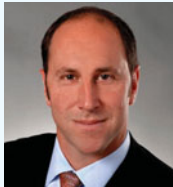




# Time for Urgent Care to Grow Up



I never thought I'd quote the rap artist Kamari aka Lyrikal, but I was drawn to his words of wisdom while preparing for this column: "The hardest part about growing up is letting go of what you were used to, and moving on with something you're not."

As the "children" of urgent care, we have seen an adventurous and revolutionary spirit create an industry and discipline from scratch. We cared about things our "parents" dismissed as idealistic. We actually listened to the needs of our patients. The early years were raucous, with waiting rooms that were overflowing late into the night. Urgent care became so popular that we began opening centers on every corner.

Then came the rush of followers, first moneyed outsiders and then more traditional interests. Soon the competition was fierce. Intuition and gut were replaced by analytics and metrics. Those of us looking to keep the industry going will have to change our ways a bit.

As we look to the future, we must understand what it will take to survive. We are no longer unnoticed or dismissed as a passing fad. We are facing more scrutiny and a burden of proof that the industry and discipline must own. If we don't do this, then someone from the outside will do it for us. In the maturation of any serious discipline, practitioners have to demonstrate achievement and competence in specific areas. This is imperative in health care, where the bar is set high and the stakes are great. Consider the following targets for improvement:

- **Outcomes-based research:** We must show how urgent care delivers better results than other care-provision models. Those results can be cost, quality, efficiency, or patient experience. We must convert our theoretical contributions into an objective, outcomes-based paradigm.
- **Comparative effectiveness research:** This is like outcomes-based research but with a comparison group. It helps solidify value standards and best practices.
- **Value:** It's time to clearly quantify our value in health care. Talk is cheap, and some, including large payors, are beginning to doubt that value.
- **Patient safety:** We must commit to developing patient-safety initiatives that specifically address the urgent care setting.
- **Best practices:** Defining best practices requires analyzing existing literature and then translating it for urgent

care realities. Combining outcomes-based and comparative effectiveness research provides plenty of opportunities to define best practices in urgent care.

- **National health policy:** We must demonstrate how we can help address the priority of a national health policy. Treatment of obesity, early detection and treatment of diabetes mellitus, provision of smoking cessation assistance, prevention of antibiotic resistance, and even concussion prevention and management are areas where we can have a role.
- **Stewardship:** Antibiotics and controlled substances are obvious targets for good stewardship in urgent care.
- **Training and education:** If we believe that urgent care is a unique discipline, with a unique decision-making paradigm, then we must agree on how we define, train, and test for unique competencies.
- **Care coordination:** We must improve our care transitions and our role in an integrated health model.
- **Technology:** We have a head start here because urgent care has always embraced technology. If we analyze the data from this technology right, we can use the findings to support research and best practice initiatives.
- **Patient experience:** Providing a high-quality patient experience is our bread and butter for sure, but expectations are evolving. How will we adapt?

In the coming months, I will focus this column on initiatives that are under way to support efforts like those described here. We have a great yet fleeting opportunity to re-establish urgent care as a critical thread in the health-care delivery fabric.

Let's get moving. Let's grow up. ■

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