

Downtime

■ LOU ELLEN HORWITZ, MA

It's a weird time right now, isn't it? On one hand, visit volumes seem to be back to our pre-COVID "norms." This should be business-as-usual to us, but it feels scary because everyone got used to volumes being so high for so long. On the other hand, everyone is short-staffed, so it's a good thing we aren't busier, but being short-staffed is also scary because we feel unprepared for the coming months when volumes go up again.

From time immemorial (and thank you to Experity for letting me see some of their longitudinal data) Urgent Care visit graphs have had a saddle shape. We peak in January/February then slope down to June/July and slowly back up to peak again in November/December, depending on when influenza arrives. Average monthly volumes have grown steadily year over year—ie, the "saddle" got taller. In 2018 and 2019 daily visits to most average Urgent Cares peaked in the low to mid-30s during the "busy season" and were in the low to mid-20s in the saddle seat. Up and down we went, year over year.

An industry focus was often on how to deal with those summer doldrums. Low visit counts meant we felt "over-staffed" (even if we knew it was only temporary). We tried to compensate with occ med and summer physicals to introduce Urgent Care to new customers who would ideally come back when they got sick later in the year.

Then, COVID—and everyone hung up their yardsticks because they weren't long enough anymore. Everything was "unprecedented," and while it was exhausting and messy and horrible it was also sometimes exhilarating to see what Urgent Care was truly capable of. If you'd said to your 2019 teams that soon they'd be seeing 70-plus patients a day, they might have revolted. But look what they did. So now that those yardsticks are relevant again, picking them up as our measure of success feels a little like failure.

Here's what I want to encourage you all to remember: You are as good at this part as you were at responding to

COVID. You are good at walking on shifting sands and evolving. You are good at navigating rough waters and uncertain territories. You are good at figuring things out and finding a way through. You are good at shifting your grip and changing your rhythms. This challenge is just one more—and it's going to get better—and all of Urgent Care will come out better for it.

Rather than waste any energy being nervous about the future, I'd like to suggest that you double-down on your investment instead—by refocusing on training your teams and tightening up your operations. We've always bemoaned not having bandwidth to really do great training of our center staff (or managers). If you are low on visits, you have bandwidth. If you aren't low on visits, remember that a similar staffing model did 70-plus patients a day a year ago. Maybe your centers even have a little bit of bandwidth for staff development.

We are seeing in some Accreditation surveys that the pandemic also did a number on compliance programs and inventory management and overall ship-shapeness. You had higher priorities and no time—but less training and shakier ops are part of what lead to staff burnout and turnover. While recruiting may seem out of your control, retention is not.

And happily, the investments you put into retention will also help with recruiting. Great training programs and smooth operations improve your reputation as an employer. Take this time to regrow your team's skills. Regain your capacity for higher acuity so you can show your communities (and payers) *everything* Urgent Care can do. If we are going into a summer slump like "normal," let's use it wisely and advance what we are doing.

Before I sign off, I want to tell you about two upcoming chapter conferences: the Western Regional Conference hosted by the California Urgent Care Association September 16-18 in Monterey, CA and the North East Regional Conference hosted by the North East Regional Urgent Care Association November 6-7 in Atlantic City, NJ. Both of these conferences are fantastic, bringing great education, community, networking, and exhibits that are curated especially for regional audiences. Visit caluca.org and neruca.org for more information and I'll see you there. ■



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