FROM THE UCA CEO

The UCA Benchmarking Survey Told Us What Keeps You Up at Night

■ LAUREL STOIMENOFF, PT, CHC

The Urgent Care Association's primary responsibility is to support member success, so we elected to formally ask participants in our most recent Benchmarking Survey to rank their top 10 pain points. Not surprisingly, the responses were dominated by reimbursement issues and the associated administrative challenges around credentialing and timely payment.

As on-demand medicine evolves, the scope of care in an urgent care center would logically respond by continuing to distinguish itself from the retail clinics and preparing to offload appropriate patients from the emergency department. This may mean elevating the in-house lab from waived to moderate, preparing to perform more complex procedures, and maintaining an inventory of supplies and medications that support an expanded scope.

Payers tell us this is where they see urgent care providing the greatest value; yet, we hear of increasing global (fixed) reimbursement and other payment options that create a *disincentive* to expanding the scope of care.

We are also fielding calls about narrowing networks, new centers being denied in-network status, and restrictive contractual clauses that mandate specific staffing models or limit follow-up care. The prohibitions on follow-up care defy logic when considering the substantial percentage of patients seeking care in an urgent care setting who are unaffiliated with a primary care physician (PCP) or traveling and geographically displaced from their PCP. Where, then, are they to go if follow-up is needed?

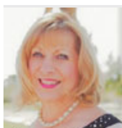
The scope of care an urgent care operator elects to provide should be the decision of the operator. Yet those who see a need within their community to add or modify services frequently find themselves facing contractual barriers to stepping into new areas that fall outside the episodic care silo.

We are seeing the industry respond to many of these pressures by lowering its dependence on commercial payers. Operators have done so by offering more cash payment options such as travel medicine, expanding into occupational medicine, and targeting baby boomers now covered by Medicare. UCA recently announced the Gateway2Better Network, a member benefit whereby we shall pursue direct-to-employer contracting through healthcare industry partnerships and other nontraditional pathways.

Let's Look at the Bright Side—Chaos

We actually need some *discomfort and chaos* in order to continue to innovate and evolve. The late author Michael Crichton always inspired me with his creativity and intellect. In *The Lost World* he wrote about how systems on the edge of chaos innovate to keep the system vibrant, yet stable. But if that system moves too close or too far away from the edge, the result is extinction. It goes on to state "only at the edge of chaos can complex systems flourish." No one can deny that many days, if not most, we feel as though we're on the edge of chaos. We know you're responding to new payment models and forces, and we ask that you reach out and tell us about them. UCA has always sought out opportunities to dialogue with payers. UCA staff, along with our Health & Public Policy and Payer Relations Committees, are committed to elevating our voice in 2019 as a strategic objective.

Join us next month at our Annual Convention & Expo to network with your peers, speak with staff, and hear from a high-level payer panel. The future of the industry depends on us collectively harnessing chaos. For more information, go to www.ucaoa.org/expo. And learn about UCA's recently released Benchmarking Report at www.ucaoa.org/benchmarking. ■



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