



Creating the Ideal Urgent Care Experience

No Wait. No Waste. No Hassle.

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For owner-operators truly committed to creating the **ideal urgent care experience**—a thriving model that benefits patients, employees and investors alike—a commitment to **operational excellence**, a perfecting of the **patient experience**, and the embrace of an empowered, engaged **employee culture** must form the bedrock principles of their practice.



Fierce Competition for Urgent Care Patients

- Market saturation – restricted networks, declining reimbursement, lack of good real estate, some center closures
- Commoditization – consumers cannot differentiate urgent care brands
- Case rate reimbursement – degradation of acuity of urgent care services
- Primary care provider shortage – same workforce as urgent care
- Population health – more directed care, “at-risk” or outcomes-based
- Telemedicine and Direct Primary Care – “cheaper” and “more convenient”



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Pediatric Specialists

DePaul: 155 Kingsley Ln., Ste. 200
Kempsville: 885 Kempsville Rd., Ste. 200, Norfolk
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Modern Day Urgent Care Playbook

- Provides an operating model that is:
 - **Consistent**
 - **Scalable**
 - **Repeatable**
 - **Measurable**
 - **Predictable**
 - Refined and tested
 - Implemented and replicated easily
- Playbook must account for:
 - Advances in technology
 - Competition from market disrupters
 - Changes in consumer preferences



Operational Excellence

- Guiding principles:
 - No wait
 - No waste
 - No hassle
- Achieved through highly optimized processes
 - Boosting patient throughput
 - Eliminating unnecessary administrative burden
 - Identifying and correcting errors, friction points, and bottlenecks



Patient Experience

- Urgent care’s “reference point” is not the doctor’s office or emergency room.
 - Patients demand the same level of:
 - Access
 - Convenience
 - Price Transparency
 - Transactional Ease
 - Employee Interaction
- as they get with all other service providers.*



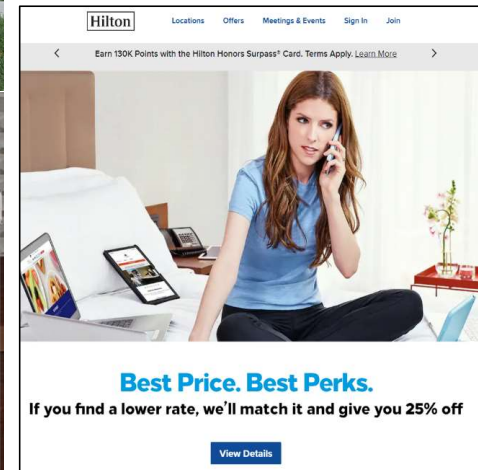
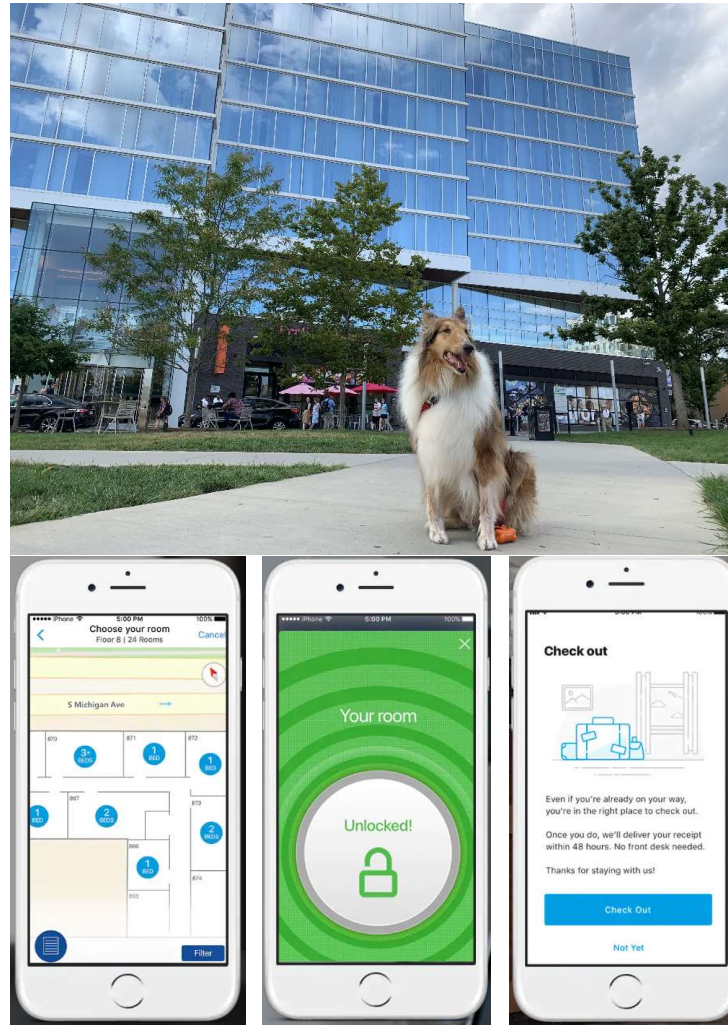
Employee Engagement

- Start with the “right” people who are “bought in” to the company’s purpose and culture.
- Define the “values”—frames how all business decisions are viewed.
- Cultivate “bottoms-up” ownership with opportunity to share opinions, insights and ideas.
- Tie “rewards,” including formal incentive programs and informal recognition (gratitude) to desired business outcomes.

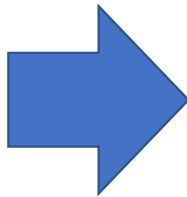


Reducing Friction

- Friction – steps, obstacles, and unnecessary effort required for consumers to obtain what they want.
- Goal is to make products and services faster, more convenient and more accessible.
- Loyal customers, trained in your processes, can't imagine going anywhere else.



Functional Shifting



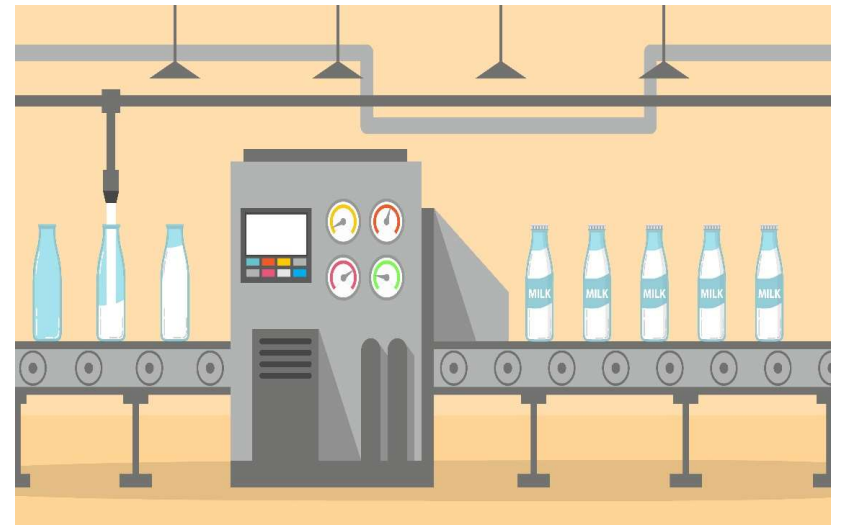
Online Marketing

- Urgent care marketing in the past was focused on raising “top of mind” awareness through signage, paid advertising and grassroots activity.
- 90% of patients go online first when they’re looking for a health care solution.
- 5 million urgent care keywords are searched every month, 74% on a mobile device.
- Urgent care marketing today is a quasi-“direct response.”

The screenshot displays a website for Deaconess Clinic's urgent care services. At the top, a banner image shows a family of five with the text "Urgent / Immediate Care". Below the banner, a navigation bar includes a "Filter" button and a disclaimer: "If you need emergency medical attention, CALL 9-1-1 or visit the nearest Emergency Room." The main content area is divided into a left sidebar with filters and a right main area with search results. The filters include "Level of Care" (All, LIVE Virtual Visits, EXPRESS, Pediatric Urgent Care, Urgent Care), "City" (All, Bloomville, Henderson, Newburgh, Oneonta, Princeton), and "Symptoms" (All, Allergic reactions, Animal bites, Back pain, Broken bone, Burns, Cold/flu symptoms, Cough/congestion, Cuts, Diarrhea, Dislocations, Ear infection, Eye swelling, Fever, Headache/migraine, Minor injuries, Pain, Rashes, Sinus infection, Sore throat, Sports injuries, Sore/throat, Sunburn, Urinary/bladder symptoms, Vomiting/diarrhea, etc.). The search results are sorted by "Next Available" and show three listings: Deaconess Clinic Pediatric Urgent Care, Deaconess Clinic Urgent Care Gateway, and Deaconess Clinic Urgent Care Henderson Starlite. Each listing includes a star rating, phone number, address, hours, walk-in wait time, and a "Schedule Now" button. A fourth listing, Deaconess Clinic Urgent Care North Park, is partially visible at the bottom.

- Distance, hours and services
- Walk-in wait times
- Next available time slot
- Reserve a spot in line
- Register online, verify payment
- Request an Uber/Lyft ride
- Ongoing updates on wait status

Queuing System





Credit Card Pre-Authorization

- Enrollment in high deductible health plans is up to 65% of commercial enrollees.
- Unmet deductible should be collected at the time of service.
- CCPA provides a “catch-all” when patient financial responsibility cannot be determined.
- Enables third party to pre-approve a charge amount for a set period of time.
- Is not a “hold,” doesn’t entail storing credit card information, and does not affect available credit.
- Accelerates collections while saving patients the hassle of writing and mailing a check.

FINANCIAL POLICIES

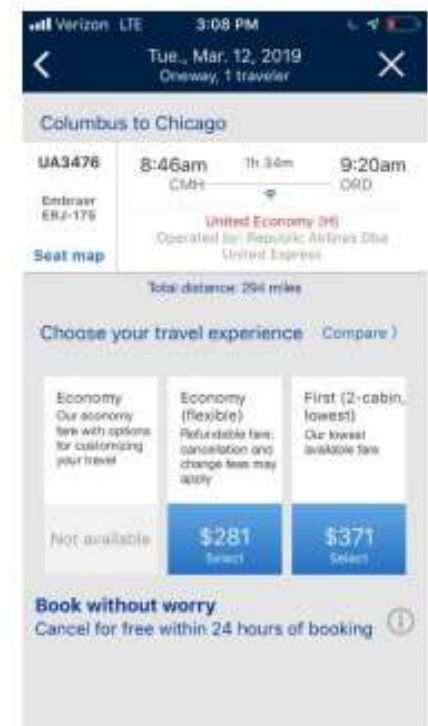
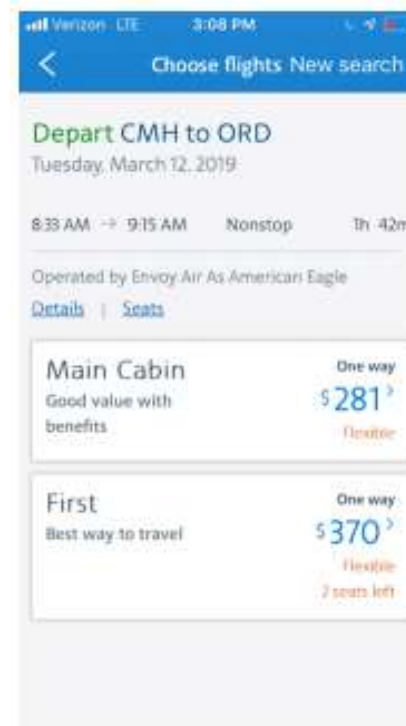
CO-PAYS, SELF-PAY CHARGES, AND PRIOR BALANCES ARE DUE AT TIME OF SERVICE.

IN-NETWORK INSURANCE ACCEPTED UPON VERIFICATION OF ELIGIBILITY.

DEPOSIT OR CREDIT CARD PRE-AUTHORIZATION REQUIRED TO COVER BALANCES NOT PAID BY INSURANCE.

Friction in the Financial Transaction

- Savvy high-deductible health plan users have learned to pay cash out-of-pocket.
- Many urgent care centers cannot answer the basic question “how much does a visit cost?”
 - “It depends on what the doctor finds...”
 - “Visits start at \$125 and go up to \$350...”
 - “We offer a 35% prompt pay discount...”
 - “We don’t know until it goes to billing...”
- Northern Virginia walk-in prices quoted for a basic “sinus visit” range from \$65 to \$200.



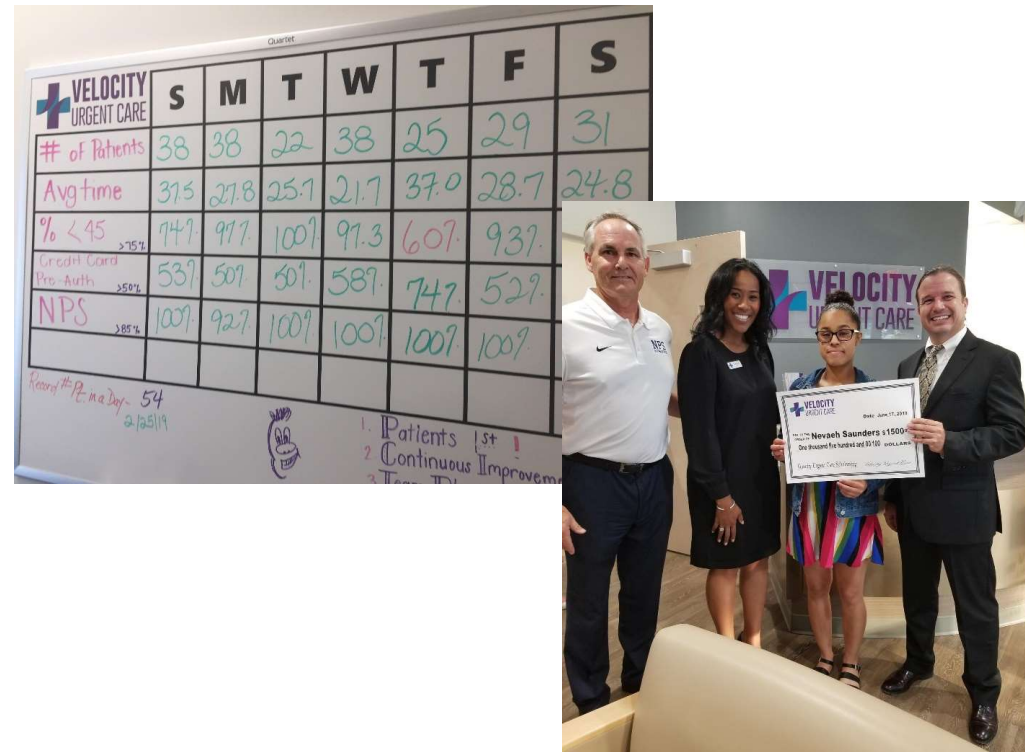
New Patient Populations

- Veterans Administration pilot program.
- Medicaid Expansion and Managed Medicaid
 - *Previously low reimbursement and/or PCMH requirements.*
 - *Outsourcing of Medicaid to TPAs is bringing reimbursement on par with commercial plans.*
 - *Beware of pre-authorization or referral requirements for dual-eligible populations in a PCMH.*
 - *Opens rural and urban markets to new urgent care centers.*



Continuous Improvement

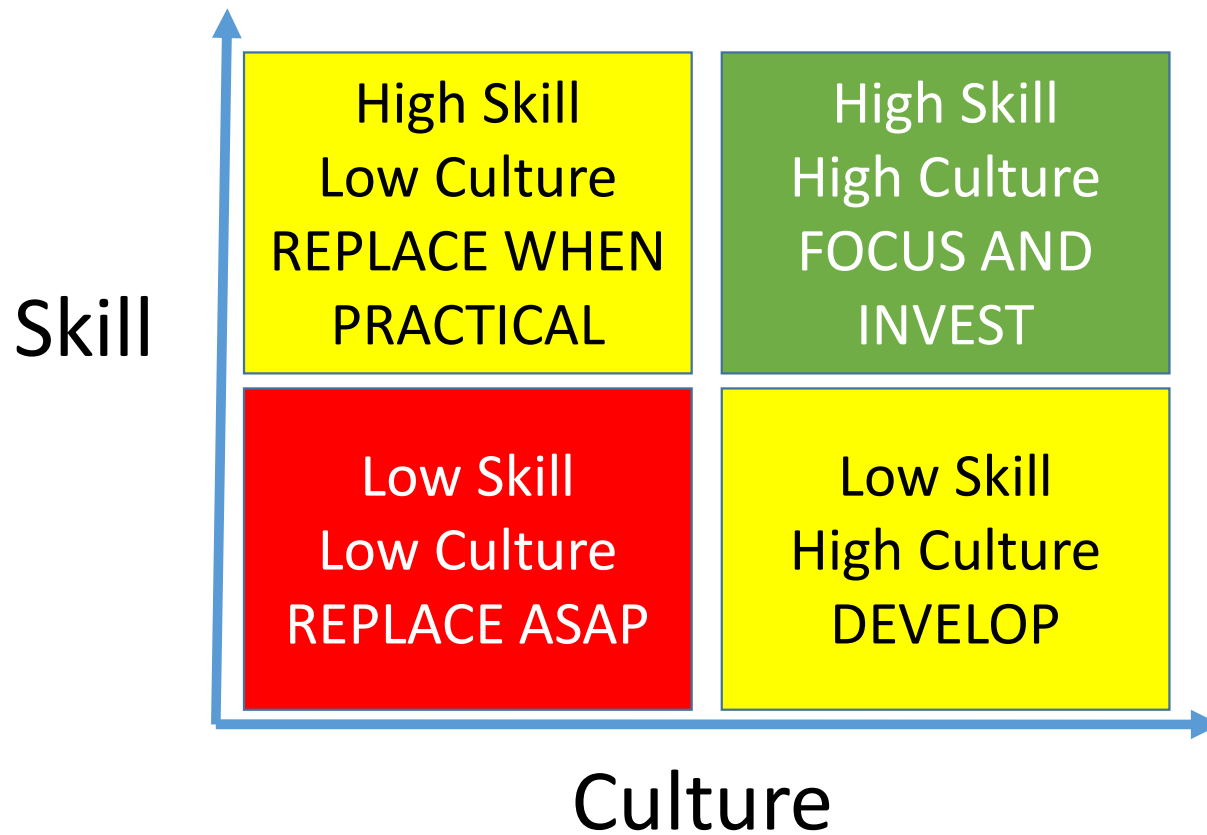
- Focus on “getting it right, the first time” to eliminate costly and timely re-work.
- Realize that processes become “jury-rigged” over time.
- Utilize Key Performance Indicators to identify changes in underlying processes.
- Constantly engage the team in:
 - Making the operation more efficient
 - Removing non-value-added tasks
 - Upgrading the level of patient experience



Focusing on the “Right Things”

- Differentiation *on what’s important to the patient.*
 - “Being different” doesn’t matter if the patient doesn’t realize it or care.
- Engagement *around the patient, providing quality care and moving patients through quickly.*
 - Engagement” with the team or organization doesn’t matter if it doesn’t manifest in patient interactions.
- Technology that *reduces friction and creates efficiency leading to better patient experiences and outcomes.*
 - “Technology” should seek to solve a business problem, not the other way around.

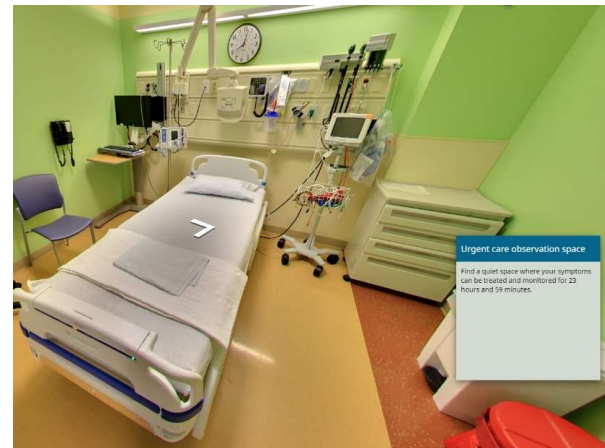




High Acuity Urgent Care



Shift in focus from maximizing fee revenue to preserving the premium dollar.



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