

# JUCM™

THE JOURNAL OF **URGENT CARE** MEDICINE®

MARCH 2009  
VOLUME 3, NUMBER 6

www.jucm.com | The Official Publication of the Urgent Care Association of America

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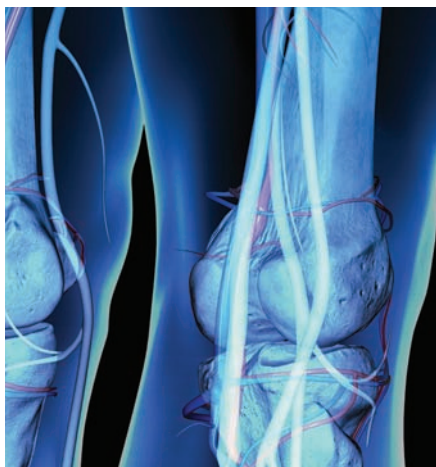
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## Evaluation and Management of Lower Extremity Edema

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### CLINICAL

## 9 Evaluation and Management of Lower Extremity Edema

Chronic venous insufficiency, deep vein thrombosis, or a diagnosis with a severity somewhere in between? Assessing the differential diagnoses is the key to fostering optimal outcomes in patients presenting with lower extremity edema.

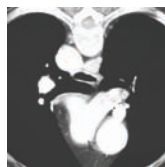
By Michael S. Miller, DO

### CASE REPORT

## 19 A Patient with Suspected Pulmonary Embolism

A suspicious mind, a thorough history, and awareness of the proper tests to administer can help you flag patients in need of emergent referral for pulmonary embolism.

By John Shufeldt, MD, JD, MBA, FACEP and Kelli Hickie



### PRACTICE MANAGEMENT

## 27 Getting the Word Out: An Introduction to Urgent Care Advertising

It's a simple truth: Patients can't visit you when they need care if they don't know you're there. Making sure your urgent care center stays 'top of mind' can be beneficial for you and the consumer.

By Alan A. Ayers, MBA, MAcc



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From the UCAOA Executive Director

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### In the next issue of JUCM:

*Urgent care physicians routinely encounter patients with high blood pressure, but management—particularly for those patients with precarious elevations—remains controversial. A review of principles for managing elevated blood pressure in the urgent care setting.*





## JUCM CONTRIBUTORS

With its unseen but dire risks and broad range of possible causes, lower extremity edema poses a particular challenge to the urgent care clinician. Proper assessment of the differential diagnoses is the first step toward optimal outcomes.



That's the message of Evaluation and Management of Lower Extremity Edema (page 9) by **Michael S. Miller, DO, FACOS, FAPWCA, CWS**. Dr. Miller is the founder and medical director of The Wound Healing Centers of Indiana in Bedford and Indianapolis, IN. Dr. Miller is also clinical consultant for several domestic and international wound care companies, and has written numerous articles and book chapters on topics related to chronic wounds and wound healing.

Pulmonary embolism is another possibly catastrophic condition with the potential to evade notice. Key factors to watch for are detailed in A Patient with Suspected Pulmonary Embolism (page 19), a new case report by **John Shufeldt, MD, JD, MBA, FACEP**, chief executive officer of NextCare, Inc. and founder of the Shufeldt Law Firm, and **Kelli Hickie**, an honors student at Point Loma Nazarene University in San Diego; Ms. Hickie is pursuing a degree in biology and chemistry, with plans to attend medical school in the future.



An equally serious threat—albeit one to your business's well being, not your patient's—is lack of awareness that your urgent care center even exists. **Alan A. Ayers, MBA, MAcc** addresses that problem in Getting the Word Out: An Introduction to Urgent Care Advertising (page 27). Mr. Ayers will be one of several JUCM contributors speaking at the National Urgent Care Convention in Las Vegas next month.

We also welcome a new contributor to our Insights in Images department (page 24). **Deepa Narayanan, MD** shares the story (and images) of a patient who presented with a suspicious rash on his feet shortly after returning from a camping trip—during which he experienced numerous tick bites.

We would welcome your contributions, too. If you have an idea for an article, send it to Editor-in-Chief **Lee A. Resnick, MD**, at [editor@jucm.com](mailto:editor@jucm.com). ■



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Life Without Limitations

# Practice Management

## Getting the Word Out: An Introduction to Urgent Care Advertising

**Urgent message:** Unlike many other practice models, urgent care must appeal directly to the consumer to stay ‘top of mind’ and be the first option the patient considers when a need arises.

Alan A. Ayers, MBA, MAcc

### Introduction to Urgent Care Advertising

**U**rgent care is a healthcare delivery channel built around the needs of consumers—“retail,” from a marketing perspective—with convenient locations, evening and weekend hours, walk-in service, the capability to treat a range of illness or injury, and one simple bill.

From an accounting perspective, most of an urgent care center’s costs are fixed; rent, utilities, and staff and provider salaries must be paid regardless of the number of patients seen on any given day. As a result, the key driver of urgent care profitability is visit counts. The more patients an urgent care center sees, generally, the more profitable that center will become.

In order to drive those visits, urgent care must be visible and known in the community, just like other “re-



tail” delivery models. A clean facility, talented staff, and efficient processes matter little if there are few patients coming through the door.

Positive word of mouth will make or break a business long-term, but in order to acquire new patients and reach critical mass—particularly for a start-up practice—paid advertising is also necessary.

### Purpose of Urgent Care Advertising

The purpose of urgent care advertising is to attain “top of mind” awareness in the field of potential patients, such that if consumers have a mi-

nor illness or injury, they will think of the urgent care center as the first place to go. Urgent care advertising must convey what differentiates urgent care from other medical providers (such as primary care, emergency rooms, and store-based clinics) while educating consumers as to the occasions when they would use urgent care.

**Table 1. Urgent Care Advertising Media**

|                                |                           |
|--------------------------------|---------------------------|
| ■ Billboards/transit ads       | ■ Direct mail/shared mail |
| ■ Yellow pages                 | ■ Door hangers            |
| ■ Internet search engines      | ■ Brochure/flyer/pens     |
| ■ Internet banner ads          | ■ New movers services     |
| ■ Newspapers/magazines         | ■ Movie trailers          |
| ■ Specialty/niche publications | ■ Radio/television        |

Many consumers have misperceptions about urgent care—they believe it's expensive, that it's for emergencies, or that "urgent" means zero wait.

Advertising messages should clearly set expectations in regard to services provided, hours of operation, and payment policies. As more of the general public understands the urgent care delivery model, urgent care will achieve its marketing goals of acquiring new patients and increasing utilization by established patients.

### Reach and Frequency

Two metrics—reach and frequency—are generally considered when evaluating an advertising opportunity. *Reach* refers to the number of people who see or hear an advertising message; *frequency* refers to the number of times they're exposed. Clearly, the greater the frequency, the more likely consumers are to remember a message.

While common sense may tell you that effective advertising should reach as many consumers as possible as frequently as possible, such is not necessarily the case. What's important is that an advertising message target the *right* consumers—those who are ready, willing, and able to utilize a service.

For urgent care, operational factors such as location or insurance plan participation may limit the target market. If an urgent care center does not accept Medicaid, for instance, it should not advertise to Medicaid populations.

Likewise, if a center operates on the west side of a large metropolitan area, radio advertising that is broadcast to the entire market may be ineffective with consumers who would have to drive from the east side but are unwilling to travel. Paying for exposure to consumers who cannot or will not use a service is an inefficient use of advertising dollars.

An integrated advertising plan should utilize the mix of tactics that are most likely to reach target urgent care consumers near your location. Generally, proximity is understood to mean a 15-minute drive time zone (or a three- to five-mile radius), depending on population density, competition, and traffic patterns.

**Table 1** lists common advertising tactics for urgent care centers. The tactics chosen should reflect the lifestyle and behavior patterns of the target market.

For example, a center located in a residential area may use direct mail, door hangers, and community newspapers to reach families with children, while an urban center might find bill-

boards, public transit ads, and flyer distribution through hotels and apartments more effective in targeting working professionals.

### First Things First

Before embarking on an advertising campaign, an urgent care operator should evaluate the center's readiness to serve the general public, including factors such as signage and visibility, operating hours, ages served, and in-network insurance. Attracting patients through advertising but then turning them away to other providers defeats the purpose of advertising and often results in negative word-of-mouth. Answering the following questions first may help ensure that your business is ready to benefit from the increased attention advertising will bring:

- Is the center easily accessible to traffic and does it have exterior signage that's visible from the street?
- Is the center open evenings and weekends and does it serve patients of all ages?
- Is the center contracted in health plans serving at least 75% of the population or does it offer an affordable cash payment option?

### Invest in good signage

The most valuable advertising tool an urgent care center can have is a location on a high-traffic street with clear and visible signage. When consumers drive past a sign, that sign acts as a billboard—a constant reminder that the urgent care center is available to meet their needs. Thus, the sign should be considered an advertising investment.

The sign should be simple, saying "Urgent Care" or a name that immediately connotes the same meaning. Intricate logos or elaborate fonts occupy space and don't necessarily resonate with consumers; hours, telephone number, provider name, and other information can clutter a sign.

Simple white lettering on a dark (black, blue, or red) background usually shows up better than dark lettering on a white background—particularly at night or when the urgent care center shares a sign with other building tenants.

**Table 2. Advertising Content by Media Type**

| Less detail <span style="float: right;">→ More detail</span> |   |   |  |
|--|---|---|--|
|  | A   | B   | C  |
| Media  | Magnet, yellow pages, Internet banner   | Postcard, flyer, newspaper  | Website  |
| Content to include   | <ul style="list-style-type: none"> <li>■ Street address</li> <li>■ Phone number</li> <li>■ No appointment necessary</li> <li>■ "Evening/weekend hours"</li> <li>■ Illness/injury care</li> <li>■ Website address</li> </ul> | <i>Same as column A, adding:</i> <ul style="list-style-type: none"> <li>■ Abbreviated list of services offered</li> <li>■ Map or description of location</li> <li>■ Center operating hours</li> <li>■ Top 2-3 insurance plans accepted</li> </ul> | <i>Same as columns A and B, adding:</i> <ul style="list-style-type: none"> <li>■ Detailed list of services offered</li> <li>■ Detailed list of insurance plans accepted</li> <li>■ Physician biographies</li> <li>■ Pictures of the facility</li> <li>■ News, promotions, and community events</li> <li>■ Registration forms</li> <li>■ HIPAA notices</li> <li>■ Financial policy</li> <li>■ Frequently asked questions</li> </ul> |

A good sign increases return on all other advertising; if consumers see a billboard or hear a radio ad and connect the message with a physical location they're familiar with, "top of mind" awareness is more likely to be attained.

### Advertising Messages

The content of urgent care advertising should be appropriate to the media used. Advertising needs to convey enough information for consumers to know where the center is located and when and why they might use it, but the ad doesn't need to share everything.

It may be tempting to include a photo or bio of the doctor or to list every single insurance plan, but such may add clutter and detract from the basic message.

The type of content to include depends to some degree on the medium (**Table 2**). For example, a magnet or yellow page ad might include only the center name, address, and telephone number, along with a very brief description of the services offered—such as "x-ray," "evening/weekend hours," and "no appointment necessary"—but it may refer consumers to a website for more detailed information on the providers and financial policies.

Unless a center is well established, there is risk in advertising exact center operating hours (particularly on magnets or flyers that consumers may hang on to), as hours may be subject to change.

### Return on Advertising Investment

Advertising for urgent care is unique among healthcare

providers. Unlike specialists whose primary target is referring physicians, or hospitals that advertise to recruit nurses and establish the quality and availability of a range of specialties, urgent care centers advertise to reach the end user—the patient with episodic healthcare needs. As a result, metrics established for other healthcare specialties don't necessarily apply to urgent care. Rather, urgent care advertising is better compared to "retailers" who appeal directly to consumers.

The challenge for urgent care advertising is that unlike an automobile, urgent care is not a planned purchase, and unlike breakfast cereal, it's not a product utilized every day. Large chain retailers like Best Buy and JC Penney have developed systems to evaluate the effectiveness of their promotions; if they run a Sunday newspaper circular, they can measure how many additional items were sold due to the ad. The same holds true for a restaurant or dry cleaner who distributes a coupon—they can track how many coupons were redeemed.

By contrast, urgent care advertising may be highly effective in reaching consumers who are fully committed to using the center; the problem is they just don't currently have an urgent care need, so a return on urgent care advertising may not be realized for months.

To track advertising effectiveness, many urgent care centers ask patients how they heard about the center, but if a center is running a multimedia advertising campaign, such surveys are imprecise.

*Continued on Page 34*



22. "My prescription for Percocet fell in the toilet; was eaten by my dog; was stolen; etc." is a red flag, especially in our field.
23. When nurses say, "Are you sure you want to discharge this patient?" rethink your options.
24. Don't play basketball with dangly earrings.
25. Tattoos of swastikas or of "Mom" spelled incorrectly bear special consideration.
26. Don't defibrillate someone while standing in water (from experience).
27. Don't use a trocar for a left-sided chest tube in a patient with cardiomegaly.
28. Don't perform a lumbar puncture on a person with an international normalized ratio score >3.
29. Arrogant people rarely improve their demeanor.
30. Laziness and negativity are contagious; eradicate the source or it will infect your entire staff.
31. If someone says they have syphilis, check their HIV status.
32. Providers who were accused/convicted of having sex with patients are probably not "good hires."
33. Job hopping is never a good way to build a resume or obtain a worthwhile position.
34. Never hire someone who in the job interview identifies "turning their employer in to OSHA" as their greatest contribution at their last job.
35. Flirting during an interview is always a red flag.
36. Before interviewing a prospective employee, check their MySpace and Facebook pages. Comments like, "Thanks for the great weed dude should be worrisome."
37. Answering a cell phone while talking to a patient is an issue.
38. Providers who insist on praying with their patients before doing a procedure on them should scare the heck out of you (and the patient).

39. Saying "This won't hurt a bit," when it does hurt.
  40. Calling in sick for a simple cold or the flu.
  41. Snapping gum, chewing with mouth open, saying, "Like" every sentence.
  42. The tougher the pre-hire negotiation, the more high maintenance the employee.
  43. Hiring a physician through a search firm is usually a red flag.
  44. You can't teach efficiency in patient care. A slow provider is and will always be a slow provider.
  45. Applicants who "hit on your staff" during their interview process are never good hires.
  46. Never believe someone who says, "There is no possible way I could be pregnant" unless it is a man, a woman who is sans uterus and ovaries, or a woman over 70.
  47. An employee who calls in sick three days before their shift should raise suspicion.
  48. Fingernails stained with nicotine, clothes or hair which smells like smoke; their smoking breaks will outnumber their productive work hours.
  49. Employees whose claim to fame was, "I once was the Oscar Meyer Weiner girl."
- And last, but not least!
50. Sub-specialists who want to work in urgent care centers (there is always a story and it usually is not a good one).
- The aforementioned list is by no means exhaustive. I am sure that given some serious consideration, many of you will have BFRs that I cannot fathom.
- The take-home point is this: Not trusting your gut is like "crossing the streams" (which is to say, bad). And in case it's been a while since you've seen *Ghostbusters* and are fuzzy on the whole good/bad thing, Dr. Egon Spengler explains it thusly: "Try to imagine all life as you know it stopping instantaneously and every molecule in your body exploding at the speed of light." Important safety tip! ■

Advertising, continued from page 30.

Ultimately, what did bring the patient into the center—driving past the sign every day, hearing the radio ad, or receiving a magnet in the mail? Most likely, all three were responsible for attaining the top-of-mind position that ultimately led the consumer to the center when their need arose.

The point is that in order for consumers to think of the urgent care center as the first place to go when an injury or illness occurs, the urgent care center must constantly have its message in front of consumers. As a center starts to understand its patients, it will come to realize which advertising tactics are most effective. Because advertising must balance the operating model

and target market, there is no one-size-fits-all solution.

## Conclusion

When it comes to advertising, there are almost limitless possibilities; which or how many are pursued depends on how much the urgent care operator wants to spend. Any combination of a wide mix of media—from Internet search engines to yard signs to an airplane banner to a ball game—could be effective.

Because advertising effectiveness is influenced by the target market, location, signage visibility, and operating model of a center, what works for one center may not work for another. But all successful urgent care operators know that in order to drive new business, some paid advertising must be part of the plan. ■