



## Two-Thirds

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*Editor's note: For almost 10 years, Dr. John Shufeldt has generously shared his talents as a writer, legal expert, and thought leader with JUCM readers as the contributing editor of our Health Law department. Although John is retiring as its regular contributor, he will always remain its award-winning founder. In future issues, the Health Law column will be expanded to include new contributors and cover a broader scope of subjects, including compliance and regulatory topics.*

I just returned from my 20th Urgent Care Association of America (UCAOA) convention and am feeling a bit nostalgic. As I began to reminisce about the early days of urgent care medicine, it hit me like a sledgehammer that my life is flying by rather quickly.

According to Death-Clock.org, more than two-thirds of my life is over. More importantly, at least one-third of that time has been spent in urgent care medicine. When I realized this, two thoughts crashed into my consciousness:

- What the heck am I doing with my life, hanging around all of you?
- This has been a helluva ride with amazingly creative and hardworking professionals.

So like every other semiconscious person lying on their deathbed, I began to reflect on the last 22 years I have spent in urgent care medicine.

I can specifically remember the first day our urgent care center opened. It was on October 13, 1993, and it was raining. Our only patient was a wet, mangy dog who wandered in out of the rain. She did not even have the co-pay! At that time, NextCare was called Arizona Family and Urgent Care. It was changed to NextCare only after I heard the front-office person answer the phone with our acronym.

In the early days, Bill and Greg started and ran the North American Association for Ambulatory Urgent Care, and Franz

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started and led the American Academy of Urgent Care Medicine. In 2004 Joe, Tom, and I spent countless hours on the phone with Lee, Franz, and Bill trying to figure out how to merge all of the organizations.

After the failed reconciliation and merger, UCAOA was formed as a not-for-profit corporation on November 12, 2004 by Bill, Don, Lee, Marge, Dan, John K., and David. Becky was the first employee, and she coordinated the very first UCAOA conference in Orlando, Florida. Lou Ellen was hired as the executive director after the second conference in Lake Tahoe.

Today, thanks to their perseverance, UCAOA is the preeminent urgent care organization. Over the years we have prospered under the leadership of a number of board chairs, members, and staff members. Jeff, Alan, another John K., Tim, Nate, Don, Peter, Robert K., Rob, Roger, Laurel, Ken, and Joanne—to name a few—spent countless unpaid hours doing their best to further our profession. Without them, UCAOA would not exist in its present form.

Urgent care was started long before I opened a center in 1993. Most early urgent care operators and centers, save for Bruce and American Family Care (AFC), opened and then closed their doors in the 1980s, after which there was a vacuum of about 5 years until centers again started to appear.

Because of the expansive thinking of Scott, Peter, and Tony, urgent care entered the world of franchising in a big way in 2005. Together, they grew Doctors Express to more than 60 sites before selling to Ensign in 2011. Today, Doctors Express is owned by Bruce and managed by the team at AFC and the franchising board.

The first issue of the *Journal of Urgent Care Medicine* was published in October 2006, debuting Lee as editor-in-chief.



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Thanks to Stuart, Peter, and Lee, the journal has remained the voice of our industry. To date, the journal’s editorial team and my mother have suffered through almost 100 of my articles and columns. As I reread them and reflect back over the years, I can honestly say that unlike red wine, my writing has not improved with age! As the oenophiles out there know, you have to change your selection every once in a while, so it is time to change wines and *Health Law* columnists.

The Urgent Care Fellowship was also started in 2006, at University Hospitals Case Medical Center in Cleveland, Ohio, supported by a grant from UCAOA.

The growth of urgent care and the increasing sophistication of center operators have fostered a number of organizations that many of us now depend upon for our day-to-day functions. Thanks to David and Eric, urgent care medicine has industry-specific electronic health records and revenue-cycle-management companies that focus solely on our industry.

I know that those of you with gray hair will agree that the conferences, the vendors, and the speakers—thanks to Carla, Jami, and their teams—have gone from really good to exceptional. During Becky’s tenure, the vendors enjoyed a level of hand-holding and engagement reminiscent of that provided by a Montessori schoolteacher. More importantly, the speakers and the lectures have hit a whole new level of professionalism and information dissemination, thanks to the UCAOA’s Education Committee.

Lee also continues to further our discipline. He co-edits the *Textbook of Urgent Care Medicine* and has developed the industry’s first—and to my knowledge only—online curriculum for urgent care medicine and urgent care nursing and medical assisting, called Core Content.

Michael is adding his own version of virtual education with *UC:RAP, Urgent Care: Reviews and Perspectives*, which is a series of podcasts on urgent care that is a spin-off of the very popular series *EM:RAP, Emergency Medicine: Reviews and Perspectives*.

Now that I have reminded you of our history, I will close with the clarity that comes only on one’s deathbed. We owners and operators of urgent care centers are disrupters and survivors.

We invented our own industry, and in doing so, we helped alleviate overcrowding in emergency departments (EDs) and primary-care offices.

Our industry has treated hundreds of millions of patients, saved billions of dollars, and saved thousands upon thousands of lives. Despite our success, though, I believe we are about to enter the fight of our lives. Our early value proposition was twofold: The urgent care industry exists to (1) alleviate ED overcrowding and inefficiency and (2) to lower the cost of on-demand care.

Today, most EDs have gone through process redesign and are posting their wait times (somehow always about 6 minutes) on billboards in their catchment areas. Also, freestanding EDs are popping up all over the place to treat walk-in patients with higher-acuity conditions. Both hospital-based and freestanding EDs pull patients with moderate-acuity conditions out of our treatment rooms. Virtual care and retail clinics continue to chip away at patients with lower-acuity conditions by offering a lower price point and, in some cases, 24/7 on-demand service.

Even more concerning are the proliferation of narrow networks and accountable care organizations demanding that their primary-care providers have more open slots and extended office hours. Recently, I was consulting near Boston, and the primary-care providers would come in on Saturdays and Sundays to see their patients. I even know of a few managed care organizations that have moved to prior authorization for urgent care patients.

What does this mean for urgent care? It means we have to continue to adapt, grow, and persevere. In doing so, we need to learn how to play as one organism as opposed to as individuals. We have to lobby together, contract together, and fight together for our patients and our profession. Most importantly, we have to innovate. If you were fortunate enough to hear Jonathan Bush’s keynote address at the close of the UCAOA meeting, you saw that our future clearly hinges on our ability to function *within* and not *outside of* the health-care continuum.

To accomplish this, we must have systems that share and disseminate protected patient information along the continuum of care while avoiding data security breaches. In short, we have to move our once disparate and fractionalized urgent care industry into the big leagues of interaccessability and interoperability.

As Benjamin Franklin said, “We must all hang together, or assuredly we shall all hang separately.” Now is the time to innovate, collaborate, and hang together.

For those of you who know me, this will come as no surprise: I remain the eternal optimist and very bullish. My faith in this truism comes from my long history in our space and from what I know about the tenacity and creativity of my urgent care sisters and brothers. Thus, my glass remains two-thirds full. I will see you all further on up the road. You have my eternal thanks for reading my articles! ■