

## FROM THE UCA CEO

## Hope

■ LOU ELLEN HORWITZ, MA

ope is tough. It's defined as "a desire accompanied by confident expectation." And yet when you hear people talking about hope lately, their expectations don't sound all that

Hope is tough because when we have it we have something to lose, which can make that hope precious to us. And when something is precious to us we tend to protect it, to shelter it, to keep it away from exposure so nothing happens to it.

The problem with that is that, often, nothing does happen. Nothing at all. We are so afraid of losing what we hope for that we don't let it grow strong and resilient and adaptive. Consequently, it gets smaller and harder the tighter we clutch it.

We've seen this in urgent care before, in the early 2000s when we held on so tightly to our model, defending it to all comers, that it came very close to stultifying itself. Then, blessedly, we remembered who we are and what we are made of and why we're here. We exposed our hopes for what urgent care could do and we tried and failed and succeeded and our hopes evolved, and continue to evolve and grow.

What urgent care has become is a different kind of model, and for a different audience than we anticipated. We created urgent care as a place for unplanned illness and injury to be treated outside of an emergency room or clogged appointment book. We created it for patients and our fellow providers. But just look at what it's become.

Urgent care has become the model of determinedly hopeful, ongoing reinvention that is the envy of most of the healthcare continuum and all of its stakeholders. They invest in us, they acquire us, they come to us, and then they look at us and say, "How are they doing this?"

The answer, I think, comes from a mindset that Jim Collins refers to in Good to Great as "The Stockdale Paradox." The Stockdale Paradox is named after Admiral Jim Stockdale, who was in a prisoner-of-war camp from 1965 to 1973. Conditions were



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brutal and rules were inconsistent, and there was no way to know if his ordeal would ever end. In his interview with Admiral Stockdale. Collins asked how he dealt with the experience. Stockdale told him he never lost faith that he and his fellow POWs would make it out, but also that he faced the facts of his current reality, whatever they might be. The optimists who only had "hope" were crushed over and over again when those hopes were dashed against reality.

If you look back (and forward) at urgent care centers throughout the pandemic, you can see the Stockdale Paradox at work. Yes, everyone has deeply hoped that COVID would be kind of like a bad flu; then it wasn't. After a year we thought it would go away; then it didn't. Then it kind of did, then it was back. If all we had were precious protected hopes, we'd have been in a lot of trouble—but we had more than that.

Urgent care was forged in the school of hard knocks and our determination skills were refined long ago. Brutal facts are our daily bread and adaptability is our middle name. But most assuredly we are also steeped in hope and faith in our vision, and a deep belief that we are right about what healthcare can be. That combination is extraordinarily powerful, and we are still only at the beginning of what we are capable of.

In closing, I do realize that you are likely reading this at about the time we were supposed to be coming together in New Orleans. Watching us have to cancel the Convention again was probably almost as painful for you as it was for us. You may be worried about how UCA is doing, but I want to tell you to worry not. We have faced reality and retooled, and neither our faith nor hope that we will prevail will waiver. We know we are going to prevail because we are you and you are us-and that, too, is an extraordinarily powerful combination.