

URGENT CARE FALL CONFERENCE

OCTOBER 3-5, 2013

RENAISSANCE GLENDALE HOTEL AND SPA GLENDALE, ARIZONA



Urgent Care Site Selection



Urgent Care Association of America



Alan Ayers, MBA, MAcc Vice President, Concentra Urgent Care Content Advisor and Board of Directors, Urgent Care Association of America



Learning Objectives

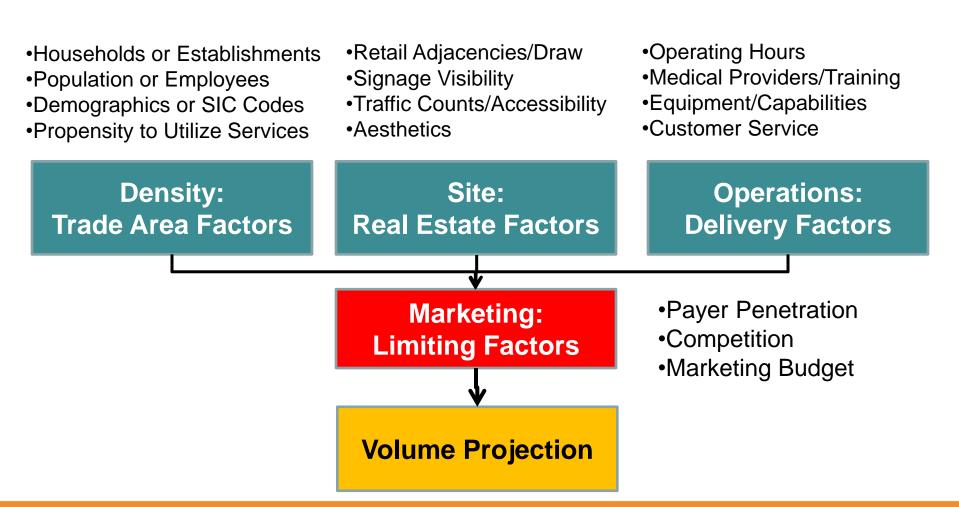
- Explain the factors that drive urgent care volume including trade area make-up, physical real estate characteristics, and operational delivery as well as volume-limiting factors like marketing, payer contracts, and competition.
- Identify the pros and cons of various types of space including medical office buildings, freestanding/street-facing, shopping center end-cap, and in-line retail.
- Perform an analysis of build-out of existing space versus buildto-suit and owning versus leasing.
- Avoid common site selection pitfalls leading to urgent care failure such as insufficient density, poor visibility, and overspending on build-out.
- Leverage the physical location of the urgent care center as a marketing tool.



SITE SELECTION FACTORS



Forecasting Model Components



Trade Area Drivers of Urgent Care Volume

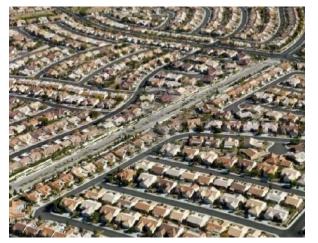
- Density of Households and Businesses
 - Total count within 3-5 miles or 12-15 minutes.
 - Trade area size/configuration varies by market.
- Demographics of Households and Businesses
 - Consumers who match the profile of conventional urgent care users.
 - Household income, family demographics
 - Employees in industries who require occupational medicine services.
 - Regulatory/compliance needs, injury rates



Consumer Urgent Care Demographics



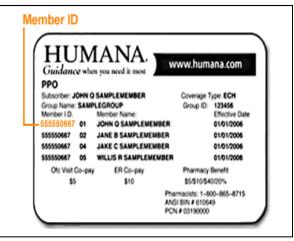
Married Couple with Children Present



Growing Suburbs of Major Metro Areas



College Graduate Age 35-54



Employer-Provided Health Insurance



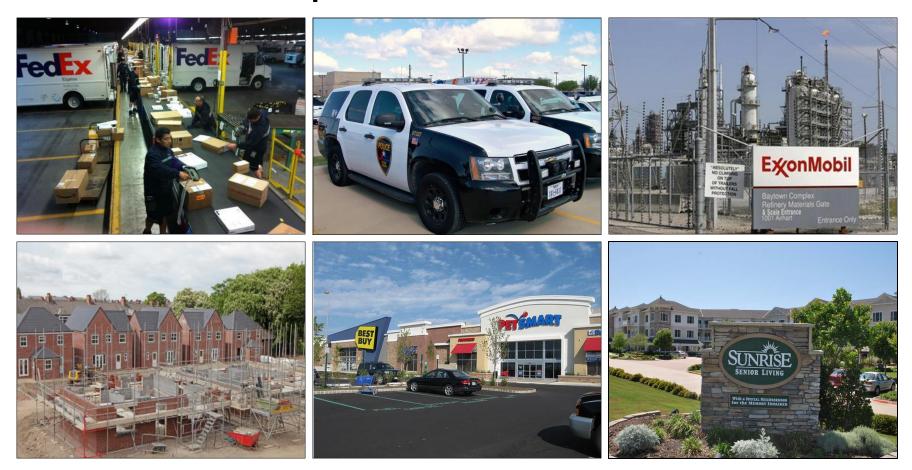
Owner-occupied Single Family Housing



Household Income \$50,000 to \$100,000



High-Utilization SIC Codes for Occupational Medicine





Consumer Demographics Scorecard

	esri 🛽	Market Profile				
		6340 N Beach St, Haltom City, TX, 76137 Rings: 1, 3, 5 mile radii				Latitude: 32.85859 Longitude: -97.28982
				1 mile	3 miles	6 miles
	Population Summary				75.405	170 200
	2000 Total Population 2000 Group Quarters			14,948	75,485	179,390 2,008
	2010 Total Population			17,740	103,101	250,096
	2015 Total Population 2010-2015 Annual Rate			19,458 1.87%	116,041 2.39%	280,507 2.32%
	Household Summary			1.0/76	2.39%	2.3276
	2000 Households			5,581	26,378	61,989
	2000 Average Household S	170		2.68	2.83	2.86
	2010 Households	net.		6,615	35,719	86,345
	2020 11003010103			0,010	2.86	2.87
DEMO	GRAPHICS*	<u>1 MILE</u>	3 MILE	5 MILE	40,217	96,926
DEIWO	GRAFIICS	TIMILE	JINNEL	JINILL	2.86	2.87
Denul	*! - · · ·	17 740	102 101	250,006	2.40%	2.34%
Popula	ation:	17,740	103,101	250,096	20,101	47,012
		676.005	600 CE C	677 707	3.27	3.30
Avg. H	.H. Income:	\$76,035	\$80,656	\$77,737	26,203	64,168
_					3.37	3.35
Daytin	ne Population:	3,636	29,205	75,170	29,061	71,266
		· ·	,	<i>,</i>	3.39	3.37
Media	n Age:	32.1	32.5	33	2.09%	2.12%
% \//bi	te Collar:	71.1%	65.2%	62.6%	27,489	64,434
70 VVIII	te conar.	/1.1/0	03.270	02.070	72.4%	70.0%
					23.6%	26.1%
	Vacant Housing Units			5.3%	4.0%	3.8%
	2010 Housing Units			7,056	37,795	91,631
	Owner Occupied Housing U	Inits		51.7%	66.9%	66.5%
	Renter Occupied Housing L	Inits		42.0%	27.6%	27.7%
	Vacant Housing Units			6.3%	5.5%	5.8%
	2015 Housing Units			7,796	42,669	103,091
	Owner Occupied Housing U	inits		50.8%	66.7%	66.5%
	Renter Occupied Housing U	Inits		42.7%	27.6%	27.5%
	Vacant Housing Units			6.6%	5.7%	6.0%
	Median Household Income					
	2000			\$54,659	\$55,751	\$52,236
	2010			\$67,308	\$71,396	\$68,192
	2015			\$75,138	\$78,376	\$76,797
	Median Home Value					
	2000			\$92,568	\$87,739	\$84,150
	2010			\$115,117	\$114,516	\$113,315
	2015			\$131,938	\$131,617	\$131,053
	Per Capita Income					
	2000			\$23,699	\$22,315	\$21,529
	2010			\$29,333	\$28,115	\$26,954
	2015			\$32,356	\$30,925	\$29,752
	Median Age					
	2000			30.3	31.2	32.0
	2010			32.1	32.5	33.0
	2015			32.3	32.6	33.0

Benchmarks:

<u>3-Mile Population Density:</u>		
>85,000		
45,000 to 85,000		
<45,000		
3-Mile Median Household Income:		
>\$70,000		

× 770,000
\$55K to \$70K
<\$55,000

Also consider distribution of income levels.

Married Households w/Children:		
•High:	>25%	
•Medium:	20 to 25%	
•Low:	<20	

Also consider percent of households age 65+ and percent of unmarried female households w/children present.



Urgent Care Retail Adjacencies





Urgent Care Retail Adjacencies





Traffic Counts and Signage Visibility





Center Aesthetics











Real Estate Factors Scorecard

Traffic Counts:

•High:	>50,000
•Medium:	20,000 to 50,000

•Low: <20,000

Retail Adjacencies:

•High:	>3: Kohls, PetSmart, Target, Lowes, BestBuy (or comparable)
•Medium:	Chain Supermarket, Big Box Store
•Low:	Street Draw, Convenience Services

Signage Visibility:•High:Building and Monument/Pylon Highly Visible from Both
Directions, Day and Night•Medium:Building and Monument/Pylon Visible Upon Approach
Small Sign, Signage Obstructed or Not Noticeable from
Street



Payer Penetration



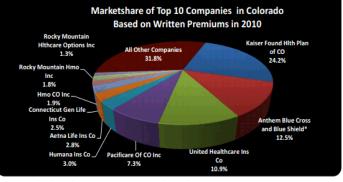


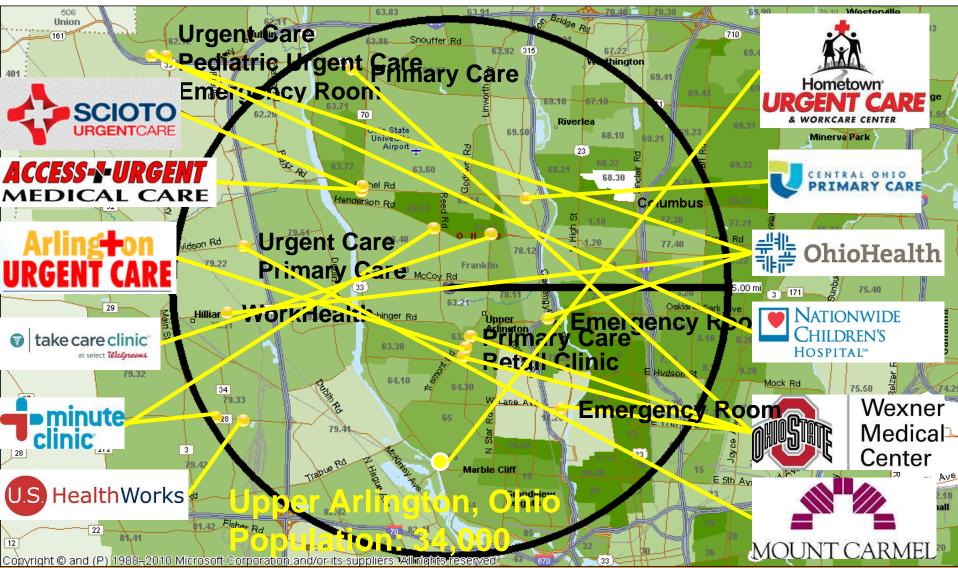
Figure 9: Marketshare of Top 10 Companies in Colorado Based on Written Premiums in 2010

Company	2010 Written Premiums	2010 % of Market Share
Kaiser Found Health Plan of CO	2,404,286	24.2%
Anthem Blue Cross and Blue Shield*	1,240,068	12.5%
UnitedHealthcare Ins Co	1,084,157	10.9%
Pacificare Of CO Inc.	727,762	7.3%
Humana Ins Co	299,981	3.0%
Aetna Life Ins Co	274,023	2.8%
Connecticut Gen Life Ins Co	249,833	2.5%
HMO CO Inc.	187,936	1.9%
Rocky Mountain HMO Inc	177,882	1.8%
Rocky Mountain Healthcare Options Inc.	130,364	1.3%
All Other Companies	3,148,830	31.8%
Total	9,925,122	100.0%

Table 18: Market Share of the Top 10 Health Carriers in Colorado¹²



Competition: Analysis and Mapping



Natural and Psychological Barriers

- Political Boundaries (City/County/School District Lines)
- Retail Trade Areas
- Socio-demographic Changes
 - Gentrification
 - Economic and Ethnic Segregation
- Major Freeways, Cross-Streets
- Traffic and Commuting Patterns
- Construction/Changes to Traffic/Commuting Patterns
- Lakes/Rivers, Mountains, Parks, Cemeteries, Golf Courses, etc.



SIGNAGE VISIBILITY















Consider Visibility from All Angles





Day and Night; Street and Sidewalk





Signage Visibility Enhancements





TYPES OF AVAILABLE REAL ESTATE

Benchmarks: Facility Characteristics

- 3,500 to 4,000 sq. ft.
- Parking: 5-6 spaces per 1,000 sq. ft.
- Front office: manager's office, file room, IT closet
- Restrooms accessible from waiting room
- 5 exam rooms; 2 procedure rooms
- X-ray suite
- Centralized medical station
- Trend away from private physician's offices
- Centralized supply room
- Break room (FLSA) and employee restroom
- Utility/cleaning closet, biohazard disposal



Benchmarks: Location Type and Rents

Occupancy Costs:

Rent CAM (Common Area Maintenance) Build-out Cost \$18-24/sq. ft. \$4-8/sq. ft. \$70-90/sq. ft.

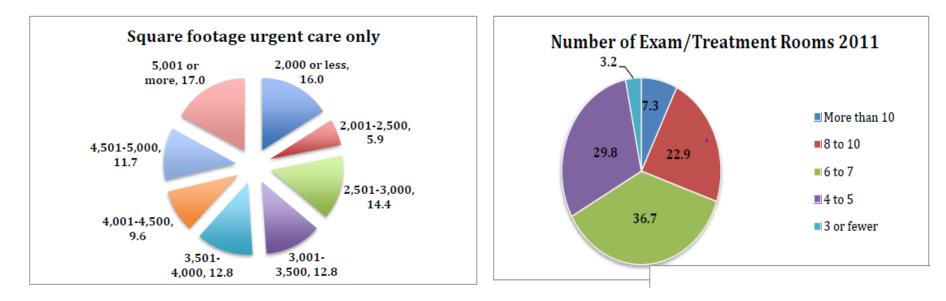
Location Type	2012
Freestanding	36.9
Within Medical Office Building	30.0
Within Shopping Center/Strip Mall	19.4
Within Mixed Use Building	13.4

Source: Urgent Care Association of America, 2012 Benchmarking Study



Benchmarks: Clinic Attributes

• Average of 3,800 sq. ft. • 6-7 Exam Rooms



Source: Urgent Care Association of America, 2012 Benchmarking Study



Retail Center: Outlot Building



Pros:

Visual separation from co-tenants High visibility of building signage Building as a "brand" attribute

Cons:

Project timeline Requires available pad site Excess square footage, sub-leasing High cost of build-to-suit High ongoing maintenance cost





Retail Center: In-Line Strip



Pros:

Parking lot visibility Cross-traffic from adjacent retailers Shell easy to demise and build-out

<u>Cons:</u>

Parking limitations w/other businesses Signage visibility from street Medical use exceptions





Retail Center: Endcap



Advantages of a freestanding building without the cost.



Urban Storefront



Pros:

Good visibility Car and/or foot traffic Business and residential adjacencies

Cons:

Parking issues Size limitations Night/weekend volume



Medical/Dental Professional Building



Pros: Cross-referrals to/from other providers, patient traffic, perception of "medical hub" **Cons:** Parking issues (time of day, close-in), limited signage, branding/service restrictions

Highlands Ranch Medical Plaza 9330 S. University Blvd.





Hospital Multi-Specialty Facility





Low-Rise Business Park, Industrial Flex-Type Space



Pros:

Lower rents Employment base for occ med

Cons:

Lower traffic counts Absence of urgent care demographics Absence of retail draw Lower-tier aesthetics



Office Condominiums



Not Retail—Signage/Visibility Issues



Ideal Size/Positioning: Hollywood Video





RED FLAGS: WHAT TO LOOK OUT FOR

Jointly Sponsored by the Urgent Care Association of America and the Urgent Care College of Physicians

Common Reasons for Center Failure

- Overhead too high due to rental rates, excessive square footage, excessive "nets," or depreciation on excessive build-out expenses
 - Unlike a hotel or apartment, reimbursement (fee schedule) does not adjust based on real estate
 - Excess costs deplete working capital before break-even is achieved
 - High overhead costs will erode center margin more than it will draw additional patients
 - Center may never be highly profitable



Common Reasons for Center Failure, cont'd.

- Picking the wrong location
 - Competition
 - Insufficient population density
 - Wrong demographics
 - Visibility/traffic is insufficient to raise awareness



Second Floor Space



Accessibility issues for injured patients.

Signage visibility challenges.



Restaurants



Great visibility and ample parking, but expensive demolition of bar and kitchen areas and excessive square footage (w/CAM) at retail rates.



Lifestyle Center



Designed for entertainment and residences.

Parking issues.

Lack of signage visibility from outside the complex.



High Vacancy Rates; Empty Box Stores





No catalyst for change.

Limited traffic; poor brand perceptions.

It could be a long time before vacancies are occupied or demolished.

No control over future cotenants (i.e. flea market, dollar store, night club, etc.).



First Mover in a New Development



Insufficient population density to support business model.

Inability to sustain operating losses while area grows to critical mass.



BUSINESS CASE CONSIDERATIONS

Jointly Sponsored by the Urgent Care Association of America and the Urgent Care College of Physicians



Rent vs. Buy and Shell vs. Build-to-Suit



Leasing vs. Buying: Leasing

- Triple Net similar expense structure to ownership
 - Maintenance
 - Utilities
 - Taxes
- Tenant improvement allowance
 offsets capital needs
- Terms of lease agreement
 - Base rent and escalators
 - TI allowance
 - Terms and renewal options
 - Assignment
 - Improvements (lighting, parking signage)
 - Rights of first refusal

- No equity in building
- Little control over cotenancy
- Hurdles with landlord for maintenance/improvements
- Captive to landlord at renewal



Leasing vs. Buying: Buying

- Greater capital needs to finance entire project
- Business opportunity for providers or management
- Ongoing maintenance and operating costs
- Capital appreciation
- Tax advantages (depreciation, business expenses)
- Resale value
- Control tenant mix
- Permitting and zoning issues
- Time consuming



Business Plan Data Points

- Operational Factors:
 - --Services Offered
 - --Hours of Coverage
 - --Provider Staffing
- Consumer Demographics:
 - --Population Density
 - --Population Growth Rates
 - --Average Household Income
 - --Family Households
 - w/Children Present
 - --Cross-Correlation of Other Factors
- Employment:
 - --Employee Density by SIC Code
 - --Distribution of Business Size
 - --Municipal Accounts
- Traffic Counts (Flow and Drive Time)

- Retail Draw (Retail/Restaurant Adjacencies)
- Insurance / Payer Network Providers and Covered Lives
- Distance to Other Medical Providers

 --Urgent Care Centers
 - --Primary Care Offices
 - --Specialist Offices
 - --Retail Health Clinics
 - --Hospital and Freestanding
 - Emergency Rooms
 - --Imaging Centers and Labs
- Available Real Estate
 - --Visibility & Access
 - --Parking
 - --Co-Tenants
 - --Pad Site vs. Existing Building
 - --Buying or Leasing



Sources of Information

--Google
--State Dept. of Transportation
--City Engineering/Streets Dept.
--Chamber of Commerce
--US Census Bureau
--Mapping Software
--Managed Care Organizations

- --Banker
- --Attorney
- --Accountant
- --Architect
- --General Contractor



Contact Information



Alan A. Ayers, MBA, MAcc Dallas, Texas alanayers1@gmail.com www.alanayersurgentcare.com