

Practice Management

The Role of Urgent Care in an Integrated Care System: Insights from Intermountain Healthcare

Urgent message: This exclusive interview with Intermountain Medical Group Chief Executive Officer Linda Leckman, MD, illustrates how urgent care can improve access and clinical outcomes while reducing costs for patients in a system that integrates providers, hospitals, and health insurance using a shared electronic medical record and capitated payment.

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Introduction

In the evolving U.S. health-care system, individual providers, ancillary facilities, hospitals, and payors are joining together in connected systems that are based on a shared medical record and fixed reimbursement per patient, focused on improving population health, coordinating care for chronic disease, and reducing overall health expenditures using risk models that are based on patient outcomes.

When the connected participants are legally unrelated entities, these structures are known as *accountable care organizations*. When there is common ownership—such as with Kaiser Permanente in California and Geisinger Health System in Pennsylvania—they are known as *integrated health systems*.

In 2009, President Barack Obama singled out Inter-

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mountain Healthcare in Utah as an integrated provider, hospital, and health insurance organization that offers

“high-quality care at cost below average.”¹ Spun off from the Church of Jesus Christ of Latter-day Saints in 1975, today Intermountain Healthcare operates 22 hospitals (45% of Utah’s hospital beds) and 160 health-care facilities; it employs over 33,000 people, including 700 of Utah’s 4,600 physicians; and it provides health insurance under the SelectHealth brand to 19% of Utah’s population.²

In this exclusive question-and-answer session with the *Journal of Urgent Care Medicine*, Intermountain Medical Group Chief Executive Officer Linda Leckman, MD, details the operating model, capabilities, and connectivity of urgent care and the benefits it brings to this integrated system.

Interview

Alan Ayers: Can you describe Intermountain’s urgent care offering, including the number of facilities, positioning of facilities, hours, services offered, and target markets?

Linda Leckman: Intermountain InstaCare clinics are located throughout Intermountain Healthcare’s service area in Utah. We have 30 clinics that are located primarily in our more populated communities—5 of those are stand-alone, and the remaining are part of larger outpatient facilities.

Hours for the majority of clinics are from 9 a.m. to 9 p.m. weekdays. Some clinics are open from 8 a.m. to 8 p.m., and a handful of our busiest clinics are open until 10 p.m. Weekend and holiday hours can vary by facility. We are currently piloting extended hours in one clinic in the Salt Lake City area that will stay open until midnight.

We promote the InstaCare as an ideal setting to receive care for

- Broken bones
- Colds and influenza
- Cuts and abrasions
- Earaches
- Headaches and migraines
- Infections
- Nausea
- Nosebleeds
- Sore throat
- Sprains or strains
- Stomachaches

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InstaCare services are available to patients of any age or gender. In the Salt Lake and Ogden communities where we also offer KidsCare, after-hours urgent care for children, we encourage pediatric patients to use those facilities.

Ayers: How does urgent care coordinate care with other Intermountain service lines, such as primary care, specialists, and occupational medicine, and with ancillary services, like imaging and physical therapy?

Leckman: When a patient presents at an InstaCare clinic, we identify their primary-care physician. If patients do not have a primary-care physician, we provide a list from which they can select one. When necessary, we will refer patients to a specialist.

If a patient visiting InstaCare has occupational medicine issues, we will provide an initial visit and then send the patient to WorkMed, our occupational medicine clinics, for follow-up care.

We offer x-rays in InstaCare clinics, but we can schedule any other needed imaging at one of our larger facilities. InstaCare clinics offer all of the basic laboratory services (e.g., central venous catheters, iStat hematology test system, urine tests, testing for strep throat), and we send out any specialty laboratory blood work.

Ayers: What electronic medical record (EMR) system does Intermountain use for urgent care, and how does it integrate with the rest of the health system?

Leckman: The InstaCare clinics currently use the same EMR system as the rest of our organization. We use our proprietary system, HELP2, for all charting, and GE Centricity Business for our practice management needs. Patient records are available to any Intermountain facility as soon as the information is entered into the system.

Intermountain Healthcare is currently upgrading our EMR to a product that we are co-developing with Cerner. The new system, called iCentra, will bring the EMR and practice management components together on the same system and will give us better efficiencies than we currently have. For example, physicians doing documentation will generate codes that will apply to the patient bill. The patient registration will transfer to the hospital, resulting in a smooth flow of patient data, and eliminate the need for double registrations. Ulti-

mately, our goal is to make patients' experience at Intermountain as easy and seamless as possible.

Ayers: I've noticed a sensitivity to wait times, including posting wait times in the center and wait times at nearby centers, as well as a call-ahead service. How does Intermountain manage flow in its urgent care centers to limit patient waits?

Leckman: Of course one of the challenges with a walk-in service is to effectively manage the ebb and flow of wait times. A few years ago we implemented a computer program, the "digital integrated grease board" (DIG), to help us track patient wait times in our facilities. We began posting those wait times in our clinics and, in the spring of 2014, launched a mobile application that lets patients use their smartphones to access a map of local InstaCare clinics with their respective wait times.

In conjunction with the release of the application, we also introduced a call-ahead program that lets patients call in to save a place in line for the InstaCare clinic. As a result, patients spend less time waiting in the clinic.

In addition, we encourage InstaCare clinics that are experiencing longer wait times to refer patients to other nearby InstaCare clinics that may have a shorter wait time.

Ayers: How does Intermountain market its urgent care services to SelectHealth members as well as to the community?

Leckman: SelectHealth provides printed and online materials to members that outline the difference in cost for services in different settings. The information shows the cost advantages of visiting an InstaCare clinic over using an emergency department for urgent care needs.

Ayers: What role does urgent care play in improving clinical outcomes and reducing costs for SelectHealth members? How do you measure success?

Leckman: Because InstaCare visits are much less expensive and less resource-intensive than a typical emergency department visit, members save money when they are able to utilize InstaCare facilities rather than a hospital for their urgent care needs. Clinical outcomes have always been a focus at Intermountain, and we are always looking at clinical outcomes in all settings and looking for oppor-

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tunities to improve. Success at InstaCare is measured through clinical outcomes, cost, and patient experience.

Ayers: What role has patient-facing technology—including your mobile application—played in differentiating and cultivating loyalty to InstaCare and KidsCare?

Leckman: We know that a significant target market for InstaCare services is the young, savvy, mobile consumer who looks for ways to connect via applications. In fact, mobile devices are increasingly the connection of choice for our patients. Nearly half of our digital connections are made through mobile devices. As a result, we have made "Mobile first" the mantra for our digital development and have created an application that is convenient and useful for consumers and patients. We feel a strong need to stay at the forefront of technology and connect with patients digitally because that is what they expect, and it helps us stay competitive in our market. The Intermountain Health Hub is one of the ways we are working to accomplish that goal.

Conclusion

Integrated health systems like Intermountain Healthcare are defined by their ownership of hospitals, physician practices, and health insurance; financial incentives that align medical cost savings, clinical outcomes, and population health; and coordination of primary and specialist care through an EMR. These are also the driving principles of the accountable care organizations authorized by the March 2010 health-care reform legislation. As Dr. Leckman illustrates, urgent care can play an important role in shifting low-acuity visits from emergency departments to a lower-cost outpatient setting, thus promoting the integrated system's goals of quality and efficiency. The key is to educate members about the benefits of using urgent care, to offer convenient locations and operating hours, to control wait times, and to engage members using mobile technology. ■

References

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