

One Year Later

■ LOU ELLEN HORWITZ, MA

Last year at the Urgent Care Convention, we hosted a panel discussion to examine the nagging sense that “acuity degradation” was happening in Urgent Care. For those of you new to the term, this is how we talk about the concern that the patients we see are leaning more toward lower-acuity levels and away from higher-acuity levels. There was a sense amongst providers that patients we used to take care of—with fractures, belly pain and eye injuries, to name a few—were no longer being seen in Urgent Care.

During that discussion we saw data that confirmed this. Over the past decade there’s been a slow but steady decline in procedures overall, visits that included an x-ray, fracture care, and lacerations. For you nonproviders reading, all of that also equals a slow decline in E/M codes.

It’s not the direction we wanted to be heading.

We also talked about the “why.” Downward reimbursement pressures do not support ongoing investments in specialized training, and narrow margins require us to find good providers at manageable wages, which has led us to hiring newer graduates who need that specialized training. And it’s not just providers—new medical assistant graduates need additional training to support providers seeing higher-acuity patients, and the radiologic technologist (RT) shortage isn’t helping, either.

That panel wasn’t all doom and gloom, however, because we realized what’s happening in time to turn the trend around. Since then, “acuity degradation” has been under discussion, led primarily by the College of Urgent Care Medicine, the Clinical Consortium, the Clinical Response Committee, and an Advancing the Specialty Task Force. (I encourage you to connect with the College to learn more about their work and their plans.)

The first work needed was setting a baseline. We have Certification requirements for Urgent Care centers that define what services should be provided, but we had never defined—for ourselves—what the specialty of Urgent Care

medicine ought to be. Now we have. Many, many, many Urgent Care providers were consulted and surveyed, and arguments ensued and ideas went back and forth and it was quite a melee for a few months—but through our collaborations we found the answers.

What that work has led to so far is a continued transformation of our educational content to focus on retraining in higher-acuity clinical work. It’s led to collaborations with our existing educational partners and a hunt for new partners. And it’s led us to develop extensive programming specifically for medical assistants for the first time.

This month there’s a new UC Medical Assistant Bootcamp program launching from UCA and Hippo Education that will help you onboard new medical assistants so they are better prepared to support your providers. We’ve also partnered with Control the Dose to provide two training programs in Limited Scope X-ray—primarily for medical assistants but available to anyone. Both programs are available at a discount to members. We’re continuing to work on programs for advancing the skills of new Urgent Care providers as well and look forward to sharing more in the months to come.

Interestingly, launching the Limited Scope X-ray program has led to a new wave of regulatory work. There’s an almost endless variety in state-to-state licensure requirements for who can take an x-ray and what kind. We’re working on that. You can download a spreadsheet and a White Paper in the Learning Center on our website to get the full scope of the project.

We are also, at long last, pleased to share that we have engaged McDermott+ as our national lobbying firm. Last month our Advocacy Committee met with McDermott+ to finalize our strategies and the work has begun in earnest. Keep an eye on the Advocacy section of our website to learn more about what’s happening, how we hope to get it done, and what you should be doing now to help us or get prepared for what’s to come.

Here’s a hint that should not be a surprise: It’s important to get your center Certified. Our Advocacy goals are the same as UCA’s Core Purpose: to ensure the advancement and long-term success of Urgent Care. Lots more to come, so stay with us! ■



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