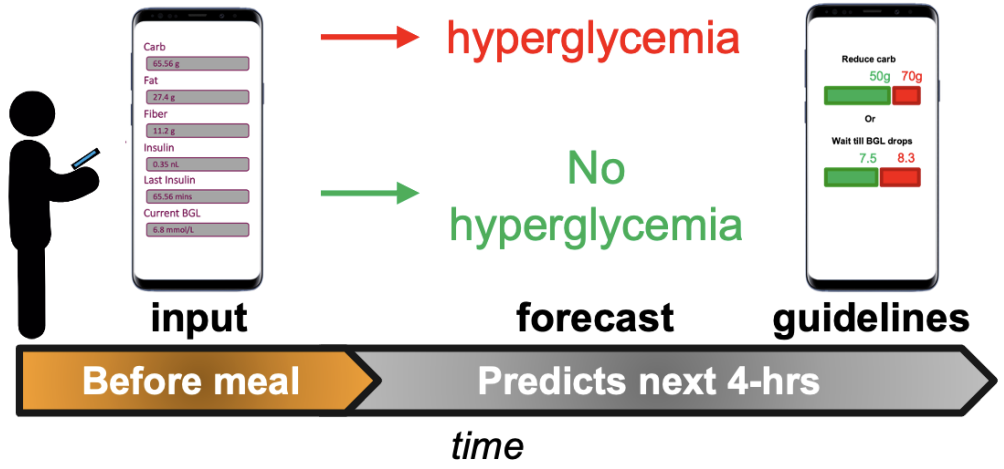


*T1D patient experiencing **3 hypoglycemic** events leading to **260 minutes** of hypoglycemia in one day plus **2 hyperglycemic** events resulting in **320 minutes** of hyperglycemia in 24 hours.*

- Jarvis et al. 2023. Continuous glucose monitoring in a healthy population. *Metabolism*.
- Arefeen et al. 2022. Forewarning Postprandial Hyperglycemia with Interpretations using Machine Learning. IEEE BSN.

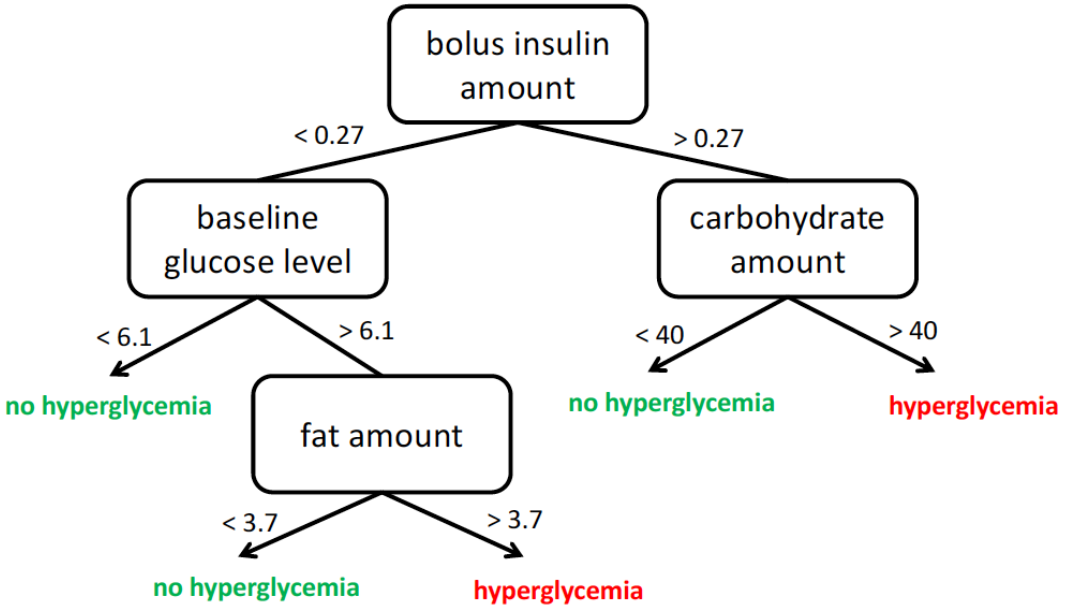
Forecasting hyperglycemia





- Develop a machine learning model to predict postprandial hyperglycemia from data about meal, glucose, and medication
- Model should be interpretable, i.e., it produces actionable insights to prevent hyperglycemia

Decision tree for hyperglycemia prediction



Patient	# days	# meals (training)	# meals (validation)	# all meals
P01	23	19	10	29
P02	22	28	15	43
P03	14	17	9	26
P04	11	22	12	34
P05	15	22	13	35
SUM	85	108	59	167

Credit: Karim, Rebaz A. H. et al. "After-meal blood glucose level prediction using an absorption model for neural network training." Computers in biology and medicine 125 (2020): 103956 .

- Dataset from a feeding study
- 5 participants with diabetes
- Dataset contains meal macronutrients (carb, fat, fiber), insulin dose, last insulin intake time, and glycemic responses

S7 EasySense CGM System

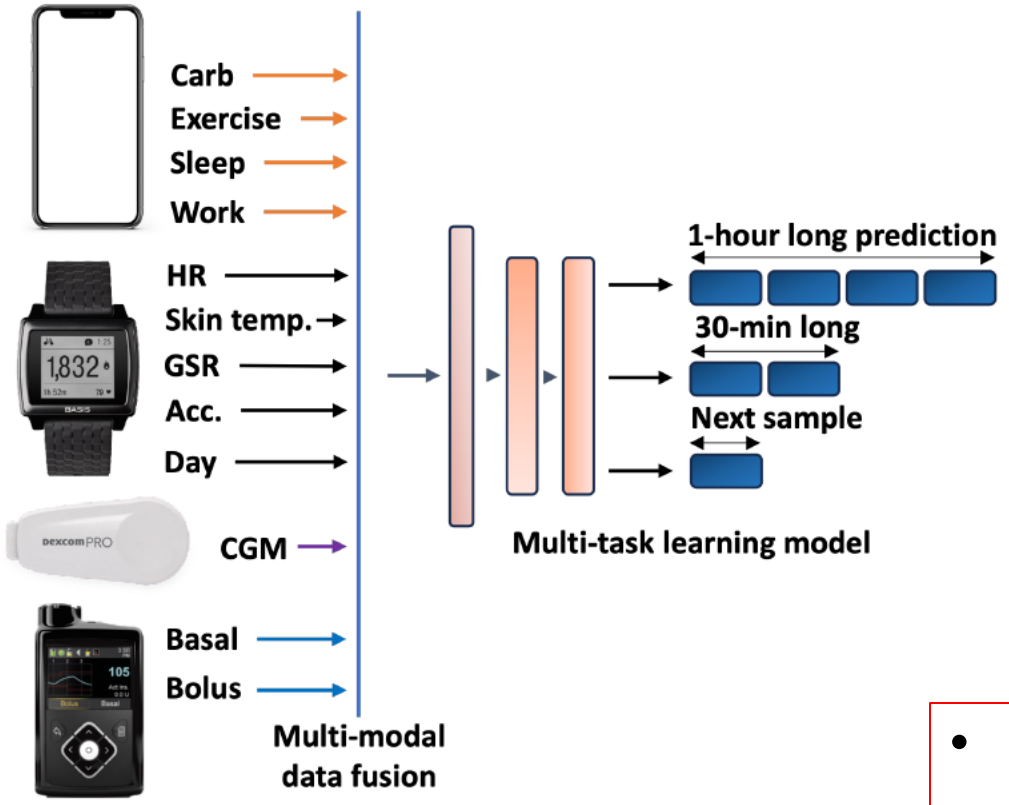
Image credit: medtrum.com

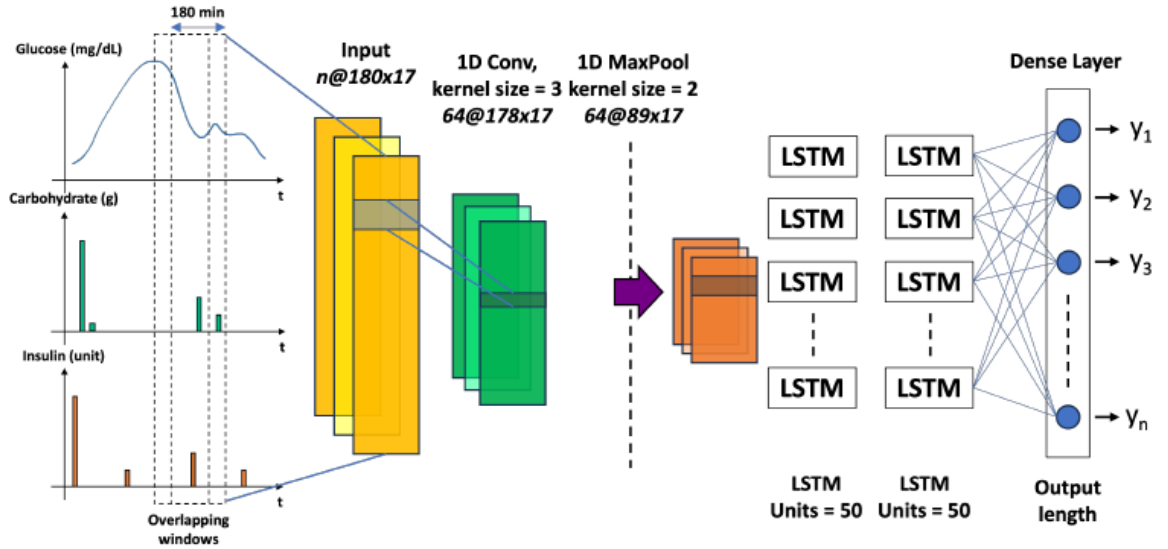
Limitation: moderate accuracy (76%)

- Arefeen et al. 2022. Forewarning Postprandial Hyperglycemia with Interpretations using Machine Learning. *IEEE-EMBS Body Sensor Networks (BSN)*

Deep learning for glucose prediction

- Design neural network models to predict glucose response





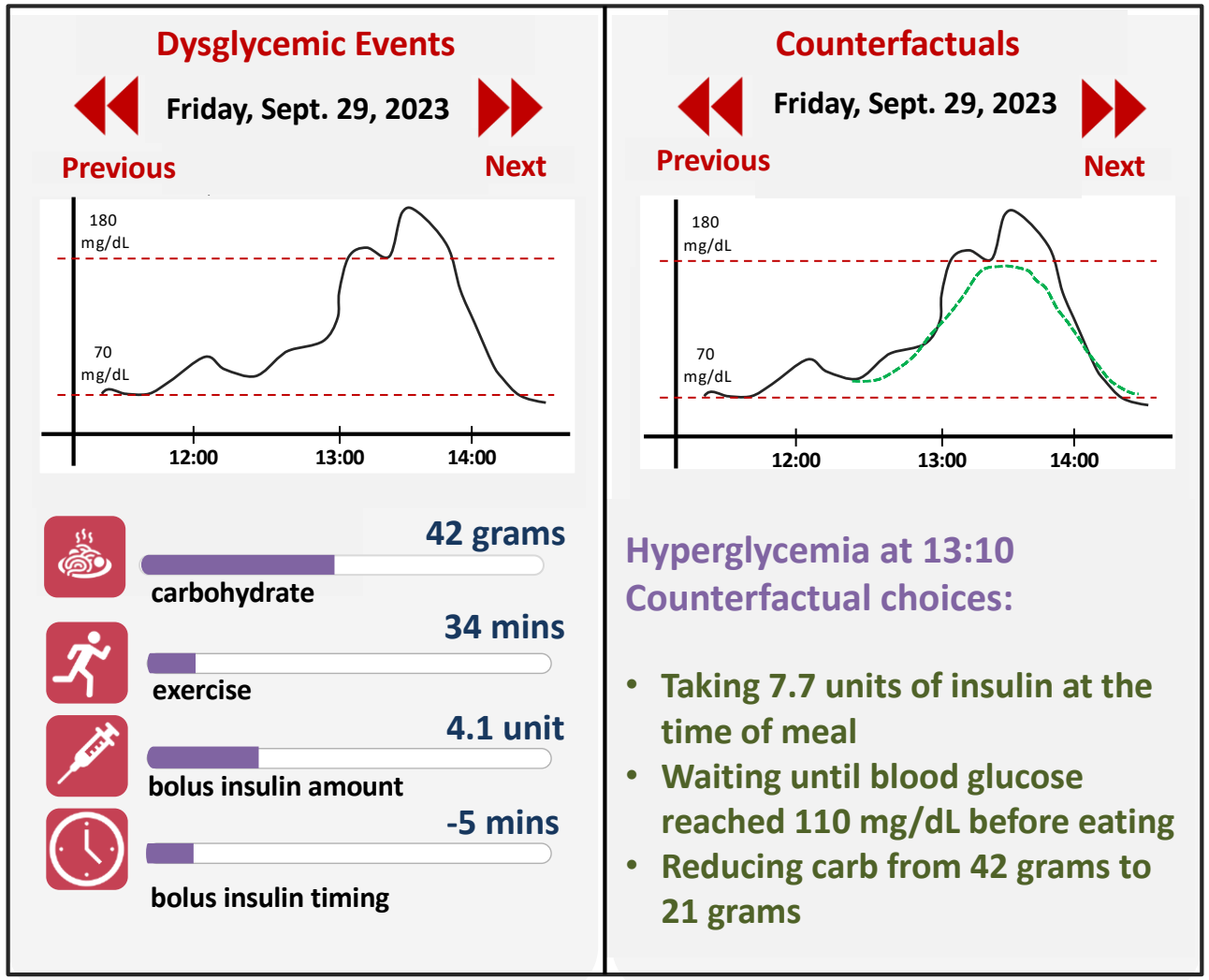
- Stacked CNN-LSTM architecture for glucose prediction
- Input to the model is 3-hour long multimodal data

- Accuracy: 89%
- Limitation: back-box model

Arefeen, A. and Ghasemzadeh, H., 2023, October. Glysim: Modeling and simulating glycemic response for behavioral lifestyle interventions. In *2023 IEEE EMBS International Conference on Biomedical and Health Informatics (BHI)* (pp. 1-5). IEEE.

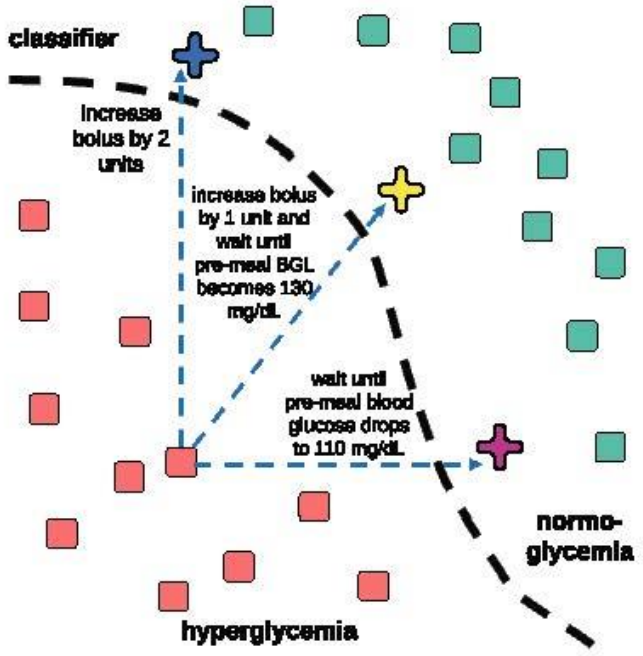
How to provide actionable insights?

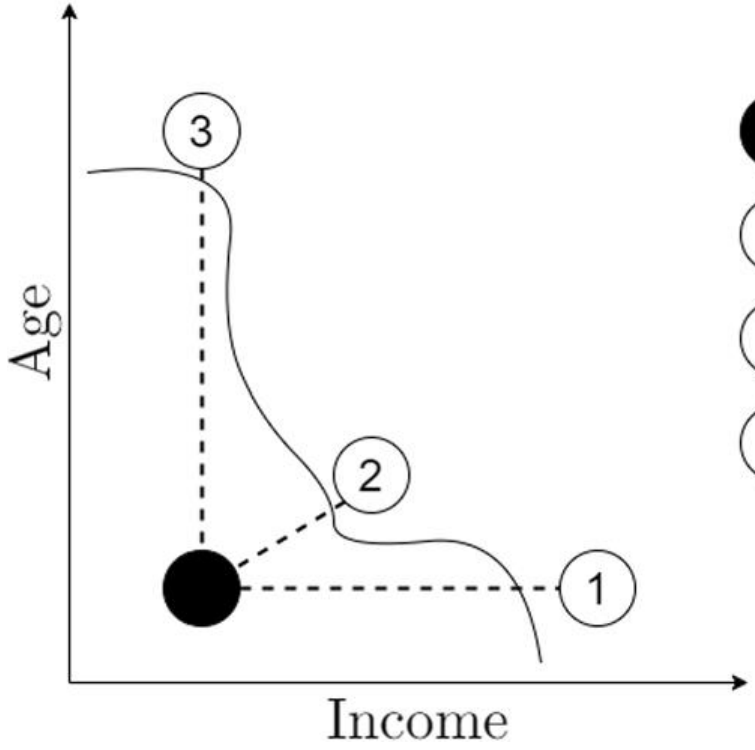
- Counterfactual feedback to prevent hyperglycemia



Counterfactual explanations

- Toy example: loan approval system
- AI model makes recommendations (approve/decline)
- Counterfactuals are data points that change the prediction outcome

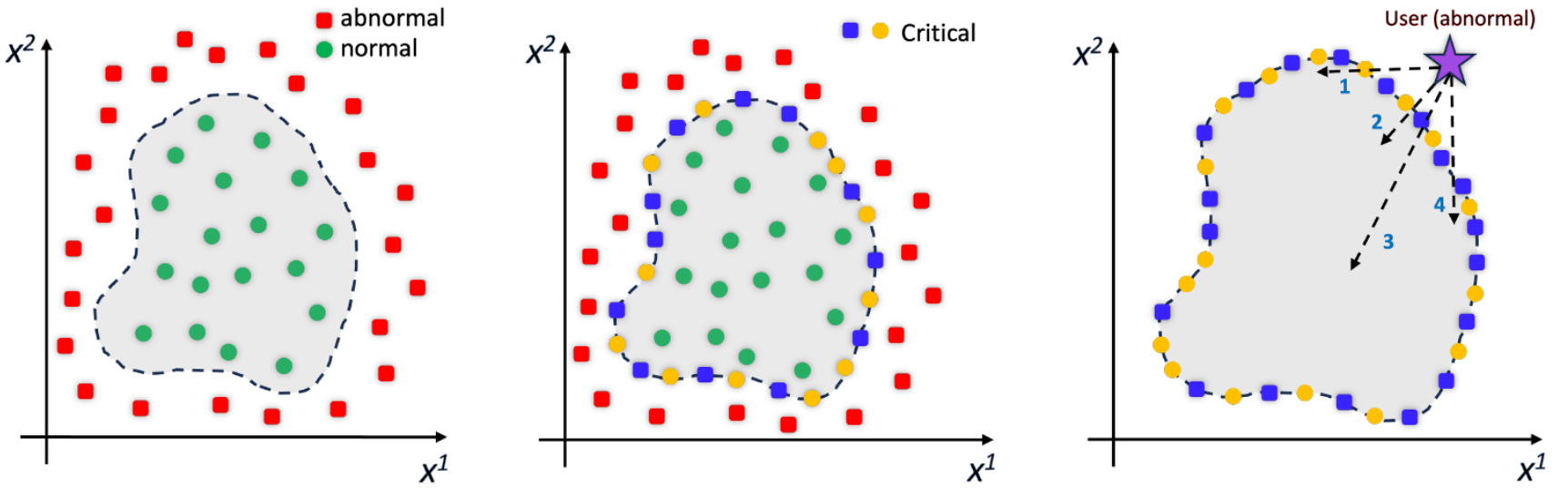




	Income	Age
●	$ 32,000	39
1	$ 40,000	39
2	$ 36,000	44
3	$ 32,000	140

Brughmans et al. 2023. Nice: an algorithm for nearest instance counterfactual explanations. *Data Mining and Knowledge Discovery*.

GlyCoach



- Classifier trained to differentiate normal vs. abnormal classes.
- Adversarial critical samples are generated along the decision boundary to approximate decision hyperplane
- For a test sample outside of the normal region, predicted class can be toggled following an infinite number of trajectories.
- GlyCoach follows the path that requires minimal changes thus putting emphasize on user's preferences while flipping the class.

Results

- Performance of GlyCoach

	Nutrition Absorption				OhioT1DM			
	Sensitivity (%)	$\hat{d}$	PV penalty	Cover (%)	Sensitivity (%)	$\hat{d}$	PV penalty	Cover (%)
GlyCoach	**82.6**	0.239	17.47	96.8	**90.6**	**0.314**	**10.2**	90.3
DiCE	72.3	0.353	**8**	90.3	80.4	0.472	13.1	80.6
Baseline	41.7	**0.176**	35.87	**100**	70.2	0.518	33.95	**100**

- ***Baseline****: picks the nearest data point from the training dataset*
- ***DiCE****: a well-know counterfactual explanations technique that used mixed-integer optimization to generate counterfactuals*
- ***Sensitivity****: ability of explanations to achieve normoglycemia* using a prediction model.
- ***d (distance)****: a measure of similarity of the counterfactual explanations and the training data*
- ***Cover****: percentage of counterfactuals that fall within feature ranges derived from training data*
- ***PV****: preference violation (PV) penalty*

Beyond glucose control

- Extended the approach to include disease prediction

Method	Heart Disease					PimaDM				
	val.	prox.	spar.	viol.	plau.	val.	prox.	spar.	viol.	plau.
ExAct	**0.85**	**0.083**	1.8	**0**	**1.0**	**0.74**	**0.099**	1.66	**0**	**1.0**
DiCE	0.73	0.262	**1.7**	**0**	**1.0**	0.63	0.149	**1.29**	**0**	**1.0**
Optbinning	**0.85**	0.302	5.1	2.6	**1.0**	0.61	0.361	2.29	**0**	**1.0**
CEML	0.78	0.274	2.95	2.8	**1.0**	0.6	0.138	1.5	0.5	**1.0**
NICE	0.83	0.088	2.3	0.3	**1.0**	0.71	0.13	1.84	0.32	**1.0**
	Nutrition Absorption					**OhioT1DM**				
	val.	prox.	spar.	viol.	plau.	val.	prox.	spar.	viol.	plau.
ExAct	**0.83**	0.239	**1.33**	**0.05**	0.98	**0.9**	**0.314**	**1.93**	**0.05**	0.9
DiCE	0.73	0.353	1.35	0.1	0.9	0.8	0.472	**1.93**	**0.05**	0.83
Optbinning	0.7	0.287	1.78	0.15	0.95	0.75	0.387	2.1	0.18	0.88
CEML	0.75	0.314	1.48	0.15	0.95	0.78	0.438	2.55	0.18	0.9
NICE	0.43	**0.176**	2.2	0.23	**1.0**	0.8	0.518	2.95	0.3	**1.0**

Trends: pervasive sensing

- CGMs are becoming pervasive commodities

Apple Makes Major Progress on No-Prick Blood Glucose Tracking for Its Watch

Bloomberg, February 2023

- Company hits major milestone in creating blood gluc
- Apple disguised work behind a secretive health-care

Do Not Use Smartwatches or Smart Rings to Measure Blood Glucose Levels: FDA Safety Communication

Subscribe to Email Updates | Share | Post | Linkedin | Email | Print

FDA, February 2024

Date Issued: February 21, 2024

DIVE BRIEF

Dexcom receives FDA clearance for first OTC glucose sensor

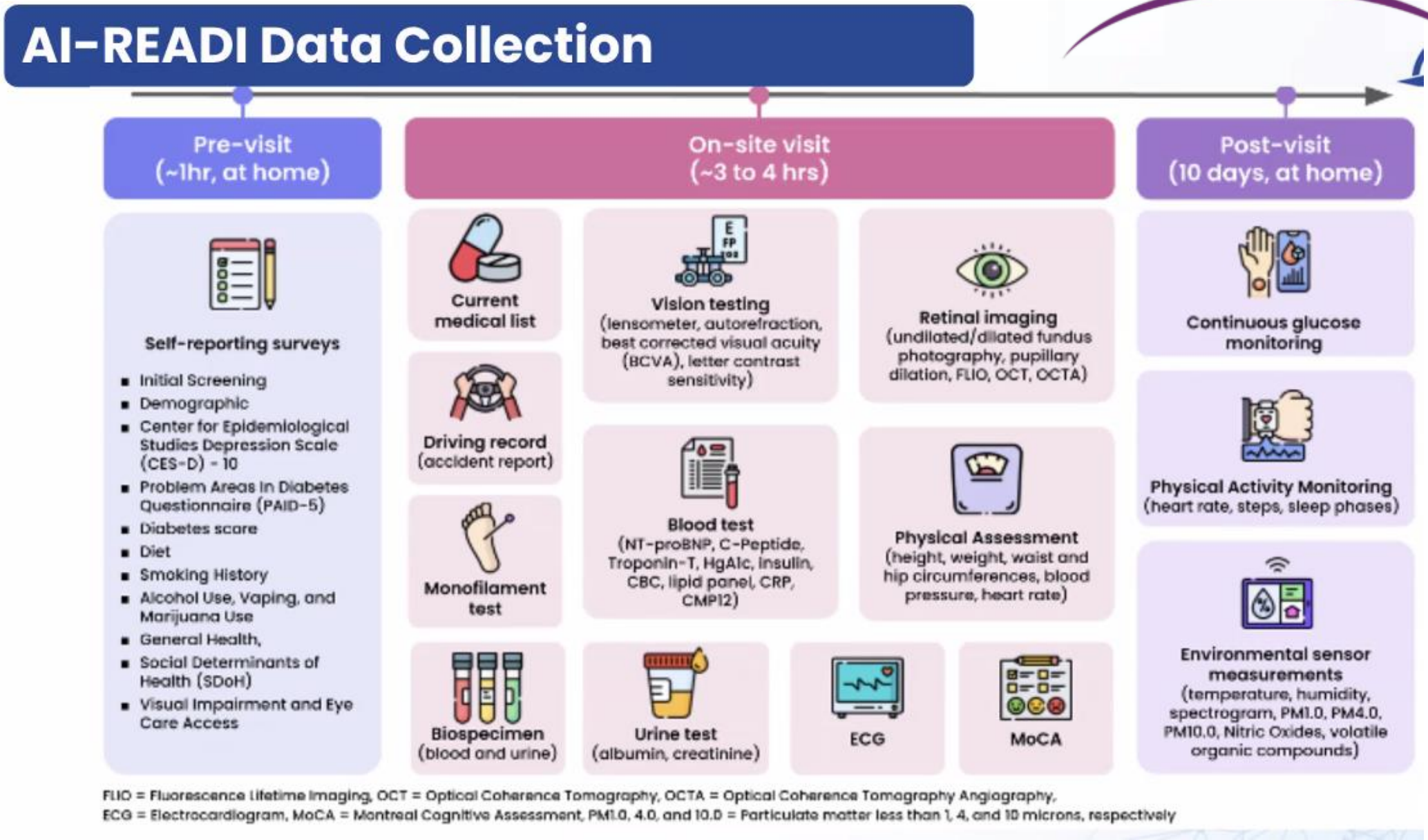
The diabetes tech firm is tailoring its software to the 25 million people in the U.S. who have Type 2 diabetes and do not use insulin.

Published March 6, 2024

March 2024

Trends: data availability

BRIDGE2AI



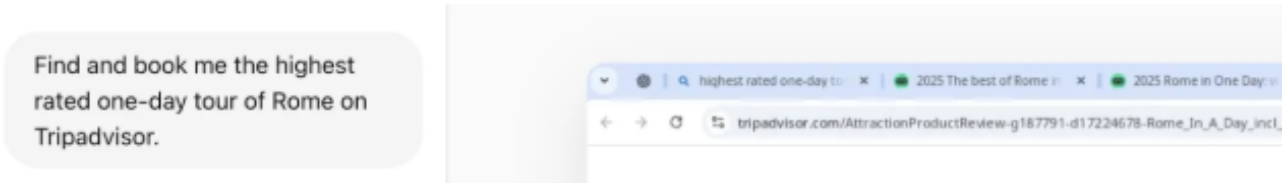
Trends: agentic AI

January 23, 2025 Product

Introducing Operator

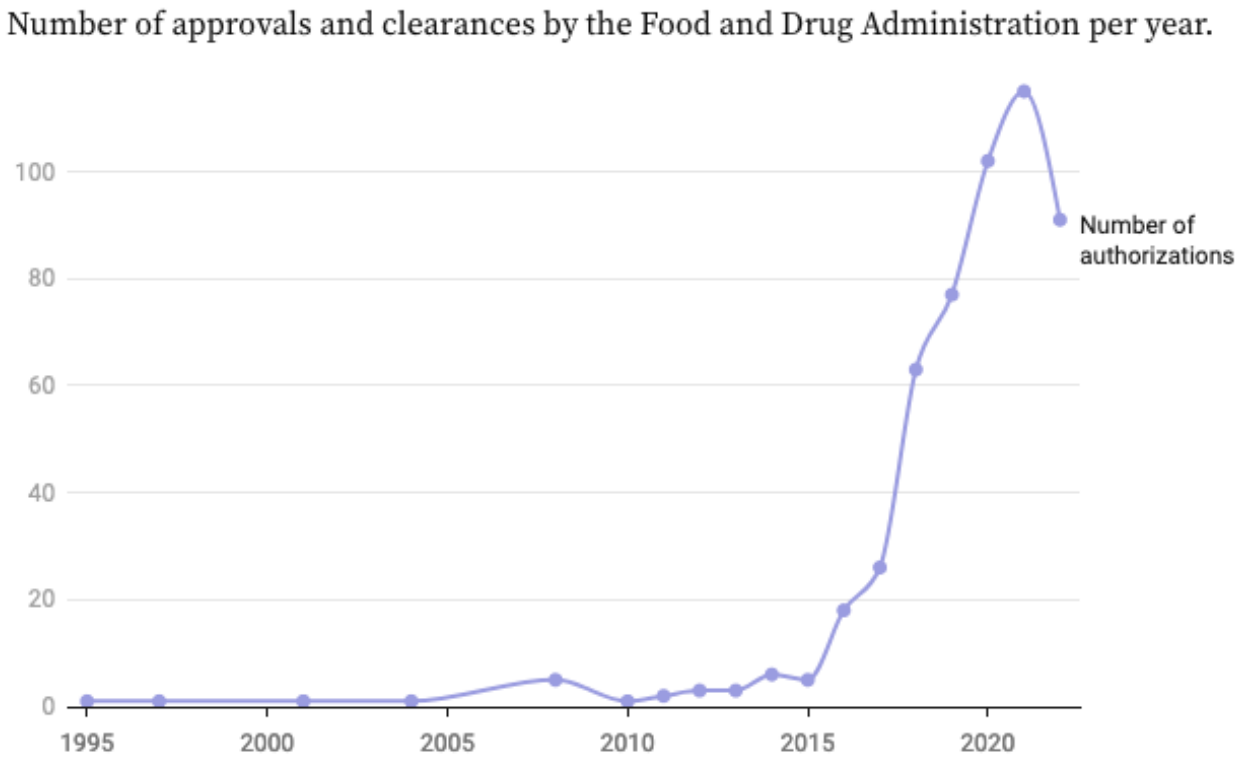
A research preview of an agent that can use its own browser to perform tasks for you. Available to Pro users in the U.S.

Go to Operator ↗



Trends: FDA approval of AI

- The FDA **first** approved the use of AI for medical purposes in 1995.
- **50** other algorithms were approved over the next **18 years**.
- From 2019 to 2022, >**300** were approved (in **3 years**)
- **178** granted FDA approval **in 2023**
- **950** AI-based medical devices approved as of of August 2024

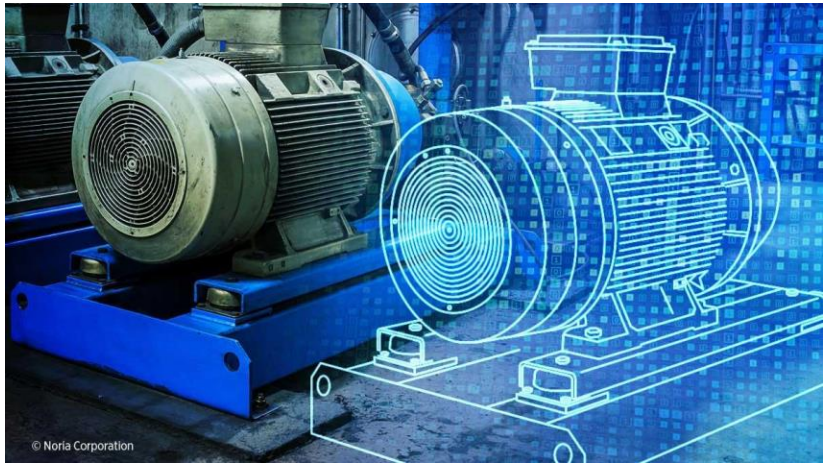


https://encord.com/blog/ai-algorithm-fda-approval/

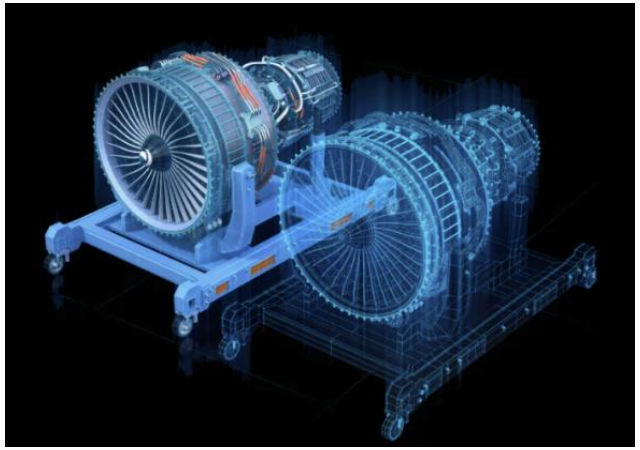
Trends: digital twin

- A digital replica of a physical asset or living entity
- Commonly used in manufacturing
  - Monitor behavior of the system
  - Conduct simulations prior to manufacturing

https://assets.new.siemens.com



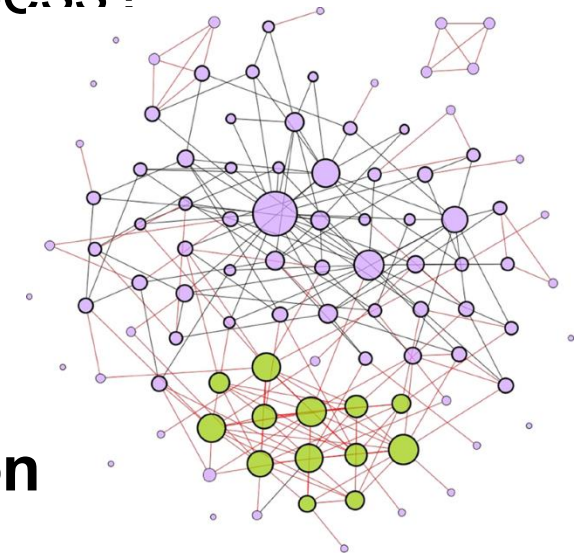
https://venturebeat.com/



https://hqsoftwarelab.com/

Trends: digital twin for human health

- Can we build a digital twin of a human, an organ, or a biological / physiological process?
  - **Cell** level
  - **Organ** level
  - **Human** level
  - **Community** level



- Enables **modeling** and **simulation**
- Allowing us to
  - **Monitor** the entity of interest
  - **Predict** its future behavior
  - Perform **counterfactual** treatments
  - Design **new interventions**
  - Run **virtual** clinical trials

https://appliednetsci.springeropen.com/articles/10.1007/s41109-020-00344-5

Looking into the future

- Data-Driven
- AI-Powered
- Proactive
- Preventive
- Automation
- Human Empowerment
- Continuous care

College of Health Solutions
Arizona State University

EMBEDDED MACHINE INTELLIGENCE LAB

Thank You! https://ghasemzadeh.com/ hassan.ghasemzadeh@asu.edu

Abdullah Mamun

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Ebrahim Farahmand

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Coming up next:

- Panel 1
- Ted Talk #2

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Ed Willard

Director of Business Development & Strategic Planning

Dignity Health

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Panel 1

HEALTHCARE SUMMIT '25

Moderator

Joan Koerber-Walker
President & CEO
Arizona Bioindustry Association, Inc.

Aric Bopp, CEcD
Executive Director
Mayo Clinic – Discovery Oasis

Dr. Carla Gartrell
Dean – College of Veterinary Medicine
Midwestern University

Jami Mei
Vice President – Business Development
Arizona Commerce Authority

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Panel 1

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Ted Talk

HEALTHCARE SUMMIT '25

Dr. Travis Allen

Founder

The Pilot Clinic

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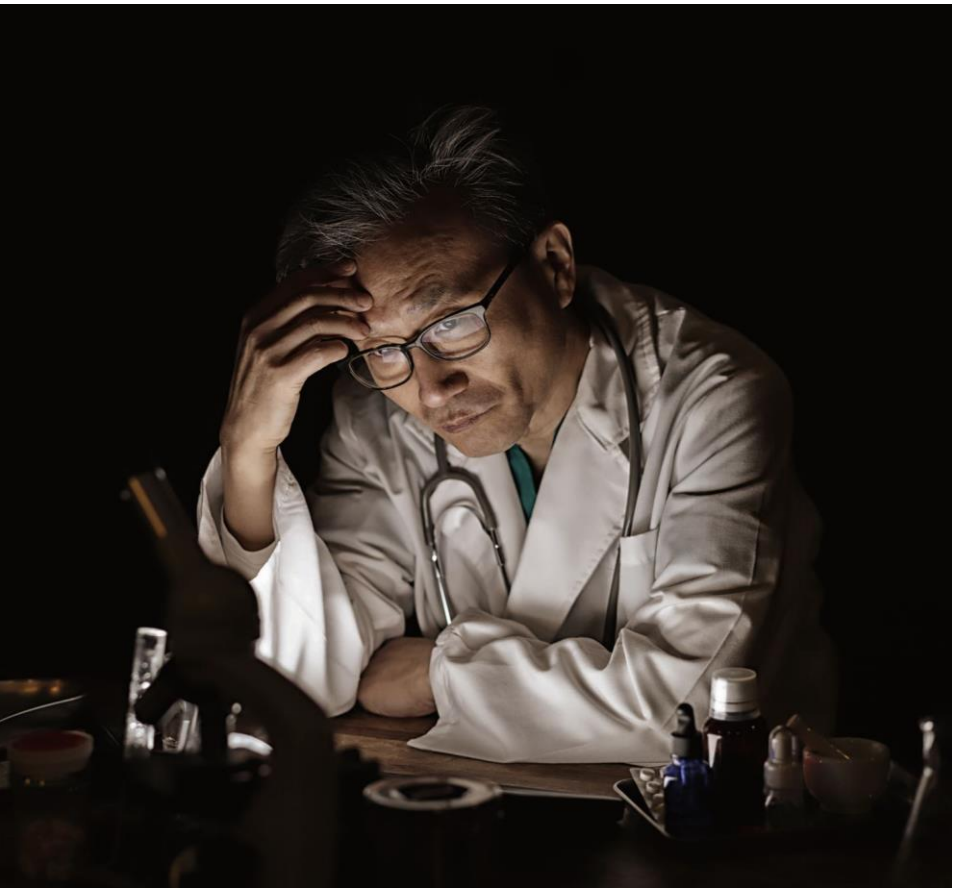
DIRECT PRIMARY CARE

REIMAGINING HEALTHCARE TO DELIVER SUPERIOR PATIENT CARE

Travis Allen, MD, FACP
Board Certified Internal Medicine
Founder of The Pilot Clinic
Thepilotclinic.com

CURRENT CHALLENGES IN TRADITIONAL PRIMARY CARE

THE PILOT CLINIC



LARGE PATIENT PANELS - BUREAUCRATIC HURDLES – PHYSICIAN BURNOUT

Long wait times for appointments.

Increased administrative and staff cost.
Billing, collections, coding, etc.

Potential quality of care compromised

Diverted attention from patients.

Patient dissatisfaction.

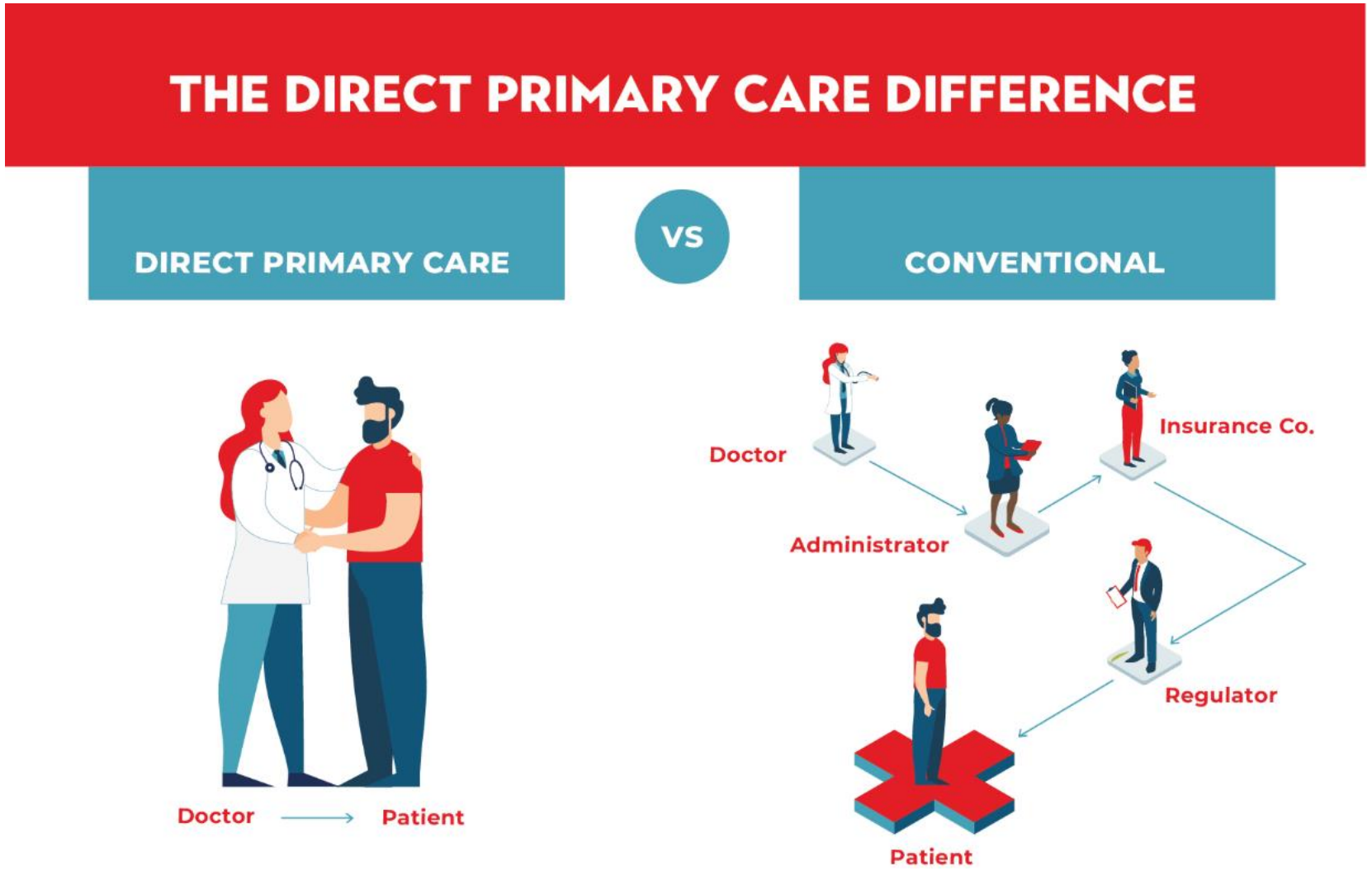
Overburdened physicians.

THE PILOTCLINIC

SOLUTION: THE DIRECT PRIMARY CARE MODEL

WHAT IS THE DIFFERENCE?

- Source: The Direct Primary Care Difference : Palmetto Promise Institute



DIRECT PRIMARY CARE
DEFINITION AND CORE PRINCIPLES

Direct Primary Care (DPC) is a healthcare model where patients pay a monthly membership fee directly to their primary care physician, bypassing traditional insurance billing.

Direct Contract

Affordable Membership Model

Comprehensive Services

No Co-pays or deductibles for physician care

Personalized & Accessible Care

A SUBSCRIPTION FOR EVERYTHING – WHY NOT HEALTHCARE?

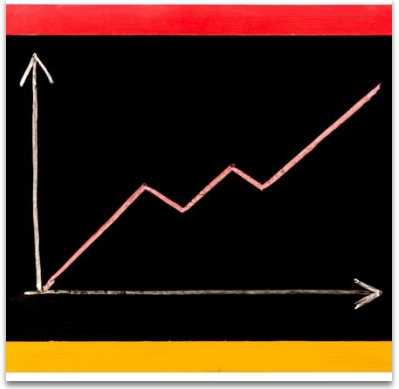
BENEFITS OF THE DPC MODEL

Timely and Accessible Care

Reduced Emergency Room Visits

Same day or next day appointments

Direct access to Physician – phone, text, portal messaging



Increased Patient Satisfaction

Medication Adherence

Virtual Specialty Consults

Upfront Costs

Improved Physician Morale and Retention

More balanced work environment.

Focus on addressing all concerns.

Decreased number of referrals.

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COST CLARITY AND ACCESSIBILITY

COMPARATIVE ANALYSIS

Feature	Traditional Primary Care	Concierge Primary Care	Direct Primary Care
Monthly Cost	Insurance copay	$225 - $400+	$50-$100
Insurance Billing	Yes	Yes	No
Panel Size	2,000 – 3,000 Patients 20+ Patients/Day	300 – 600 patients 6-10 Patients/Day	400 – 600 patients 5-10 Patients/Day
Visit Length	7-10 minutes	30-60 minutes	30-60 minutes
Focus	Throughput	Premium, full-service	Accessibility, value

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ANCILLARY SERVICES COMPARISON

Cost Savings

DPC memberships often result in lower overall costs compared to traditional insurance premiums, making healthcare more affordable.

Labs
Hgb A1C: $4.00 (Insurance $77.00)
Wellness Panel: CBC, CMP, Lipid, A1C, TSH: $24.00 (Insurance ~$400.00)

Imaging
Ankle Xray: $35 (Insurance $240) CT Abdomen: $195 (Insurance $1200) MRI Lumbar: $265 (Insurance $4000)

In Office
IV for hydration: $50 (Insurance $480) Vasectomy: $400 (Insurance $3000)
Lipoma Removal: $100 (Insurance $1500)

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CALL TO ACTION FOR HEALTHCARE LEADERS

REIMAGINE PRIMARY CARE

Educate patients, community, and health administrators about direct primary care.

Encourage medical students to rotate at direct primary care clinics to increase primary care work force.

Health Care Systems to acknowledge and work with Direct Primary Care practices to offer cash rate ancillary services.

Embrace Change with Innovative Practices.

Enhanced Healthcare Experiences and Patient Outcomes.

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CONCLUSION:

DPC OFFERS A REIMAGINED SOLUTION FOR HEALTHCARE

Patient Relationships

Strong patient-provider relationships improve communication and trust which improves overall lifespan and healthspan.

Accessibility and Cost Transparency

Patients receive timely care without barriers and understand their expenses upfront.

Improved Physician Satisfaction

Physician has ownership over care model – not dictated by third-party – resulting in higher job satisfaction

THE PILOT CLINIC

THE PILOTCLINIC

DR. TRAVIS ALLEN

FOUNDER

THE PILOT CLINIC

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Panel 2

HEALTHCARE SUMMIT '25

Moderator

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Project Manager
Center for the Future of Arizona

Dr. Travis Allen
Founder
The Pilot Clinic

Trevor Stokes
Chief Executive Officer
The Partnership for Workforce Solutions

Patricia Taylor
Director – Health Careers
Banner Health

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PATHWAY 2 CAREERS

WESTMARC Healthcare Summit

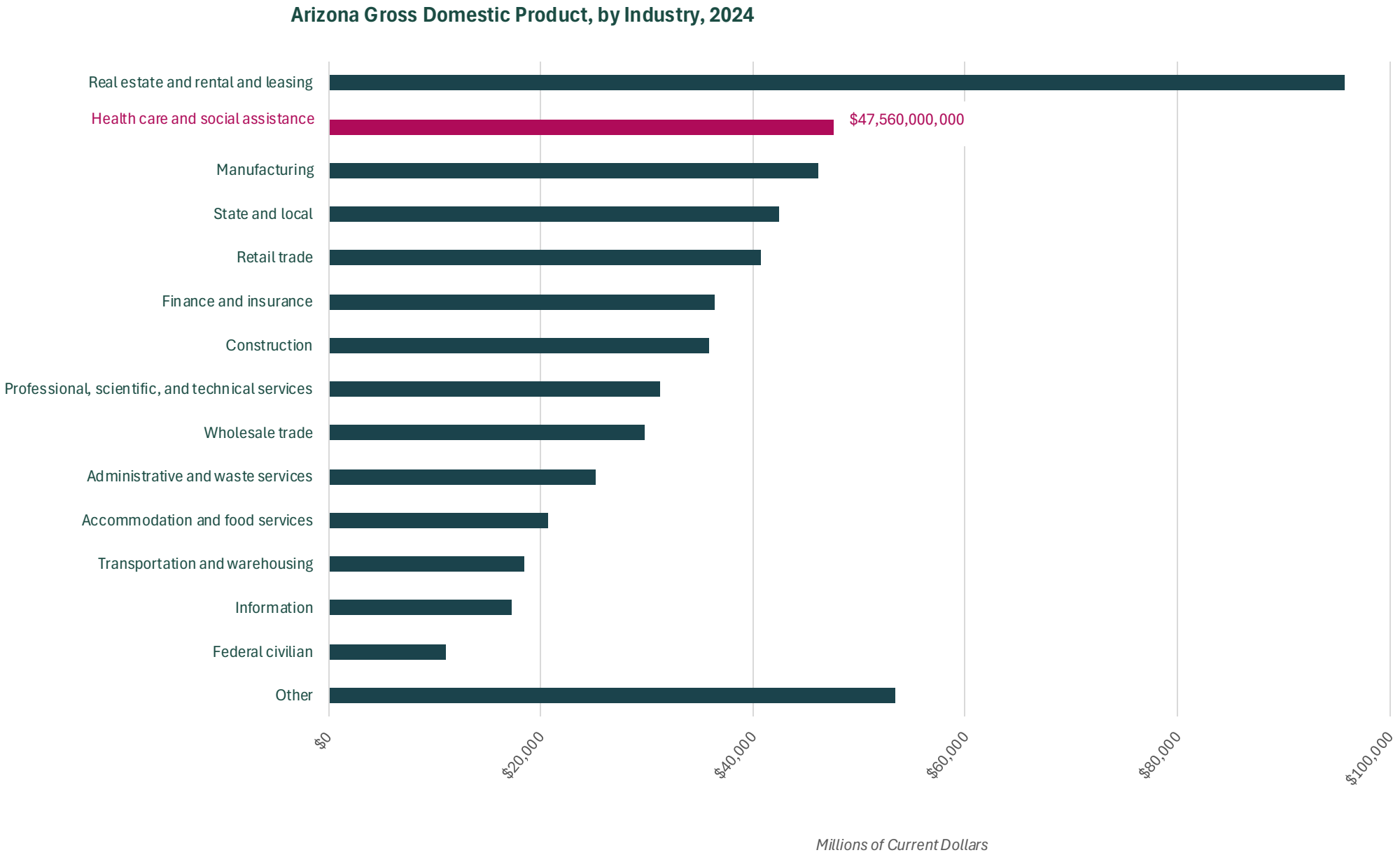
June 11, 2025

Our Mission

We’re dedicated to clearing the biggest hurdles in education by challenging current approaches and motivating student learning through career-connected relevance.

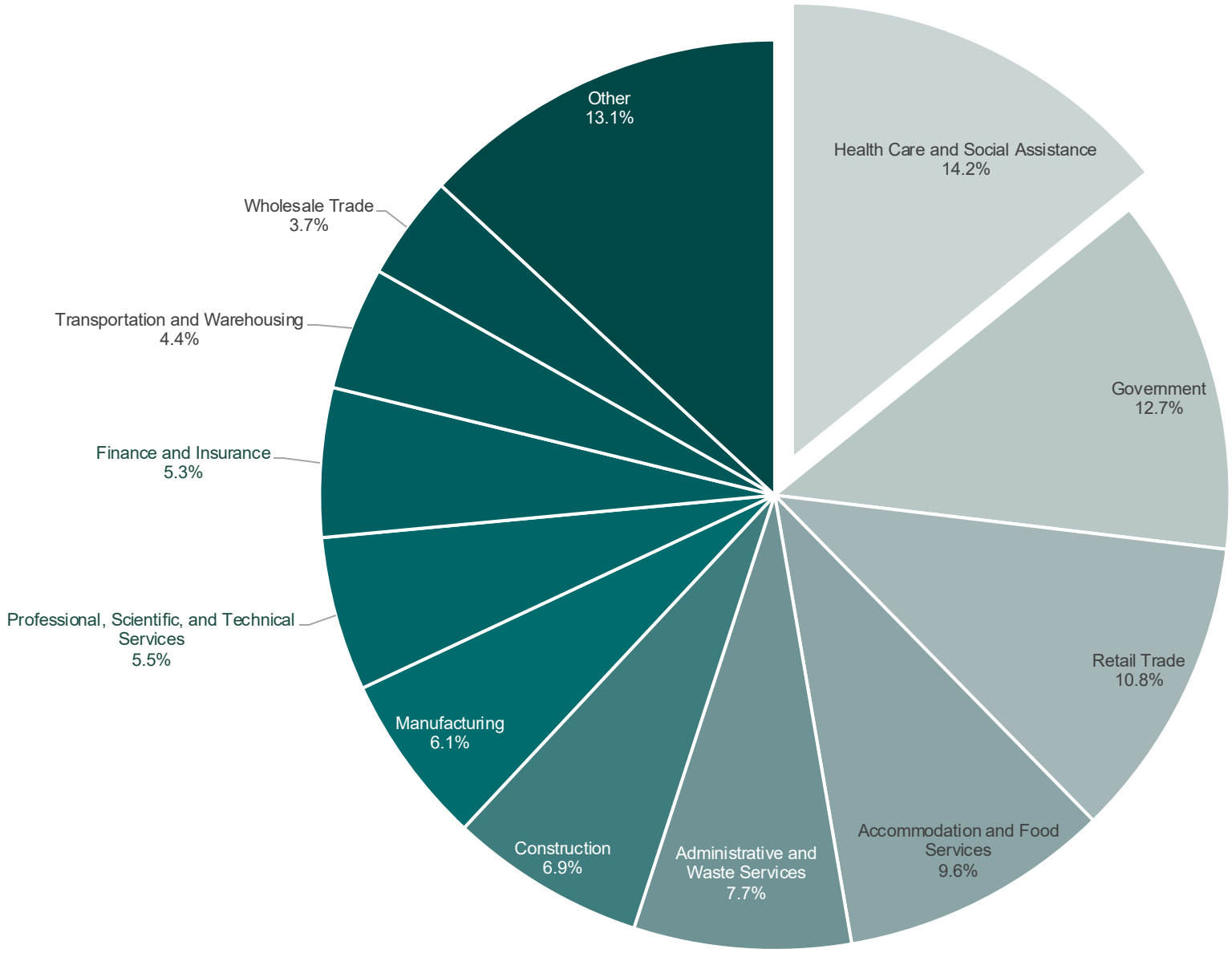
The Healthcare Sector in Arizona

Second Largest Industry For Economic Output

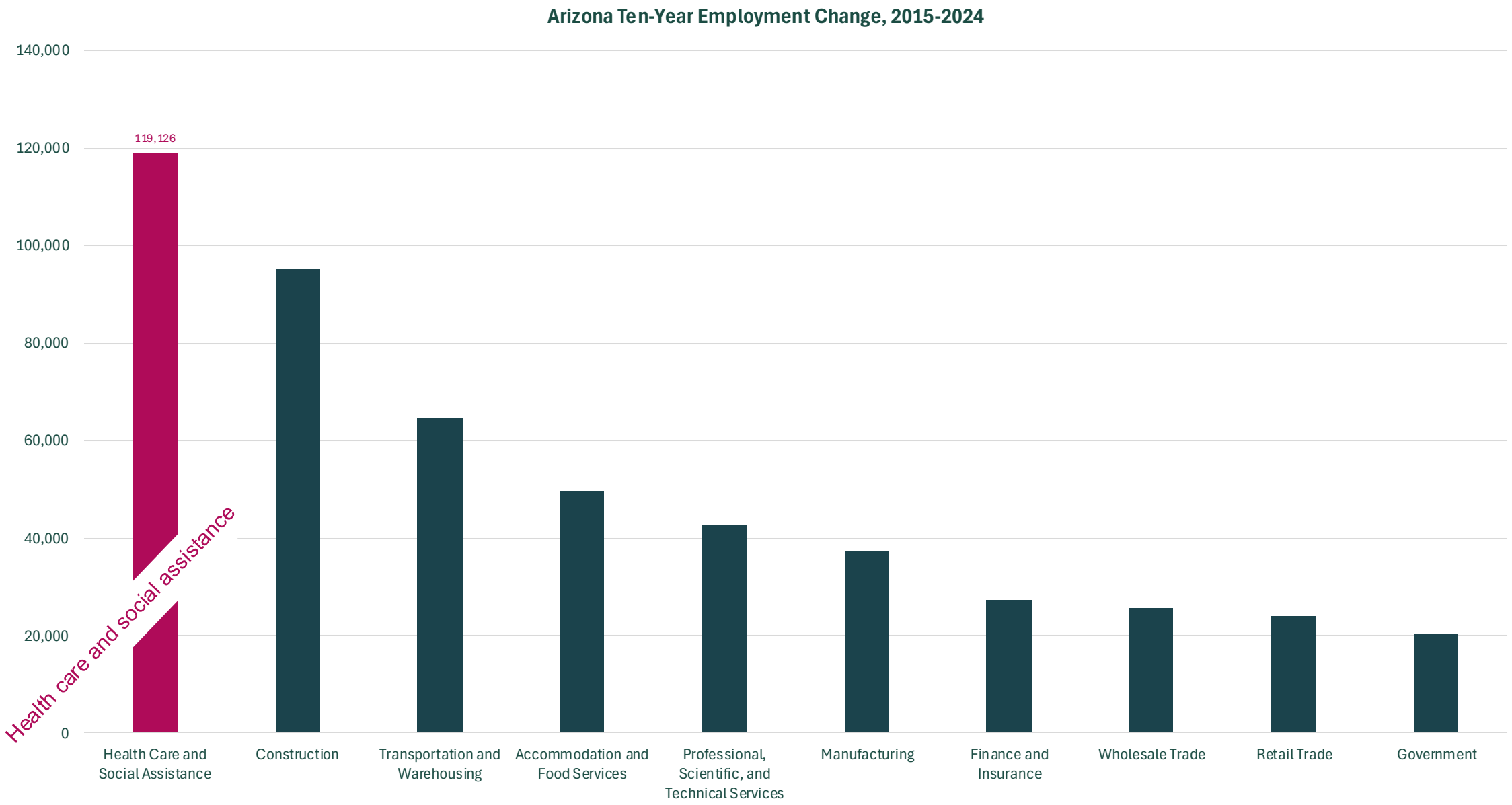


Largest Industry For Employment

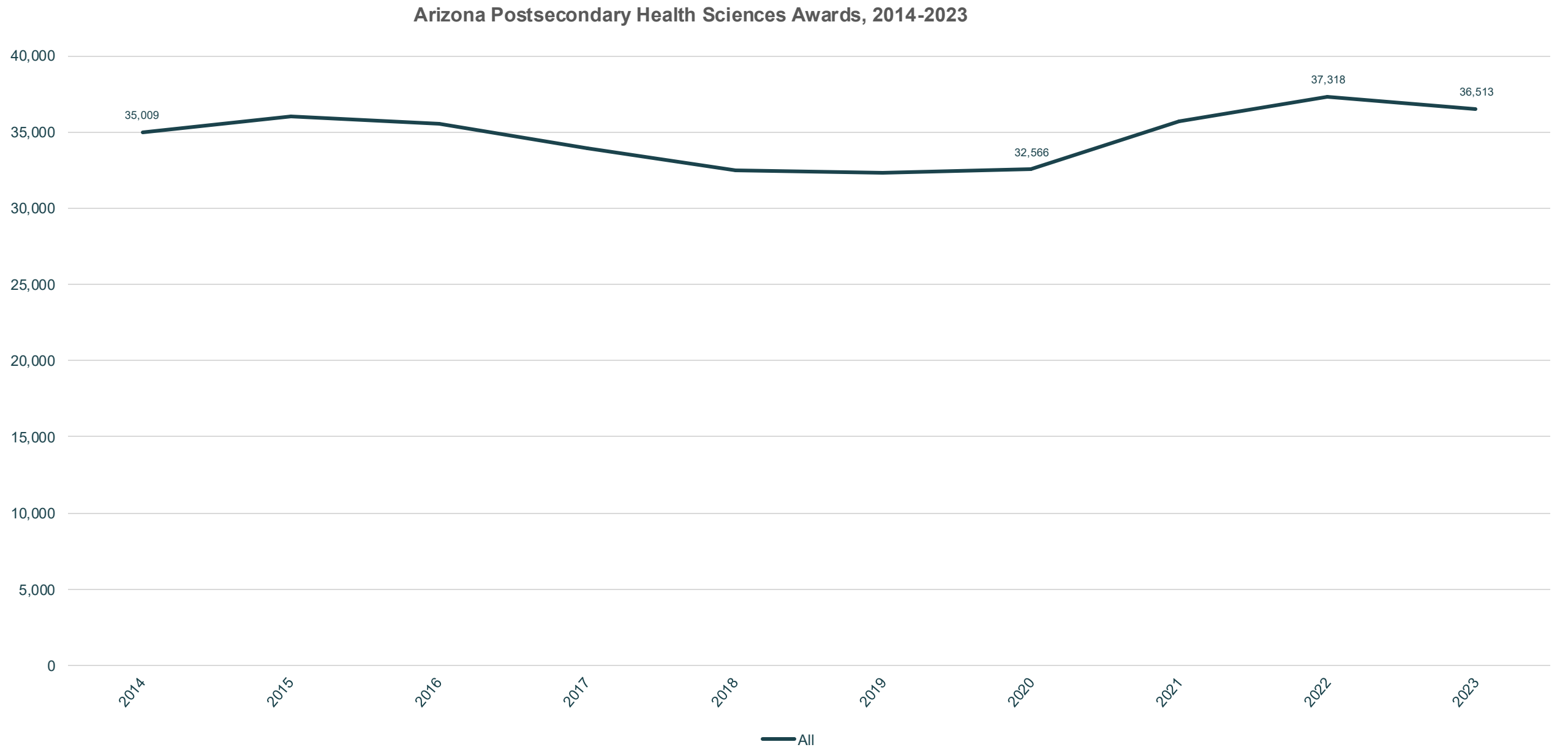
Arizona Employment by Industry, 2024 Annual Average



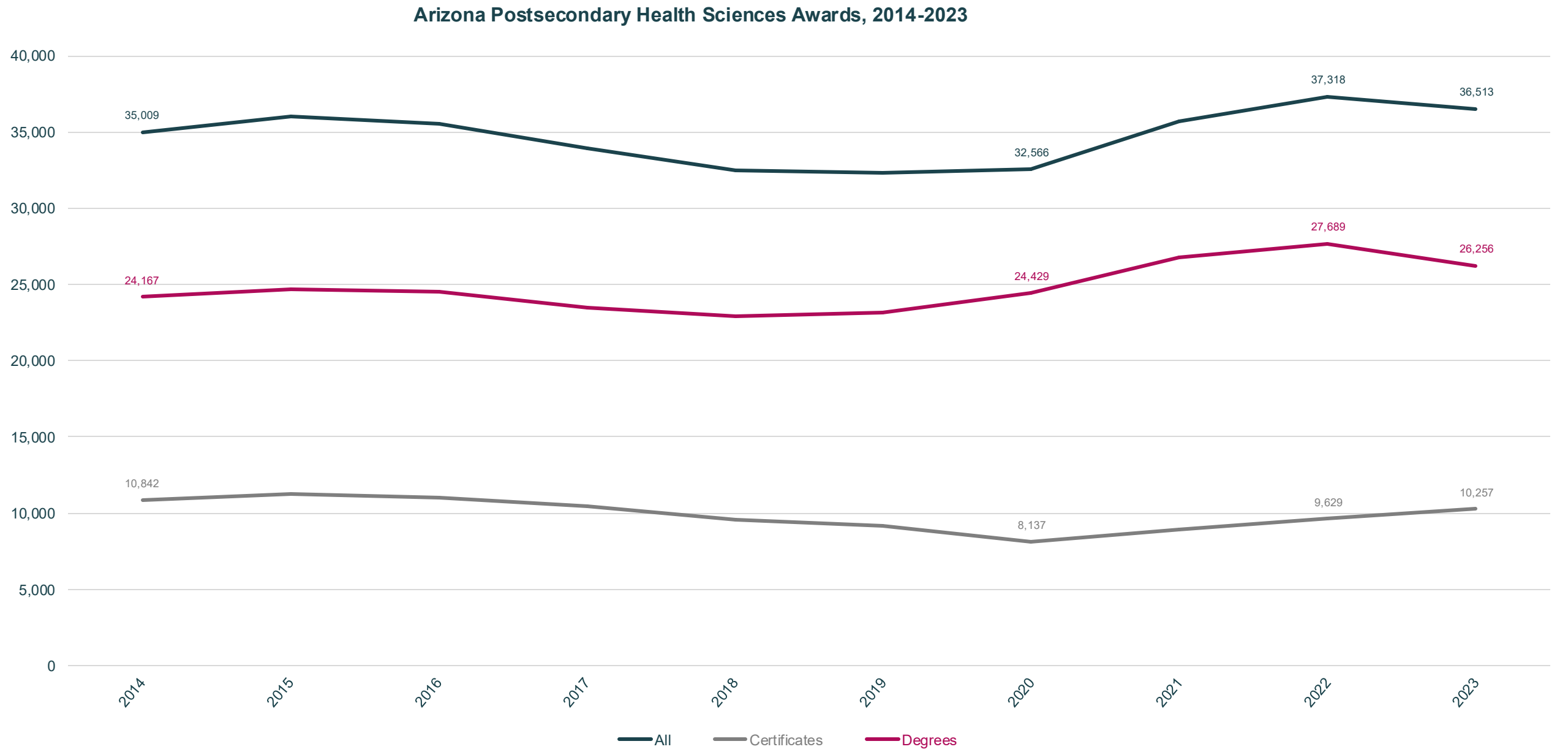
Largest Industry For Employment Growth



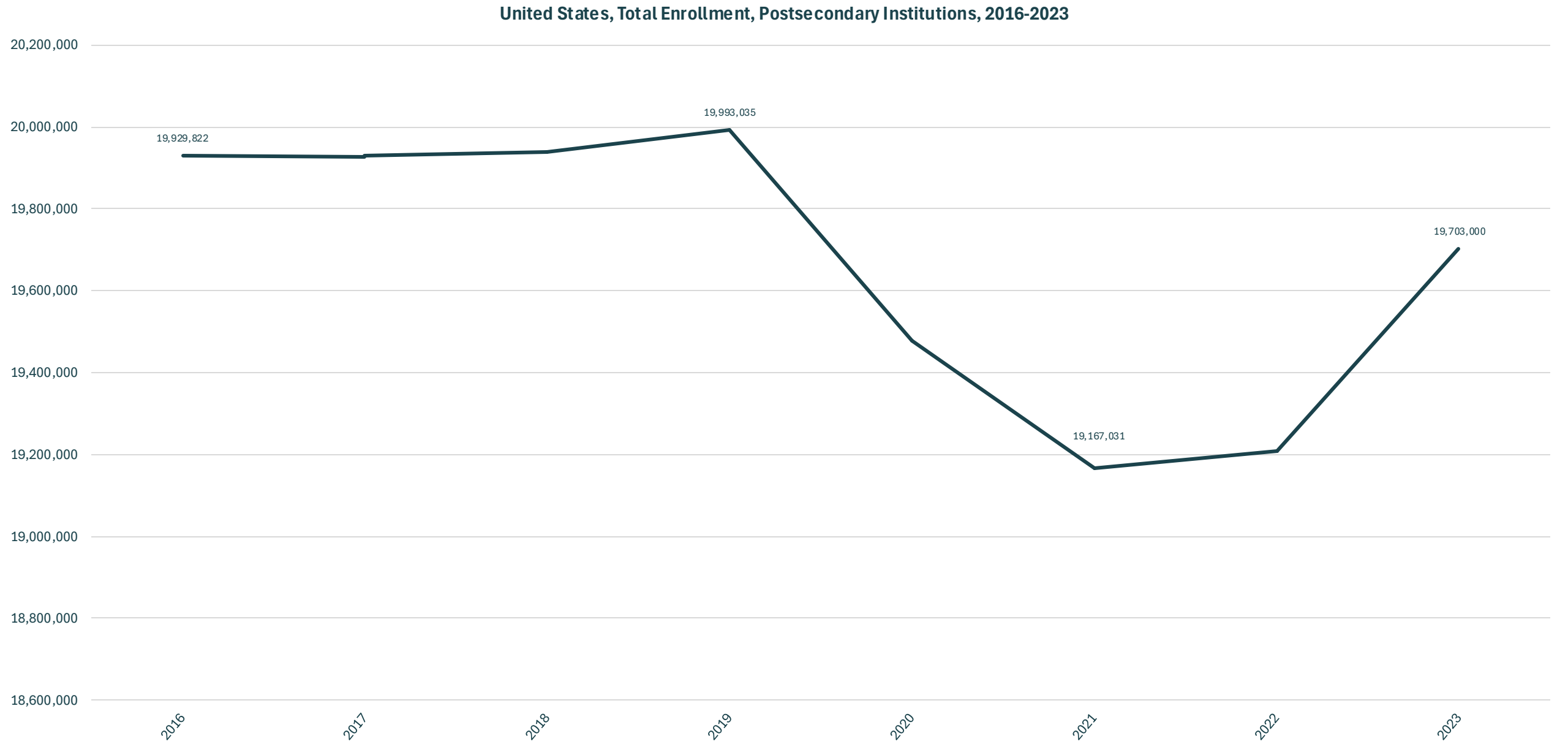
An Uneven Talent Pipeline



An Uneven Talent Pipeline



An Uneven Talent Pipeline as Part of a National Trend



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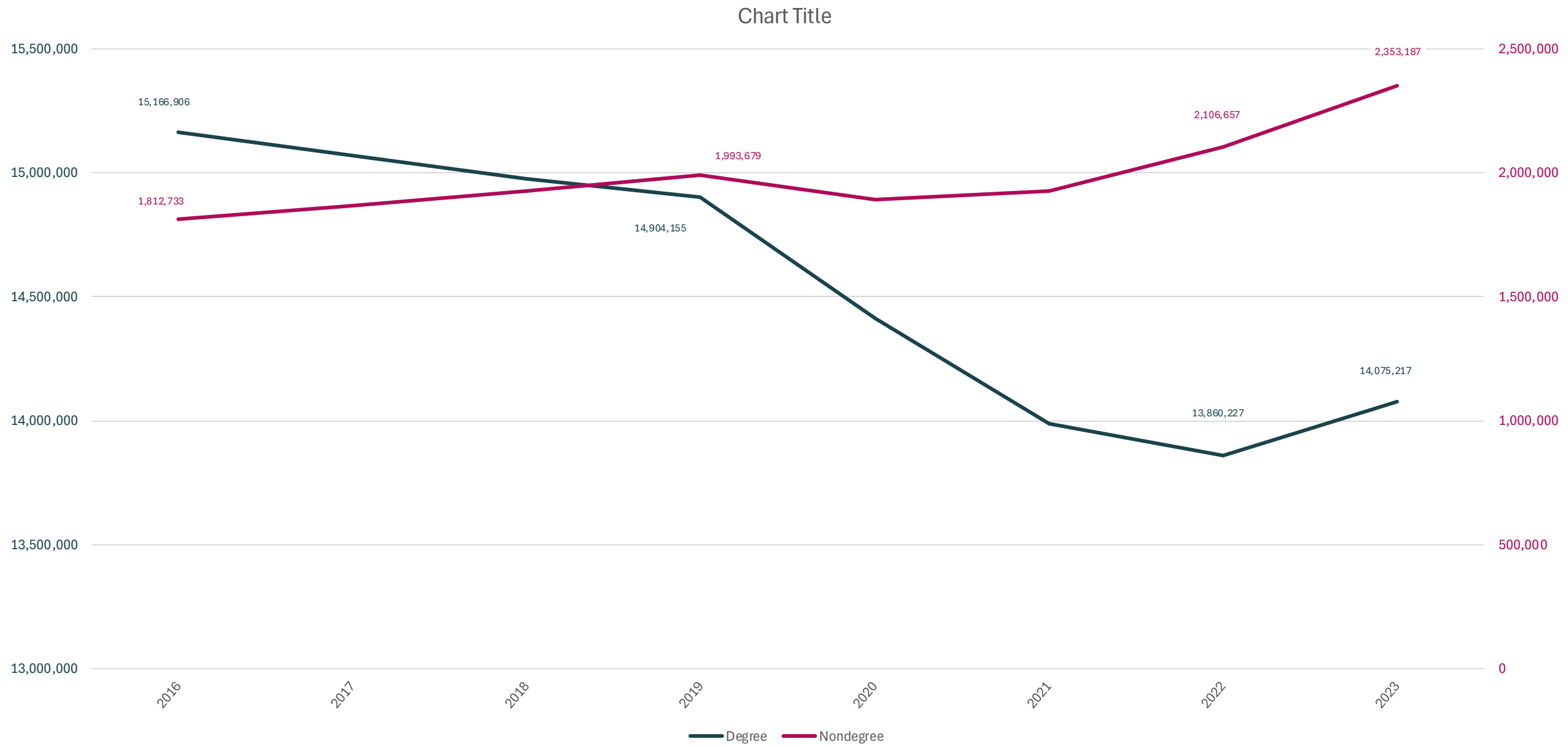


CTE Fact Check

What is the HS graduation rate for CTE students nationwide?

A) 81%
B) 73%
C) 60%
D) 93% ←

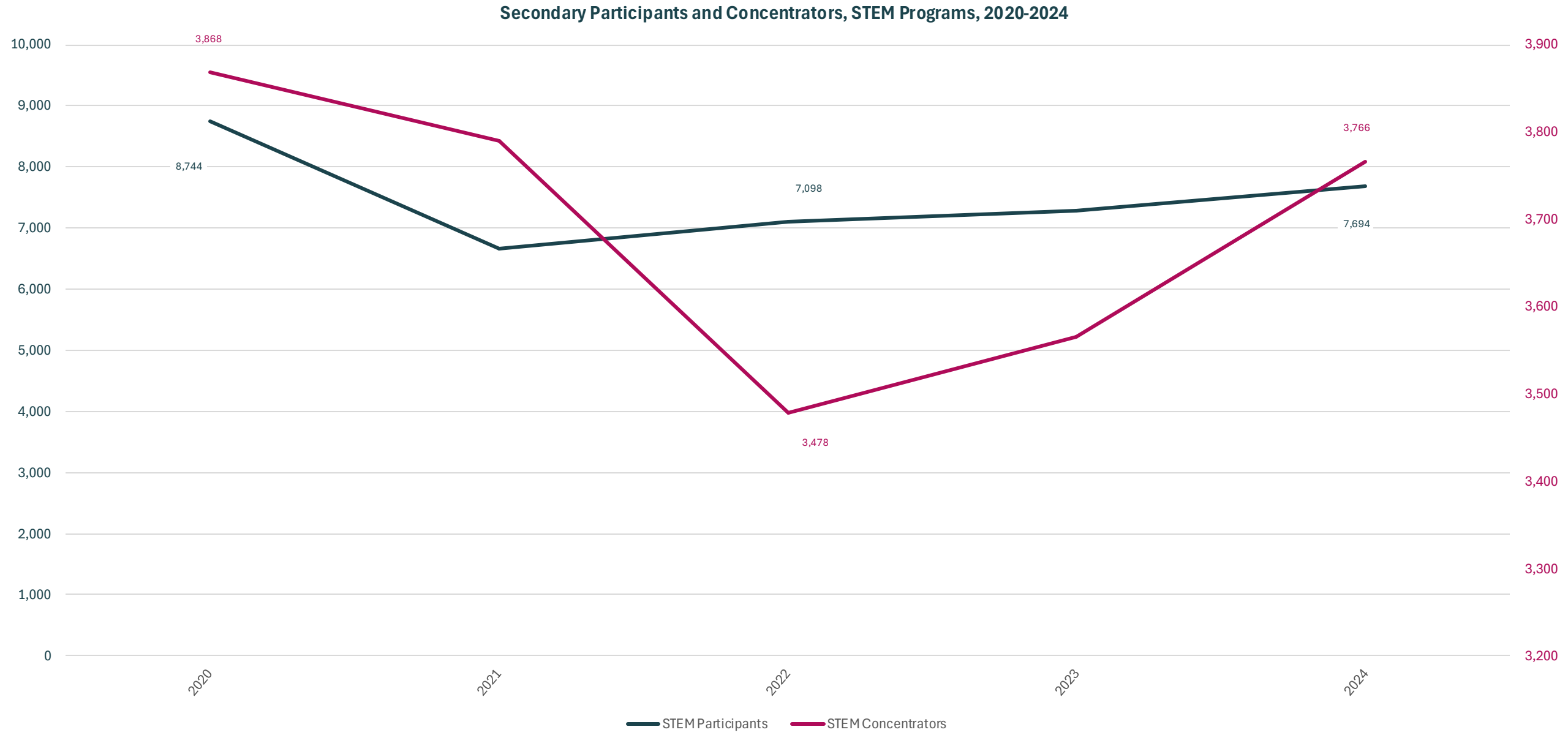
What percent of students who take 2 CTE credits enroll in post-secondary?

A) 58%
B) 91%
C) 75% ←

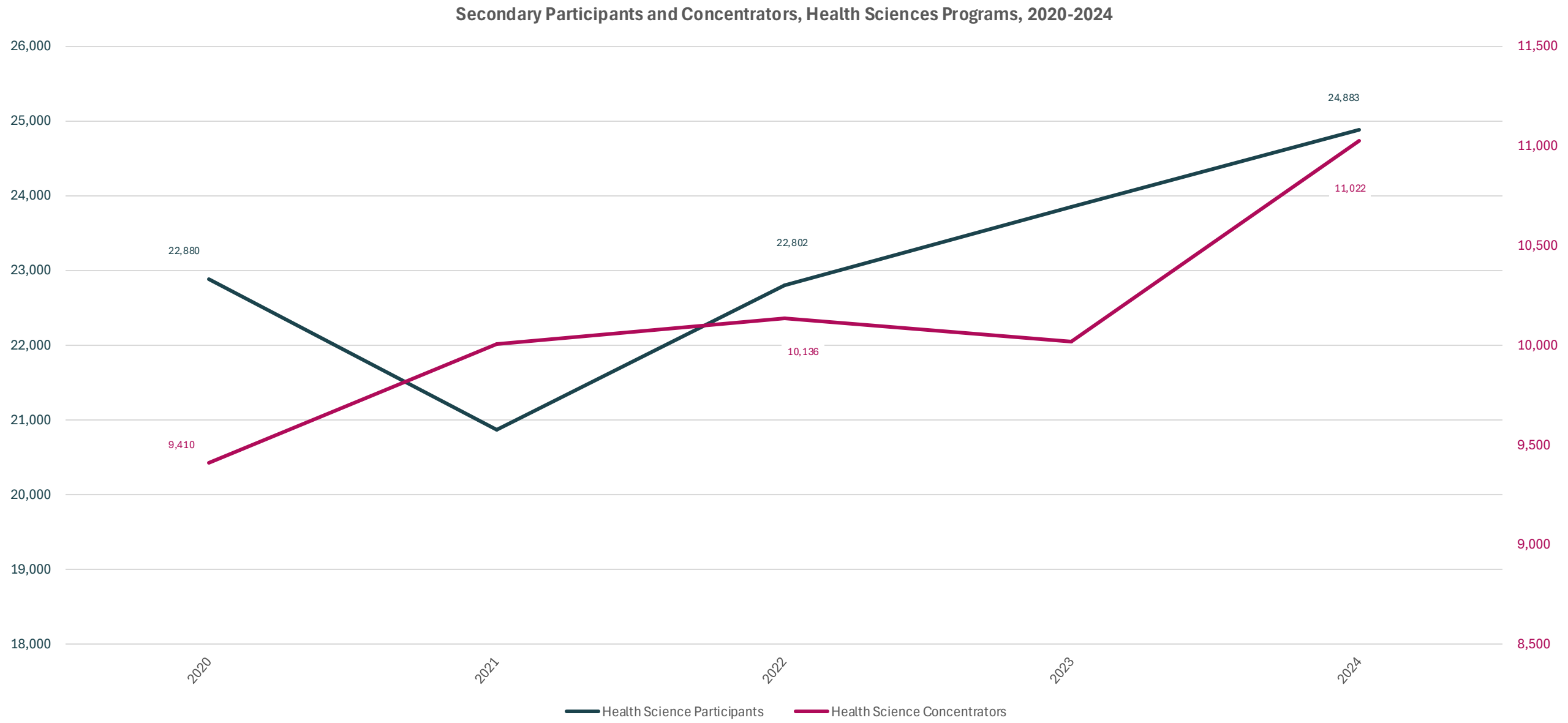
What is the college completion rate for CTE concentrators?

A) 80% ←
B) 56%

Troubling Trends in Arizona STEM Enrollment



Promising Trends in Arizona Health Sciences Enrollment

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Closing Remarks

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