

March Roared in Like a Lion

■ LAUREL STOIMENOFF, PT, CHC

The month of March derives its name from *Mars*, the Roman god of war, who was so named because it was the time of year that marked the beginning of the military season after a winter hiatus. It felt aptly named as March 2020 roared in and UCA and our members prepared for battle.

All Things COVID-19

Over the past several years the Urgent Care Association has been making a case for funding to support an emergency response that would activate the nearly 10,000 urgent care centers across the country. In early 2018 UCA supported a survey conducted by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR). As a result, ASPR determined that urgent care centers could have a role in the delivery of care for low-to-moderate illnesses or injuries during a community-wide emergency or disaster. The authors concluded that, “There is a high level of willingness among urgent care centers to participate in emergency preparedness and response activities”¹ and went on to make multiple recommendations on how to enhance urgent care readiness. The report was encouraging yet, sadly, little has been done to harness the willingness and the accessibility of the centers across the country.

The activity by staff and industry volunteers in response to COVID-19 has been all consuming, but would certainly have been mitigated with the funding we’ve been seeking. Only the ASPR recommendation to explore the feasibility of direct transport to urgent care centers by emergency medical services has progressed in the Emergency Triage, Triage and Transport (ET3) pilot just getting underway. The CDC is certainly providing tireless guidance, but urgent care-nuanced information is essential. I would like to thank the physicians who now make up the UCA/College of Urgent Care Medicine Task Force and those who have freely shared their own internally developed resources, processes and policies, the sum



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of which we are now displaying on a COVID-19 dedicated webpage, ucaoa.org/Coronavirus. Together, we shall strive to support urgent care centers across the country as they serve their communities and protect their staff.

And if That’s Not Enough, Start the Battle Cries— State Legislatures Are in Session

There are so many to mention but to name a few, NJ 2209 has a litany of concerning clauses including one that limits, except in emergent circumstances, the provision of healthcare services to individuals younger than 18 years of age. And there are bills moving with alacrity in both Virginia and Florida greatly expanding the scope of care for pharmacists. The expanded services range from testing for influenza and providing (not simply dispensing) related prescriptions, to the care of multiple chronic conditions when a collaborative agreement is in place with a physician.

This is occurring at the same time an opioid case in Florida advances against several large retail pharmacies whose collective response has been, “Pharmacists do not write prescriptions and do not decide for doctors which medications are appropriate to treat their patients.”

So, which one is it? A UCA position statement on pharmacists treating patients while urgent care centers have capacity is forthcoming. I also encourage you to read Alan Ayers’s article on the pharmacist scope expansion in this issue of *JUCM* (page 41).

In Conclusion

Now more than ever we need to establish a strong offense. March launched the season. We hope you join us for UCA2020—now an on-demand virtual experience! ■

Reference

1. U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Medical surge and the role of urgent care centers. March 18, 2018. Available at: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-medical-surge-and-the-role-of-urgent-care-centers.pdf>. Accessed March 9, 2020.