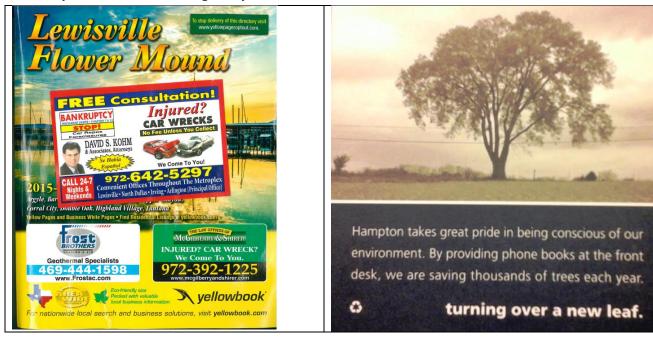
Urgent Care Musings: Insights from the Field Alan A. Ayers, MBA, MAcc Board of Directors, Urgent Care Association of America Practice Management Editor, *The Journal of Urgent Care Medicine* Vice President, Concentra Urgent Care

As part of my primary job responsibilities as Vice President of Corporate Development for Concentra Urgent Care, I have the opportunity to travel across the country to visit the company's centers, colleagues and clients. I frequently make observations and pick up articles of interest to the industry, a few of which I'm summarizing this month as "Urgent Care Musings: Insights from the Field."

Does anyone use the Yellow Pages anymore?



According to Pew Research, over 90% of Americans own a cellular telephone, with over half of those phones being "smart phones" that integrate Apple or Android operating systems with advanced features such as media players, GPS navigation, and personal digital assistants. Among the younger adult age cohort, roughly 80% of phones are of the "smart" variety. An advantage of a "smart phone" is that one can quickly look up a telephone number using Internet search engines or various "apps." For individuals at home or in the office using a landline, phone numbers are likewise quickly and easily found on the Internet using a personal computer or tablet.

The advantage of these new technologies is not only quickly finding a phone number, but also information that could make calling the center unnecessary such as its street address, maps and directions, operating hours, services offered, insurance accepted, and reviews by previous users. The emergence of this "on demand" technology for identifying and selecting urgent care providers begs the question...does anyone use the paper, printed phone book anymore?

Personally, I find myself putting the phone books I receive on my doorstep straight into the recycling bin. I've also noticed the North Dallas suburban phone books becoming thinner and thinner with really no urgent care centers listed.

For the past few years when speaking on the topic of urgent care marketing, my suggestion to urgent care operators has been to scale back their Yellow Pages advertising, except in areas with a high proportion of tourists staying in hotels, or senior citizens who may prefer the printed book to new technology (according to Pew, less than 20% of adults older than 65 own a smartphone). Well now that Hampton Inn (part of Hilton Worldwide) and other national hotel chains have removed phone books from their rooms under the guise of "being green," and the likelihood tourists will just ask hotel employees or consult the Internet when an urgent care need arises, there is little benefit to Yellow Page advertising appealing to tourists in hotels.

Similarly, Medicare has historically made up a small proportion of urgent care visits (typically less than 10%) as seniors are typically tied into primary care and are more likely to suffer what should be treated as a medical emergency than a minor condition treated in urgent care. Medicare Advantage plans often have pre-authorization or other restrictions on the use of urgent care as well.

When considering the yellow pages, a single line listing may be effective if that is required for listing with 411-info and on the yellow pages' internet pages (which are picked up by search engines), but marketing dollars effectively spent on large, full-page, full-color ads nine or 10 years ago are now better spent on pay-per-click, search engine optimization, mobile apps and other technologies relevant to how today's consumers search for information on urgent care.

Practical Issues with "Free" Prescription Discount Cards



On multiple occasions I've been approached by firms wanting to provide our urgent care centers with "free" prescription discount cards that we would distribute to patients with their discharge paperwork. According to the sales pitch, patients not using insurance at a retail pharmacy could receive a discount on their prescriptions and the urgent care provider could receive a "marketing commission" upon the patient's first successful use of the card. In addition, these companies have promised to provide printed cards at no cost to the center as well as marketing support ranging from exam room posters and table top brochure holders to free direct mail promoting the urgent care center.

While no-cost advertising for the center and a value-added benefit to patients are appealing on the surface, there are multiple issues an urgent care operator should consider before setting up a display or agreeing to distribute these cards to their patients.

First, these discount card programs are near ubiquitous. As the photos illustrate, I've seen them displayed at the library, county tax office, and I've received them in coupon mailings. I'm aware of strangers who have stopped by our urgent care centers asking to set up these displays. Something that is available all over the community is not unique to your center. And there is a risk that a co-branded pharmacy card with the urgent care center's name could confuse urgent care patients or occupational medicine clients as to who the center is and what it does (i.e. is the center in the insurance business?).

Second, the benefit to urgent care patients is nominal at best. Most patients will just use their Rx insurance, with which these discounts don't even apply. But given that most prescriptions in urgent care are for generics and that major pharmacy chains offer discounted pricing on generics for the uninsured, the odds that even an uninsured patient will benefit from using this card after leaving the urgent care center is slim to none.

Third, an investment must be made in staff training. From an urgent care operating perspective, staff would need to be prepared to answer questions on the details and logistics of the program or risk upsetting patients who might discover the card isn't accepted by the pharmacy as promoted. With everything going on in a busy urgent care center, do you really want this distraction? Rightly or wrongly, an unsatisfactory patient experience with the urgent care-branded card might spur negative word-of-mouth for the entire urgent care encounter.

Fourth, I've never been able to get good data from vendors on prospective utilization of the card programs. The best responses thus far have entailed "just have your patients try the card to see if it works." If you consider that only around 12% of urgent care patients are uninsured, centers prescribe primarily generic drugs which are available ranging from free to \$4 at food/drug/mass chains, and some centers dispense pharmaceuticals in-house—intuitively the successful utilization of these cards by urgent care patients seems unlikely. In trying to identify what true utilization would be—in order to tie prospective revenue to the level of effort in providing the cards—it is nearly impossible to calculate a return on investment (ROI).

So, given the entire spectrum of marketing activities your center could engage in—including seasonal and travel vaccinations, school and camp physicals, and other ancillary services—why would you use your center's valuable real estate and busy front-line staff to promote someone else's product? Especially a card product that's everywhere in the community and has such negligible value?

In-Network Freestanding Emergency Room Center. Really?

Texas (notably Dallas-Ft. Worth, Houston, Austin and San Antonio) has become "ground zero" of the private, freestanding emergency room (FSED) movement with over 100 such facilities in these metro areas. First Choice, EliteCare, Neighbors, and other FSED operators locate in the high-traffic, high-visibility retail settings of affluent suburbs, attracting walk-in patients with 24-hour service and "no waits" to see a "board certified emergency physician." Such can be appealing when the media reports wait times of four hours or longer at hospital emergency rooms. Especially when the FSED is quite luxurious in its fit and finish, more reminiscent of a hotel or spa lobby than a medical facility. But a visit to a Texas FSED for a minor condition can cost \$1,400 or more as the center charges both a professional fee for the physician and a facility fee. Compared to urgent care and even a hospital emergency room, FSEDs are hardly a bargain!



ELITE CARE IS NOW IN NETWORK WITH BLUE CROSS/BLUE SHIELD!

Great news for Blue Cross/Blue Shield policy holders! Access to conveniently located 24 hour emergency medical care is now available in your network at Elite Care in The Colony!

IN NETWORK COVERAGE BEGINS ON 11-15-14

As a result of their extraordinarily high fees, most FSEDs are excluded from major insurance networks. In fact, some Texas payers have executed marketing campaigns to educate their members about FSED fees and to encourage members to pick more appropriate and lower priced retail clinics, primary care, and urgent care centers instead.

ELITECAREEMERGENCY.COM

As a matter of public policy, it's not a good idea to have a patient in the midst of a life-or-death crisis driving past one ER to try to locate the "in network" facility for his/her health plan. Thus, Texas law requires that insurance companies reimburse out-of-network emergency room visits at the preferred, in-network provider rate. FSED's exploit this "loophole" by advertising not that they're "in-network," but rather, that they "will bill your insurance." There is a big difference between these two concepts.

Billing out-of-network, patients frequently find the insurance company will reimburse a portion of the FSED's professional fee but because there is no contract with the insurance carrier, the FSED is still able to balance bill the patient for the remainder of the balance. Patients have complained to the media about collections agencies hounding them months after the fact for hundreds of dollars to treat what at the time was a very minor condition.

Recently I received a post card from EliteCare advertising that it is now "in network" with Blue Cross Blue Shield. Given my understanding of payer's attitudes towards these centers, as described above, this announcement was quite surprising. So I started asking questions...

Turns out this post card uses the term "in network" quite liberally. The emergency physicians employed in the center often also work in hospital emergency rooms elsewhere where they are credentialed as emergency medicine providers with the insurance company. The FSED bills the insurance company on behalf of the provider. Insurance may then reimburse the provider portion of the bill as "in network" but the patient can still be on the hook for a facility fee of \$700 or greater. That's because the FSED itself does not have a network contract with the insurance carrier.

Not sure exactly what happened to EliteCare but it didn't take long after launching this marketing campaign for them to completely stop advertising this inaccurate "in network" status.