

## **Practical Considerations for Integrating Urgent Care and Occupational Medicine**

**Alan A. Ayers, MBA, MAcc**

**Board of Directors and Practice Management Content Advisor, Urgent Care Association of America**

**Practice Management Editor, *The Journal of Urgent Care Medicine***

**Vice President of Corporate Development, Concentra Urgent Care**

Increasingly urgent care centers are augmenting their consumer walk-in injury and illness business with employer-focused occupational medicine services including treatment and management of workers compensation injuries; physicals required for pre-employment, DOT, FAA, police/fire and other compliance needs; and post-offer and random drug testing. Meanwhile, formerly pure-play occ med providers are opening their on-demand medical services to the general public under the banner of “urgent care.” While there are clear operational, clinical and business synergies between the urgent care and occ med service lines; challenges related to physical location, billing and clinical systems, patient flow, clinical practice and sales/marketing often limit the ability for mixed-model practices to fully realize these synergies.

### **Adding Occupational Medicine to the Urgent Care Center**

Successful urgent care centers capture patient volume by creating awareness in their communities through advertising. Whereas urgent care patients typically self-triage—choosing a center over other options because of its convenience or accessibility—patients who need occ med services are generally directed by their employers to the providers who offer the greatest value, outcomes or communication to the employer. That’s why urgent care centers don’t typically begin to explore occ med until they are approached by local employers to provide one-off services such as vaccinations, substance abuse testing, or fit-for-duty physicals. These services are typically for cash—either paid by the patient at time of service or billed directly to the employer—resulting in improved liquidity over insurance collections.

The advantages of integrating occ med into urgent care extend beyond added revenue from a new service line—employer services can be steered to “off-peak” times to “flatten” the ebb and flow of urgent care volume resulting in better utilization of the center’s providers, staff and fixed assets. Whereas urgent care tends to be busiest first thing in the morning, evenings and weekends; physicals, rechecks and drug screens can be scheduled during the slower afternoon hours. In addition, occ med tends to be busiest during the summer months when hiring and construction are in full-swing whereas urgent care tends to be busiest during the winter cold and flu season. Thus, urgent care and occupational medicine can be said to *complement* one another.

### **Adding Urgent Care to the Occupational Medicine Center**

It should therefore be no surprise that conventional pure-play occupational medicine providers are adding consumer health services to grow and diversify their revenue mix against economic volatility affecting hiring and overall employment levels. Integrating urgent care can insulate a center from adverse trends affecting workplace injury rates like the shift from a manufacturing to service economy, the offshoring of jobs, and corporate investments in safety and accident prevention.

Occ med providers have discovered urgent care as a way to justify extended evening and weekend operating hours, expanding into growing suburban areas and secondary markets with good consumer demographics but insufficient business density to support a stand-alone occ med clinic, and extending

relationships with employers from cost savings in workers comp to cost savings in group health by diverting employees away from emergency room.

And last, occ medicine providers have an advantage in marketing their urgent care services through existing sales relationships with employers as well as directly to the employer-directed patients “captive” in their waiting rooms.

### **Challenges to Achieving a Successful Mixed-Model Practice**

Although the benefits of integrating urgent care and occupational medicine may be strong “on paper,” there are practical considerations for urgent care and occ med providers alike:

- **Physical Location:** Occ med services are disproportionately utilized in industries such as transportation, distribution/warehousing, and construction which have higher rates of injury and greater compliance and prevention needs, than say, office or retail employment. Pure-play occ med centers thus tend to be located in urban business districts, along freeway industrial corridors, or near airports, trucking or rail hubs. By contrast, urgent care centers appeal to consumers who utilize their insurance benefits and thus favor suburban, retail-facing locations near affluent and/or upwardly rising households. The mis-match between industry and residential in suburban trade areas typically limits the occ med revenue potential of urgent care centers while the absence of household demographics where employment density is high (as well as the hesitance of consumers to seek personal medical care in industrial areas) likewise limits the urgent care potential of many pure-play occ med providers.
- **Billing and Clinical Systems:** When an employer “signs up” for occ med services, the provider documents the employer’s requirements in regards to authorization for treatment, physical components, drug tests, referrals and billing instructions. The front office refers to this “protocol” or “account set-up” upon the arrival of each patient, which should also determine the patient’s movement through the center and required documentation. An urgent care center engaging in occupational medicine will need to set up separate systems to manage and bill employer accounts than the practice management system used for urgent care insurance billing. Separate systems can result in exponentially greater complexity of nearly every job in the center. This leads to increased training costs, longer ramp-up to employee proficiency (especially if volume in either service line is thin), and the potential for increased errors versus pure-play operations. Contracting, credentialing, billing and collections functions must likewise be cognizant of differences in coding, electronic billing and remittance, denials and resubmissions, edits, modifiers, CMS, and compliance issues between the service lines.
- **Patient Flow and Wait Times:** While short wait times are important to both consumers and employers, the primary difference between urgent care and occ med patients goes to *choice*. Whereas occ med patients generally go where directed by their employer, consumers choose an urgent care center over many other options. In addition, occ med patients during business hours are often “on the clock” with all bills paid by their employer as opposed to urgent care patients sacrificing personal time and hard-earned money for an unexpected doctor’s visit. One could therefore conclude that urgent care patients are more sensitive to wait times and more demanding of service than occ med patients. The more services offered in a medical facility, the more complicated patient flow becomes. Services like drug screens and physicals can crowd waiting rooms and take medical assistant time away from the triage of urgent care patients. Multi-

component physicals and/or the documentation required for workers compensation claims can be more time consuming for providers than treating simple urgent care conditions like sinusitis or rash. Without clear processes delineating and prioritizing the two service lines—including an effective system for scheduling patients and providers/staff—the risk is an inconsistent and disjointed patient flow resulting in long wait times and ultimately a sub-par experience that pleases nobody.

- **Clinical Practice:** What's the difference between treating a sprained ankle that occurred in one's backyard while playing sports versus one that occurred in a factory while performing an assigned job duty? A provider who sees no difference in these seemingly identical clinical presentations is naïve to the intricacies of workers compensation in which time allowed off work, work restrictions, prescription of certain drugs, and other factors can result in "recordable" incidents affecting an employer's total cost of claim and future insurance premiums. For workers comp, the objective is to get injured employees back to their jobs as quickly as possible through a work-hardening approach. But in urgent care, a physician who is eager to please the patient may order time off work or prescribe narcotics to a patient in pain. Urgent care providers engaging in occupational medicine must understand the intricacies of workers compensation law or risk the ire of dissatisfied employers and payers. Likewise, occ med providers must adapt their communication when treating urgent care patients, to create the type of experience patients will want to return to the center and tell others to do likewise.
- **Sales/Marketing:** Urgent care centers advertise their services to the general public using conventional media tactics like billboards and radio intended to raise awareness such that when an urgent care need arises, consumers will remember to use the center. By contrast, occupational medicine is "directed care," in which a provider develops a face-to-face, price-driven sales relationship with an employer who authorizes employee treatment. Sales people who are skilled in consultative and solution selling and paid on a commission basis may find urgent care marketing to be an unnecessary distraction or outside of their interest and skillset while urgent care marketers who have mastered "grassroots" engagement often lack the persistence and proficiency required to close a business-to-business sale. And last, whereas the role of the urgent care physician is to serve patients once they arrive at the center; in occupational medicine providers are expected create and foster ongoing relationships with their largest employer customers.

## Conclusion

The business case for combining urgent care and occupational medicine services in one location may seem strong from the perspective of enhancing revenue but success requires a clear understanding of the intricacies of both businesses—starting with the differential needs of patients and employers—and then developing strategies, organizations, systems, and processes that enable the effective flow, clinical practice and sales/marketing of both service lines in a mixed-model facility.