2019 Thought Leaders Conference
Roundtable Discussion Summary – Payer Strategies (Lou Ellen Horwitz/Web Golinkin)
Overall the frustrations of the industry seem to center around lack of accurate, validated and comprehensive data on the role urgent care is truly playing in the healthcare continuum.

UCA could assist by:
Create an independent (3rd party-managed) data repository for visit type, specialty referral and cost data to better demonstrate/understand urgent care value to payers.

Partner with payers to create a "health information exchange" for accurate data about urgent care's role in the healthcare continuum (primary care vs. urgent care vs. ED visits) – they have data about post-visit activity that centers will never have access to otherwise.

> Similar: Partner with a big payer to do a "patient tracer" project to determine UC impact on primary care/specialist access and utilization rates (do we really connect people who don't have a PCP and are we providing "too much" access).

> Similar: Develop "no PCP" follow up program.

> Similar: Lead/sponsor original research of patient follow-up to determine outcomes of urgent care visits – could possibly be tied to existing 48hour callbacks done by most clinics if infrastructure existed). Medication compliance, specialist visit, PCP visit, ED, etc.

Leverage Gateway2Better network to obtain national-level utilization data

Support pilots for direct-to-employer contracting

Partner with self-insured employers in a claims data partnership – another way to get the above data.

Research how to obtain "star specialist" data and help centers access it in their areas to only refer to those specialists with excellent outcomes.

Facilitate access/introductions to the "right people" in the payer community to have high-level conversations.

Lobbying/Legislative:
Lobby/support parity payment for in-clinic telemedicine visits (for reducing wait times).

Partner with related organizations (CCA, NP/PA Societies, CUCM) to champion APP parity for care given in an urgent care setting in reimbursement contracts.

Additional Non-Data-Related Ideas

Create a "Guidebook" of Payer Relationship-building Strategies

Study other industries that have become commoditized to see how they managed downward cost pressures.

Lead/sponsor more initiatives like diabetes screenings for early detection/treatment of high-cost chronic illness (confirm with some payer partners that they really want/support this).