

Urgent Care Musings: Insights from the Field

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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 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."

When Urgent Care is Not the Lowest Cost or Most Convenient Option: Texas Rules Limit Telemedicine

Urgent care hails itself as a play on affordability and convenience, but for minor medical issues, "telemedicine from home" (i.e. a physician interaction via telephone and webcam) can be less time consuming and lower cost than a physical trip to the urgent care center. Companies like Dallas-based Teledoc provide \$40 telephonic or video consultations through a national network of doctors (including 94 physicians in Texas) for routine conditions such as urinary tract infections, sore throats, and rashes. In regards to such services, the legal question is: what constitutes a physician-patient interaction and is a telephone call sufficient to establish a physician-patient relationship?

The Texas Medical Board voted on April 10, 2015 to adopt new telemedicine rules that would prohibit physicians from treating patients over the phone, video, or online. Specifically, physicians cannot issue prescriptions to unknown patients on the basis of a diagnosis made during a telephone call. Taking effect on June 3, 2015, the new rules clarify that a physician-patient relationship must be established as part of a face-to-face or in-person evaluation. A face-to-face visit can be conducted via telemedicine as long as it meets the requirements of the patient site presenter and medical diagnostic technology described in the rules. Therefore, communications exchanged through email, text message, chat, or telephone are inadequate to establish a physician-patient relationship. Teledoc, the largest telemedicine firm in the nation, opposes the rule as reducing access to medical care at a time of increasing demand and cites statistics that 200 of 254 counties in Texas are "medically underserved," with 27 counties having no doctors at all. Teledoc intends to take the medical board's decision to the state legislature for reversal.

When Urgent Care is Not the Lowest Cost or Most Convenient Option: Optometry Retailer for Eye Emergencies

The goal of most urgent care centers is to become a "one-stop shop" for whenever patients have a minor medical need. From a consumer's perspective that includes illness and injury to the eye. Thus, many urgent care centers have invested in slit lamps to assess and diagnose eye injuries. Now, urgent care must increasingly contend with competition—not just other urgent care centers, retail health clinics, and freestanding emergency rooms—but new competition for every single service offered in the urgent care. For instance, St. Charles Vision in New Orleans, Louisiana is advertising "skip the emergency room and urgent care center" and instead for eye injuries use their "board certified Doctor of Optometry" with "little to no wait," which is covered by the patients "major medical insurance." With increased competition, it's important that urgent care operators educate current and prospective patients as to the entirety of their scope of services (including that the center can treat eye injuries) to avoid slowly losing patients to alternative providers in the community.



Eye Emergencies Happen.
Trips to Urgent Care Don't Have To.

When you have an eye emergency, skip the emergency room and urgent care centers and head to St. Charles Vision. Our team of board-certified Doctors of Optometry will give you the most knowledgeable and comprehensive care available with little to no wait. And you don't need vision insurance—your major medical insurance should cover this type of service. Let St. Charles Vision take better care of your urgent eye care needs.

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Fuel Points for Medical Treatment

While it is against Medicare and Medicaid rules for urgent care centers and other providers to offer inducements that would cause the general public to utilize government health benefits they would not normally require, the government does allow providers to offer patients something of nominal or token value—such as a certificate for a donut and coffee if there’s a long wait, or a free first aid kit for visiting and taking a tour of the center. Commercial carriers generally follow Medicare and Medicaid rules. But what about fuel points? The Kroger Company, a national grocery retailer and operator of The Little Clinic, offers a “fuel perks” program in which members who spend \$100 in a given month on groceries, gift cards and prescriptions receive 10-cents per gallon off the price of gasoline purchased at Kroger or Shell. Now, visits to The Little Clinic also earn fuel points; federal and state health care beneficiaries excluded. While unlikely to be the sole reason patients use The Little Clinic, this incentive can still spark trial and certainly emphasizes that The Little Clinic is one of an umbrella of consumer services available at Kroger.

**Getting sick is not convenient.
Getting better is.**

Don't let your illness keep you from the big game – visit The Little Clinic inside select Fry's Food Stores.

- Open 7 days a week – no appointment is necessary
- Affordable — covered by many health insurance plans
- Care for the whole family — 18 months of age and up
- Common illnesses, physicals, vaccines, health screenings, and much more.

EARN 50 FUEL POINTS PER VISIT

The Little Clinic.
Convenient Neighborhood Medical Care

Inside Select Stores **Fry's**

What Does Your Signage “Say” to Prospective Customers?

When a sign is placed, it has the same effect on the reader as a person speaking. Consider the sign on the left, which was taken at an office supply “superstore” located in an affluent suburban retail shopping area near a light rail station. Then, imagine if this store had someone on the sidewalk telling passers-by “we don’t have public restrooms...don’t even think of asking...just keep on walking because unless you buy something, our toilet is not yours to use.” Sound ridiculous? If you could use your window space to promote one thing about your business...would it be that your restrooms are “off limits?” Wouldn’t it be better to use the same space to advertise, “c’mon in, check out our prices, look at our selection, we probably have something you need?”

In this shopping plaza, the non-customers desiring to use the restroom are most likely not the homeless and day laborers, but rather, mothers with children—potential customers for school and household needs—so would it *really* hurt the store if two or three times a day someone using the restroom browsed the merchandise and potentially bought something? Likewise, if writing in all capital letters is perceived as “yelling,” is it a good idea to shout at these prospective customers?

When you communicate with signage, messages should be warm, welcoming, and consider the perspective of current and prospective patients. Similar to this office supply retailer, some urgent care centers (as illustrated on the right) use their window space to promote messages like “not responsible for lost or stolen property,” “no oily shoes or dirty boots permitted,” “no trailers in parking lot,” “last patient seen at 7:30pm,” “do not enter with skin rash,” and “no children to be unattended in waiting room.”

When posting any sign, consider how patients are going to perceive the message, question whether signage is the most effective mechanism for communicating the message, and ask if there were just one message you could communicate...would this be it?



ZoomCare Offering Health Insurance

Portland, Oregon-based ZoomCare has been hailed as a “model” for what urgent care should be—365-day extended operating hours, high visibility retail locations, scheduled appointments and walk-ins accepted, website capabilities including pre-registration and online medical records, consumer direct telemedicine consultations via Skype, prescriptions dispensed on-site, and integration of preventive and specialist services, among others. (For more information on ZoomCare, see my October, 2014 article entitled “What Urgent Care Can Learn from ZoomCare” at http://www.alanaversurgentcare.com/Linked_Files/2014_Articles/UCAOA_Ayers_October_2014.pdf).

In March, 2015, ZoomCare announced that it’s adding health insurance to its mix. Patients insured by ZoomCare receive unlimited on-demand visits (including preventive/wellness services) to ZoomCare’s 18 Portland-area centers with no deductible and no co-pay. This “all access pass” includes ZoomCare’s telemedicine consultations via Skype. And if a patient requires more extensive care, ZoomCare insured’s have access to over 5,000 specialists including hospital services via the First Choice Health Network.

While the prospect of an urgent care operator transitioning into an insurance provider is exciting—particularly given urgent care’s ability to treat most primary and acutely rising medical needs in-house—according to this chart from the *Portland Business Journal* consumer acceptance of the concept may be somewhat slow with 40% of respondents indicating they’d be “bummed” if their employer switched their insurance to ZoomCare. Perhaps consumers see the offering as too limited to ZoomCare’s services and ZoomCare needs to better promote the network benefits to the plan, in addition to the services offered in its own centers.

