



The Top 15 Occ Med Key Performance Indicators for Your Urgent Care Center

Urgent message: Every medical practice follows certain key performance indicators. Here, we offer 15 that are essential to running a profitable occupational medicine business within an urgent care operation.

■ MAX LEBOW, MD, MPH, FACEP, FACPM

There are a number of important key performance indicators (KPIs) that every urgent care, or any medical practice, follows—the most important being the bank balance at the end of the month. Most also follow basic practice measures such as total patient volume, accounts receivable, and aging reports.

While most urgent care practices that offer occupational medicine services will not follow all the benchmarks discussed here (categorized by Population Indicators, Ancillary Services, Patient Throughput, Financial Indicators, and Provider), understanding their importance will help urgent care managers and administrators choose the benchmarks that are most important to them and the financial well-being of their particular clinic.

Population Indicators

KPI #1: Percentage of Occ Med Visits of Total Patient Volume
According to the *Urgent Care Association 2018 Benchmark Study*, the average urgent care center surveyed showed occupational medicine making up 16.4% of total patient volume; by payer type, 8.4% is classified as Occupational Health and 6.2% as Workers Comp. If your volume exceeds these UCA benchmarks, your clinic may consider marketing your practice more aggressively to increase your volume even more.

KPI #2: Occ Med Visits as a Ratio of Occupational Health:Workers Comp

The *UCA 2018 Benchmark Study* shows the ratio of occupational health (OH):Workers Compensation (WC) to be 1.35:1, or OH=58% vs WC=42%. OH is defined as pre-offer or pre-employment physicals, drug screens, fit-for-duty exams, DOT exams, respiratory fit tests, hearing tests, etc. WC, referring to workplace injuries and illness, are more desirable because total reimbursement is higher. However, some companies may send their OH to one urgent care, while they send their WC to another. Comparing these two figures may alert you that there are additional opportunities for WC volume, and the company was sending only OH.

Use of Ancillary Services

KPI #3: Percentage of New Injuries Recordable vs First Aid
There are no published benchmarks on the percentage of new injuries considered to be first aid. In our experience, we have seen metrics showing up to 30% of new injuries being classified as first aid. However, first aid percentage will change based on the type of industry and degree of workplace safety of an individual company. It must be observed for variance across the practice and by individual providers to make sure there are no changes that cannot be explained. Variance can be introduced into a practice if providers are not following definitions even after having been trained properly. Also, first aid injuries will generally require fewer services that help clinic planners determine staffing level, then estimate reimbursement.



Max Lebow, MD, MPH, FACEP, FACPM is board certified in Emergency Medicine and Preventive/Occupational Medicine, and is President and Medical Director of Reliant Immediate Care Medical Group, Inc.

KPI #4: Ratio of New Injuries to Follow-Up Visits

This is the ratio of total new injuries vs the total number of Workers Comp follow-up visits. Like first aid, this number will vary based on the type of injuries and type of companies that are being serviced. This number also varies by location. For example, repetitive strain injuries and cumulative trauma cases tend to have a high number of follow-up visits. In California, these kinds of injuries are increasing rapidly. At the other end of the spectrum, a simple laceration may have two follow-up visits. It is important to follow this number to identify changes early. This ratio affects staffing levels and other utilization within the clinic.

KPI #5: Ratio of New Injuries to Physical Therapy Sessions

This is important for clinics that also provide physical therapy as a service line. It assures that physical therapy is being neither underutilized nor overutilized. Each clinic should establish policies and protocols to help guide providers as to when to order physical therapy.

KPI #6: Ratio of New Injuries to Durable Medical Equipment Utilization

This is important to measure if your clinic dispenses and charges for durable medical equipment.

Patient Throughput

Patient throughput is an especially sensitive issue in occupational medicine. The reason—besides the usual patient satisfaction issues that impact any visit—is, in most cases, the employee will be “on the clock” while at the clinic. So, without compromising care, the total time should be as short as possible.

KPI #7: Total Turnaround Time for the Patient

The UCA benchmark report notes nearly 85% of patient encounters reportedly taking 1 hour or less. For occupational medicine, based on the reasons listed above, the total throughput time, door-to-door, becomes the most important metric. Employers are not much interested in pre-paperwork or post-paperwork times; they are looking for the total time that their employee is away from the job site.

KPI #8: Variance Between Follow-Up Appointment Time and Actual Time the Patient Was Seen by the Provider

For urgent care clinics that are not currently doing online appointments, Workers Comp follow-up visits may be the only actual scheduled patients the clinic sees. Like any practice, it is important that when the practice gives a patient an appointment time, they will endeavor to see that patient at the time given. Again, not only do patients become upset when they are told to come in at one time and not seen promptly, but the employer is also upset.

You should set your own goal, but seeing the patient within 15 minutes of their appointment is a reasonable place to start.

Financial Indicators

We should discuss financial metrics that are specific to occupational medicine. The indicators we suggest here are actionable, yet easy to collect and follow.

KPI #9: Total Charges Per New Injury

Because of the intensity of service, the charges on the first visit for a new work-related injury or illness will be higher than the average urgent care visit. New Workers Comp injuries will have higher rates of x-ray, be more likely to involve procedures such as suturing or casting, more likely to involve DME in dispensing of medications (if appropriate for your state), and tend to be at a higher level of care. Establishing your clinic benchmarks will allow you to observe any variance that occurs.

KPI #10: Total Charges Per Workers Comp Follow-Up Appointment

Because these visits involve fewer x-rays, procedures, or other billable activities, the charges rest primarily on the level of service that can be charged. This, in turn, is based primarily on documentation. Low or decreasing reimbursement per Workers Comp follow-up indicates that the providers are not documenting properly and may need coaching and instruction.

KPI #11: Total Collection Per New Injury and Follow-Up Visit

Workers Comp reimbursement is generally mandated by each state by a Workers Comp fee schedule. With proper documentation, the clinic should expect reimbursement rates over 80% of charges. Any number lower than this may indicate there is billing of nonreimbursable codes or inappropriate down-coding. In any event, this should be followed and investigated by your practice management and billing company.

Key Performance Indicators By Provider

Many of the KPIs discussed above can be measured both for the clinic at large and by individual providers. Tracking individual provider metrics allows for the identification of outliers, and serves as an early warning system to ensure that the group as a whole are performing up to expectations.

The rationale for these has already been discussed in the course of describing KPIs, but it let's call them out here:

- **KPI #12: Percentage of New Injuries That Are Recordable Versus First Aid by Provider**
- **KPI #13: Ratio of New Injuries to Durable Medical Equipment/DME Utilization by Provider**
- **KPI #14: Total Charges Per New Injury by Provider**
- **KPI #15: Total Charges Per Work Comp Follow-Up Appointment by Provider** ■