



# The Price of Success

■ LOU ELLEN HORWITZ, MA

I read an article the other day in the journal *Physician Executive*, entitled “10 Ways to Take on the Primary Care Competition”.

A few key things made this article very interesting to me:

1. It was written by Joe Flower, the gentleman who will be the keynote speaker for our National Convention in New Orleans (which starts April 29).
2. The audience for the article is, specifically, physician executives—physicians who are in managerial roles in larger healthcare organizations across the country.
3. It was primarily about how these larger organizations can compete with urgent care and retail health centers.

I had several reactions as I read it:

- “Hey, why is ‘my’ speaker shining the spotlight on urgent care for our competition and giving them ways to try to beat us?”
- The days of urgent care centers operating “under the radar” are over.
- There *are many ways* that large healthcare organizations with vast resources (and small ones) can target urgent care as competition and come after our traditional patient population.
- Our members better understand this quickly and start to adapt now (if you haven’t already).

Some of you may remember when hospitals tried to get into urgent care back in the late 1980s and early 1990s. For the most part, they were unsuccessful; can we count on their struggling for profitability this time around, though, or have they learned some valuable lessons?

And Wal-Mart, you may have heard, is planning to open 2,000 in-store clinics over the next five years.

At UCAOA, we have received many more calls from private practice offices planning to open up “after hours” this year than last year.

Clearly, the success of the urgent care industry is drawing the attention of others.

It seems to me that we need to begin an industry movement (revolution?) toward raising our own performance bars before someone else does it for us.

This is a scary prospect. What will this all mean to the average UCAOA member? Are most of us ready for this? How do we get on top of this wave so we can still see the shore?

I read another article later in the same week about Bart Starr and Vince Lombardi. It told the story of Lombardi’s first day coaching the Green Bay Packers and what he said that day to the team. He talked about pursuing perfection—that although they would never reach it, along the way “we will catch excellence.” He stressed the importance of the team taking the initiative to set the bar higher than what might have been acceptable previously. “I am not remotely interested in just being good,” he told his players.

Lombardi’s expectations set a new tone immediately; during the first break of the day, Starr ran to a pay phone to call his wife. “Honey,” he told her, “we’re going to begin to win.”

You read a lot in the larger health system’s literature that sounds like the pursuit of perfection. You read about quality and process improvement, “six sigma” practices, “lean management,” performance matrices, and the like. Many healthcare organizations appear to spend a lot of time and resources at least attempting to “catch excellence”—and there is growing evidence that, although it was much harder and took much longer than everyone hoped it would, they are doing just that.

In visiting our member centers, I’ve found that some have been able to establish their own measures of quality improvement over the months or years—and significant strides have been made at these centers. But nationally, as an industry, this is not yet an integral part of the fabric of our conversations.

If we are standing as close as we seem to be to the national spotlight, this is a conversation we all need to actively participate in—and soon. The cost of not doing so is likely a higher price than we want to consider. ■



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