

FROM THE UCA CEO

Driving Change

■ LOU ELLEN HORWITZ, MA

hen we came up with the theme for the 2023 Urgent Care Convention, we knew it needed to be about change. Why? Because deep down I think all of us are sick of how things have been in Urgent Care. We are sick of the extremes of either being marginalized/ignored/forgotten or singled out and picked on. We don't understand why the things that seem so clear to us—ie, the value Urgent Care can bring to healthcare by keeping people out of the ED and filling the access gaps in primary care seem so hard to grasp for others.

There are some words for our phenomena that I think may be helpful in transitioning from where we are to where we need to be. The first one is a schoolyard term, but is perfectly adult: bully. To bully is to seek to harm, intimidate, or coerce (someone perceived as vulnerable). The second has become trendy of late: gaslight. To gaslight is to manipulate someone, using psychological methods, into questioning their powers of reasoning (or even their sanity).

If you have been in a payer contract renegotiation recently, these probably feel familiar.

As we were initially thinking about change as a Convention theme, it was in reaction to the roller coaster of the pandemic. When you are on a roller coaster, you are not in control. Everything is happening to you and you are just holding on. Sometimes it's terrifying and sometimes it's exciting, but no one wants to ride a roller coaster all day every day for years. At some point you want to be back in the driver's seat of your life, and that's where our Driving Change theme began. In the intervening months, however, our thinking on that theme has continued to evolve.

When I think about why Urgent Care has become such a target, I think about June 2020 when I returned to the UCA CEO seat. One of the early conversations I had with our Board of Directors was about how Urgent Care had spent most of our history flying under the radar—on pur-



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pose. No one was looking for new licensing or special regulations, so we kept our heads down and got great at doing Urgent Care. Then we got left out of everything during the pandemic, and decided it was time to lift our heads up and start talking about what all of you were doingand we started getting on the radar.

It's become clear to all of us what happens when you get on the radar. You become a target, because you are perceived as a threat. And guess what? Urgent Care is a threat. We are a threat to complacency in delivering care. We are a threat to barriers to access. We are a threat to concealment of what healthcare should cost.

Sometimes Driving Change does not mean doing something differently—it means keeping the pedal down on what you already know is right and steering through the course that you are on. It means slowing down to understand a change in the road then accelerating out of the curve. It means learning to see obstacles coming and swerving before they arrive.

These two metaphors—showing up on a radar and steering a course—have something in common: They are isolating. When you lift up out of the herd or become a new blip on a radar or are in the front of a road race it can be a lonely business and all of a sudden everyone is coming for you.

I believe they are coming for us because they are scared. They are scared of what we can do and that we continue to exist successfully through difficult odds year over year over year. And we don't just exist, we push and we experiment and we problem solve and we continue to have full centers with happy, well-taken-care-of patients.

I would love to continue this dialogue when we are together at the Convention later this month. I'm starting to believe that for Urgent Care, Driving Change is not about doing things differently. We have—for the most part—figured "things" out. Driving Change for Urgent Care is now about persistence, not backing down, owning our blip on the radar, standing up and staying up, honing our ops and clinical skills, and keeping the pedal right where it is. On the floor.