



Leaders Must Prioritize Goals for the Next Phase in Urgent Care

■ Ben Barlow, MD

Urgent care medicine is still trying to find its place in the vast medical care landscape. At the same time, the whole “house of medicine” is going through yet another challenging time.

Our journals and the media are reporting that medical providers are feeling demoralized and uncertain of the future. In some clinics, the medical staff shows up focused only on surviving the day. Considering these organizational issues, it can often feel overwhelming when leaders examine where they want to go with their organization and what they want to accomplish. The answers to these issues are challenging, and executing the solution will take intentional leadership and discipline.

During the COVID-19 pandemic, we began to see our greatness emerge. Now is the time to fully realize what we can do as a community of on-demand care providers. Throughout my career in medicine, I have had the privilege of working alongside some truly exceptional mentors and co-leaders. Their guidance and expertise have been invaluable, and I’ll share some of their lessons in this article. In addition to my extensive 14-year background in military emergency medicine, I will also draw from the insights and experiences of the successful leaders in the urgent care industry.

My leadership career is also influenced by the four years I spent at the White House Medical Unit, not only caring for but also observing our nation’s presidents, leaders, and staff. I observed and learned as our leaders dealt with some of the most pivotal global issues.

As of now, patient volumes per clinic are below 2019 levels, and urgent care operators are asking why.¹ The answers are complex, but it’s clear that excellent leadership is needed to address the challenges at hand. What

we should not do is blame the staff and providers. We must look at ourselves and ask how we can lead a behavior change in our clinic personnel to execute a strategy of improvement leading to excellence. We need to lead in a way that inspires commitment rather than just compliance.

In *The 4 Disciplines of Execution*, the authors describe the whirlwind of the day-to-day job.² This description holds true in urgent care clinics. Every day we have patients with unique problems seeking care on-demand. This whirlwind makes it extremely difficult for urgent care providers and staff to spend meaningful time implementing the new goals their leaders are pushing down on them.

In order to pursue our goals as an organizational team, leaders need to clearly communicate a vision for a goal and seek input during the goal-setting process. By involving clinic personnel in the decision-making process, you can inspire their commitment to the cause.

There are a number of ways that urgent care operators will make the future of urgent care bright. Tactics might be new marketing strategies, improved technology, or new services. Regardless of the new goals that are pursued, the execution in how you will meet those goals will make all the difference. I’ve seen urgent care centers flourish doing primary care and those that limp along. I’ve seen those that dispense in clinic medications to 40% of their patients and those that failed miserably. The goals were the same, however, the execution was different. Whether a practice succeeds or fails depends purely on how well the leader executes the vision.

Set Your Priorities

The most important detail determining successful execution vs failure is the willpower to focus on just one thing. We all have 3 to 5 great ideas we want to explore, and it’s tough not to go after all of them at once. But we need to focus our attention on one big goal—the most crucial goal that makes the most significant impact.

When I transitioned from the White House to being the



Ben Barlow, MD, is Chief Medical Officer of Exerity

chief medical officer of a large urgent care organization, I faced a drastically understaffed provider workforce in my new organization. There were easily 3 or 4 process-improvement goals that we could have focused on. But we knew that filling our many open shifts was the most important. We gathered the data as a team and looked at the problem together. We found even when we used locum tenens, the organization still had 120 open shifts each month out of 3,000. It was important for me as the leader to make sure the team understood filling 2,880 shifts was impressive. However, all 3,000 had to be filled to fulfill the organization's mission.

We came up with several goals as a team, but then we picked one priority goal. Over 6 months, our priority goal was to hire and train enough full-time providers to have zero gaps in our schedule. We identified the current number of providers and what we needed to fill all shifts. I am positive that if I had given my team 3 or 4 goals to accomplish, we would have never achieved the most important one: our full-time provider staffing goal.

After this goal was accomplished, maintaining the full-time provider roster at this level became part of our standard and part of the daily whirlwind. As a team, we then

decided our next big goal would be to eliminate locum usage by hiring a large PRN pool. The team accomplished that goal also.

Apply the Technique

Think about all the goals that you want to accomplish, then solicit additional ideas from your staff and teammates. Evaluate each one and decide how much impact it will have. Also start to map out how your organization would embark on a strategy to accomplish the goals. Then go back to the team, share your findings, and select one goal.

If this is new to your organization, it is often best to pick a goal that will give your team a quick win. This will start the momentum going forward for future, longer-term goals. Setting one main goal is going to take lots of evaluation, teamwork, and effort. But by starting with intentional goal setting, you will be ready for execution through selecting and tracking daily behavior drivers. ■

References

1. Experity data
2. Covey S, McChesney C, Huling J, Thele S. *The 4 Disciplines of Execution*. Simon & Schuster, Inc. 2012, 2021



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