

## The Pediatric After Hours Phenomenon

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A new breed of medical facility is popping up in the affluent suburbs of major cities around the country—the “kids-only urgent care.” Pediatric after-hours facilities are similar to urgent care centers in that they offer evening and weekend hours, services on a walk-in, no-appointment basis, and are equipped with x-ray and procedure rooms for casting and suturing—but they differ from urgent care centers in four important ways:

- Urgent care treats all ages while pediatric after-hours typically refuses to treat patients over age 18.
- Urgent care depends on signage visibility and paid advertising as the primary mechanisms for driving new business while pediatric after-hours depend more on primary care physician referral relationships.
- Urgent care is open during daytime hours and sees much of its volume first thing in the morning when primary care practices are open (but appointments are unavailable on short-notice) whereas pediatric after-hours typically open late in the afternoon, after primary care offices have closed.
- Urgent care centers employ Family Practice or Emergency Medicine doctors on a full-time basis whereas pediatric after-hours appeal to “moonlighting” pediatricians who work full-time in separate primary care or hospital-based practices.

One of the driving factors of the pediatric after-hours model appears to be its “partnership” with local pediatricians. To alleviate concerns that parents might skip their pediatrician’s office and head straight to urgent care, pediatric after-hours clinics agree to see a pediatrician’s patients only during night and weekend hours, to limit the scope of care to acutely rising episodes rather than longitudinal or routine matters, to forward the patient’s chart to the primary care pediatrician for follow-up, and to provide referrals to pediatric specialists in the community. Independent pediatricians reciprocate by referring their patients to the after-hours center and spurring word-of-mouth among parents.

### Center Profile: Acute Kids Urgent Care, Plano, Texas

*Acute Kids Urgent Care is surrounded by several Fortune 500 corporate campuses and thousands of “McMansions” in one of the most educated, career-focused, and well-heeled communities in the United States. The center’s “fairy tale” décor appeals to kids while the easily accessible neighborhood location appeals to time-starved “soccer moms.”*



#### Operating Hours:

Monday – Friday: 4:30pm to 11:00pm  
Saturday—Sunday: Noon to 8:00pm

#### Retail Adjacencies:

- Kroger Food & Drug
- Academy Sporting Goods
- McDonalds
- Multiple theme restaurants (pizza, hamburgers, Asian, Mexican, etc.)
- Gymboree
- Bellagio Interiors (Fine Furniture)
- Hallmark Cards
- Radio Shack
- Hair/Nail and Tanning Salons
- Medical Aesthetics Spa
- Family Dentistry
- Allergy/Immunology

#### Hospital Adjacency:

Texas Health Presbyterian Hospital  
(w/24-hr ER) across the street.

**Household Demographics: 3305 Dallas Parkway, Plano, Texas**

	3 Minutes	12 Minutes
Residential Population	12,862	296,751
Number of Households	4,546	129,696
Household Size	2.82	2.28
Growth Rate, 2000-2010	39.8%	40.2%
Household Income	\$172,655	\$105,164
Homeownership Percentage	66.2%	49.1%
Residential Race and Origin:		
--White	69.2%	68.5%
--Black	9.5%	9.9%
--Asian	14.9%	12.8%
--Hispanic	6.7%	13.7%

Demographic data provided by CB Richard Ellis.

**Traffic Counts:**

Dallas North Tollway: 36,135  
Parker Road: 28,408

**Pediatric After-Hours Demographics:**

Another factor that differentiates pediatric after-hours is its positioning among high-income demographics—specifically suburbs with a large percentage of married couples, homeowners, and professional/managerial employment. Evaluating the demographics from a sampling of pediatric after-hours centers around the country reveals:

- Moderate traffic counts, consistent with neighborhood shopping centers anchored by food/drug/mass retailers.
- High historic and projected growth rates—suburban areas growing three to four times the national average.
- Above-average household size, indicating married couples with children present.
- High percentage of homeowners—50% more than the national average—indicating wealth and stability.
- Below average ratio of employment to residential—indicating primarily “bedroom” communities.
- Higher than average median age—indicating parents who deferred marriage to establish education and career before starting a family.

While experience indicates a minimum catchment of 40,000 people necessary to support an urgent care center, analysis of major markets shows that approximately 200,000 people are necessary to support pediatric after-hours. Like urgent care, pediatric after-hours have a higher concentration in Sunbelt states like Texas, Florida, and Arizona and there are a handful of major markets—including Chicago and Philadelphia—where the practices are not found. This aligns with fast growing communities where hospitals are less established as the providers of “first choice,” where payers are more flexible in admitting urgent care to their networks, and where barriers to physician entrepreneurship are low.

***As illustrated, pediatric after-hours centers are typically located in bedroom communities with significantly higher income, homeownership, and population growth than the surrounding area and nation as a whole.***

	3-Minute Drivetime Zone	12-Minute Drivetime Zone	U.S. Median
Population	8,316	171,393	N/A
Historic Growth 2000-2010	30.2%	39.3%	9.8%
Projected Growth 2010-2015	12.9%	12.3%	4.3%
Household Size	2.77	2.68	2.59
Median Household Income	\$ 94,953	\$ 67,204	\$52,029
% Owner-Occupied Housing	87.9%	80.5%	66.2%
% Speak Spanish at Home	9.3%	14.3%	12.3%
Employment Base	3,690	74,947	N/A
Employment/Residential Population	44.4%	43.7%	N/A
Median Age	37.9	36.9	36.7
Center Traffic Count	34,874	N/A	N/A

Methodology: Sample of 8 pediatric after-hours centers randomly selected from a study of 16 major metropolitan areas.

Demographic data provided by CB Richard Ellis.

## Pediatric After-Hours vs. Children's Hospital "Urgent Care":

The phenomenon of pediatric after-hours owned by physicians and physician groups is different than that of pediatric "urgent care" operated by non-profit Children's Hospitals around the country. The hospital model typically accepts Medicaid, may be open after-hours, during daytime hours, or even 24-hours, and typically charges emergency department rather than urgent or primary care rates (including a facility fee). Based on the survey conducted, Children's Hospital-affiliated "urgent care" centers are in demographic areas more reflective of the community at large rather than focusing on higher-income family segments.

That's because the purpose of Children's Hospital after-hours is to build relationships with captive pediatricians, capture referrals to hospital specialists, extend the brand of typically urban hospitals into suburban areas, and to divert ED traffic to lower cost facilities. Often hospital-affiliated urgent care centers are located within multi-specialty rather than retail facilities—presumably to support referrals to adjacent providers within the hospital's network—and are managed by the same group as the hospital's emergency department (providing work opportunities for ED doctors and hospitalists).

From a consumer and referring provider perspective, these facilities carry the brand "halo" of the local Children's Hospital, which commands respect due to the scope of care and charity programs provided on the main campus.

**Attack on Urgent Care:** A newspaper advertisement by Nationwide Children's Hospital in Columbus, Ohio (which operates four suburban after-hours facilities) claims that conventional "all ages" urgent care centers are inappropriate for treating children. This exploits loyalty in the pediatric community to the local Children's Hospital and fosters bias against non-exclusive pediatric providers. Misleading is that the ad does not reveal that Children's "urgent care" is billed through the hospital at emergency department prices that include a facility fee.



**She's uncomfortable. You should be too.**

At Children's Close To Home<sup>SM</sup> centers with urgent care services, we're staffed and equipped to care for children. Only children. That means you can rest assured your child will get the right care, the first time. Because here, kids and their parents benefit from our experience and the expertise that makes us pediatric specialists. You should always call your child's doctor first, but because we know kids, we know your doctor may not always be available when you need help. So our urgent care services are accessible during evening and weekend hours. All of which should make everyone, especially your kids, feel a lot more comfortable.

 **CLOSE TO HOME<sup>SM</sup>**  
HEALTH CARE CENTER  
[columbuschildrens.com/urgentcare](http://columbuschildrens.com/urgentcare)

Urgent Care | 5675 Venture Drive | 614.355.8400 | Monday-Friday 3-10 pm, Saturday-Sunday noon-8 pm

## Urgent Care's Response:

Pediatric after-hours has many similarities to the urgent care operating model—and many call themselves “urgent care”—but because they do not treat all ages, by definition they are not “urgent care centers.” Because of tight relationships with referring pediatricians and many parents’ perceptions that “kids only” is somehow better for their children, an urgent care center treating all ages may have difficulty capturing pediatric patients if there is an active pediatric after-hours clinic nearby. When this occurs, there are several steps that urgent care operators can take to increase the visibility of their centers, strengthen connections with local pediatricians, and spur word-of-mouth among busy parents:

- Make sure that the urgent care center is *family friendly*. Consider adding children’s books, games or videos to the waiting area, creating kids-themed examination rooms, and hiring staff who is both outgoing with children and empathetic to the concerns of parents. Something as simple as a balloon or lollipop at the end of a visit can signal that a center “understands kids.”
- Reiterate in all marketing messaging that the urgent care center treats *all ages*. Where pediatric after-hours is present, consumers may incorrectly presume that an urgent care center is for “adults only.” Advertising should feature imagery of children and families and describe the center’s expertise and capabilities in treating children. This messaging may necessarily be incorporated into the center’s name, logo, or signage.
- Reach out to neighborhood family practice and pediatrician offices to build referral relationships. Reiterate the scope of urgent care is for acutely rising episodes only, and therefore the urgent care center is not in competition with the pediatricians. Rather, urgent care centers frequently encounter patients in need of a “medical home” who can be referred to local primary care doctors. Also emphasize supplies and equipment on hand to treat children of various ages, the skills and experience of the urgent care providers in regards to pediatrics, and create processes that facilitate follow-up with the primary care doctor (i.e. forwarding the patient’s chart, with parental consent).
- Increase the urgent care center’s visibility in the community through “grassroots” marketing—participating in festivals and parades appealing to families with children, engaging in church activities like “Mother’s Day Out” and “Mothers of Preschoolers,” sponsoring school activities like PTA and varsity sports, advertising in neighborhood newspapers, and providing sport and camp physicals in conjunction community organizations and athletic clubs.

***There are many examples around the country where pediatric after-hours and urgent care successfully co-exist. Key is for the urgent care center to offer high-quality service and an excellent visit experience that will capture patient trust and spur word-of-mouth among parents and referring pediatricians.***

