

# Urgent Care Growth Strategy Summit

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Orlando, Florida

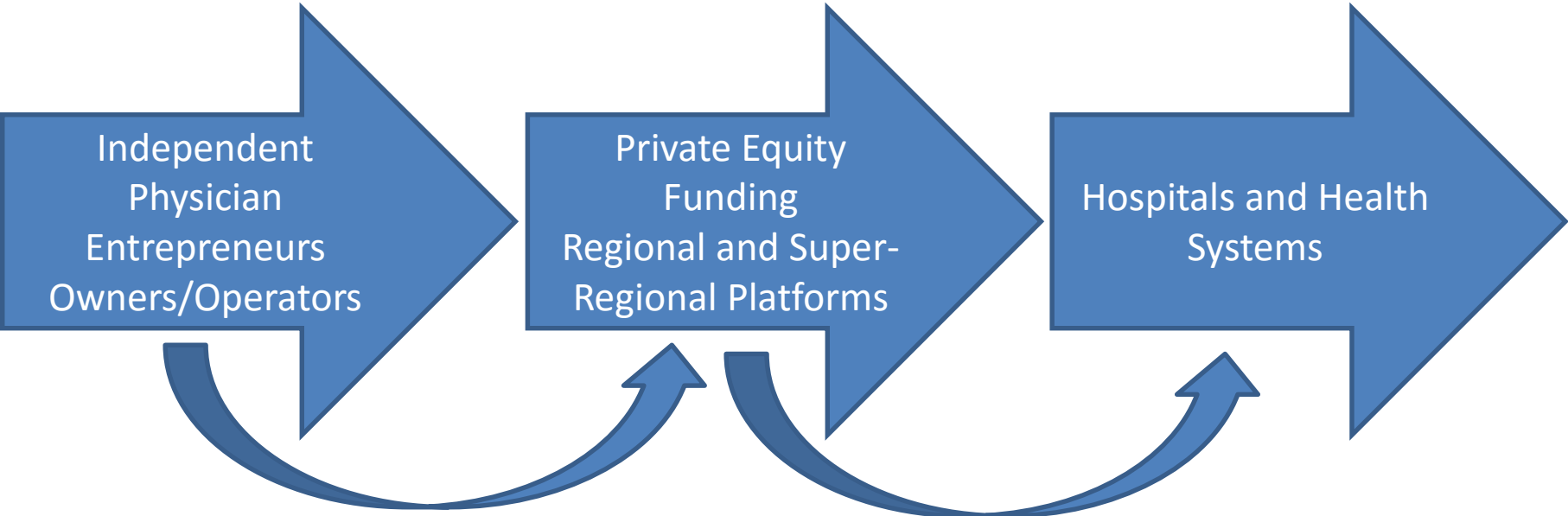


## Costs Beyond the Cost: Challenges of Utilizing an Enterprise EMR in Hospital Urgent Care

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# Evolution of Urgent Care



Organic Growth: 1-3 Locations  
5-10 Locations  
20+ Locations

Market Build Out: Consolidation  
De Novo Growth



# Business Cases for Hospital Urgent Care

- Expanding the hospital's geographic catchment to suburban markets
- Creating competitive parity without building new hospitals
- Providing downstream referrals to hospital specialists/ancillary services
- Providing overflow/after-hours coverage for hospital-affiliated primary care, building a quality panel of PCP patients
- Decanting over-crowded emergency departments
- Minimizing leakage outside the system, especially of self-insured employee populations
- Increasing market share in pediatrics, among other demographic segments
- Reducing hospital re-admissions of recently discharged patients

In addition, as hospitals engage in accountable care, urgent care enables integrated systems to align the acuity of patient needs with the capabilities of providers and facilities.



# Shift in Strategy: Build Platforms for Health Systems, Joint Venture, Management Services





# Hospital Acquisition of Urgent Care Platforms



# Hospital UC Strategy: Downstream Revenues

## Downstream Providers

- Diagnostic imaging
- Laboratory
- Primary care offices
  - Family practice
  - Internal medicine
  - Pediatrics
- Medical specialists
  - OB/GYN
  - Dermatology
  - Podiatry
  - Physiatry
- General and specialized surgery
  - Orthopedics
  - Hand Surgery
- Hospital emergency departments
- Physical therapy/rehabilitation
- Pharmacies
- Durable medical equipment

## Historic: Filling Hospital Capacity

- Expand brand into community to gain market share.
- Flanking/catchment strategies to expand footprint.
- Capture specialist referrals/ downstream revenue.
- Offset low acuity visits from the ED.
- Overflow/after-hours coverage for primary care.
- Practice opportunity/equity participation for physicians.



# Operational Issues w/Hospital Urgent Care Management

- Real estate tied to hospital campus or medical office building, not ideal retail locations.
- Nurse-heavy staffing model, job delineation, matrix reporting structure.
- Heavy EMR system that doesn't facilitate urgent care flow or operations.
- Loose financial policies, charity care write-offs, weak collections practices.
- Facility fees, revenue to ancillary services, defeating "value" of urgent care.
- Contracts negotiated at system level focused on inpatient reimbursement.
- Urgent care contracted with primary care vs. UC-specific contracts.
- Inpatient quality and safety standards inapplicable to urgent care setting.
- Loss leader mentality. Revenue to be realized elsewhere not measurable.



# Issue: Hospital Urgent Care Staffing Model

- Medical assistants can perform most clinical support functions in urgent care.
- Whereas RNs practice under their own license, MA's are supervised by a physician, who is liable under his/her medical license.
- Nursing committees further limit what MA's can do in the hospital setting.
- MA's hourly averages \$14 versus \$28 for an RN, up to \$64,000/year differential per staff position.
- Hospital work rules limit ability to cross-train, cross-utilize nurses leading to additional personnel like phlebotomists/lab techs and radiology technicians (sometimes seeing 4-5 patients/day).
- Matrix reporting structure undermines team cohesion, patient service culture.



**REGISTERED NURSES**  
*Navy Blue*



**SURGICAL STAFF**  
*Light Green*



**CARE TECHNICIANS  
NURSING ASSISTANTS**  
*Light Gray*



**RESPIRATORY  
THERAPISTS**  
*Dark Green*



**IMAGING SPECIALISTS**  
*Dark Gray*



**PHLEBOTOMISTS**  
*Tan / Khaki*

Urgent Care Center Open 12 Hours per Day, 360 Days per Year	
Total Open Hours per Year:	4320
Number of Full-Time Equivalents (2080 Hours) for One Staff Position	2.1
Medical Assistant Hourly Rate (\$14.53) Loaded w/13.8% Benefits	\$16.54
Registered Nurse Hourly Rate (\$27.49) Loaded w/13.8% Benefits	\$31.28
Hourly Rate Difference Between RN and MA	\$14.75
Hourly Rate Difference x 2080 Hours/FTE	\$30,676.84
Hourly Rate Difference x 2080 Hours/FTE Times 2.1 FTE	\$64,421.36



# What Patients Want and Expect



Focus on Throughput: Practicing Urgent Care Medicine,  
Maximizing Provider Efficiency, Reducing Non-Value Added Activities



# Provider Efficiency: Number of Patients per Provider per Hour

UCAOA Benchmark:

- MD/DO 3.5 patients per hour
- NP/PA 4.0 patients per hour

Hospital Urgent Care on Paper Charts: 3.7 patients per hour

Hospital Urgent Care on Epic EMR: 2.5 patients per hour

12-hour Center Seeing 50 Patients per Day	Number of Providers Needed
4.0 patients per hour	1.0
3.5 patients per hour	1.2
2.5 patients per hour	1.7



# Contact Information



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