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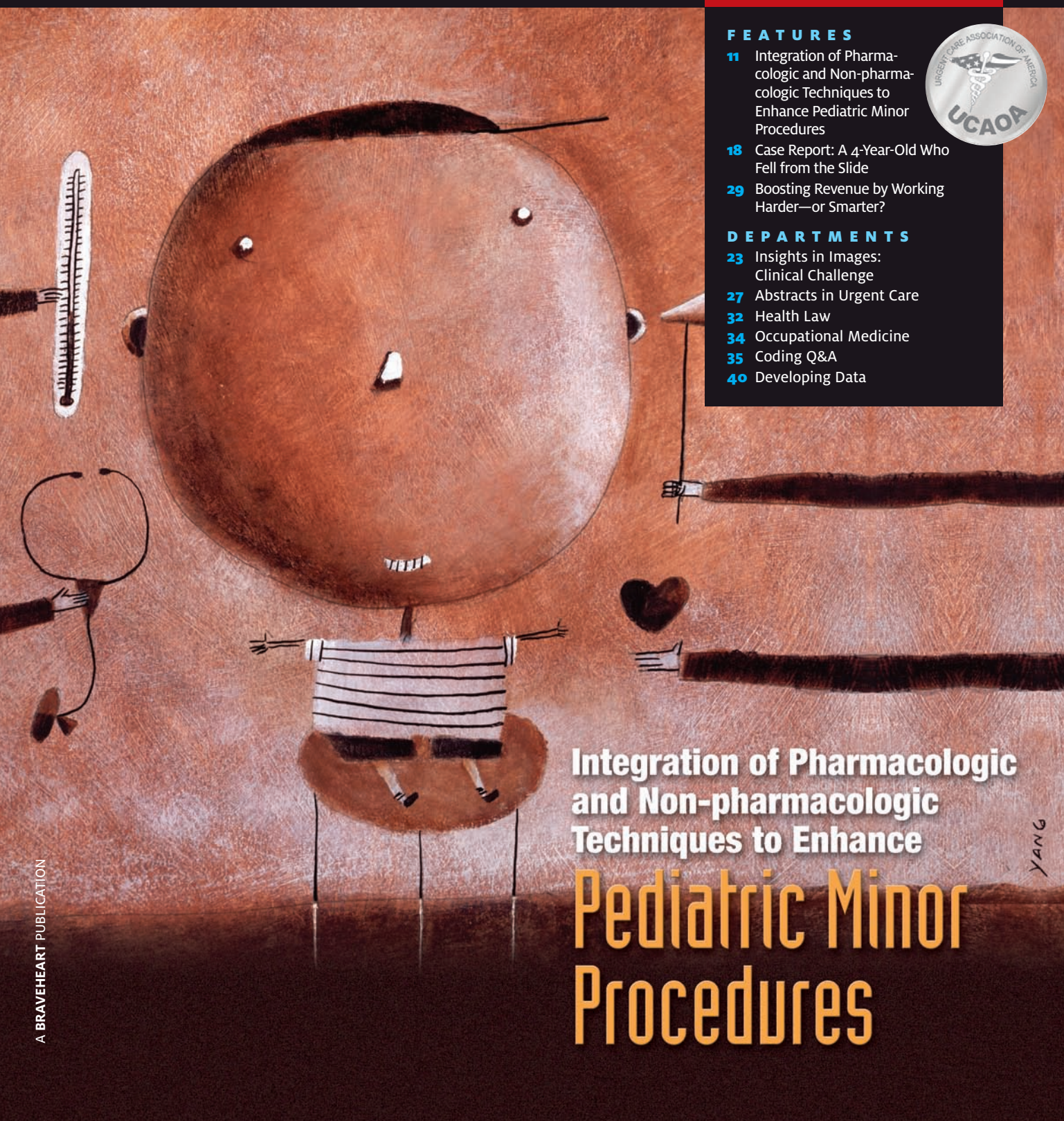
IN THIS ISSUE



Integration of Pharmacologic and Non-pharmacologic Techniques to Enhance Pediatric Minor Procedures

A **BRAVEHEART** PUBLICATION

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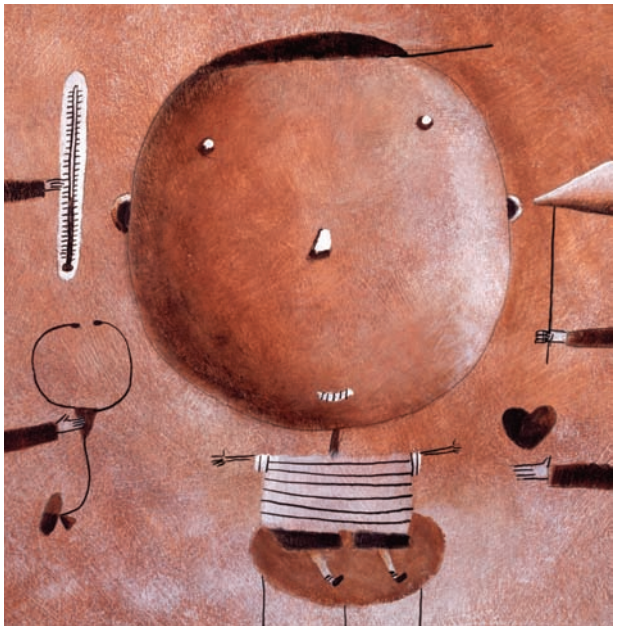

CLINICAL

CASE REPORT

PRACTICE MANAGEMENT

***Next month in* JUCM:**

Evaluating patients who present to urgent care with head injuries, and how to determine who is at greatest risk for poor outcomes.

JUCM CONTRIBUTORS

Children frightened by getting blood drawn, or parents worried about how their child will handle having a wound sutured can add a level of anxiety to an otherwise peaceful practice environment. The right approach to treating younger patients, on the other hand, offers the opportunity to provide outstanding care while boosting the reputation of your practice.

Our February cover article, Integration of Pharmacologic and Non-pharmacologic Techniques to Enhance Pediatric Minor Procedures (page 11), by **Emory Petrack, MD**, **Lisa S. Perry, CCLS**, and **Kristine Vehar, RN** offers tips on providing excellent care of children while also moving your practice closer to its administrative and financial goals.

As an associate clinical professor of pediatrics at Case Western Reserve University School of Medicine (Cleveland, OH), medical director of the Pediatric Emergency Department at Fairview Hospital in Cleveland, and the president of Petrack Consulting, Inc., Dr. Petrack knows from whence he speaks.

Ms. Perry, a certified child life specialist at Rainbow Babies and Children's Hospital in Cleveland, and Ms. Vehar, a pediatric emergency nursing educator in the Pediatric Emergency Department at Rainbow Babies and Children's Hospital, also bring a wealth of experience and insight to the table. Both work with Dr. Petrack at Petrack Consulting.

Dr. Petrack encourages readers interested in learning more about the techniques recommended in this issue to visit the website for his CalmerKids Training Module (*www.GoCalmerKids.com*) or to contact him directly at *epetrack@petrackconsulting.com*. He will also be speaking at the UCAOA's Urgent Care Convention in New Orleans this spring.

In addition, **Drs. Muhammad Waseem, Lalithambal Venugopalan,** and **Gerard Devas, MD** have contributed a case report that illustrates the importance of quick, thorough evaluation of children presenting with injuries uncommon in their age group (A 4-Year-Old Who Fell from the Slide, page 18). Dr. Waseem is associate professor of emergency medicine (clinical pediatrics) at Weill Medical College of Cornell University in New York City and attending physician in emergency medicine at Lincoln Medical & Mental Health Center in the Bronx, NY, where Dr. Devas is also an attending physician. Dr. Venugopalan is a neonatology Fellow at North Shore Long Island Jewish-Schneider Children's Hospital in New York.

We are also pleased to present an original article on diversifying your clinical offerings—and adding to your bottom line—without adding undue burden to your existing staff and practice structure (Boosting Revenue by Working Harder—or Smarter?, page 29). The author, **Alan Ayers, MBA, MAcc** is assistant vice president of product development for Concentra Urgent Care, based in Dallas, TX and content advisor to the Urgent Care Association of America. In addition, he has managed urgent care centers for a large hospital system and worked as a consultant to the retail industry with clients such as Wal-Mart and Home Depot. This is the first of several articles Mr. Ayers will contribute, all intended to help you maximize the economic potential of your practice.

This issue also contains new, original contributions from our regular authors: **Nahum Kovalski, BSc, MDCM** reviews abstracts on over-the-counter cough and cold medications, as well as nocturnal cough and sleep quality, among other topics; **John Shufeldt, MD, JD, MBA** offers counsel on how to prevent sexual harassment claims in your practice; **David Stern, MD, CPC** responds to questions on how to translate payor-speak; and **Frank Leone, MBA** explains how mastering a few basic public speaking techniques can enhance your professional standing.

To Submit an Article to *JUCM*

JUCM, *The Journal of Urgent Care Medicine* encourages you to submit articles in support of our goal to provide practical, up-to-date clinical and practice management information to our readers—the nation's urgent care clinicians. Articles submitted for publication in ***JUCM*** should provide practical advice, dealing with clinical and practice management problems commonly encountered in day-to-day practice.

Manuscripts on clinical or practice management topics should be 2,600–3,200 words in length, plus tables, figures, pictures, and references. Articles that are longer than this will, in most cases, need to be cut during editing.

We prefer submissions by e-mail, sent as Word file attachments (with tables created in Word, in multicolumn format) to *editor@jucm.com*. The first page should include the title of the article, author names in the order they are to appear, and the name, address, and contact information (mailing address, phone, fax, e-mail) for each author.

Before submitting, we recommend reading "Instructions for Authors," available at *www.jucm.com*.

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To Find Urgent Care Job Listings

If you would like to find out about job openings in the field of urgent care, or would like to place a job listing, log on to *www.jucm.com* and click on "Urgent Care Job Search."

Direct-to-consumer advertisements assert that preparations are safe and effective, and many state that ingredients are "pediatrician-recommended." ■

Effect of Honey, Dextromethorphan, and No Treatment on Nocturnal Cough and Sleep Quality for Coughing Children and Their Parents

Key point: **Parents rated honey most favorably for symptomatic relief of their child's nocturnal cough and sleep difficulty.**

Citation: Paul IM, Beiler J, McMonagle A, et al. *Arch Pediatr Adolesc Med.* 2007;161(12):1140-1146.

A survey was administered to parents on two consecutive days—first on the day of presentation when no medication had been given the prior evening and then the next day when buckwheat honey, honey-flavored dextromethorphan (DM), or no treatment had been given prior to bedtime according to a partially double-blinded randomization scheme.

One hundred five children aged 2 to 18 years with upper respiratory tract infections, nocturnal symptoms, and illness duration of seven days or less were included. The intervention was a single dose of buckwheat honey, honey-flavored DM, or no treatment administered 30 minutes prior to bedtime.

Significant differences in symptom improvement were detected between treatment groups; honey scored best consistently, with the no treatment group scoring the worst.

In paired comparisons, honey was significantly superior to no treatment for cough frequency and the combined score, but DM was not better than no treatment for any outcome. Comparison of honey with DM revealed no significant differences.

In a comparison of honey, DM, and no treatment, parents rated honey most favorably for symptomatic relief of their child's nocturnal cough and sleep difficulty due to upper respiratory tract infection. Honey may be a preferable treatment for the cough-and-sleep difficulty associated with childhood upper respiratory tract infection. ■

National Trends in Emergency Department Antibiotic Prescribing for Children with Acute Otitis Media, 1996–2005

Key point: **There was no change in the patterns of prescribing antibiotics for OM even in the face of newer recommendations.**

Citation: Fischer T, Singer AJ, Lee C, et al. *Acad Emerg Med.* 2007;14(12):1172-1175.

Withholding antibiotics in nontoxic children with acute otitis media (AOM) is now recommended to reduce bacterial resistance rates. Using the National Hospital Ambulatory Medical Care Survey (NHAMCS), the authors describe the national trends for prescribing antibiotics in children with AOM presenting to emergency departments in the United States over the past decade.

The authors hypothesized that the rates of prescribing antibiotics would decline over time.

This was a retrospective study of NHAMCS databases. A national sampling of ED visits for 1996–2005 was used to identify trends in ED prescription of antibiotics to patients with AOM. The National Drug Code Directory Drug Classes were used to identify type of antibiotic prescribed.

There were 2.6 million and 2.1 million ED visits for AOM during the first and last years of the study, respectively. Children 2 to 12 years of age accounted for about 40% of all ED visits for AOM, with another 40% in the <2 years age group and 20% in the >12 years of age group.

During the first and last year of the study, 79.2% and 91.3% of the patients with AOM were prescribed antibiotics, respectively. There was a slight increasing trend in the proportion prescribed antibiotics over time (p=0.02). The rates of use of antibiotics for AOM were similar in all three age groups.

There was a slight increase in the percentage of children with AOM who were prescribed antibiotics in the ED between 1996 and 2005. In addition, there was no change in the patterns of prescribing antibiotics. ■

Diagnosing Bloodstream Infection: How Many Cultures?

Key point: **Up to four sets of blood cultures may be needed to detect bloodstream infections in adults.**

Citation: Lee A, Mirrett S, Reller LB, et al. Detection of bloodstream infections in adults: How many blood cultures are needed? *J Clin Microbiol.* 2007;45:3546-3548.

Previous studies have suggested that obtaining two or three sets of blood cultures within a 24-hour period is sufficient to detect almost all bloodstream infections (BSIs) in adults. However, blood-culture systems have evolved substantially since many of these studies were performed. Now, investigators from two academic medical centers have examined the performance of two modern blood-culture systems (BACTEC 9240 and BacT/ALERT).

From January 2004 through December 2005, the investigators enrolled all patients with positive blood cultures that they judged to represent true infection (rather than contamination). They included only patients from whom three or more blood cultures were obtained during a 24-hour period.

Among 629 unimicrobial BSI episodes during the study period, 460 (73.1%) were detected with the first blood culture, 564 (89.7%) with the first two, 618 (98.3%) with the first three, and 628 (99.8%) with the first four. Among the 351 BSI episodes for which four or more blood cultures were obtained, the corresponding cumulative detection rates were 73.2%, 87.7%, 96.9%, and 99.7%, respectively. [Published in *J Watch Infect Dis*, December 5, 2007—Daniel J. Diekema, MD, MS.] ■

Boosting Revenue by Working Harder—or Smarter?

Urgent message: With careful consideration and disciplined planning, ancillary services can add to your bottom line without significantly adding to your workload.

Alan A. Ayers, MBA, MAcc

"It was the best of times, it was the worst of times…."

Could Charles Dickens' discourse provide a better depiction of the urgent care business today? Unprecedented growth in recent years proves the value of a healthcare delivery model like urgent care, based on consumer needs for affordability and convenience.

But urgent care is not immune from challenges facing every other medical provider—e.g., declining third-party reimbursement and rising operating expenses.

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Falling margins leave providers with just two options—to work harder or to work smarter.

As you well know, urgent care providers are already working hard, seeing more patients per hour than ever and working longer hours to maintain their incomes.

Working *smarter* involves diversifying income streams with high-margin services beyond the core business of walk-in care for illness and injury.

It sounds easy enough, but successful implementation requires careful consideration and disciplined planning.

Lessons from the Retail Industry

Wal-Mart and Nordstrom are both profitable companies, but they attain their profitability in very different ways.

Wal-Mart and other mass retailers focus on volume; their profit is mere pennies on the dollar but they know that low prices will sell more merchandise, resulting in a higher net income.

A challenge for urgent care is that when third-party payors set prices for medical services and offer network participation on "take it or leave it" terms, a provider must lower his or her operating costs to remain profitable.

Because most costs in urgent care are fixed, the provider can be forced into a volume strategy of seeing more patients and working longer hours.

By contrast, Nordstrom and other specialty retailers focus on margin—limiting their appeal to a segment of consumers willing to pay more for personalized attention and unique merchandise. Nordstrom serves fewer customers than Wal-Mart, but makes more money on each sale.

Likewise, urgent care providers who add high-

margin ancillary services can make more money by serving fewer patients.

A Structured and Disciplined Approach

All too often, entrepreneurial physicians succumb to a sales presentation to buy the latest and greatest equipment without a fully developed business case, only to be disappointed by a lack of volume.

Similarly, the decision to diversify revenue through ancillary services cannot be made by emotion; rather, it requires a structured and disciplined approach that includes understanding consumer needs and expectations; analysis of financial, legal, and operational implications; and a plan to execute and measure success.

TABLE 1.
Common Ancillary Services in Urgent Care

Primary care
Imaging services
Laboratory services
Physical therapy and rehabilitation
Occupational medicine services
Sports medicine services
Diabetes and weight management
Wellness centers
Retail product sales
Anti-aging services
Aesthetic laser and medical spa services
Anti-addiction and psychotherapy services
Immigration medical services
Medical review and expert testimony
Travel medicine services
Pain management services
Medical discount card programs

Brainstorm

The best first step is a brainstorming session. Write down all of the potential services that could be offered in an urgent care setting (some examples are provided in **Table 1**). Be creative, drawing from needs expressed by your patients and what you've seen done elsewhere.

At this point, nothing should be off limits—do not exclude opportunities because of financing, training, or facility constraints. Those will be addressed later.

When it is time to evaluate your list of ideas, ask yourself whether each opportunity is consistent with your interests, strategy, or values. If you don't have a good "gut feeling" about an opportunity, strike it from the list.

Demand

The next step is to evaluate demand.

Demand for any service derives from consumer needs and desires. Before a retailer adds any product to its stores, it asks basic questions such as:

- Is this a product consumers want?
- How much will consumers pay?
- Will consumers buy this product from me instead of from my competitors?

The same questions should be asked of an urgent care provider when considering ancillary services.

For example, a provider interested in adding "medical spa" offerings such as treatment of facial lines and laser hair removal should first understand the target market (what is their age, where do they live, how much disposable income do they have…?), as well as the intrinsic and social needs that drive those people to improve their appearance.

In the case of these services, the provider may find that the market is largely female, middle income, single or divorced, and driven by a perceived need to "extend youth," boost their self-esteem, and become more appealing to the opposite sex.

Now, ask yourself this: Is this a market already served in your urgent care center, or would it be a new market you would have to attract? Selling additional products and services to existing customers is generally a more successful and less expensive strategy than marketing to an entire new group of consumers, particularly if the service is in response to an unmet need you know and understand.

Supply

After analyzing demand, it's important to consider supply.

To continue our medical spa example, competitive analysis may uncover a host of providers at different price points, including dermatology and plastic surgery physician offices, day spas and destination resorts with nurses on site, and, in some states, podiatry and dental offices.

Low barriers to entry, such as vendor financing and weekend training, have made it easy for a variety of professionals to offer these services. As you identify competitors, ask how their facilities and other ameni-

ties compare to yours. Are they meeting consumer expectations?

If the consumers you're trying to reach expect to receive medical spa services at an upscale facility with a full range of beauty products, it may be necessary to invest in fixtures and renovations to create an atmosphere more reminiscent of a "spa experience"—as some urgent care centers that successfully offer aesthetic services have done. Otherwise, your market could be limited to price-conscientious consumers who don't care about frills, and to compete you'd have to adopt a volume strategy by offering the lowest price.

Adding ancillary services is more than purchasing equipment, being trained, and running an ad, however. A thorough understanding of consumer expectations and local competition is required.

Low barriers to entry and high competition almost always necessitate a volume strategy. To attain high margins, a practice needs to offer something unique, which may be as simple as added convenience to existing customers.

The higher the initial investment to get started or the presence of regulatory hurdles that limit the number of providers in an area, the more able a practice will be to capture and defend high margins.

Business Plan Development

Once a plausible opportunity has been identified, a business case should be developed that documents expected revenues, projected expenses, and any impact on existing operations.

Projected revenue should include future trends in pricing and demand. Expenses should include capital expenditures for equipment, facility enhancements, staff training, and start-up marketing campaigns.

These data are used to create pro-forma financial statements and will demonstrate future effects on productivity and cash flow. As with starting a new urgent care center, losses should be expected until volume is sufficient to achieve profitability.

Five Question to Consider When Evaluating the Wisdom of Offering Ancillary Services

1. Are the services medically appropriate and consistent with good patient care?
2. Is there consumer demand or a community need for the service?
3. Do medical personnel have the appropriate training, skill, and professional competence to administer the service?
4. Will consumers utilize an urgent care center for the service and will changes be required to existing operations and facilities?
5. Will the service be provided in compliance with applicable laws and standards?

In addition to the pro-forma, you should create a formal business plan that evaluates competition, legal and regulatory hurdles (including Stark Laws, Medicare regulations and state/local restrictions), marketing plans, and integration with current operational processes and systems.

While many people treat the business plan as a formality to attain financing, when done correctly it assures that all of the required analysis has taken place prior to investing.

Short cuts, such as applying someone else's business plan, can often lead to disastrous results because what is true of one market, location, or provider may not be true of another.

In fact, if the business planning process is followed correctly, many times the final decision will be to *not* proceed with a project.

There are many great examples of urgent care practices that have successfully implemented the services in **Table 1** and increased their bottom lines while better serving their patients.

A structured and disciplined approach to identifying, evaluating, and planning ancillary services can assure that your revenue diversification efforts result in the "best of times" and not the "worst." ■

TAKE-HOME POINTS

- "Working smarter" involves diversifying income streams with high-margin services.
- Brainstorm fresh ideas and "borrow" good ideas that have been successful elsewhere.
- Give due consideration to the basic economic principles of supply and demand.
- Create a business plan with a sense of purpose, not simply as an exercise or a task to be completed.
- Careful analysis may lead you to conclude that a given service is not a good fit for your practice.