The Best Time to Plant a Tree

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Urgent Care is definitely ready to start Driving Change again. The pandemic taught us how to be in crisis-response mode all day every day, to roll with wave after wave after wave of external changes, to constantly pivot and adapt, to maintain a furious pace because our communities needed us to. It also diminished opportunities to improve other skills—longer-term thinking, broader-scope planning, finer-tuning on quality improvement, better team development, and deeper understanding of where Urgent Care should be going.

If we want to get back to Driving Change—we have to get all of those skills back. Everyone we got to talk to at the Urgent Care Convention last month is more than ready to get out of response mode and back behind the wheel, and so are all of us in the UCA family who support you.

I mentioned in April's column that we have hired McDermott+ as our lobbying firm and I am pleased to say that not only is our strategy mapped out, but it aligns overall with UCA's strategic plan, so the path is laid for all of our efforts to be in concert. UCA's core purpose is to ensure the advancement and long-term success of Urgent Care, so I'd like to spend this column sharing how we are working on the latter half.

We are starting our lobbying strategy at the federal level, with CMS and Place of Service 20. It's not the flashiest of starting points, but it *is* where all of the payment structures specific to Urgent Care in the United States begin—so that's where we will begin. Take a look at the current definition of POS 20. It's extremely deficient in reflecting the full capabilities of Urgent Care, and makes us look not-at-all-special compared to a regular provider office or even a retail clinic. It's hard to argue that certain providers should get paid more appropriately to their scope of service when you can't even show what that scope is.

The other reason we are starting here is that ultimately payment systems are mechanical things. Somewhere a machine has to look at a fee schedule that is built following certain rules and say, "We pay this provider based on this rule." Passionate arguments may work for some of our members some of the time, but if we want to change this on a national scale (and we do) we have to do better than just negotiation. We have to change the rules.

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Changing the rules means first defining who the new rules will apply to, so the rules can be written properly for that group. So that's where we begin…but do know that the ultimate goal *is* for us to have our own codes with fee schedules that are appropriate to the contributions we've been making to healthcare for two plus decades.

As our team begins to work, we may have to adjust our approach. There are many things that influence when and how and whether things get done at this level. We are happy to have McDermott+ working for us and appreciate all the contributions through your membership or contributions to the $100 for $1 Million campaign (which is open until we get to $1M!) that have made it possible to hire a firm of this caliber.

While we work on the elements of this federal strategy, you also have a role, and that is to *positively connect* with the lawmakers and societies and healthcare coalitions and community groups and media (social and traditional) in your local and state areas. Invite them to your centers for a tour and photo-op. Make sure *everyone* knows the full extent of what Urgent Care is capable of (stage that photo-op in your x-ray room or lab!). Then, someday, when something lands on their desk that can go toward the good of Urgent Care or to our harm, they will choose the good.

There's a Chinese proverb that suits this moment for all of us: "The best time to plant a tree was 20 years ago. The second best time is now." Did you start building relationships with your state and local and federal leaders in 2003? Let's not kick ourselves in 2043. ■

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