

## A New Year's Resolution: Reach Out to Primary Care Providers

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In consumer eyes, the brand “urgent care” stands for “access”—centers that provide close-by, no-hassle, affordable walk-in care that’s available evenings, weekends, and many holidays. Ideally, urgent care should augment a community’s primary care providers—those specializing in family practice, internal medicine, and pediatrics who act as the patient’s first point of consultation, who offer preventive services like annual wellness physicals and immunizations, and who provide longitudinal care for patients with chronic conditions like diabetes and hypertension. When patients need care when their primary care provider’s office is closed—or when its appointment book is full—urgent care can fill the gap. Because even when patients see a doctor regularly, surveys have revealed that only about 29% of primary care practices have made arrangements for their patients’ after-hours care. There are times patients need some place to go for conditions that require immediate attention but which are not medical emergencies.

Urgent care can supplement a community’s primary care practices by:

- accepting “overflow” volume when the primary care office is at capacity;
- providing coverage during evenings, weekends, vacations, and holidays when the primary care office is closed;
- providing services not routinely offered in a doctor’s office, including x-ray, lab testing, and medical procedures such as suturing and casting;
- providing services involving detailed protocols or complex payers such as workers compensation; and by
- referring patients with chronic illness—such as chronic obstructive pulmonary disease (COPD)—who require longitudinal care in a “medical home.”

For example, a pediatrician’s office that is located in the same office complex as an urgent care center may be closed for the Thanksgiving, Christmas and New Year’s holidays. If the pediatrician knows the urgent care provider personally, is confident the urgent care center will take good care of his/her patients, understands the center will forward patient charts for follow-up appointments (w/patient consent), and believes the center will help him/her build a high quality panel of patients by referring urgent care patients needing a pediatrician—it’s reasonable that the pediatrician would take steps to educate patients about the availability of urgent care over the holidays.

Primary care providers can help drive patients to urgent care by displaying a center’s maps, flyers and other marketing materials at their front desks or in their waiting rooms. Moreover, when the primary care office is closed such as for a holiday, nights/weekends, or during a provider’s vacation; the primary care office can leave a message on its answering machine, a sign on its door, and send an email blast notifying patients to use the urgent care center should a need arise.

In order to develop relationships with local primary care offices, the urgent care operator must first identify primary care physicians—starting within a 10-minute drive of the center. Lists of primary care providers are gleaned from insurance company provider directories, local medical association rosters, Internet searches, and from mailing list vendors. Once a set of targeted primary care providers is identified, the urgent care medical director should reach out to them personally. A phone call is usually more effective than a letter and an invitation to meet face-to-face—such as for breakfast—will typically capture the interest of even the most skeptical primary care doctor. Key to success is that the contact is initiated “peer to peer”—professionalism will lead a doctor to respond to another doctor whereas an invitation by a center manager or salesperson will often be ignored.

When meeting with the primary care provider, describe the urgent care center’s scope of services, including its capabilities for lab, x-ray and medical procedures. Emphasize that the focus of urgent care is *episodic* and that it is not seeking to take any patients away from primary care, but rather, save patients from unnecessary emergency room visits. Ask questions of the primary care provider such as his/her scope of practice related to specific chronic conditions, specialist relationships and hospital admitting privileges, insurance plans accepted, the availability of non-scheduled appointments, and the number of days to get an appointment. Agree upon a process for communicating patient progress, for scheduling re-checks, and for scheduling prospective new patients at the primary care office. And after some time has passed—60 to 90 days—schedule a follow-up meeting to assess the relationship, review referral activities, improve processes and communication, and replenish marketing materials.