



## FROM THE EXECUTIVE DIRECTOR

# Not an Ostrich

■ LOU ELLEN HORWITZ, MA

If 2010 was the “year of the pilot project” in healthcare, it certainly doesn’t look like that’s going to be slowing down in 2011.

There are pilot projects for Accountable Care Organizations, Patient-centered Medical Homes, chronic care via telehealth, ER wait-time billboards, and recently, for ambulances to deliver low-acuity patients to urgent care instead of to the ED. (That last one is in Manitoba, but you can bet that some of the powers that be in the U.S. are watching it with interest.)

Early last year, I attended a small gathering at RAND in Washington, DC to observe a group of “thought leaders” discuss what healthcare reform would mean to retail health. The most interesting aspect of that meeting, to me, was that as the government is tossing ideas to and fro, the folks in the trenches are not sitting still waiting to see what will happen. They are experimenting. They are building bridges (or casting nets); they are making educated guesses and taking risks.

For an industry not widely known for embracing change, healthcare is looking strangely innovative lately. Rather than sticking its head in the sand, healthcare is building sandcastles. Healthcare is reaching out to the kid down the beach and saying “Hey, want to see if we can build a better castle together?”

Perhaps it’s because things feel so much in flux that leaders feel the freedom to experiment—or perhaps it is Mother Necessity giving them the urge. Regardless, it’s happening, and people outside of healthcare are also taking notice—especially of urgent care.

Even though urgent care is rarely mentioned in the DC-based discussions, and irritatingly absent from articles on how to deal with the pending influx of insured patients, do not think that we are still operating under the radar. This summer I added a special Outlook folder just to file emails from investors interested in the urgent care space. You’ve seen recent announcements and there will be more to come. If I had to make a prediction, I think



it would be safe to say that we are going to see a significant escalation of center growth in the coming 12-24 months.

Unfortunately, there’s also been a dark cloud forming. I am starting to hear from some of you that insurance companies are pulling back on their contract terms, ceasing payment on certain codes, not returning phone calls—ever—and other horror stories.

On the flip side, however, other centers’ arguments are falling on very fertile ground with insurance officials coming out to visit their centers to discuss urgent care’s role in their overall coverage plans.

While it’s the same mixed bag payor-to-payor and state-to-state it has always been, the negative trend is obviously somewhat alarming. It’s not like reimbursement was that extraordinary to begin with, so a downturn is not the future we want to see.

Conventional wisdom says that not much will happen in DC for the next several months, as the swapping of offices and staff and chairmanships sorts itself out. That doesn’t mean any of us will have our heads in the sand, though. At UCAOA, we are working on long-term plans to be able to make some national arguments, and in the short term I hope we are providing ways for you to connect with each other and share strategies for being successful.

We do that in the immediate term via UConnect (our online member community; you can access it through our home page, [www.ucaoa.org](http://www.ucaoa.org)) and again this spring for our annual “face to face,” this time in Chicago.

We hope to see you there. In the meantime, keep in touch. ■



**Lou Ellen Horwitz** is executive director of the Urgent Care Association of America. She may be contacted at [lhorwitz@ucaoa.org](mailto:lhorwitz@ucaoa.org).