

Keeping an Eye on Scope Creep

■ Lou Ellen Horwitz, MA

I'm assuming you saw news stories last month with headlines like this: "Walmart and Other Drug Stores Want to Help You Skip Trips to the Doctor." Walmart Health is set to open 28 new locations in the coming year. Consumers can get testing and treatment for strep, flu, and COVID-19 at a Walmart pharmacy in 12 states, at Walgreens in 13 states, and at CVS in 10 states. Rite Aid is working on it, too.

The retail pharmacy industry is certainly taking the new state laws on pharmacists' scope of practice out for a spin. The pricing at Walmart is reportedly \$70 for the "exam" and between \$59 and \$88 per test. Walgreens is doing a two-in-one flu/COVID-19 test for \$20 plus \$50 for the assessment.

According to the article I read, there's been less progress at the federal level on pharmacist scope of practice. The Centers for Medicare and Medicaid Services (CMS) isn't onboard. They currently don't recognize pharmacists as providers, so there's no Medicare coverage for these visits. That said, there's already a bill in the U.S. House to get them covered. We are watching this closely, particularly because if federal programs allow pharmacists to prescribe, shouldn't they allow Urgent Care centers to dispense?

Acuity Degradation

When we first started talking about acuity degradation in April 2022, our discussions focused on ourselves. What can or should we be doing to prevent such degradation, even though the financial realities are currently stacked against us? Investing in improving onboarding and ongoing training is a cost that's hard for Urgent Care centers to support when our margins keep getting squeezed from all sides.

One year later, we are seeing some signs of turning that trend around—especially since we've developed the resources to make it easier for you to do so: For example, our training partnerships with Hippo and Control the Dose.

What we didn't talk about was the other reason that acuity improvement is important: Everyone else is gunning for the

lower-acuity visits. We see it with telehealth, health apps, home testing, and now in pharmacist scope creep. With leadership shifts at companies like Walgreens, strategies are changing quickly.

The good news is that problems in healthcare aren't solved quickly. That's good for us because we are more nimble and flexible than most, and patients love Urgent Care. It's undoubtable that at some point we are going to have true competition. Perhaps Walmart will figure out its niche this time, although its latest foray looks a lot like Urgent Care to me. Likewise, it's also undoubtable that the smartest people in healthcare, the ones reading this column, are going to be the ones to get us from where we are to where we need to be—over and over again.

But the margin problem still remains, and I want to share what we are doing about that. As you know from my past columns, the Urgent Care Association has engaged the lobbying firm McDermott Plus, and we've been working with them and our volunteer leaders to refine our messages. We've looked at changing the definition of POS-20, requiring certification, and the mechanisms that influence how you are paid to see which levers we should pull on and in what order.

We've also been working on determining the best audiences in Washington to pitch and in what order, so we can use our influence in the most effective ways. It's taken awhile, but by the time you read this, we will have had our first meeting with CMS and gained a good sense of our best path forward—or if we have to pivot.

Additionally, we are going to overhaul our advocacy webpage and email communications to better keep you in the loop on what we are doing. Right now, our primary messaging is focused on Urgent Care's sweet spot for cost reduction: keeping people out of the emergency room. It's not a big leap to see how important the reversal of acuity degradation is to that argument.

That said, we need your support in doing all that you can to work on degradation in your centers if it's an issue. We also need your support financially so we can keep working with McDermott Plus to stay in front of these critical audiences.

By now, you have started to see information on our new UCAdvocate fundraising program. Consider being part of that so we can keep doing our policy work. ■



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