A Marketing Boost for Urgent Care in New England: Engaging Payers in Raising Urgent Care Awareness Alan A. Ayers, MBA, MAcc Content Advisor, Urgent Care Association of America Associate Editor, Journal of Urgent Care Medicine Vice President, Concentra Urgent Care

The nation's four largest group health payers—United HealthCare, Cigna, Aetna, and Humana—for several years have recognized the benefits of urgent care in their plan designs through reduced co-pays over hospital emergency rooms, by separately listing urgent care centers in their provider directories and on their websites, and with an urgent care fee schedule that accounts for the added marketing, occupancy and operating costs of a retail-facing, extended hours, walk-in medical facility.

However, recognition of urgent care by state-dominant Blue Cross/Blue Shield (BCBS) plans has been less consistent. In some states, these payers offer only a "primary care" contract which typically does not cover the costs of delivering urgent care services. Where that occurs, urgent care centers are few in number. But considering that an urgent care visit can cost up to 90% less than a comparable emergency room visit, the possibility of cost savings through emergency room diversion is a compelling value proposition to insurance companies.

Third-party payer benefits of urgent care pertain to *network access* and *medical expense control*. Urgent care is a form of "consumer driven health care" in that patients like having a place they can go for minor medical conditions that's in their neighborhood, is open nights and weekends, has short waits, and does not require a scheduled appointment. Having a strong roster of "participating" urgent care centers puts an insurance company at an advantage when "selling" its network to brokers, employers and individuals. Moreover, urgent care provides "access"—meaning consumers are more likely to seek immediate care for issues that otherwise could progress into something far more serious (and thus, far more costly to treat). Whether using the ER for non-acute conditions or for conditions that could have been avoided if treated earlier, keeping patients out of the ER can result in tremendous cost savings to payers.

To more closely participate in the growth of urgent care in their markets, some Blue Cross/Blue Shield affiliates have made direct equity investments in urgent care centers with recent announcements that include:

- BCBS of North Carolina (FastMed Urgent Care);
- BCBS of South Carolina (Doctors Care);
- Highmark BCBS in Pennsylvania, West Virginia and Delaware (MedExpress Urgent Care); and
- Wellpoint, which operates Anthem BCBS plans in Ohio, Colorado, Georgia, and several other states (Physicians Immediate Care).

In New Hampshire, where Anthem is the largest payer covering about 45% of insured lives, Wellpoint is making a coordinated effort to divert members from costly emergency rooms by raising awareness of its network of participating independent urgent care centers. It's doing this by communicating the availability and benefits of urgent care—through media campaigns and promotional efforts targeting the general public, by mail and electronic communications to Anthem's own member base, and through health fairs, paycheck stuffers, and other internal communications to the employees of companies with Anthem insurance.

The following graphics illustrate how Anthem is utilizing the Internet to raise awareness of emergency room alternatives—for both Anthem members and the general public. When someone using Google searches for a relevant term, in addition to the centers that would normally be listed, a banner ad for Anthem's "urgent care locator" appears.

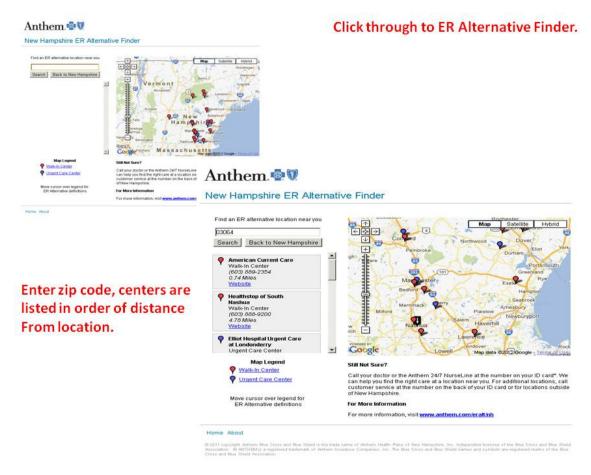
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	Concentra Urgent Care - Nashua	(8) 14 Broad Street		
	www.concentra.com/ Google+page	Nashua (603) 889-2354		
	Southern New Hampshire Medical Center	<ul> <li>8 Prospect Street Nashua</li> </ul>		

## **Overview of Anthem New England Internet ER Diversion Activities**

Upon clicking on the Anthem link, the user is directed to information on when to use urgent care centers, the symptoms that can be treated, and the co-pay differential over hospital emergency departments. There is also a link to an "Emergency Room Alternative" locator.

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Use these options when you need medical care quickly, and weekends, and cost much less than an ER visit. Bet	but carifi see your regular doctor. These centers are often open nights ore you go, call and ask about their hours, services and whether they eider directory. See a chart of symptoms that can be treated at	Link to online provider directory.
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When a user enters his/her zip code in the locator, he/she is provided a listing of walk-in and urgent care facilities by distance. The listing includes each center's location, phone number, and a link to its website.



This example from New Hampshire is significant in that it represents a payer who not only understands the benefits of urgent care, but is working to raise awareness and educate its members and the public on when it's most appropriate to use an emergency room, an urgent care center, a pharmacy/retail-host model clinic, or to schedule an appointment with their primary care provider. Anthem's efforts also speak to far greater possibilities—how can urgent care providers and third party payers elsewhere collaborate to improve medical outcomes and drive costs out of health care delivery by driving more volume through urgent care centers?