



Shooting for Great or Trying to Survive?

■ LOU ELLEN HORWITZ

“We have met the enemy, and he is us.”

Walt Kelly, Pogo

If you have read Jim Collins’ book, *Good to Great*, then you have learned why the true enemy of being a great organization may be trying to be “good” at too many things. Our efforts to be competitive with all comers can sometimes blind us to the unique qualities we have that make us great.¹ Let me give you an example.

Let’s say Main Street Urgent Care has been open for about 18 months when the big-box retailer down the street opens a walk-in clinic in the space where the video rental department used to be. The physician/owner of Main Street is concerned that the low-cost visits offered by the new clinic will lure patients away.

What would you do? Would you scale back on your physician caregivers and add more nurse practitioners so you can offer some of the same low-cost visits without losing your shirt? Would you run a negative ad campaign depicting the retail clinic as providing “inferior medical care” and run by an uncaring corporation? Would you close down Main Street and buy into one of the retail clinics? Would you think, “How can we get good at what they are good at so we can compete with them?”

While all of these are options, what Collins argues is that these kinds of “threats” are an opportunity to reanalyze (or discover) what he calls your “Hedgehog Concept”—what it is that Main Street Urgent Care can be *the best in the world* at doing.

If right now you are not the best in the world (or at least in your community) at anything, then the new retail clinic may indeed be a threat to you and you need to make some

adjustments. If you are the very best in your community at delivering the care that your patients need when they want it, in the way that they want it, then you will probably weather the retail clinic’s arrival just fine (anecdotal evidence indicates that many have done just that).

If you don’t know if you are the best at anything, then it’s time to get your team together and have some vigorous discussions about what you can be the best at, and get to work on whatever that turns out to be (and then market it!). It’s not a fast process, nor generally an easy one, so even if you are still the only urgent care center in your market, the time to think about your “hedgehog concept” is now, before competition starts to hone in on your patients. At UCAOA, we get at least one e-mail a week from owners who are about to open a new clinic; it’s only a matter of time before one of them opens in your territory.

A Whole New Mind

The second enemy of *great* may be our natural tendency to continue thinking about our business the way we always have. We focus on how we can improve our turnaround times, better predict staffing needs, increase collection rates, etc. Meanwhile, patients are self-diagnosing using criteria gleaned from the Internet, more and more treatments are becoming available over the counter, new models for who can prescribe treatment are emerging, radiology films are being read by practitioners in India, and consumers are demanding different levels of service than in the past.

With these rapid evolutions in the delivery of health-care, medicine is well on its way to becoming a commodity, and while urgent care providers may not be influenced as quickly as a solo practitioner, we are not immune.

At the same time, the medical community is struggling to keep pace with pharmacological advances, new technologies, and the limited hours available in the day to see patients. With so many day-to-day issues, how do you, as a clinic leader, focus your efforts and your resources?



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FROM THE EXECUTIVE DIRECTOR

As we have learned from watching the ramifications of the Institute of Medicine's reports on medical errors, quality medical care is the price of entry in our field—it's the bare minimum requirement for even opening your doors. It just makes sense that is where your focus must be.

After quality care (which we hope was already your focus) you need to look at what will make you stand out in your community (with patients, employers and other "customers"). More and more research is indicating that what Daniel Pink, best-selling author of *A Whole New Mind*, calls "high concept, high touch" is influencing both consumer choice and even medical training. Students at institutions like Columbia University Medical School, Yale School of Medicine, and UCLA Medical School are all being trained not only in traditional clinical skills but also in empathy, observation, and spirituality. Jefferson Medical School even measures its physicians' "empathy index."² (Is that part of your compensation formula?)

So, what is the patient experience like in a typical visit to your clinic? Is your front desk staff busy pushing paper, primarily, or are they able to use higher-level discretionary skills to make patients feel welcome, calm, attended to, and generally in good hands? Are your clinicians trained in conversing effectively with patients to avoid overlooking an underlying concern beyond the presenting problem? If many of your patients are from a different cultural background than your own, have you done any research or training about sensitivities you and your staff should be aware of?

In short, are your patients walking out the door (and into the community) feeling pleasantly surprised at how fantastic the care was at your center, or are they thinking that it "wasn't too bad" for a walk-in place?

As technology replaces the human touch in more and more activities, we will all need to capitalize on the skills that only humans can deliver: the simple act of being human to one another. While most of us are delighted to bypass the human element while checking in for our airline flight, when it comes to our health we want another thing entirely—to have a qualified group of people who care for our well-being helping us to get better.

If your clinic isn't getting that message across, then you are not going to be a great urgent care center, no matter how exemplary your clinical care is. Find a way to give that message to your patients, and let your next big worry be how to invest your profits. ■

References

1. *Good to Great: Why Some Companies Make the Leap...and Others Don't*. Collins, J. (2001) Harper Business, New York.
2. *A Whole New Mind: Moving from the Information Age to the Conceptual Age*. Pink, D. (2005) Riverhead Books, New York.



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The *Journal of Urgent Care Medicine (JUCM)*, the Official Publication of the Urgent Care Association of America, is looking for a few good authors.

Physicians, physician assistants, and nurse practitioners, whether practicing in an urgent care, primary care, hospital, or office environment, are invited to submit a review article or original research for publication in a forthcoming issue.

Submissions on clinical or practice management topics, ranging in length from 2,500 to 3,500 words are welcome. The key requirement is that the article address a topic relevant to the real-world practice of medicine in the urgent care setting.

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He will be happy to discuss it with you.