

LETTER FROM THE EDITOR-IN-CHIEF

Notes From the Field



write to you from the beautiful landscapes of New Zealand, where I just participated in the first-ever international conference for urgent care. Representatives from all over the world joined to share ideas and experiences of their jour-

neys into the development of urgent care as a discipline and an industry.

This international dialogue broadens our understanding of the clinical and market forces driving this global phenomenon, and strengthens our individual and group efforts to advance and legitimize the field.

The Accident and Medical Practitioners Association (AMPA) of New Zealand hosted the event with its partners from the Australian Society of Emergency Medicine (ASEM). The CEO of AMPA, Brenda Evitt, organized an outstanding program with significant relevance for the urgent care community both locally and globally. The atmosphere encouraged forward thinking and idea sharing. Representatives from New Zealand, Australia, Ireland, and the U.S. each had the opportunity to address the group and share the history of the evolution of urgent care in their respective countries.

The similarities are simply amazing, and attest to the congruence of forces driving the development of our discipline globally.

The establishment of an alliance between participating organizations to promote future collaboration on key universal issues of relevance to urgent care globally was discussed for the first time. We believe these efforts are critical for accelerating the evolution of the discipline within the house of medicine.

It was truly a privilege to participate in this groundbreaking event. For years now, the efforts have been grassroots, without much in the way of collaboration. Each country working on an island to define and identify a specialty and an industry.

What is most remarkable to me is how evolutionary forces in distinct healthcare systems and geographic isolation have led to almost impossible similarities in what we all now know as "urgent care medicine." Darwin would be proud. We are at the doorstep of a sea change in the standing of urgent care in the house of medicine and the global healthcare delivery system. Our collaboration will only hasten our advancement.

Many wondered why urgent care has grown so rapidly in the U.S. and abroad.

The same forces appear to be at play across the globe: Urgent care is a market-driven phenomenon, not a scientific one. The "science" of urgent care is a collage of borrowed competencies from multiple specialties. These competencies have been blended to meet the market needs of the patients and health systems we serve. There is a global need for an efficient, convenient, cost-effective point of access for the 80% to 90% of acute care needs that are not life threatening. The over-burdened emergency departments are unable to efficiently provide for this level of care, and the general practice community either lacks the skill set required or the ability to mix into their existing practices effectively.

Market demand has created a niche which we, as urgent care professionals, are uniquely qualified to fill. What is most interesting is how the "genetic" make-up of this "urgent care professional" is so similar in every country, despite virtually no collaboration to date.

He or she is almost invariably entrepreneurial, frustrated with healthcare and the restraints of the entrenched systems of healthcare delivery, easily bored, and eager for change. Thus proving that Darwin's theory of natural selection in the presence of similar evolutionary forces applies to healthcare, as well as to life.

We look forward to an exciting future for urgent care, and are eager to participate in an international discourse aimed at building on the strengths of our individual efforts.

Cheers,

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