

**THE DPC PATIENT EXPERIENCE
BENCHMARK REPORT:**

How to Measure & Master the 4Cs of Primary Care

INTRODUCTION

For the physician-entrepreneur, Direct Primary Care (DPC) represents a shift toward professional autonomy. By removing insurance-based barriers and administrative overhead, the model allows clinicians to re-focus on the physician-patient relationship. With the Hint DPC ecosystem now reaching over 7,200 employers and 1.2 million members nationwide, this shift toward relationship-based care is establishing a new standard for healthcare delivery.

The DPC movement is maturing, along with the available data. By focusing on measurable results in cost, quality, and patient satisfaction, the goal is to strengthen the evidence base for DPC as a foundational element of the healthcare system.

Using the Quintuple Aim for Healthcare Improvement, which outlines five objectives for a stronger, more equitable healthcare system, Hint Health has partnered with leading organizations to measure DPC's progress, including work with Phyx Primary Care to assess clinician wellbeing and this report presenting Person-Centered Primary Care Measure (PCPCM) results from DPC patients, offering practices a benchmark and a practical way to measure and improve patient experience over time.

HINT DPC ECOSYSTEM

7.2k Employers

1.2M Members

5 CRITICAL OBJECTIVES FOR MORE EQUITABLE HEALTH

1. Lower overall costs
2. Improve clinician wellbeing
3. Enhance patient experience
4. Deliver better health outcomes
5. Achieve health equity

WHAT IS THE PCPCM?

The Person-Centered Primary Care Measure ([PCPCM](#)) is currently the only patient-reported measure of the four core functions of primary care, known as the “4Cs”: first contact, comprehensiveness, coordination, and continuity. It is a nationally recognized clinical quality measure through [CMS](#), reflecting its growing role as a standardized way to evaluate primary care performance from the patient perspective.

Developed in 2016 by Drs. Etz and Stange and colleagues at the [Larry A. Green Center](#), the PCPCM was built from broad input across the healthcare ecosystem, including patients, primary care clinicians, employers, and other experts. That design approach is part of what makes the tool especially relevant for DPC practices that view relationship-based, whole-person care as the foundation of quality.

To create this benchmark, Hint launched a recruitment effort within its client base to identify DPC clinic sponsors interested in surveying their patient populations. Participating clinics received ready-to-use outreach language and implementation guidance, along with a clinic-specific Type-form link to an online 20-question survey to send to their patient base.

Survey responses were collected over a 14-month period, from June 25, 2024 to August 25, 2025.

SURVEY CONSISTED OF

11 PCPCM Questions

8 Demographic/Background Questions

1 Net Promoter Score (NPS) Questions

PCPCM QUESTIONS

The 11 PCPCM items below assess patient experience across the 4Cs of primary care and are scored on a four-point scale from 1 (“Not at all”) to 4 (“Definitely”).

CONTACT/ACCESS Q1: The practice makes it easy for me to get care

COMPREHENSIVENESS Q2: The practice is able to provide most of my care
Q3: In caring for me, my doctor considers all factors that affect my health
Q7: My doctor or practice stands up for me
Q8: The care I get takes into account knowledge of my family
Q9: The care I get in this practice is informed by knowledge of my community
Q10: Over time, this practice helps me to meet my goals
Q11: Over time, my practice helps me stay healthy

CONTINUITY Q5: This doctor or practice knows me as a person
Q6: My doctor and I have been through a lot together

COORDINATION Q4: My practice coordinates the care I get from multiple places

RESULTS

ENGAGEMENT AND PARTICIPANT DEMOGRAPHICS

The survey recorded high engagement from the patient population; of the 1,935 individuals who initiated the PCPCM survey, 1,632 completed it, resulting in an 84% completion rate. To ensure data integrity, 98 responses were excluded because they were either not linked to a specific clinic or originated from clinics with fewer than 30 respondents, adhering to PCPCM validity standards. The final analytical sample consisted of 1,534 DPC patient participants.

The study participants represented 12 DPC clinics across eight states: California, Colorado, Florida, Oklahoma, Pennsylvania, South Carolina, Texas, and Washington. This distribution provides a geographically diverse perspective on the Direct Primary Care experience (see Appendix 1 for the state-level distribution).

The Total PCPCM Performance score, representing the average score across all questions and participants, was 89%. PCPCM Performance Scores across the 4Cs of Primary Care, the core pillars of the relationship-based model, highlight the specific areas where the DPC experience is most impactful:

MEASURE	SCORE	IMPACT
CONTACT/ACCESS	97%	Near-instant access to care when patients need it most
COMPREHENSIVENESS	90%	Whole-person approach that goes beyond the symptoms
COORDINATION	88%	Seamless navigation through the complex healthcare ecosystem
CONTINUITY	82%	Building the long-term trust that defines the DPC movement.

The near-perfect score of 97% for Contact/Access identifies it as the strongest core function in DPC, serving as the foundation for the rest of the patient experience.

The study yielded a Net Promoter Score (NPS) of 85. In any industry, an NPS above 70 is considered world-class; in healthcare, an 85 represents a level of patient trust and advocacy that the traditional system simply cannot match.

RESULTS

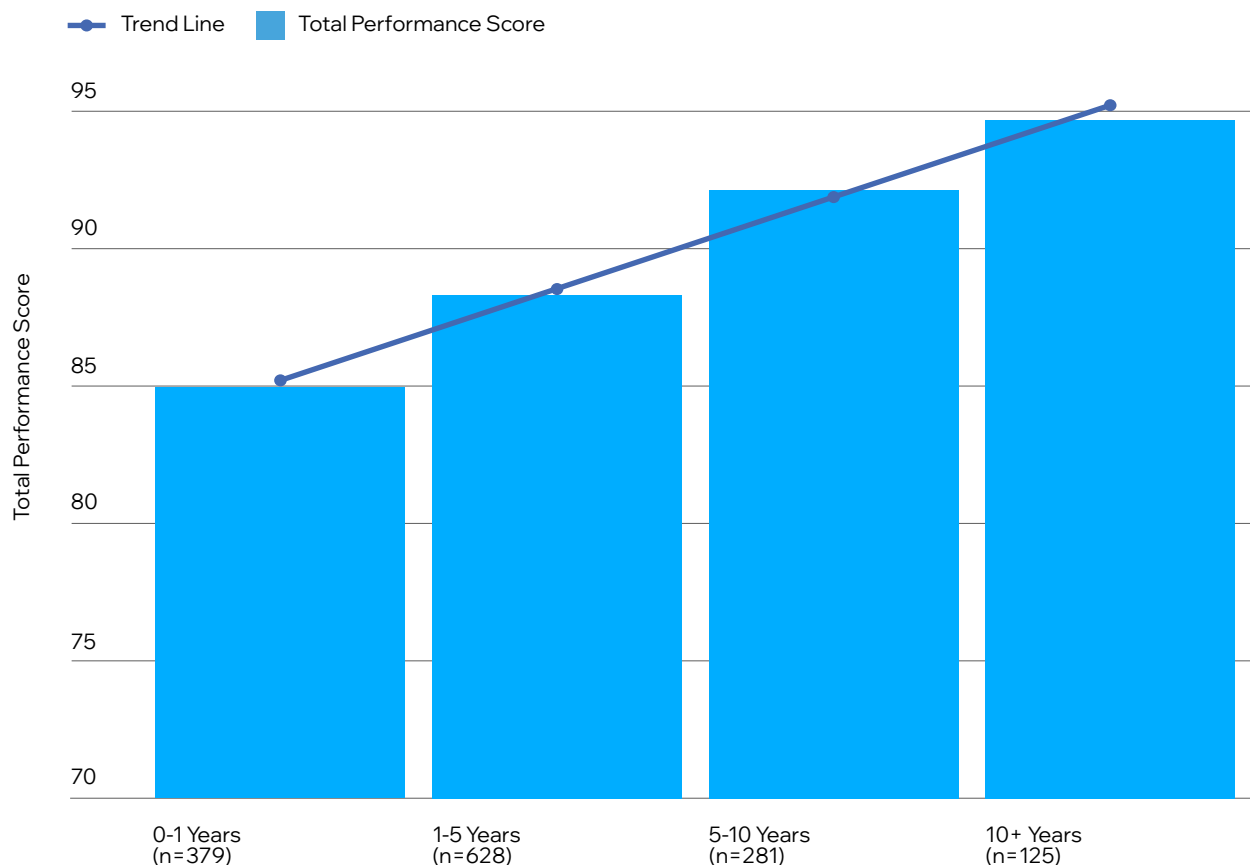
PCPCM AMONG DPC PATIENTS BY GROUP

Across groups, PCPCM scores were highest among patients with longer-standing doctor relationships and were modestly higher in older, healthier patients as demonstrated below. There was little to no change in scores across gender or race.

PATIENT TENURE

In response to the survey question, “How many years have you known this doctor?”, results show that patients with longer tenure with their physician report higher PCPCM scores.

FIG. 01:
TOTAL PCPCM PERFORMANCE SCORE BY PATIENT TENURE WITH THE DOCTOR



RESULTS

FIG. 02:
PCPCM ITEM SCORES BY PATIENT TENURE WITH THE DOCTOR

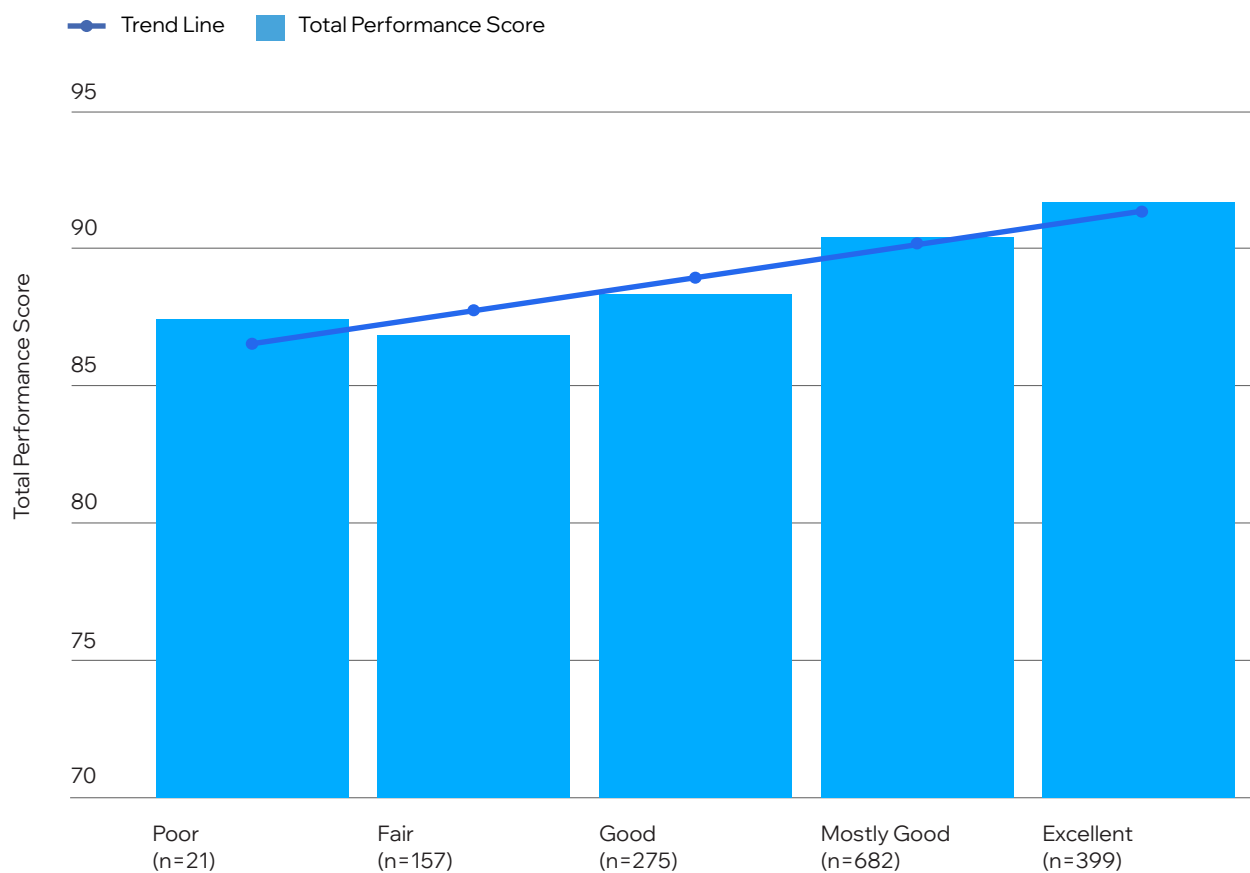


RESULTS

SELF-REPORTED HEALTH STATUS

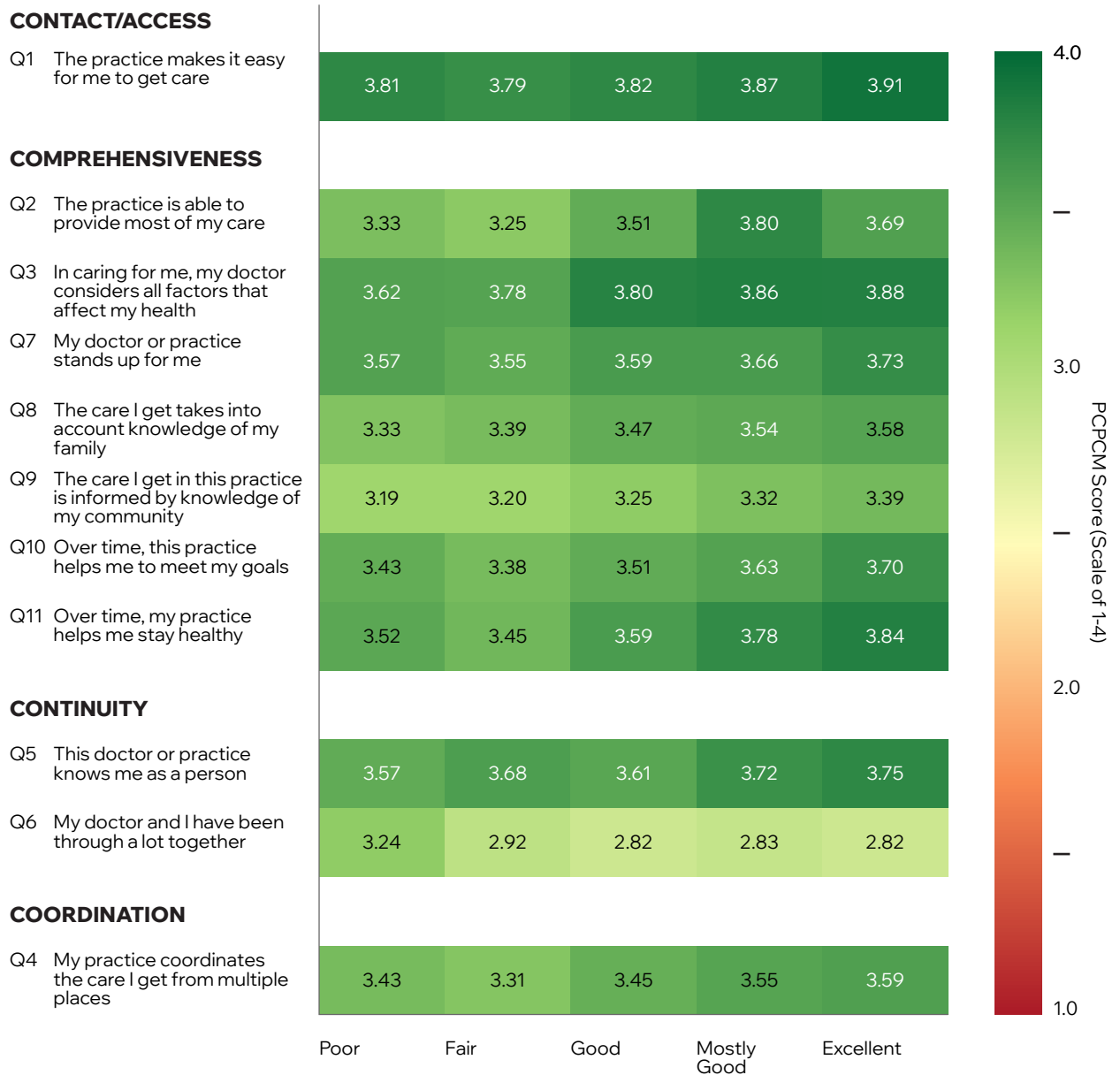
In response to the survey question, “How is your health compared to people your age?”, results show that PCPCM scores are modestly higher among patients who report better health.

FIG. 03:
TOTAL PCPCM PERFORMANCE SCORE BY SELF-REPORTED HEALTH STATUS



RESULTS

FIG. 04:
PCPCM ITEM SCORES BY SELF-REPORTED HEALTH STATUS

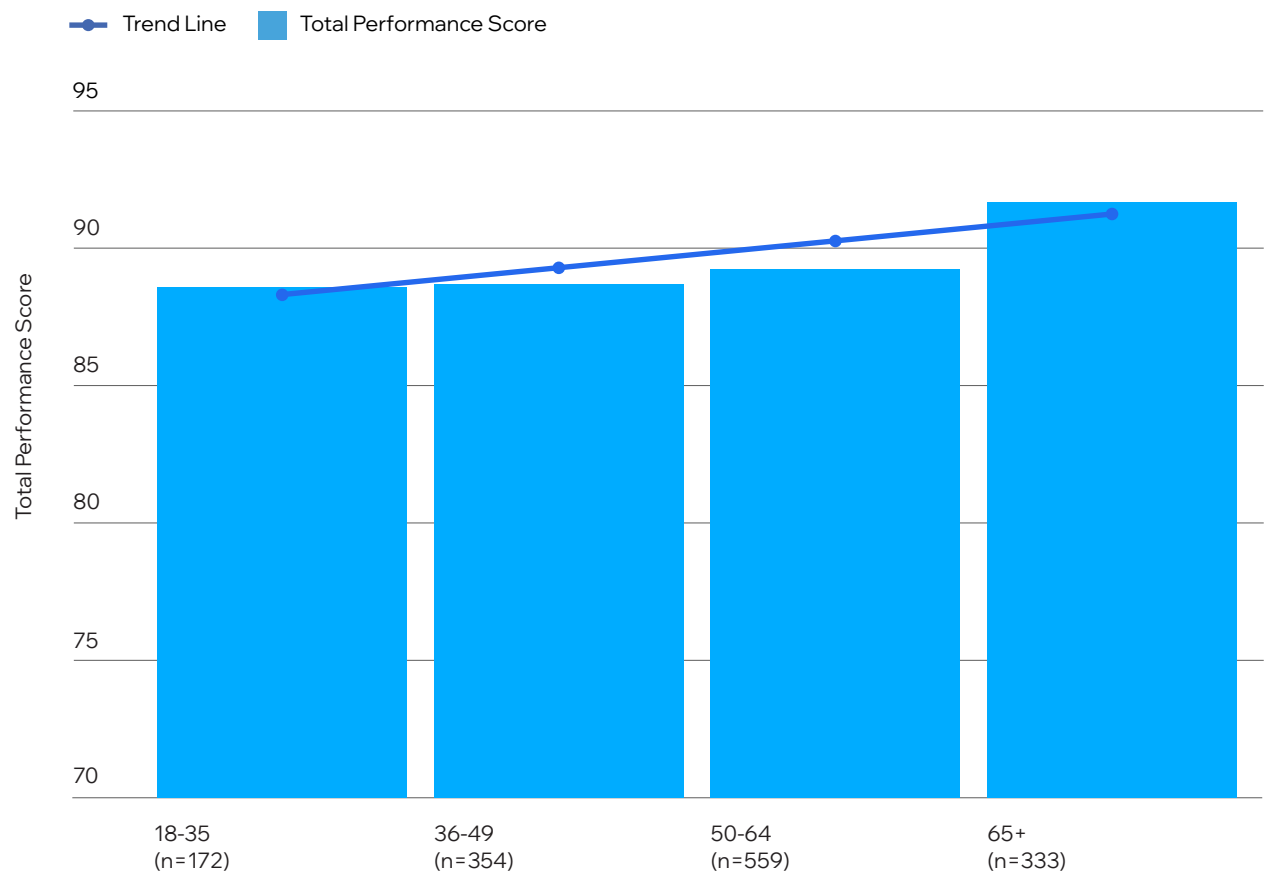


RESULTS

AGE

In response to the survey question, “How old are you?”, results show that PCPCM scores are modestly higher among older patients.

FIG. 05:
TOTAL PCPCM PERFORMANCE SCORE BY AGE GROUP



RESULTS

FIG. 06:
PCPCM ITEM SCORES BY AGE GROUP



CONCLUSION: A NEW STANDARD FOR AMERICAN MEDICINE

This report provides Direct Primary Care (DPC) practices with a clear benchmark for evaluating and improving the patient experience. The “4Cs” are not just a list of metrics; they represent the functional pillars of the physician-patient relationship. In the Direct Primary Care model, these elements work in tandem to create a superior care experience, with reliable access acting as the catalyst for comprehensiveness, coordination, and continuity.

KEY STRATEGIC TAKEAWAYS

The Compounding Power of Trust: Performance scores increased alongside patient tenure, proving that continuity is a measurable driver of patient experience. As the physician-patient relationship matures in DPC, the compounding effects of trust and shared history lead to a higher perceived value.

A Model for Health, Not Just Illness: Strong results among healthier patients reinforce that DPC’s value is not confined to episodic problem-solving as in the traditional system. Proactive touchpoints, prevention-oriented guidance, and whole-person relationship-based care resonate even when patients aren’t acutely ill, serving as a critical mechanism for long-term health maintenance.

Access as the Foundation: With a nearly perfect 97% score in First Contact/Access, DPC provides the reliable foundation necessary for early engagement and effective follow-through across all other clinical functions.

Outperforming the Traditional System: DPC continues to set the bar high, comparing favorably to traditional care on both loyalty (85 NPS for DPC vs. 38-58 for traditional healthcare) and overall clinical experience (89% for DPC PCPCM vs. [84% for traditional care](#)).

The mission now is to broaden and deepen the evidence base across more clinics and diverse populations, using PCPCM as our North Star for consistent measurement. The following section outlines how to launch PCPCM, track performance, and join the growing movement of clinicians that are defining the future of primary care.

CONDUCTING THE PCPCM AT YOUR DPC PRACTICE

The [EASY Survey Platform](#), developed by Smart Measures in partnership with the Larry A. Green Center, allows practices to administer the Person-Centered Primary Care Measure (PCPCM) via email, SMS, or a printable PDF.

Annual pricing is \$250 for practices with up to five clinicians, plus \$199 for each additional clinician. After exporting patient contact information from the EHR, distributing the survey takes less than five minutes per month and supports longitudinal tracking of what matters most to patients.

The platform provides access to PCPCM response data for viewing and export. De-identified results also contribute to broader benchmarking, allowing practices to compare patient experience across participating clinics.

APPENDIX

Sample distribution by state

	CLINICS	RESPONDENTS
CALIFORNIA	2	240
COLORADO	3	451
FLORIDA	1	255
OKLAHOMA	2	134
PENNSYLVANIA	1	254
SOUTH CAROLINA	1	106
TEXAS	1	53
WASHINGTON	1	41

PERSON-CENTERED PRIMARY CARE MEASURE

PCPCM Survey Questions, Source: [The Larry A. Green Center](#)

PATIENT'S GENERAL ASSESSMENT OF TODAY'S VISIT	RESPONSE			
The practice makes it easy for me to get care.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
This practice is able to provide most of my care.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
In caring for me, my doctor considers all factors that affect my health.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
My practice coordinates the care I get from multiple places.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
This doctor or practice knows me as a person.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
My doctor and I have been through a lot together.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
My doctor or practice stands up for me.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
The care I get takes into account knowledge of my family.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
The care I get in this practice is informed by knowledge of my community.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
Over time, this practice helps me to meet my goals.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all
Over time, my practice helps me stay healthy.	⁴ Definitely	³ Mostly	² Somewhat	¹ Not at all

Please consider including the 8 simple demographic and contextual items below. These items can appear in the format below and on the same page as the PCPCM. Feel free to adjust formatting to enable a single page instrument if using paper forms.

PLEASE TELL US A BIT ABOUT YOURSELF

How is your health compared to other people your age?	⁵ Excellent ⁴ Mostly Good ³ Good ² Fair ¹ Poor
How many years have you known this doctor?	____ (number of years)
Do you consider yourself a member of a minority group?	¹ Yes ⁰ No
Gender	⁴ Female ³ Male ² Trans ¹ Other
Age	____ (number of years; use decimals for children <6)
Was it hard to complete this form?	¹ Yes ⁰ No
If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care?	¹ Yes ⁰ No
Do you have a single doctor or practice that you would say handles most of your care?	¹ Yes ⁰ No

NPS QUESTION

How likely are you to recommend this DPC Clinic to a friend or family member? _____ 0 (= 'Not likely') to 10 (= 'Very likely')

SURVEY ANALYSIS

Below are the analyses used for this study.

PCPCM scores are reported (1 to 4) for each item and a total score is calculated by summing responses to all items and dividing by the number answered:

= sum of responses for that item / number who responded to that item

As for NPS, the NPS survey score responses are categorized as:

0-6 indicates a detractor

7-8 indicates a passive

9 - 10 indicates a promoter

Overall NPS for DPC = ([number of promoters] - [number of detractors]) / [total number of respondents]

Total Performance Score = sum of all responses across all questions / 11 / 4 * 100

Source: [Centers for Medicare & Medicaid Services](#)

PCPCM PRO-PM SAMPLE CALCULATION

Step 1: Exclude incomplete patient responses

Any PCPCM PRO instrument for which a patient failed to answer at least 8 of the 11 items is excluded from calculations

Step 2: Calculate PCPCM PRO item specific mean scores*

How would you assess your primary care experience?	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	PCPCM PRO Instruments Mean Score
Item 1: My practice makes it easy for me to get care.	3	2	1	2	3	2	2.17
Item 2: My practice is able to provide most of my care.	4	2	1	N/A	4	2	2.60
Item 3: In caring for me, my doctor considers all factors that affect my health.	3	4	2	4	3	4	3.33
Item 4: My practice coordinates the care I get from multiple places.	4	4	4	4	4	4	4.00
Item 5: My doctor or practice knows me as a person.	1	1	1	3	1	1	1.33
Item 6: My doctor and I have been through a lot together.	3	1	1	1	3	1	1.67
Item 7: My doctor or practice stands up for me.	2	2	1	1	2	2	1.67
Item 8: The care I get takes into account knowledge of my family.	4	3	2	2	N/A	3	2.80
Item 9: The care I get in this practice is informed by knowledge of my community.	3	3	3	2	3	3	2.83
Item 10: Over time, my practice helps me to stay healthy.	3	2	1	2	3	2	1.83
Item 11: Over time, my practice helps me to meet my goals.	3	2	1	2	3	2	3.17

*For each MIPS eligible clinician, group, subgroup, virtual group, and APM Entity, a minimum of 30 PCPCM PRO instruments per clinician are needed for submission of this measure. All valid survey results (as defined in the specification) should be included in the aggregate score. For MIPS eligible groups, subgroups, virtual groups, and APM entities with 5 or more clinicians, a minimum of 150 PCPCM PRO instruments per TIN for each site/location associated with the clinicians part of the group, subgroups, virtual groups, and APM entities are needed for submission of this measure. If the MIPS eligible group, subgroup, virtual group, and APM entity with 5 or more clinicians encompasses multiple sites/locations, each site/location would need to meet the PCPCM PRO instruments requirements as stated.

Step 3: Calculate the PCPCM PRO total score

	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 11	Total Mean Score
PCPCM PRO Instruments Mean Score	2.17	2.60	3.33	4.00	1.33	1.67	1.67	2.80	2.83	1.83	3.17	27.40

PCPCM PRO Total Score (27.40)/11 = 2.49

Step 4: Converting PCPCM PRO total scores to PCPCM PRO-PM performance score

PCPCM PRO-PM Performance Score = $(2.49/4) \times 100 = 62.27\%$

See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Procedure

THE DPC PATIENT EXPERIENCE BENCHMARK REPORT:

HOW TO MEASURE & MASTER THE 4Cs OF PRIMARY CARE

