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# Giant Cell Arteritis: A Clinical Review for Urgent Care Providers



**CLINICAL**

# 9 Giant Cell Arteritis: A Clinical Review for Urgent Care Providers

Whether you know it as temporal arteritis, the “great masquerader,” or the abbreviation GCA, giant cell arteritis is an under-recognized, easily missed vasculitis of older adults. Are you familiar with its signs and symptoms?

By Ryan C. Jacobsen, MD, EMT-P

**PRACTICE MANAGEMENT**

## 29 Competitive Analysis to Stand Above the Crowd

You might offer the best care in town, but if your competitor’s care is “good enough” and they offer services that you don’t, you may be losing business to them. The first step is to find out what “the other guy” is up to.

By Alan A. Ayers, MBA, MAcc



**WEB EXCLUSIVE**

“How are you feeling?” may seem like a straightforward question in the context of physician-patient encounters. Sometimes, though, understanding a patient’s *feelings* can be the difference between optimal and sub-optimal outcomes. Available exclusively at [www.jucm.com](http://www.jucm.com).

By Bob Stuart, MD and Bob Bichler, RN

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Technically, a “burn” is defined as a traumatic, thermal injury to the skin and deeper structures. Hence, it can result not only from heat, but also cold, chemicals, electricity, or radiation. And the majority of them are managed in an outpatient setting.

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JUCM The Journal of Urgent Care Medicine supports the evolution of urgent care medicine by creating content that addresses both the clinical practice of urgent care medicine and the practice management challenges of keeping pace with an ever-changing healthcare marketplace. As the Official Publication of the Urgent Care Association of America, JUCM seeks to provide a forum for the exchange of ideas and to expand on the core competencies of urgent care medicine as they apply to physicians, physician assistants, and nurse practitioners.

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To paraphrase Shakespeare, albeit less eloquently, GCA by any other name would be as potentially damaging. And, in fact, giant cell arteritis (GCA) is also known as temporal arteritis or more colloquially as the “great masquerader” due to its apparent—but not actual—similarities with other diagnoses.

Call it what you will, that very characteristic is what makes it difficult to identify. With the prospect of consequences like vision loss looming for patients who are not treated in time, it is incumbent upon the urgent care clinician to understand and be vigilant for its signs and symptoms based on presenting complaint and patient characteristics.

Giant Cell Arteritis: A Clinical Review for Urgent Care Providers (page 9), by **Ryan C. Jacobsen, MD, EMT-P** seeks to prepare you by reviewing its epidemiology, differential diagnoses, relevant diagnostic tools, and management options.



Dr. Jacobsen is assistant professor of emergency medicine at the University of Missouri-Kansas City School of Medicine, as well as a practitioner in the Department of Emergency Medicine at Truman Medical Center and the Division of Emergency Medical Services at Children’s Mercy Hospital in Kansas City, MO. He is also the associate EMS medical director for Kansas City, MO EMS.

Along the same concept of “what you don’t know *can* hurt you,” are you aware of what your competitors are doing? If not, you’d better find out because they’re trying to make sure potential patients find their services superior to yours.

In Competitive Analysis to Stand Above the Crowd (page 29), **Alan A. Ayers, MBA, MAcc** offers some keen insights into methods for gathering intelligence on the urgent care center down the block.

Mr. Ayers is content advisor to the Urgent Care Association of America and vice president of Strategy & Execution with Dallas-based Concentra Urgent Care.



And, in an article you can find only at [www.jucm.com](http://www.jucm.com), Bob Stuart, MD and Bob Bichler, RN offer perspectives on understanding the link between a patient’s emotions and optimal patient care.



Dr. Stuart is a medical director with responsibility for multiple urgent care centers in the Aurora Medical Group system in Milwaukee, WI. Mr. Bichler is also with Aurora; in addition to his nursing training, he is a graduate of the Froedtert Hospital Pastoral Care Volunteer Program, which he credits with introducing him to “listening to emotions.”

### Also in this issue:

**Nahum Kovalski, BSc, MD, MDCM** identifies new abstracts relevant to the urgent care clinicians, including several concerning care of younger patients (e.g., cephalexin versus clindamycin for uncomplicated skin infections in children), among other topics.

**John Shufeldt, MD, JD, MBA, FACEP** describes the professional and legal dangers of posting too much information (the



# Examine

*new possibilities.*

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# Practice Management

## Competitive Analysis to Stand Above the Crowd

**Urgent message:** Providing high-quality care and good service is not necessarily enough to attract and keep patients, especially if those patients can take their pick from among several urgent care centers. More and more, urgent care operators need to be aware of how their competitors operate.

Alan A. Ayers, MBA, MAcc

All too often, urgent care entrepreneurs operate in a vacuum. They feel that if they offer a well-appointed facility with good signage, convenient hours, and insurance participation, patients will come. And if those patients receive friendly service and quality care, they will return and tell friends and family to do likewise.

But such an operations focus ignores that others are courting the same patient base—everything you do *well*, a competitor might be doing *better*. Thus, it's critical for urgent care operators to understand the strengths and weaknesses of their competition and to respond with strategies to make their centers stand above the crowd.



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### Physicians' Dilemma of Competition

Physicians are no strangers to competition. Throughout their lives they compete for good grades, admission to medical school, acceptance to residency, and even for patients and referrals by providing higher quality services than their peers.

But when it comes to the “business” of medicine, some physicians are uncomfortable with the concept of competition. This may be due to a history of collaboration through professional associations, the need for solidarity in the

face of uncertain payor and regulatory environments, or personal ethics that simply dictate “hands off” another provider’s patients.

Economics teaches that the presence of competition

Table 1: Sample Urgent Care Competitor Evaluation Grid			
	My UCC	Competitor A	Competitor B
<b>Number of Locations</b>			
<b>Physical Facility</b>			
Street address			
Type of facility (e.g., freestanding, medical building)			
Size of facility			
Traffic count			
Size and visibility of exterior signage			
Ease of turning into/exiting the center			
Curb appeal of facility			
Interior condition/aesthetics of facility			
Adjacent tenants (driving traffic/visibility)			
<b>Operating Hours</b>			
Monday–Friday			
Saturday			
Sunday			
Holidays			
<b>Operating Model</b>			
Ownership (e.g., hospital, physician, corporate, etc.)			
Owner name(s)			
Investor name(s)			
Affiliations			
Certifications (e.g., UCAOA certification)			
Accreditations (e.g., JCAHO urgent care accreditation)			
<b>Scope of Services</b>			
<i>Urgent care</i>			
Target consumer segments			
Imaging services (digital/analog x-ray, ultrasound, etc.)			
Lab services (certifications, complex vs. waived)			
Procedures/minor surgery			
<i>Occupational medicine</i>			
Key accounts, target clients			
Workers compensation network participation			
Specialized physicals (DOT, FAA, etc.)			
Substance abuse testing (e-Screen, BAT, etc.)			
Employer on-site services			
Physical or occupational therapy			
<i>Primary care</i>			
Ancillary services (e.g. aesthetics, travel med)			
<b>Staffing Model</b>			
Provider staffing (physicians, mid-levels)			
Physician leaders			
Physician employment (employed vs. contractor)			
Physician background, board certification, reputation			
Physician tenure and turnover (provider vacancies)			
Physician pay and benefits			
Management/operations leaders			
Management/operations background and reputation			
Management and staff turnover (position vacancies)			
<b>Reimbursement and Collections</b>			
Credentialing/billing/collections model (in-house/outsourced)			
Insurance plans accepted			
Uninsured pricing/cash discounts			
<b>Marketing Tactics</b>			
Paid advertising			
Grassroots			
Internet/social media			
Marketing staff or agency			
Referral relationships (primary care, ED, etc.)			

spurs innovation, reduces prices, increases transparency, and improves the quality of products and services. Urgent care—a solution for basic medical access that saves time and money—is proof that a competitive healthcare marketplace can benefit patients, providers, payors, and other stakeholders.

But unlike other types of medical practice that rely on professional relationships or hospital affiliations for referrals, urgent care is essentially a “retail” model that appeals directly to a consumer decision-maker. This means urgent care operators must identify, evaluate, and respond to competitors—*direct* competitors in the form of other walk-in, retail and occupational health centers and *indirect* competitors in the form of hospital emergency rooms and primary care offices.

### Identify and Evaluate Competitors

Put yourself in a prospective patient’s shoes and ask yourself, “What is every alternative available to treat my minor illness or injury?” Make a list of all the options that come to mind—including doctors’ offices, emergency rooms, “non-providers” such as the Internet, and even “self-treatment” using over-the-counter medication. Every option on your list is a competitor—and the ideal outcome of competitive research is to assure your center offers consumers something *greater* than those other options.

For local, “brick-and-mortar” competitors, become familiar with their service offerings, operating model, and marketing tactics by visiting their physical locations, checking out their websites, and gathering their advertising collateral to assess:

- What is the scope of their services? What overlaps with what I’m doing? Are they adding anything new?
- What types of marketing or promotions tactics are they using? What is the public’s awareness of their facility and perceptions of their brand? Have advertising levels increased or decreased?
- What is the positioning of their physical facility? Do they have visible signage, easy entrance/exit from the street, and is there plenty of well-lit parking? How does their location, facility, and signage compare to mine?
- What are their operating hours, and how long are their typical wait times?
- How many cars are parked outside their facility at various times of day?
- When you call on the phone, are you greeted by a friendly voice—or put on indefinite hold by an

overburdened front desk staff?

- Who are the owners, what is their source of funding, and what are their expansion plans?
- What has been reported in the local news about them?
- What are the background and qualifications of their medical staff?
- From where do they recruit providers, and do they currently have any staff openings posted? What is their reputation among their current and former employees and referral providers in the community?
- If it’s a multi-site operation, what geographic areas are they expanding into, and what areas might they expand to next? Have they grown organically or through acquisition?
- How are they doing financially?
- How many visits per day are they averaging? Are their volumes increasing or decreasing?

(**Table 1** provides a chart that can be used to evaluate each competitor’s strengths and weaknesses relative to your own operation.)

Some urgent care operators have also been known to enlist friends or family members to physically visit the competitor’s facility for services and provide feedback on their experiences afterwards.

Regardless of the source, information gathering should be without falsification or misrepresentation and through observations and information sources generally available to an inquiring public.

### Strategic Response to Competitive Insights

Identifying and evaluating competitors will illuminate the strengths that should differentiate your center. As you research competitors, ask what each is doing well and what could be improved upon.

*What makes them successful or unsuccessful?*

*How loyal is their patient base?*

*How convenient or affordable is their product?*

And, ultimately: *What opportunities can you seize?*

With this information, you can develop operations and marketing plans to better position your center to attract patients. For example, if you observe cars parked outside a competitor at 7:55 in the morning and you don’t open until 9 a.m., could you start opening at 7:30 to better serve patients needing services before work?

Or, if you learn your competitor is advertising \$12 high school sports physicals and you realize you won’t be competitive at \$35, could you find a creative way to

*Continued on page 37*

Thus, for services billed to Medicare, the physician must be physically on site.

For services billed to other third-party payors, your practice may instead opt to follow CPT guidelines, as long as this is allowed by your contract with the payor. If a provider is in the office, list the rendering provider as the provider who was in the office suite at the time services were rendered. ■

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*“Competitive Analysis” continued from page 32*

get into the schools to promote free physicals as a grassroots tactic and loss leader for athletic injury cases?

Likewise, say you want to build your workers compensation business but notice two or three occupational medicine competitors en route to the industrial businesses where injuries occur. Could your efforts be better invested in services that appeal directly to consumers?

### Competition and Site Selection

Ignoring competition can lead to critical mistakes when developing a business plan—including whether to open the center in the first place. Before committing to a new location, it’s important to understand:

- What competition is present and how is it positioned relative to consumer traffic and residential growth patterns?
- Can the area’s population and demographics support one or multiple urgent care centers?
- Is there sufficient new business to support your center, or will you rely on capturing market share from an existing, weaker competitor?

*Don’t be deterred, however...*

The presence of urgent care competition should not necessarily deter a prospective center. In fact, the more urgent care competition, the more marketing activity and the greater consumer awareness of how and when to utilize urgent care—benefiting all centers in the market. In most cases, a concentration of urgent care centers is merely reflective of high population density—in large markets, there are simply more people, and more urgent care centers are able to thrive.

Because many urgent care entrepreneurs open centers where they want to live and work—and not based on optimal demand or market potential—they frequently enter into highly competitive situations and then struggle to build their practices.

For example, major cities in Arizona, Florida, and Texas have a high density of urgent care centers, while

nationally there are many other metropolitan areas with more than 50,000 people that could support at least one center but currently have none. Not only are these outlying communities ripe for an independent operator, but there is likely little to no competition except for the local hospital ED, meaning consumers should embrace urgent care as a long-awaited and much-needed community resource.

Where there are too many urgent care providers chasing too little business, eventually one or a few will “fall out.” For example, a recent news story in Lancaster, PA (population 55,351) describes how urgent care centers are “taking off” with local hospitals, out-of-state operators, and physician entrepreneurs opening a total of 12 walk-in centers by 2011 (five of which are within a 1.5-mile radius).<sup>1</sup> Another story out of Charlotte, NC reports that three urgent care centers have opened on one city block, each operating 12 hours per day, seven days a week.<sup>2</sup> It’s likely after several years of these competitors “duking it out,” markets like Lancaster and Charlotte will be a prime example of “survival of the fittest.”

In such markets, it’s even more critical to understand the strengths and weaknesses of competition and to position your business accordingly.

### Conclusion

Whether an urgent care center survives or thrives is dependent upon how well it differentiates itself from competitors. Unlike other medical practices, urgent care depends on consumers to decide when, how, and where they seek care. Competitive research that takes the consumer’s perspective in evaluating the strengths and weaknesses of various healthcare options can yield insights that help the urgent care operator better position his or her center to increase visits and capture market share. ■

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