



5 lessons from urgent care

By David Levine | October 27, 2016

How should healthcare adjust to an age of consumerism and patient choice? It's a question Shaun Ginter, the president and CEO of CareWell Urgent Care, grapples with daily.

"Urgent care crosses the line between typical medicine and the services business," he says. "It is very much about patient satisfaction and customer service. We don't sell a widget. Our product is the experience."

Ginter joined CareWell in 2012, after decades in the healthcare services and retail pharmacy businesses. Now, he oversees 15 urgent care centers in Massachusetts and Rhode Island, with two more planned for later this year. He spoke to athenaInsight about the five most important lessons he has learned about healthcare as a service industry.

1. Clinicians often struggle in a service role.

The reimbursement landscape forces urgent care operators to operate at maximum efficiency. "The largest cost is staffing, and it is common for clinical staff like nurses and technicians to be asked to perform administrative functions," Ginter says.

But there's peril in asking clinicians to take on roles for which they're untrained and unprepared, he says. "People need to multitask to meet cost requirements. But clinicians have entered healthcare to focus on care and healing, not on administrative tasks. When those cross, it can create tension and stress."

His solution: "open, honest communication about our business model during the interview process." Clinicians "need to understand the overall cost structure, the need to be as lean as possible, and that they may be doing admin duties they don't like," he says. "But we stress that as we grow volume, we can bring in admin people so clinicians can focus on care. We try to create the connection: The faster we build volume, the less admin you have to do."

2. The key healthcare product is the patient experience.

Clinicians tend to think that patients are paying for their medical expertise – not for them to be nice.

"To the contrary, we have learned that healing is a given in the minds of our patients,"

Ginter says. “They expect they will be healed. The differentiator is the overall level of service and the experience. Was it friendly, clean, inviting? Was their time respected? Did the script make it to the pharmacy in timely fashion? Those are the most important things.” Ginter says the metric he values above all is “door-to-door” time: How long it takes for a patient to receive care and get back to his or her busy life. And he says it’s important that his staff understands the patient perspective.

“We share patient comments, net promoter scores and other patient data, so they hear directly from patients what was important,” Ginter says. “They are learning to care about that— some reluctantly, but when you regularly show them comments that the doctor was rude, or didn’t listen, or took too long talking outside the exam room, it can’t help but change perspectives over time.”

3. Convenience matters.

In urgent care, convenience drives success. That means locating centers in highly trafficked, highly visible areas, Ginter says.

“You need to see it, make it easy to get to, and easy to park,” he says. “If there is a McDonald’s, a bank, and a grocery store nearby...it will be more successful. We have seen urgent care in traditional medical offices ultimately fail because they weren’t easy to access. They thought, ‘if we build it they will come,’ but nobody came.”

That principle extends to hours of operation, Ginter says.

“We are open long hours, typically 12 hours a day, including nights, weekends, and holidays,” he says. “That feeds on the convenience they are looking for and can’t get in other types of medical offices.”

It’s also critical to have technology in place, he says, so patients can make appointments, check wait times, and access care online, on their own timeframes.

4. Ease of access is often at odds with the healthcare system.

“Urgent care is adapting to consumer needs far faster than the payer world or the healthcare system world,” Ginter says. For instance, he says, many insurance plans and products still require medical management or referrals before patients can access urgent care. In some cases, payers place caps on the number of urgent care visits per year.

“In some Medicaid products, the patient must be assigned a primary care doctor and get a referral,” he says. At the same time, “anyone can walk in to an ER — but the cost of that care is 10 to 15 times greater than the cost of care rendered in an urgent care setting.”

In addition, many Millennials who now have access to healthcare via the Affordable Care Act are younger and healthier, and need care only episodically, he says.

“The system still thinks everybody has a primary care doctor, but in this day and age a lot of the population does not have a medical home,” Ginter says. “If there was a magic wand, it would...make all payers and plans create open access and accept urgent care as a viable access point, like the ER.”

5. Patients don’t understand their insurance.

Health insurance is so complicated that most patients do not understand their financial obligations — and insurance companies and employers do a poor job educating members about copays, deductibles, and coinsurance, Ginter says.

He thinks this isn’t an accident. “Employers and insurance companies don’t want to educate people on the fine print of their insurance, because people would drop their products if they truly understood what their responsibilities are,” he says. “They don’t want a revolt when people realize they have a \$2,000 deductible.”

His centers keep mandatory credit card information on file to mitigate losses and delinquent payments. “We have found it far easier than trying to explain deductibles, copays, and coinsurance,” he says, “and it has actually improved customer service.”

David Levine is a writer based in Albany, New York.



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