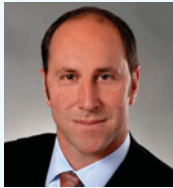




Analytics and Performance Metrics: The Good, the Bad, and the Ugly



It seems like *metrics* and *analytics* are the buzzwords to watch in 2016. Everyone—from health-care administrators to car-wash operators—is looking for ways to measure best practices, key business drivers, and employee performance to stand out. Even my beloved Cleveland Browns became the first team in professional football to hire a chief strategy officer to apply analytics in picking players who give the team its best chance of winning.

Health care itself is into analytics, a trend that can be seen as either transformational or apocalyptic, depending on your view. Health care is measuring everything from patient satisfaction and wait times to readmissions and stent failures, and then using those metrics to build a case for changes that may or may result in better outcomes.

Urgent care has always embraced the notion of analytics, even if unknowingly. In the early years, practice founders identified major gaps in the health-care delivery system that were exploitable with new models care and service. Many metrics were used to meet consumer demands more adeptly and manage cash flow more predictably. It's what we have historically done quite well relative to our peers and was a major reason that urgent care was such a disruptive market force.

Now our competition is looking analytically at work flow and customer-service metrics to find opportunities for improvement. Whatever the tactics, analytics are being used to woo new customers and manage provider behavior. Urgent care operators must respond with the next generation of analytics to maintain their position as health-care disruptors. Our survival depends on it.

To most effectively integrate the use of metrics and analytics into our practices, we must first consider all the implications... the good, the bad, and the ugly.

The good:

- Measuring key business and quality drivers
- Identifying outliers
- Clarifying root cause
- Creating targeted interventions
- Measuring performance improvement
- Quantifying hunches

- Challenging myths and anecdotes
- Leading change management
- Supporting lifelong learning

The bad:

- Embarrassing
- Paternal
- Disempowering

The ugly:

- Often unrealistic; clinical care is not delivered in a vacuum
- Exceptions to the rules, where the art of medicine lies and which can be the difference between life and death

Appreciating each of these implications, the opportunities and sensitivities alike, will help the urgent care provider and operator align on a management model that is effective, honest, and respectful. It is this alignment step that health systems and other health-care providers frequently skip, limiting the effectiveness and intent of the analytic model. To prevent this from occurring in your urgent care practice, identify components from every category—the good, the bad, and the ugly—that both parties can agree on. Then apply each of these elements to a regular and predictable cycle of measurement, communication, and response. This cycle of performance improvement and analytics will be challenging at first, but preparation, anticipation, and alignment of expectations will support a constructive process.

This partnership between operator and provider is our best opportunity for differentiating urgent care practice for the next 10 years. Let's get started! ■

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