

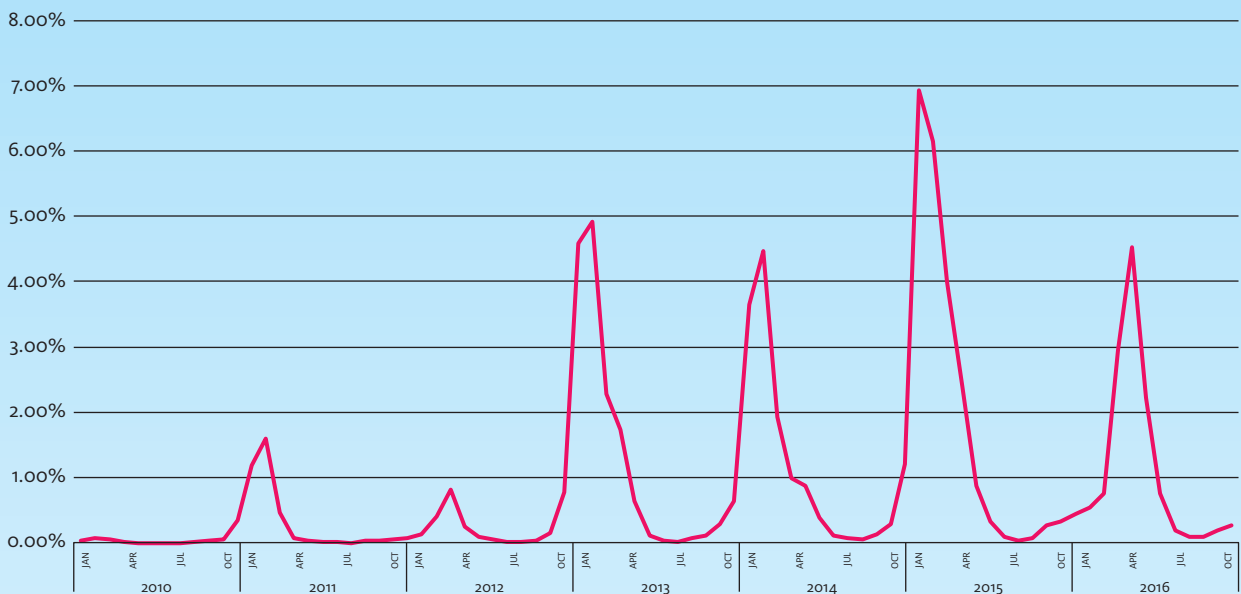


DEVELOPING DATA

The following chart, based on a study of over 20,000,000 patients' records in Practice Velocity's database of patient visits across the United States, illustrates the frequency of influenza diagnoses between January 2010 and October 2016 relative to total urgent care visits that carried an evaluation and management (E/M) code. The period of December through January is the typical peak of the flu season, although in some years flu outbreaks occur somewhat earlier or later. In 2016, for instance, there was a low incidence of flu until March. Some years have a "double hump" flu season, meaning that the number of flu cases increases in both December and March. Generally, though, flu peaks only once, in either December or March.

November through April is generally considered respiratory season, and the incidence of flu coincides with an increase in total urgent care visits attributable to all respiratory-related conditions during those months. December typically brings an additional increase in visits because of holiday-related activities, and when flu is present during such events, this results in a significant increase over the "average" month. Thus, many urgent care centers schedule additional health-care providers to accommodate volume spikes in December.

FLU AS A PERCENTAGE OF TOTAL VISITS



Notes: Influenza diagnoses are identified by the presence of an ICD-9-CM (*International Classification of Diseases, Ninth Revision, Clinical Modification*) billing code associated with influenza. ICD-9-CM codes are used for consistency in year-to-year comparisons. Total visits include those with only an evaluation and management (E/M) code and exclude workers' compensation visits, employer-paid services, sports physical examinations, and nonphysician visits. (Source: Practice Velocity, LLC.)