

Say You Love Me

■ LOU ELLEN HORWITZ, MA

Why is it so hard to ask for what we need? Even when asked, we usually state what we want vs what we need. Maybe it's because we haven't asked ourselves in a while, and we don't actually know anymore.

The problem is that the people who asked us then proceed (with great intentions) to give us what we said we wanted. We remain unfulfilled and they don't understand why.

Ask "consumers" in surveys what they want and they say convenience, speed, accuracy, quality of care. Those are probably all true, but what they *need* is someone to care about what's wrong with them. They need someone to really listen for just a few minutes about what is bothering them. They are sick, or hurt, or their family member or friend is hurt. They don't know what to do on their own and they are scared. Or maybe all they need is reassurance, or a sliver of attention.

And guess what? That's what many professionals in our field actually need to be fulfilled. To provide *care*. Not "care" in the industry sense of it, but care in the caring sense. To care for someone. To take care of them. To show them you care and get all the wonderful feelings that come back when they can see that you do.

We often do a great job tackling the science of healthcare, but not a great job nurturing the art of healthcare. Somewhere along the way something is getting lost, and though we may not be able to name it, we are certainly feeling its absence in our lives.

There's no question that healthcare as an "industry" is frustrating a lot of the time. Systems at the highest level seem designed to get us to crank out diagnoses and treatments and claims and scores and to do it as fast and as cheaply as possible. Shoot, I'm fulfilled just thinking about that, aren't you? What I do know is that there is opportunity here, and we are uniquely poised to take advantage of it.

Urgent Care was the first to think about patient experi-

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ence and we are still the leaders in it. All the big dollars in healthcare innovations have not been able to touch us yet, and almost none of the innovators are looking at caring for people in person. If what people really need is to feel cared about, we have all the advantages in the world because we have the people right in front of us. We can hold their hands and hand them a tissue and put ice on their swollen ankle. We can see their body language head-to-toe, and show them we care through ours.

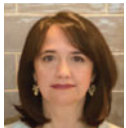
Let's be clear: This is not a discussion about technique. This is not about making sure you make eye contact and sit down so that you check patient experience boxes. That's the science. This is about taking a pause and reminding yourself that you are working in Urgent Care because you do care, and that is a very, very good thing.

We can do this for each other all day. A pat on the back, a smile, a comforting look, a break, a quick note, a laugh, or an apology. It helps the giver and the receiver. We can say a genuine thank you because we are face-to-face. We can share our *need* to practice art alongside science and find new ways to do that together.

Now, there are other things I'm supposed to be sharing with you this month!

We will soon have announcements about new online educational programs, including Limited Scope X-ray Training with Control the Dose, our newest Affiliate, and a new project with Hippo Education.

We are thrilled that the 8th Annual Pediatric Urgent Care Conference (PUCC) is joining the 2023 Urgent Care Convention in Las Vegas! It's a fantastic program and we are excited about the collaboration. We've also created a new Revenue Workshop and clinical and leadership case studies, and expanded the hands-on clinics based on your feedback (I hope that what you said you want is also what you need). Registration is open and I can't wait to see you all. ■



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