

# The Irony of Urgency

■ LOU ELLEN HORWITZ, MA

**M**y friends, we have almost made it through 2020. This is typically the time of year we give thanks for all we've been given, reflect a bit on what we've accomplished, and prepare ourselves for what's next. Or at least that's what we think we are supposed to be doing.

I'm guessing your reality isn't full of time for reflection. Even if the "twindemic" has not fully materialized by the time this is published, it's been a long time since things were slow in urgent care, and it will be a long time before they are again.

So where does that leave us? Is it simply our lot in urgent care to run headlong into the future and figure it out as we go? We pride ourselves—and rightfully so—in our ability to respond quickly to the changing world around us, but there are consequences to that being our only *modus operandi*.

If you read Stephen Covey's *Seven Habits of Highly Effective People* you read his admonishment that a constant focus on what's urgent (oh, the irony), whether important or not, will have you and your teams spending all of your time fighting fires. The consequences of constant firefighting are all around us: stress, burnout, and feelings of no control of our lives.

Only a prioritization of the "not urgent, but important" work will help you begin to develop systems and fix broken processes and cultures. But that work doesn't happen fast. We don't get to cross it off a list at the end of the day. If you want to move your system exponentially forward, the terrible irony is that you have to slow down, not move faster.

But the problem with slowing down—especially in comparison with urgent care's normal rhythms—is that it feels like stopping, and stopping is anathema to our industry's culture. Even when the country screeched to a halt, we kept going.

We've been wrestling with this concept at UCA for the last 6 months, and the current conclusion is this: urgent care isn't ready to truly slow down, but we can probably do better.

We can do better at remembering that urgent care does have

"seasons" so we can do better at getting you ready for those seasons. We can do better at ensuring fundamental skills are mastered by your new providers and staff so they can do better at their jobs. We can do better at helping you staying connected with your peers all year instead of once-a-year.

We made several big moves recently to *start* to do better, and I want to make sure you saw them:

1. We moved the date of UCA2021, the annual convention, from April to October 9–13. It's just for 2021, but we recognize that urgent care's role in COVID likely won't normalize by April, and we want to see you next year.
2. We strengthened the relationship between UCA and the College of Urgent Care Medicine—all UCA members will also be College members, with no additional dues. We also added a new member benefit by partnering with UpToDate—check it out on [ucaoa.org](http://ucaoa.org).
3. We launched a members-only private Facebook group so you can have a place to hang out with your urgent care peers when you need it.
4. We republished the *Benchmarking Report* to include a new chapter on your COVID response. This report is frequently purchased by investors, and that addition tells a fantastic story about the capabilities of urgent care in the face of uncertainty.

We are going to report on industry data differently in 2021, no longer relying solely on direct surveying, and reporting in a season-sensitive way. We are also working on a seasonal approach to our educational programs and our tools and resources. Our goal is to have them in your hands about a month before you need them, so you don't have to hunt them down yourself. We are also reorganizing the website so when you do have a fire to put out, it's easier to find the right extinguisher. Look for rollouts in Q1 2021.

And of course, there will be more....

But for now, I do want to stop and say *thank you*. We have had so many conversations with leaders at the federal and state level who leave those conversations amazed at what all of you have accomplished in your responses to COVID-19. It is an honor and a privilege to get to tell your stories and speak on behalf of our entire industry. ■



**Lou Ellen Horwitz, MA** is the chief executive officer of the Urgent Care Association.