



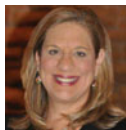
UCAOA and the Power of Benchmarking

■ P. JOANNE RAY

The study is complete... and now the real work begins! Thank you to the Benchmarking Committee including J. Dale Key, Committee Chair, Alan Ayers, MBA, MAcc, Robert Cranfield, MD, Jimmy Hoppers, MD, Lou Ellen Horwitz, MA, Cindi Lang, RN, MS, and David Pick, MD for your leadership, insights and assistance in completing and analyzing the 2012 Urgent Care Industry Benchmarking Study. Now we must embrace the results and engage in active dialogue on a national basis to determine what these results teach us and how we might implement them into a larger continuous quality improvement program for the industry and for our centers. And, each member and urgent care center should leverage this information to gauge their own growth and status. If you've not already done so, please give serious consideration to purchasing the benchmarking study results.

The experts agree that benchmarking by itself does not create change unless it is part of a larger continuous quality improvement program; that benchmarking works best when industry leadership supports it enthusiastically, and when key stakeholders are involved. The investment that UCAOA has made in establishing these benchmarking data should be seen as a benefit to each of you as well as to our entire industry and a starting point for continued comparison and established standards of excellence. A review of business functions, activities, patient base, physician coverage, or pricing will give you a good sense of how you compare.

As one component of total quality management, benchmarking should be a *part* of the continuous process by which you measure and compare your business with that of similar urgent care centers. From such comparisons, you can identify areas where you might make improvements or adapt best practices to increase or enhance some aspect of your center's performance.



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What pearls of wisdom and comparison factors will you find within the 2012 benchmarking results?

- Trends in visits to urgent care centers reporting
- The top ICD-9, CPT, and E&M Codes used
- Average annual revenue, expense, marketing budgets and more
- Clinical staffing strategies
- Provider productivity data
- Average charge vs. average reimbursement
- Percentage of patients using urgent care as medical home
- Utilization of national quality measures
- Average population per center
- Changes in patients per hour and average wait times

Today's urgent care centers and their medical and administrative leaders face an array of daunting challenges. Community awareness, competition, reimbursement, demands for improving efficiency and patient satisfaction all contribute to the successful outcomes of our practice environment. Your first focus is on your patients. And with a hectic daily schedule, your resources are precious. To help you meet these and other challenges, UCAOA offers these benchmarking outcomes along with continuing education and tools to address the business aspect of your practice as well as the unique clinical aspects of urgent care medicine.

Your national leaders will continue discussing and evaluating the benchmarking results and assessing how these data might drive future educational and practice-improvement tools. It's up to you to get as many of your practice personnel as possible to take advantage of what UCAOA has to offer and to embrace the benchmarking results and critically evaluate how your practice measures up.

Go to www.ucaoa.org/benchmarking to purchase the 2012 Benchmarking Study. In the coming months, we will encourage online dialogue to give you an opportunity to share your thoughts and insights with others facing similar challenges. ■