



# When Words Won't Do

■ LOU ELLEN HORWITZ, MA

Sometimes, writing this column is the easiest thing in the world—but not often. Sometimes, it is hard to conjure up a compelling topic, and sometimes (like now) it's hard to choose between way too many, especially with the National Urgent Care Convention right around the corner.

I re-read an article yesterday that was written by Dr. David Stern in *Emergency Medicine Review*; it began, "The year #### has been the most dramatic year ever for the rapidly growing urgent care industry." The wonderful and challenging thing about our industry is that the "####" could easily be replaced by this year, last year, the year before, etc. It seems like every subsequent year is the "most dramatic year ever"! (For the record, the actual year referred to was 2005.)

In the UCAOA offices, we see this firsthand. The questions our members ask continue to grow more complex. The non-member callers are much more diverse.

Every week, we hear from the media, venture capitalists, state governments and medical societies, fellow association leaders, prospective urgent care owners or franchisees, bankers, lawyers, real estate agents, patients...you name it. The number of stakeholders in urgent care has grown exponentially.

This is probably even more apparent to our members who are operating on a regional or national level, as you have to navigate the various obstacles to expanding your organization's reach. As time goes on, those only seem to increase in number, as various other parties see urgent care as competition and create additional roadblocks. At times, it makes me wonder if there's a *patient* shortage we should all be discussing instead of a physician shortage.

For the vast majority of you, however, your primary ongoing focus is getting your individual center through the day/week/month/year in a quality-driven, patient-centered, ethical and profitable manner. It is the baseline of what all successful centers do: deliver efficient, effective, episodic care.



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Which brings me to a recent experience I wanted to share that picks up on a theme started by our editor-in-chief in the March issue of *JUCM* (Are You Really Listening?).

Most patients are really terrible communicators; I speak from being one myself. This winter I slipped on some ice and sprained my ankle. I hobbled around for a while, unwilling to go to a doctor because: 1) it was probably nothing and would go away on its own, 2) it's early in the year and I haven't met my deductible, 3) what could they tell me that I didn't already know? It's sprained; I'm familiar with the RICE routine.

After several days with little improvement, I did the next "natural" thing: I looked on the Internet. Outcome: confused.

Next, I started bothering my physician contacts and attempted a plan called "diagnosis by e-mail." Outcome: not really possible.

Finally, I headed into urgent care. Outcome: answer with a bonus.

While the x-ray did not show an ankle fracture, the sharp-eyed physician/radiologist team found a bone spur—a completely unrelated problem that I never mentioned during the visit, but one that had been bothering me for weeks via heel pain of unknown origin (which, obviously, I never saw a doctor about).

As I said, I'm speaking from experience. Patients don't communicate, so sometimes caregivers have to "listen" with their eyes, not just their ears.

Why am I sharing this story? Because it goes back to the core of what you are all doing amidst the turmoil swirling around our country and our industry. It all goes back to you and the patient.

It goes back to the fact that after all the external forces are done with you (as if they ever will be), it comes down to an 8 x 10 room in your center, with a hurting person who is not going to do a very good job telling you what they need—and yet you have to figure it out anyway. Ultimately, the Internet can't do that.

So, while there's plenty to say about the shifting sands we all tread on—and those sands blow around a lot—they actually *shift* pretty slowly. We all need to keep an eye on them, but right now you have patients waiting to see you. ■