Hands Across the Water

LOU ELLEN HORWITZ, MA

2009 has been an interesting year, to say the least. At the beginning of this year I was writing about internal quality and accountability; now that we finally had benchmarking data available, what were you going to do with it in your clinics to improve your own quality? Over the subsequent months, while urgent care became more and more present in public discussions (newspapers, blogs, television, radio) it was grossly absent from political discussions, and we took our first steps to remedy that.

Then the flu season hit, with a new "wrinkle" in the form of H1N1, and urgent care centers stepped up across the country to play a significant role in vaccination and treatment administration.

In a nutshell, our industry has fully realized that while we must continue to look inward to improve ourselves, we must also be looking outward to influence the larger role we play in our country's healthcare delivery.

I'm sure you've noticed that a large part of the healthcare reform discussion has been around the "medical home." Statistically, about 50% of urgent cares formally provide primary care in addition to urgent care, so are essentially serving as a "medical home" for patients. This has been confusing for some people outside our industry, and has even been misinterpreted as an organized movement by urgent care to steal patients from primary care physicians.

Of course, there is no organized industry movement. Every urgent care center I've talked to that also provides primary care made that decision individually in response to patient demand. And assuming provision of that service does not compromise the center's ability to provide urgent care at a level consistent with UCAOA's Certified Urgent Care criteria, at this point primary care services are as "valid" as any other ancillary service an urgent care chooses to provide.

Then there's the "traditional" urgent care center, which does not do primary care at all. Why not? It's not in their mission, it's not what their community needs, it's not what they choose to do with the limited time and resources they have available. There's plenty of urgent care to be done without adding primary care into the mix. In short, they've made an individual decision not to.

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Outsiders looking at our industry are somewhat troubled by this dichotomy, which is odd. No one seems troubled when regular primary care offices start to offer walk-in hours in the evening, even when they add "urgent care" to their sign, even when the scope of service does not expand.

So what's the point of all this musing on the state of the industry circa end of 2009? And what was Paul McCartney singing about in "Uncle Albert/Admiral Halsey" (from which the title for this month's column is taken, but I digress...)?

A new study by The Commonwealth Fund on the state of primary care in the U.S. and 10 other countries showed that in the U.S. only 29% of primary care physicians have arrangements for getting their patients after-hours care so they can avoid visiting a hospital emergency room. It wasn't clear from the study if that meant arrangements "inside their practice," but even so, that possibly means that 70% of the primary care physicians in our country could use a visit from you to offer to be their after-hours partner.

For many reasons, that visit is unlikely to come from the other side, so instead of waiting for your center to get included in a primary care practice's medical home after-hours plan, be the one to reach your hand across that water. As Thomas P. O'Neill, Sr. (Tip's father) said, "All politics is local"—so get local. Worst case, they will bar the door and not let you in. Best case, you add to the complex fabric of care delivery in your community, provide a safety net for some patients, and gain a solid relationship with another provider.

You must, of course, treat this relationship well once you have it. When you grasp a hand across the water, or across a giant political chasm, the assumption is that you won't slap it, or let it go. Happy New Year. ■

Lou Ellen Horwitz is executive director of the Urgent Care Association of America. She may be contacted at *lhorwitz@ucaoa.org*.