



UCA

2021
SPRING

BENCHMARKING REPORT

 URGENT CARE
ASSOCIATION®

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INTRODUCTION

For 14 years, UCA produced benchmarking reports based on data from surveys completed by our members. Last Spring we realized that 2020 was going to be a year immune to benchmarking, so we began to rethink our approach.

Our members are extraordinarily busy people, and even with the best intentions in scientific rigor with survey design by us and diligence in self-reporting by our members, the data we gathered was ultimately and potentially not the most accurate or up-to-date picture of our industry.

We want our reports to bring you more perspective, be more timely and more actionable – so that all of our highly interesting data can help you make better decisions as you grow and we evolve together. To do that, instead of surveying urgent care centers directly, we’ve partnered with organizations who already have statistically valid data across huge sample sizes within urgent care as part of their daily business. You will recognize their names and we are thankful to them for donating their information to improve our reporting and give you access to these exclusive insights. We’ve also added Member Points of View to further illuminate data interpretation and are thankful to those individuals for donating their time and expertise.

Underlying our new benchmarking is a structure based on key areas of competency required for success in urgent care, which you will also begin to see underlying other programs. The new quarterly release schedule is timed to provide information in these key areas that are relevant to the upcoming “season” in urgent care. For example, what we feature in this Spring report should be particularly relevant for the upcoming Summer season.

Although we are still calling this our benchmarking report, we hope that you will use it not only to look back and reflect on where you’ve been, but to look ahead toward where you are going. Where we are all going. Please let us know what you think of our new approach, and what you’d like to see in future publications by completing the survey at the end. We are honored to be part of your journey.



Lou Ellen Horwitz
Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Lou Ellen Horwitz', written in a cursive style.

INDUSTRY PROFILE

By the numbers

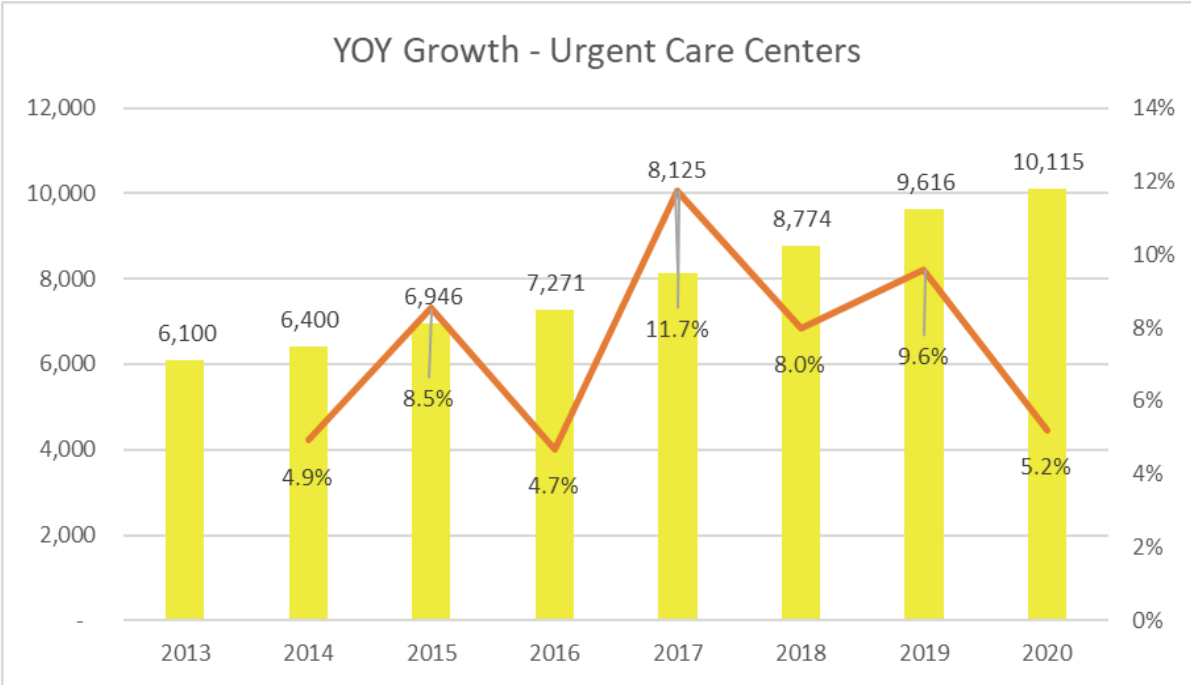
UCA continuously maintains a directory of all urgent care centers in the United States using multiple external sources: organizational websites, vendor partners, social media posts, press releases, and insurance company files – just to name a few.

Despite its challenges, 2020 was another growth year for urgent care, and our response to the pandemic drew significant positive attention from patients, mainstream media, investors, healthcare partners and local, state, regional and national officials.

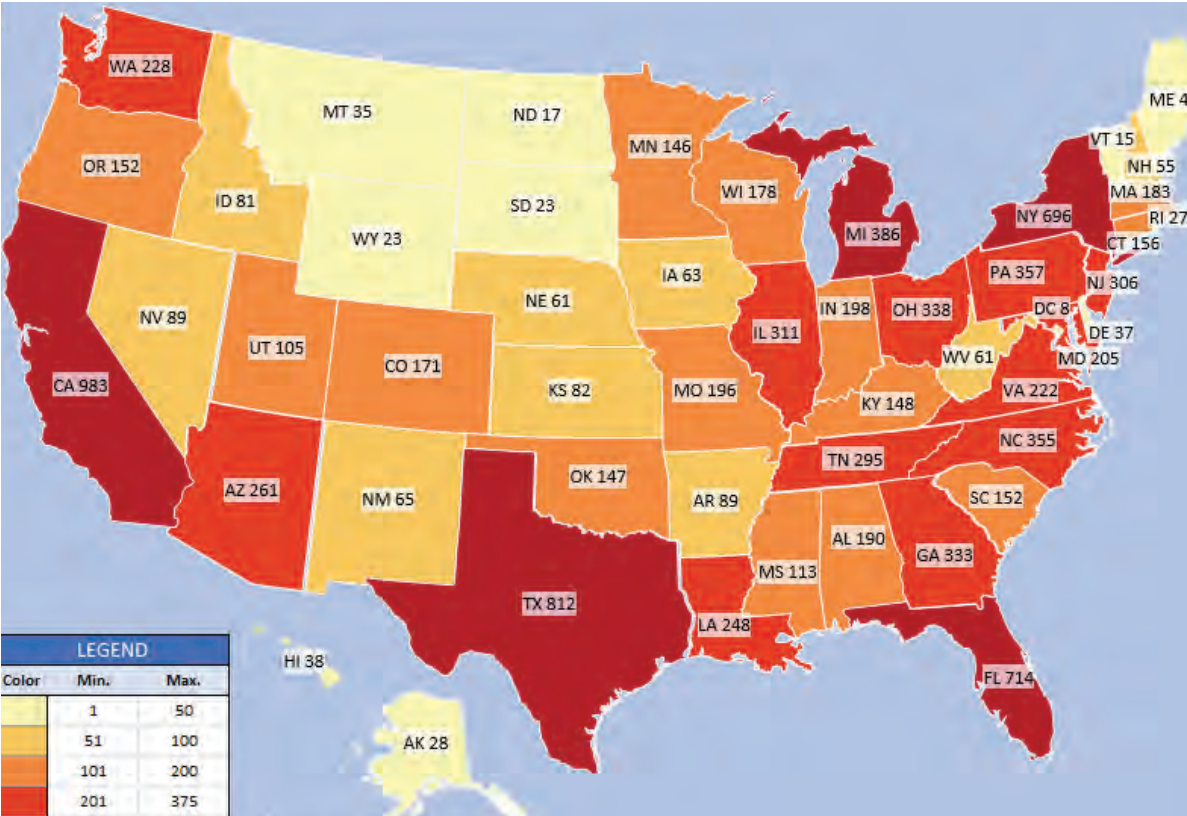
External Contributors to Industry Profile: DX Marketing, National UC Realty, and Solv.

INDUSTRY PROFILE

Growth



State Distribution



INDUSTRY PROFILE

Market Distribution by RUCA* Codes

RUCA Codes	2019 %	2020 %	% ▲
Metropolitan	84.4%	86.2%	1.8%
Micropolitan	10.1%	9.1%	-1.0%
Small Town	4.1%	3.7%	-0.4%
Rural	1.4%	1.0%	-0.4%

Metropolitan locations continue to be the area of choice for new centers and expanding organizations. Rural and Small Town locations present limited populations for drawing patients, providers and staff - but also limited competition.

With over 10, 000 centers in the industry, each percentage point represents over 100 urgent care centers.

*Rural-Urban Commuting Area - A classification scheme used to characterize Census tracts regarding their rural and urban status.

<https://depts.washington.edu/uwruca/index.php>

INDUSTRY PROFILE

2017-2020 State by State Growth

Highest population states are highlighted green

State	2017	2018	2019	2020	▲ '17-'18	▲ '18-'19	▲ '19-'20
AK	22	25	27	28	13.6%	8.0%	3.7%
AL	133	176	185	189	32.3%	5.1%	2.2%
AR	57	81	88	89	42.1%	8.6%	1.1%
AZ	234	241	251	260	3.0%	4.1%	3.6%
CA	805	866	934	976	7.6%	7.9%	4.5%
CO	156	159	163	169	1.9%	2.5%	3.7%
CT	136	141	146	152	3.7%	3.5%	4.1%
DC	5	7	8	8	40.0%	14.3%	0.0%
DE	34	38	34	35	11.8%	-10.5%	2.9%
FL	549	631	691	706	14.9%	9.5%	2.2%
GA	263	285	310	328	8.4%	8.8%	5.8%
HI	25	30	34	38	20.0%	13.3%	11.8%
IA	49	55	59	63	12.2%	7.3%	6.8%
ID	64	72	75	79	12.5%	4.2%	5.3%
IL	253	278	306	311	9.9%	10.1%	1.6%
IN	144	168	182	196	16.7%	8.3%	7.7%
KS	69	73	76	82	5.8%	4.1%	7.9%
KY	88	124	138	145	40.9%	11.3%	5.1%
LA	141	175	198	246	24.1%	13.1%	24.2%
MA	150	171	175	181	14.0%	2.3%	3.4%
MD	185	201	197	202	8.6%	-2.0%	2.5%
ME	44	45	46	49	2.3%	2.2%	6.5%
MI	361	339	362	378	-6.1%	6.8%	4.4%
MN	129	129	149	146	0.0%	15.5%	-2.0%
MO	140	158	187	191	12.9%	18.4%	2.1%

INDUSTRY PROFILE

2017-2020 State by State Growth (con't)

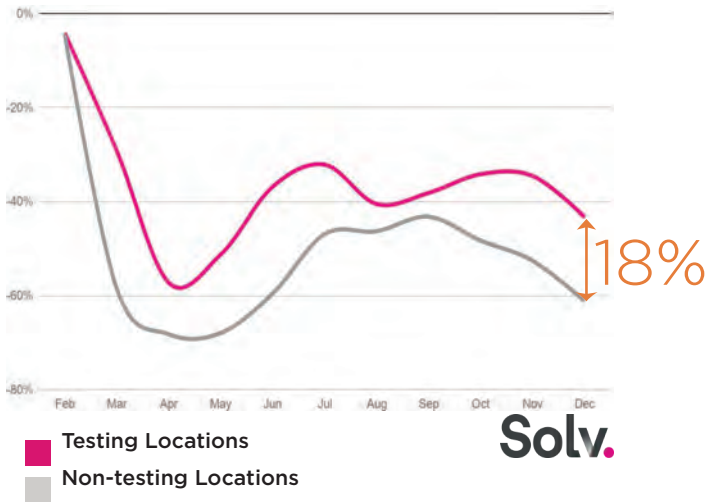
Highest population states are highlighted green

State	2017	2018	2019	2020	▲ '17-'18	▲ '18-'19	▲ '19-'20
MS	71	70	111	110	-1.4%	58.6%	-0.9%
MT	18	18	35	35	0%	94%	0%
NC	264	293	310	355	11%	6%	15%
ND	15	16	17	17	7%	6%	0%
NE	57	56	61	61	-2%	9%	0%
NH	39	41	51	55	5%	24%	8%
NJ	250	262	294	307	5%	12%	4%
NM	46	53	62	65	15%	17%	5%
NV	70	76	88	89	9%	16%	1%
NY	540	590	650	685	9%	10%	5%
OH	276	286	303	330	4%	6%	9%
OK	118	120	136	147	2%	13%	8%
OR	119	132	143	151	11%	8%	6%
PA	281	289	335	351	3%	16%	5%
RI	25	23	26	27	-8%	13%	4%
SC	118	120	136	148	2%	13%	9%
SD	17	22	23	23	29%	5%	0%
TN	188	221	263	278	18%	19%	6%
TX	655	693	751	805	6%	8%	7%
UT	101	94	100	105	-7%	6%	5%
VA	193	198	213	221	3%	8%	4%
VT	13	15	15	15	15%	0%	0%
WA	191	200	223	228	5%	12%	2%
WI	149	143	169	176	-4%	18%	4%
WV	53	55	58	61	4%	5%	5%
WY	22	19	22	23	-14%	16%	5%

INDUSTRY PROFILE

Fast Facts

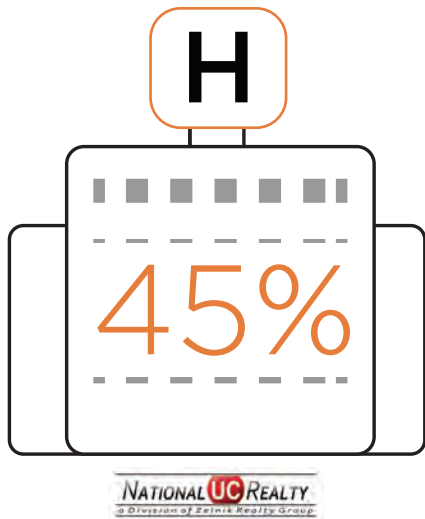
COVID-19 testing centers saw & retained more core UC business than non-testing centers.



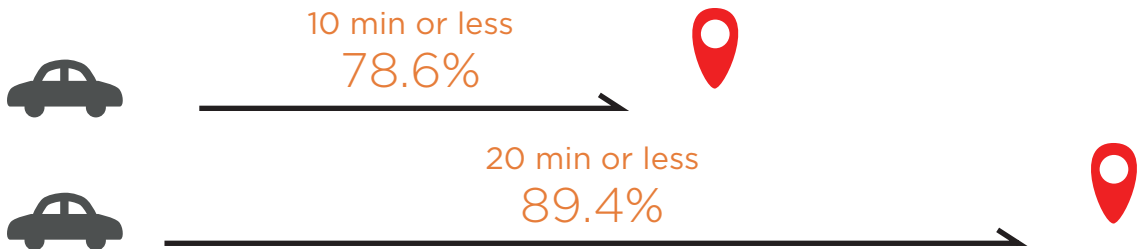
17.2%

ED visit drop (for residents) when a UC opens nearby

<https://pubmed.ncbi.nlm.nih.gov/33559261/>



U.S. centers affiliated with a hospital system.



89.4% of the US Population is Within a 20 Minute Drive of an Urgent Care Center

DXM

HOT TOPICS

DOT Testing

Over 1 million DOT exams can tell you a lot about the comorbidities of this patient population and where opportunities can be found medically, as well as provide a statistically valid external baseline for benchmarking your own trends and outliers.

Our first Member Point of View appears in this section, by Dr. Steven Schumann, who co-leads UCA's Occupational Medicine Member Networking Section.

External Contributor to Hot Topics: 3bExam

HOT TOPICS
 DOT Testing



1MM DOT
 Exam Visits
 Represented

Medical Conditions	% Drivers
Tobacco Use	25.5%
Sleep Disorder	3.9%
Sleep Tested	6.6%
High BP	22.3%
Diabetes	8.6%
Insulin	0.40%

Risk Factor	% Drivers
BMI %	68.1%
BMI <35	13.1%
BMI 35-40	9.3%
BMI 41+	22.3%

Certification Terms	% Received
2-year	23.5%
1-year	49.6%
3 or 6 months	11.8%
Disqualified	15.1%

HOT TOPICS

DOT Testing | Member P.O.V.



STEVEN SCHUMANN, MD

Medical Director, Occupational Health

Salinas Urgent Care/Doctors on Duty Medical Clinic
Salinas, CA

CUCM Physician member since 2017



When reviewing the 1 million urgent care visits provided, I found interesting and occasionally unexpected observations.

Among the results, many of the outcomes derive from the FMCSA Handbook and other guidance that specifically determine provider responses, e.g., duration of licensure with hypertension and other conditions. Some of the data elements were measurements obtained in the clinics, namely weight, blood pressure, BMI and urine test results as well as whether the driver is Diabetic and/or a smoker.

Interesting is that only a small percentage (23.5%) of Commercial Drivers received the usual 2-year certification. This may reflect hypertension, sleep apnea, Diabetes mellitus, or a variety of other conditions that can limit duration of certification in the remaining more than 76% of the drivers, a surprisingly large number.

More than 25% of the drivers were current or prior smokers. One hopes that most of them previously had quit smoking.

Fully 22.4% of the drivers had a BMI = 35 or greater and 68% had BMI < 35, a range that includes obesity, overweight and normal weight, reflecting a possibly corpulent population. The statuses of the remaining 10% are unknown.

Only 3.89% of the drivers reported a sleep disorder while 6.55% were sleep tested, possibly for reasons other than a sleep disorder. Interesting is that twice as many drivers had a sleep study as reported a sleep disorder.

What is one to conclude from this study? It seems that the majority were possibly obese, current or prior smokers, often hypertensive and overall received driver certification for less than the usual 2 years.

It would be interesting to compare your driver results to this large study. If your statistics are similar, there is an opportunity to engage many of the drivers in health assessment discussion and possibly health management.

Note that the information gathered reflects the aggregate patient health mix of the reporting clinics as a group.

HOT TOPICS

Site Selection

455 center closings can tell you a lot about success. Researching 2019-2020 urgent care closings identified common characteristics across these shuttered centers in Property, Position and Population – the three factors that determined their fates.

All relate to site selection, and this section drills down into specific aspects of each. We've also included 4 case studies for a deeper dive.

Of course, performance is a critical factor to success as well, and you'll find additional performance improvement data and opportunities throughout the rest of this report, in subsequent editions, and all UCA programs and resources.

External Contributor to Hot Topics: National UC Realty

HOT TOPICS

Site Selection

ASPECTS OF THE CENTER'S *PROPERTY* THAT CAN SIGNIFICANTLY LIMIT ODDS OF SUCCESS INCLUDE:

- Inline/MOB locations - typically have 7-10 FEWER patients/day vs. freestanding
- Shared, non-digital signage - limits exposure and the ability to provide key messages
- Annual rent costs exceed 7-8% of anticipated gross income
- Fewer than 7-8 parking spaces for every 1K sq ft of leased area
- Hourly cost of the real estate over \$25 to \$35 per hour
- Cost of the real estate exceeds the income from 2-3 patients per day



HOT TOPICS

Site Selection

ASPECTS OF THE CENTER'S *POSITION* THAT CAN SIGNIFICANTLY LIMIT ODDS OF SUCCESS INCLUDE:

- Not in a retail area, or in a retail area without a “major draw” (generating 100k customers annually)
- Traffic counts in front of the building fewer 15,000 cars per day
- Medians, one way traffic or limited access (left turns)
- No free parking
- Difficult access to the doorway
- No nearby ER
- Number of/proximity to competition



HOT TOPICS

Site Selection

ASPECTS OF THE CENTER'S **POPULATION** THAT CAN SIGNIFICANTLY LIMIT ODDS OF SUCCESS INCLUDE:

- Population below 18,000 per urgent care (PPUC)
- The population retail draw is an unusual shape (generally should be a polygon)
- Radius circle and drive time impacted by natural and man-made barriers
- Limited individuals in your target age group (ex. 30's with children)
- Private insurance below 60%
- Crime rates (Personal Crime Index) over the norm of 100
- NOTE: High median income may not produce high patient visits day



HOT TOPICS - SITE SELECTION

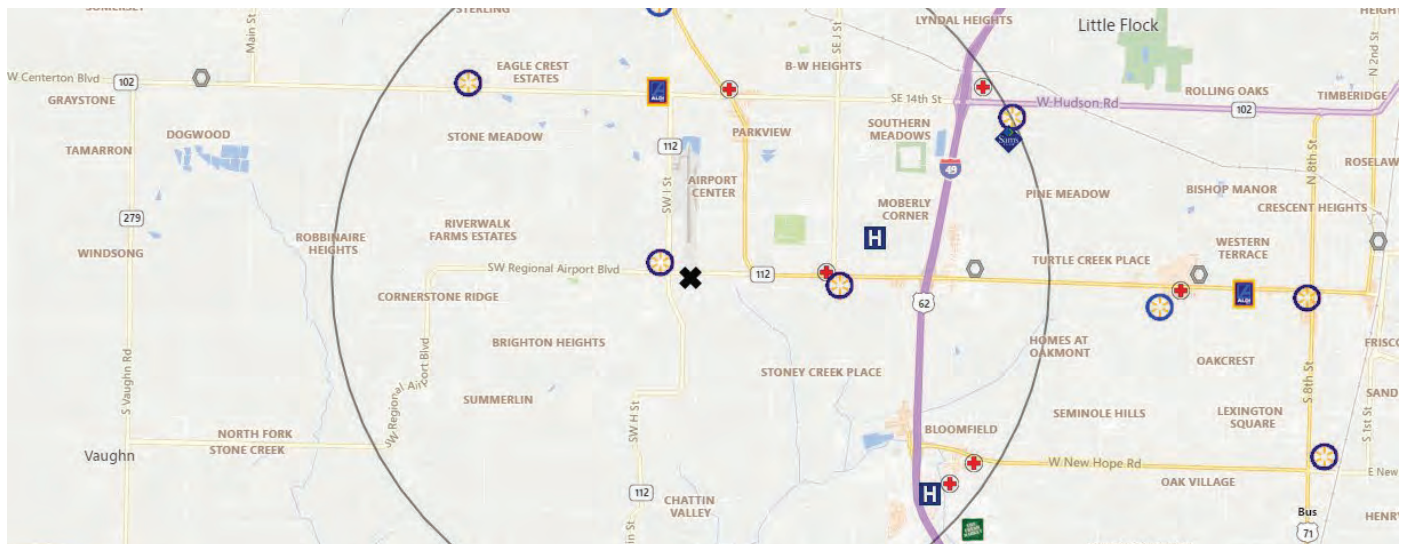
Closed Center | Endcap (3+ Tenants)

Advantages

- Located near Walmart Supercenter
- Endcap

Disadvantages

- Multi-Tenant building
- Multi-Tenant signage
- Five competitors surround location
- Population per urgent care of 7K is 1/3 of national median



PROPERTY	
X	Multi-tenant building
X	Multi-tenant signage
POSITION	
✓	New Walmart Super Center
X	5 competitors
POPULATION	
X	7K vs. 18K Minimum

Conclusions

Although it was close to Walmart, the minimal exposure in the small strip center and excessive competition challenged this site.



HOT TOPICS - SITE SELECTION

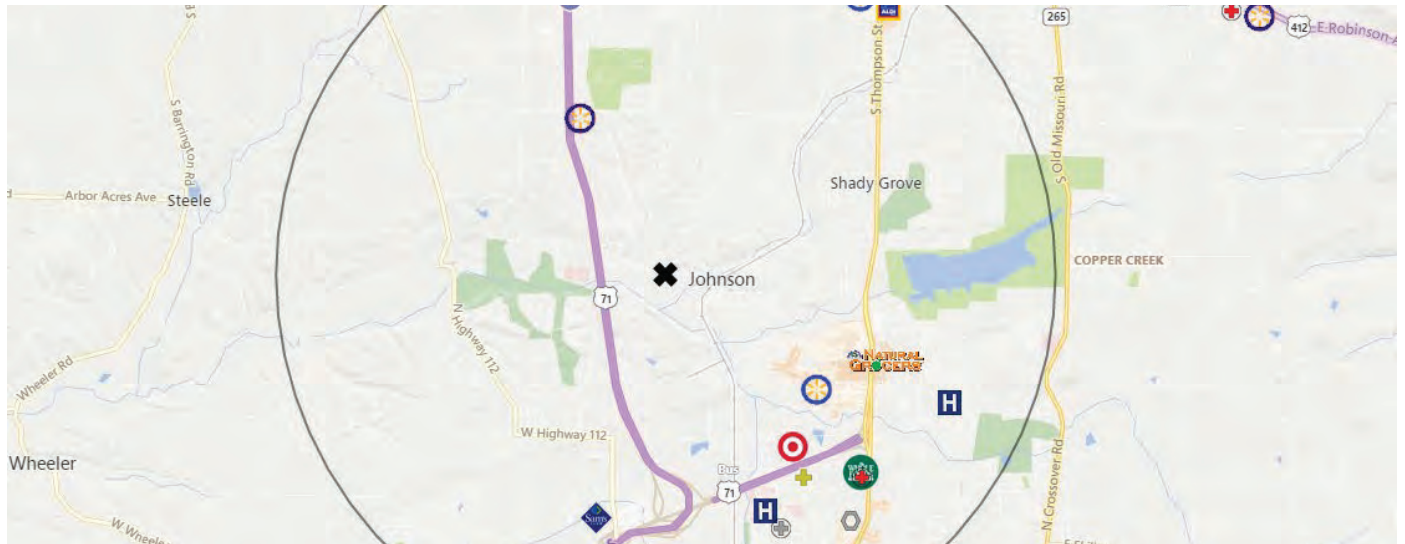
Closed Center | Large Medical Office Building (MOB)

Advantages

- New building

Disadvantages

- Isolated location with zero retail draw
- Limited signage
- Common utilities
- Traffic volume under 10K (1/2 of desired benchmark)



PROPERTY
✓ New Building
✗ Limited Signage
POSITION
✗ No Retail Draw
✗ Low Traffic Volume
POPULATION
✗ Can Make Assumptions on population based on isolated location.

Conclusions

A multi tenant office building limits exposure, access to the building, and possible utility surcharges. In addition, this location lacks any major traffic generators.



HOT TOPICS - SITE SELECTION

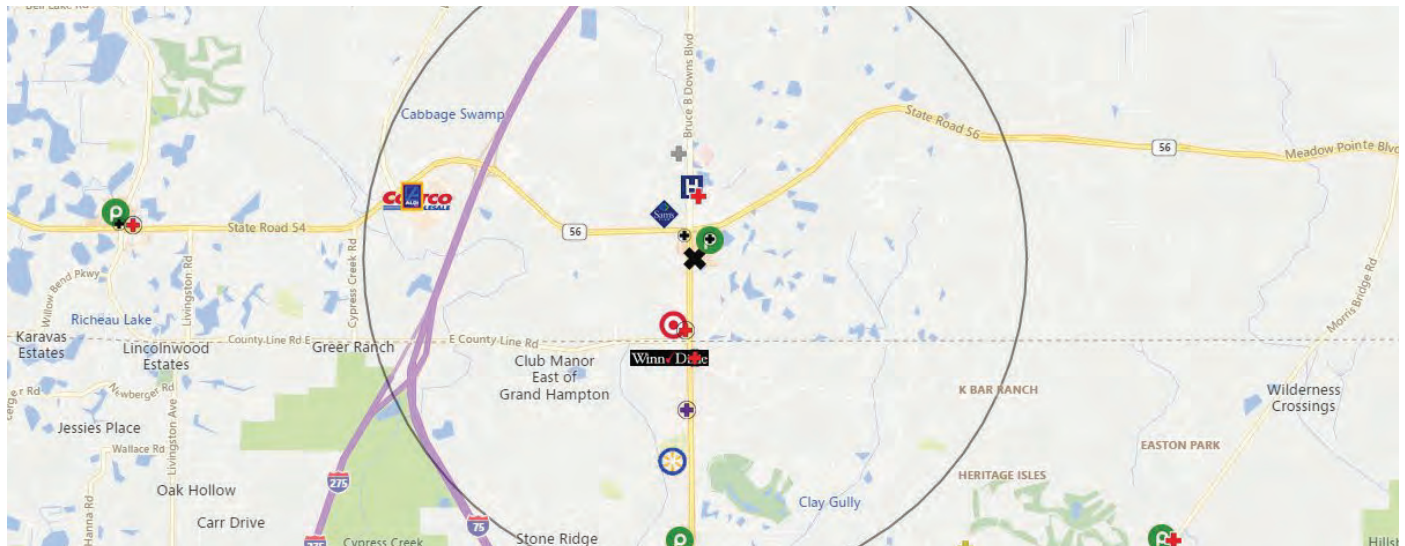
Closed Center | In Line (3+ Tenants)

Advantages

- Close to Publix Grocery

Disadvantages

- Road median limits access
- Heavy landscape barriers
- Population per urgent care of 11K is below national media



PROPERTY
X Low visibility to traffic
POSITION
✓ Close to grocery store
X Ingress/Egress issues
POPULATION
X 11K vs. 18K minimum

Conclusions

Although the site is close to major traffic generators, the location is a multi-tenant strip center that limits exposure in a market with considerable competition



HOT TOPICS - SITE SELECTION

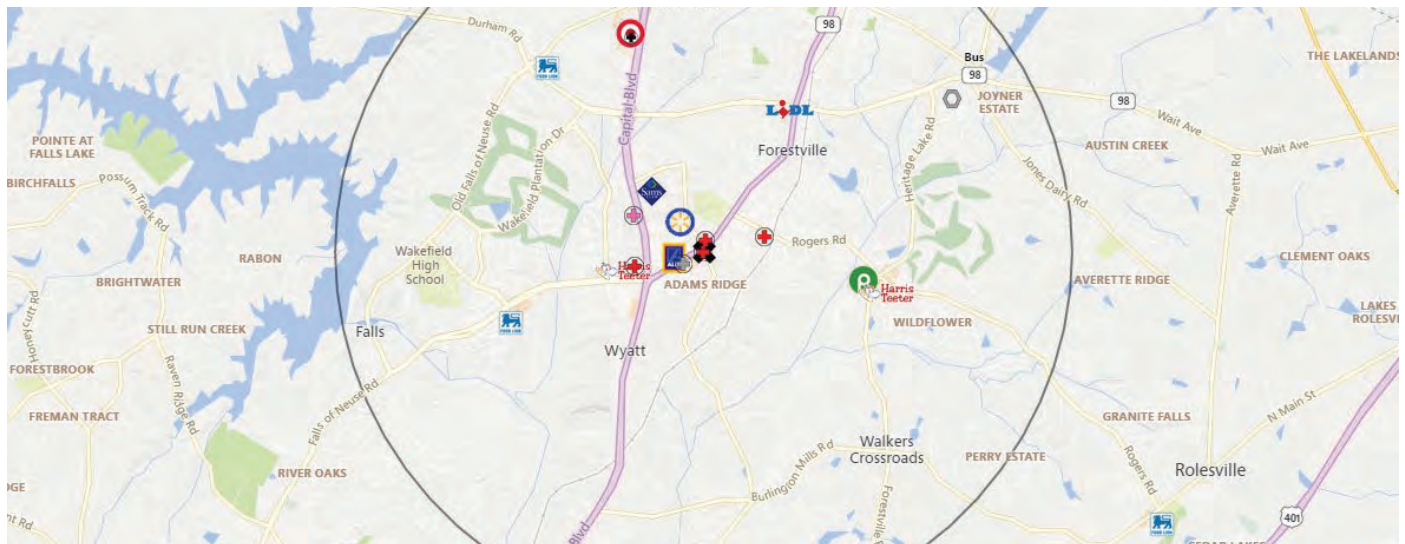
Closed Center | Freestanding (1 Tenant)

Advantages

- Highly Visible Signage
- Traffic Volume 20K+ per day

Disadvantages

- 4 Competitors within 0.75 mile
- Population per urgent care of 11K is half of national median (national median for Suburban = 20K)



PROPERTY
✓ Highly visible signage
POSITION
✓ 20K vs. 15K traffic volume
✗ Competition
POPULATION
✗ 11K vs. 18K minimum

Conclusions

The site has good signage but is outflanked by 4 competitors, each of which operate multiple locations so they would be considered well capitalized and experienced.



QUALITY IMPROVEMENT

Technology

Quality improvement encompasses clinical quality, but also patient experience, and that's our focus for this section as we look toward the future.

COVID-19 accelerated the pace of technology integration into the urgent care visit, forever changing patient habits and expectations. Those expectations have also been affected by general societal changes from the pandemic, and there's no going back.

The good news this data tells us is that excellent use of technology helps drive in-person visits – a lot.

External Contributor to Quality Improvement: Solv

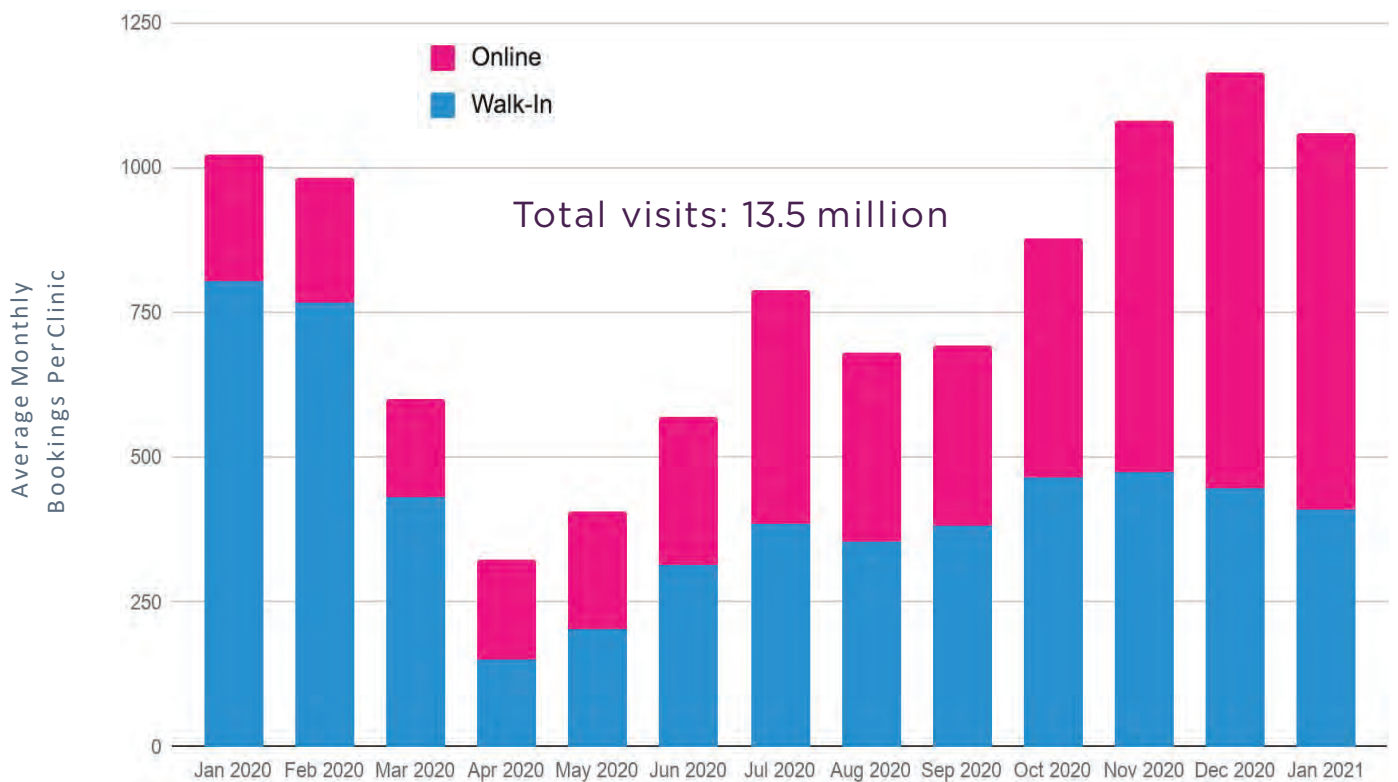
QUALITY IMPROVEMENT

Technology

Patient habits are changing. Prior to 2020, the majority of patients were “walk-in”. This January nearly 3/4 of visits were scheduled online.

The pandemic forced online scheduling, but data shows that many patients continue to prefer securing appointments in advance.

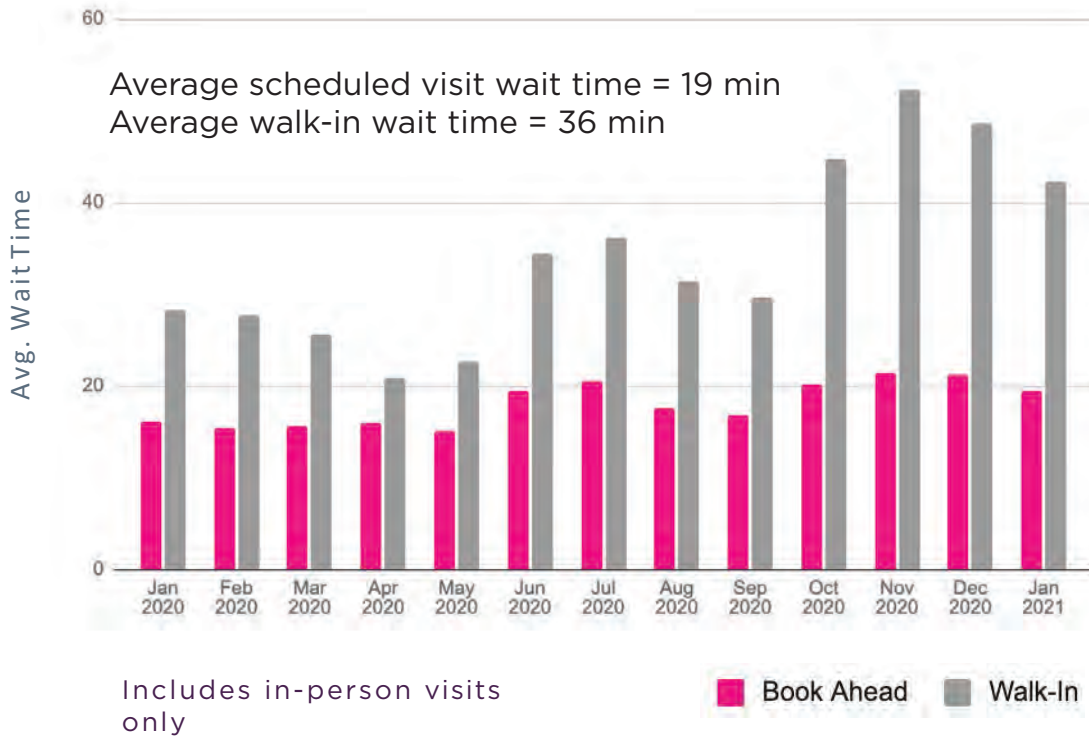
ONLINE VS. WALK-IN



QUALITY IMPROVEMENT

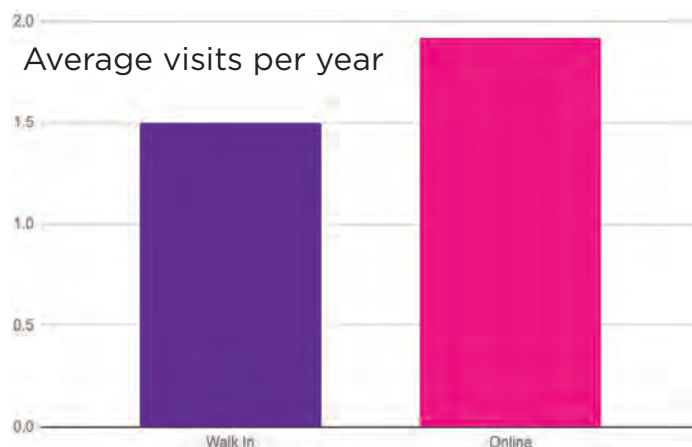
Technology

The growing popularity of scheduling impacts walk-in wait time, further reinforcing pre-scheduling habits.



Solv.

And patients who book online visit again 28% more often than walk-ins, almost an extra half-visit per patient per year.



Solv.

OPERATIONS

Visit Volume | Marketing

Urgent care normally follows a somewhat seasonal pattern, and right now that means centers are gearing up for Q2-type visits. April/May/June have traditionally been "steady state" months bridging late flu season and the summer lull.

Q2 2020 looked very different, and in the context of the shifting states of COVID-19 testing and vaccination and treatment, Q2 2021 likely depends on which aspects of pandemic response urgent care centers are participating in, and whether they are continuing to market.

Marketing is particularly important looking further forward to Q3 - the traditional summer lull - and as the dominance of COVID visits begins to wane toward a new normalcy of volume share.

Phil Rainier, Vice President of Corporate Communications and Strategy at Premier Health, provides our second Member P.O.V.

External Contributors to Operations: Experity, DX Marketing

OPERATIONS

Visit Volume

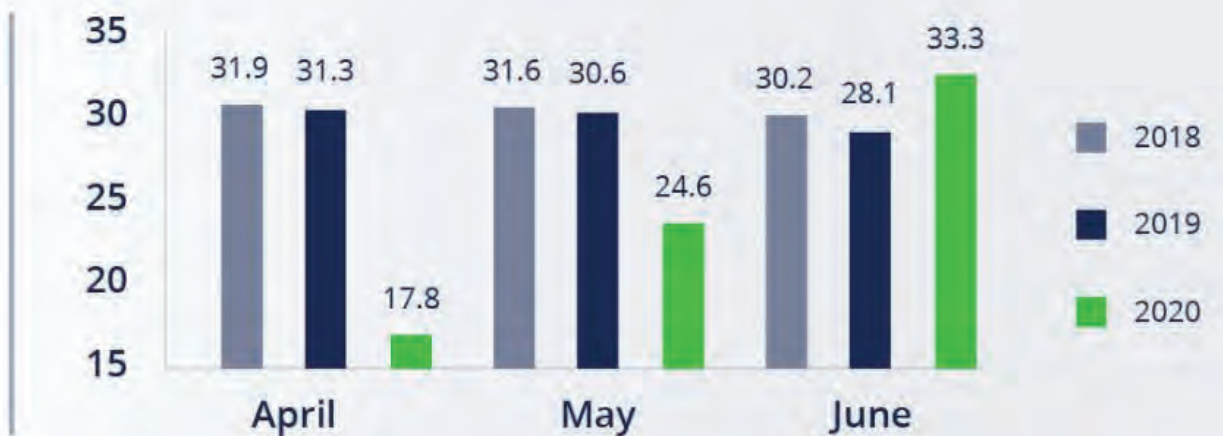
Average visit volume per clinic per day in 2018 and 2019 hovered right at the 30 visits/clinic/day mark.

2020 will always be an outlier due to COVID-19 — and the data shows it.

In Q2 2020, urgent care saw an all-time low in visits/clinic/day.

April 2020 marked the lowest month on record with an average of 17.8 visits per day.

Average Visits per Clinic per Day Year-Over-Year 2018–2020



EXPERITY

Of course, everyone knows what happened next.

OPERATIONS


Visit Volume

The story you're not seeing in the Q2 data is the visit volume rollercoaster urgent care rode throughout 2020.

The lows of Q2 became record-breaking highs throughout the summer, fall and winter months, with clinics averaging 50+ visits/clinic/day due to COVID-19 testing volumes and urgent care's overall boom.

In December 2020 over 70% of visits were COVID-related. In early February this metric dropped below 60% for the first time since September.

The early months of 2021 have proven that visit volume remains higher than our year over year averages, but is stabilizing **between 45-50 visits/clinic/day**.



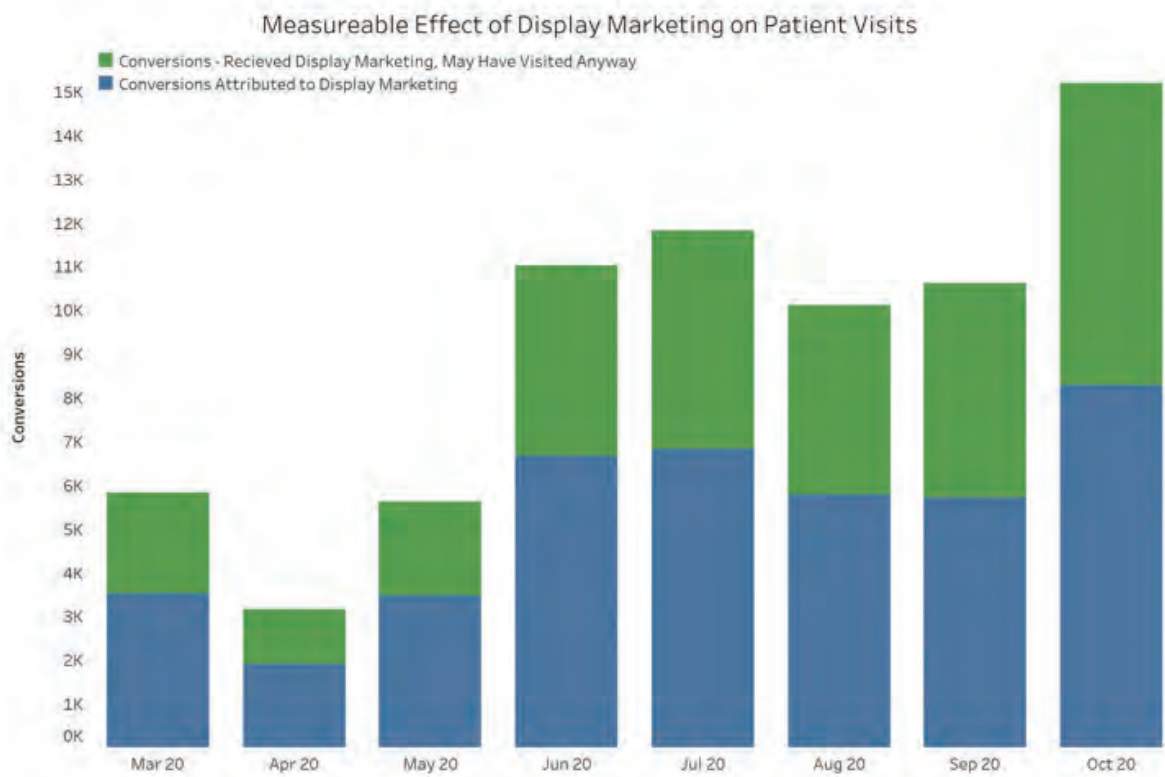
With 10,245 centers
in the US that's over
501,000 visits per day.

OPERATIONS

Marketing

COVID-19 drove record numbers of patients to urgent care, raising the question of whether marketing continues to be a necessary investment in the near future.

Data indicates that marketing (digital display advertising in our example) significantly drove visits for those who continued to market through the pandemic visit highs (in blue below).



DXM

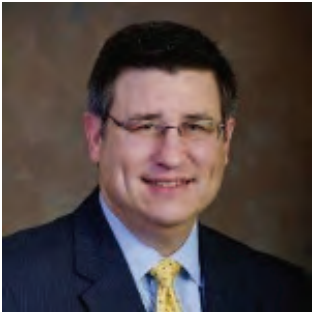
Using a statistical control group, we determined the number of patients that might have visited the clinic without the display ads (in green).

Results show that advertising still attracts many patients that would not visit your clinic otherwise.

And these new patients represent an invaluable opportunity to remarket for additional visits—for COVID testing/vaccines/therapies in the future as you choose, and traditional urgent care.

OPERATIONS

Marketing | Member P.O.V.



PHIL RAINIER

Vice President Communications & Strategy

Premier Health, Baton Rouge, LA

UCA Member since 2014



It's been said, "When times are good, you should advertise. When times are bad, you must advertise." Replace the word "advertising" with "marketing" and the same is true.

That's not a stretch when you consider advertising is marketing. Regardless of your tactic, marketing is most effective when done rain or shine 365 days a year. Marketing is about building rapport with your target consumers. It's a relationship that takes time to build, but pays off over the long-term in both new and return visits.

I believe a marketing strategy that consistently and effectively connects your business to potential customers can't be overestimated. In my experience, companies that view marketing as an essential part of doing business are much more likely to attract and retain customers no matter what external factors are in play.

PATIENT CARE PROCESSES

Telemedicine Trends

Patient Care Processes are all of the policies, practices and programs that urgent care centers have in place to ensure patient and employee safety and appropriate care management. COVID-19 put all of these areas to the test, requiring significant innovation in infrastructure and workflows.

No single aspect of these changes was more important to pandemic response than the almost overnight industry-wide commitment to implementing and integrating telemedicine.

There are national-level uncertainties and challenges to the continued use of telemedicine in urgent care. Public Health Emergency measures have improved parity and licensing laws but it is unclear if these will become permanent. According to the data, patients hope that they will.

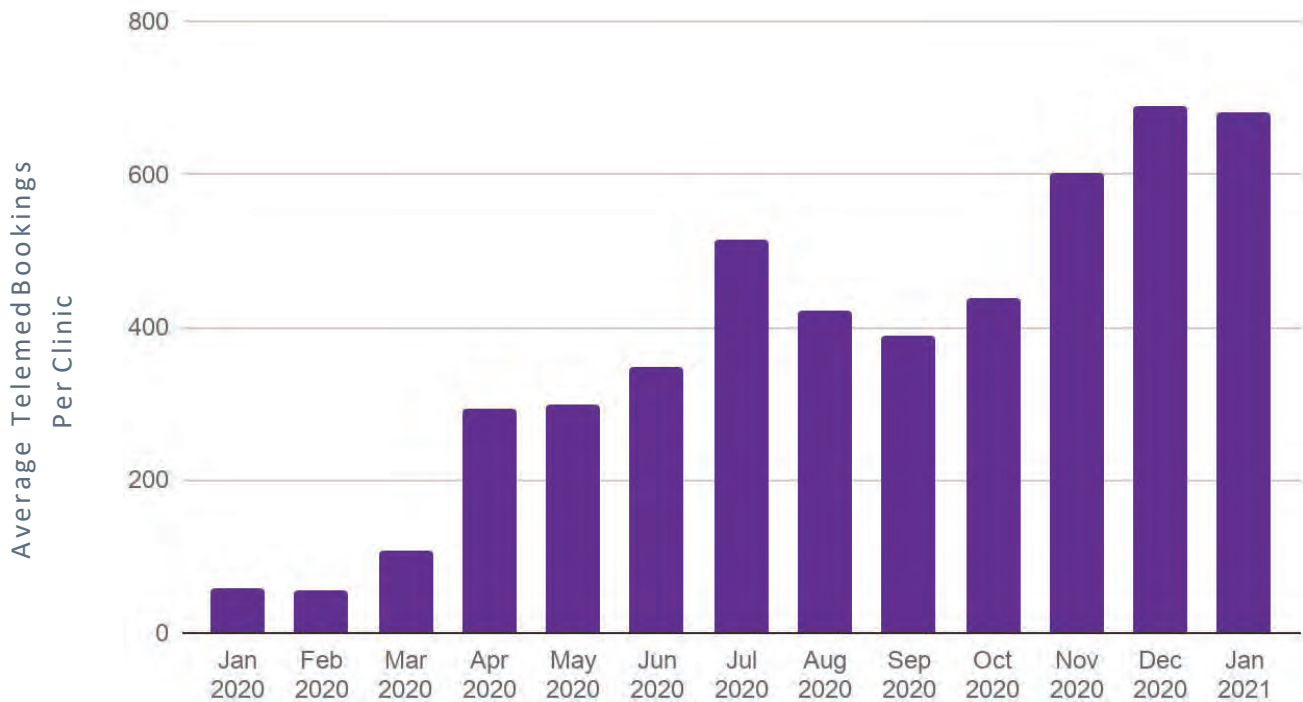
External Contributor to Patient Care Processes: Solv

PATIENT CARE PROCESSES

Telemedicine Trends

If patients have their way, at least based on the last 12 months, telemed is here to stay. Innovative organizations are working on creative ways to truly integrate a digital care experience into their urgent care practices. Opportunities to partner with national telemed platforms may also exist.

While visits have been growing slowly for several years, COVID accelerated the shift due to clinic closures in early spring 2020. As clinics re-opened utilization dipped, but has hit and maintained a new peak since late Fall.



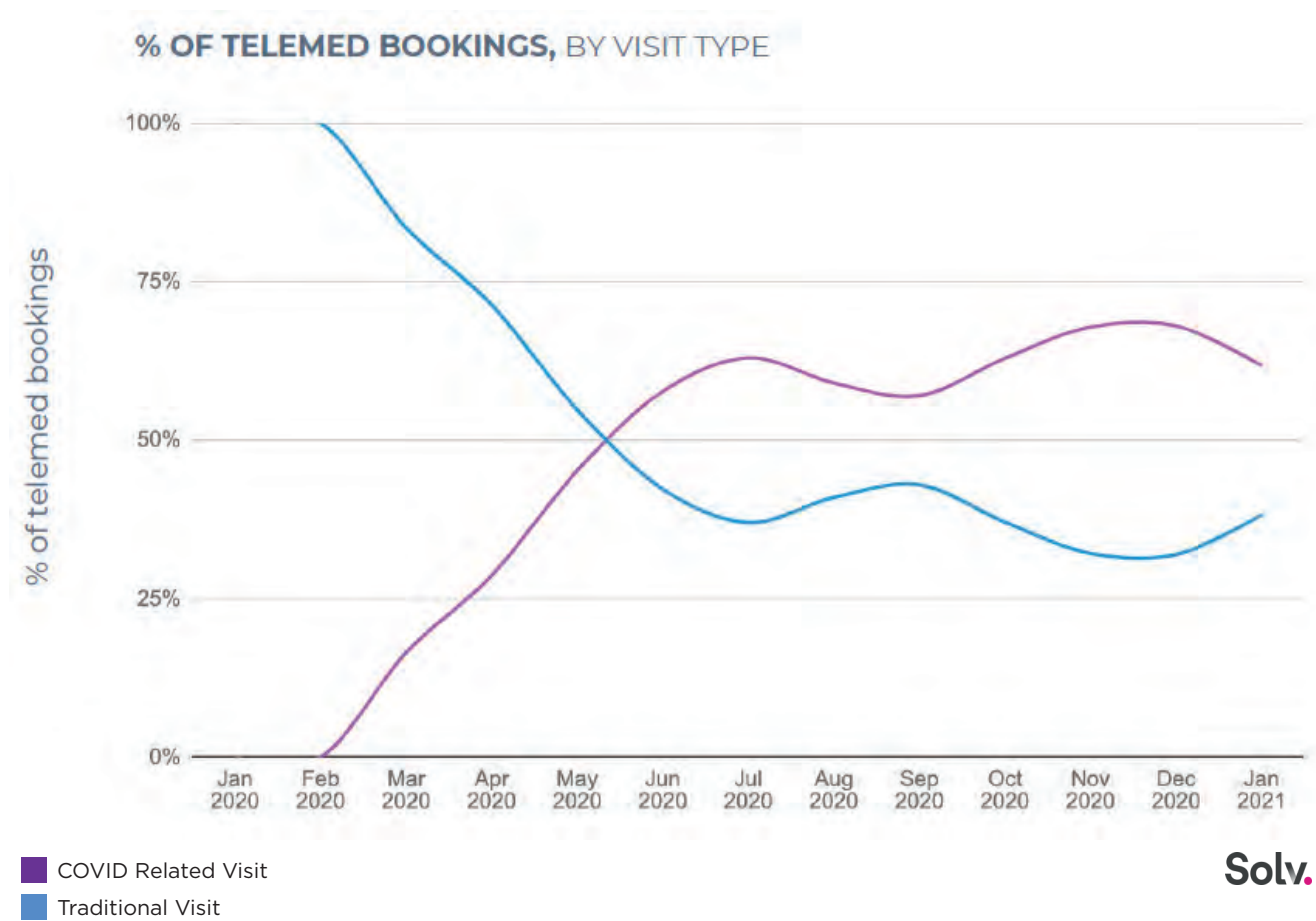
Solv.

PATIENT CARE PROCESSES

Telemedicine Visit Types

The telemedicine data from the previous page has been drilled down even further to show the percentage of traditional urgent care visits in relation to COVID-related visits. In May 2020 the drastic decrease in traditional visits and the ever-increasing volume of COVID-related visits intersected at the 50% of total bookings mark.

While overall COVID-related visits remain the majority of patients seen via telemed, the decline in traditional visit volume has begun to level off indicating that this form of patient care is preferred. These results represent 1.4 million visits; comparable metrics from individual centers will be influenced by factors such center participation in vaccine distribution or mAb infusion services.



HEALTH RECORDS

Diagnosis Code Trends

Electronic health records manage the flow of information through our urgent cares and this system must be accurate, secure, and well maintained. It is the underlying reference for all of our medical data, financial reflecting, and ability to forecast (usually).

The insights you can glean from your own history and external benchmarks can help you prepare for the coming season.

External Contributor to Health Records: Experity

HEALTH RECORDS

Diagnosis Code Trends

What our health records historically tells us about the upcoming Q2 is no surprise – upper respiratory infections typically reign supreme as we move out of flu and into allergies, sinusitis and sore throats. COVID changed all of that, of course.

Top Three Primary Diagnosis Year-Over-Year 2018-2020			
	2018	2019	2020
April	J06.9	J06.9	Z20.828
May	J02.9	J02.9	Z03.818
June	J01.9	J01.9	Z11.59

J06.9	Upper Respiratory Infection
J02.9	Acute Pharyngitis
J01.9	Acute Sinusitis

Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases

HUMAN RESOURCES

Reconsidering wRVUs | Training

One area where data is conspicuously absent "outside of voluntary reporting in past UCA surveys" is in compensation programs — which are also influenced by wide regional variations and the relative youth of urgent care as an industry. Consequently, for this section we're focusing on a relatively underutilized compensation approach - RVUs. In our most recent compensation data, only 21% of urgent care centers were using an RVU-based program.

Our third Member P.O.V., from Dr. Corey Amann, examines the calculations and benefits for us.

We're also focusing on training programs. As we begin to see a more normalized future ahead, reviewing (and perhaps catching up on) compliance with required and recommended annual training should be addressed soon. In this section we'll share compliance training data from 555 urgent care locations.

External Contributor to Human Resources: MedTrainer

HUMAN RESOURCES

wRVUs | Member P.O.V.



COREY AMANN, MD, MBA

Principal CEO, Physician

QwikCare Urgent Care
Columbus, OH

CUCM Physician member since 2019



An RVU (relative value unit) is a way to measure the “cost” it takes see a patient. RVUs were originally developed for CMS and now widely used, but not as often in urgent care. Total RVU consists of: a wRVU (work RVU), PE RVU (practice expense RVU) and Malpractice RVU. RVU’s are also adjusted based on a geographic multiplier to account for location costs and have conversion factor (CF), which is what CMS pays per Total RVU.

Many urgent cares reject using RVUs as overcomplicated for managers, or there is provider resistance. The scenario below illustrates benefits of an RVU-based RVU (relative value system) that might recommend reconsideration by urgent care leaders. The chart and our experiences with an RVU-based system might recommend reconsideration by urgent care leaders.

Take note of the new wRVU values for 2021 in relation to their primary billing code for established patients in this table.

HCPCS Code	Current Minimum Minutes per Visit	Current wRVU for Code	2021 Minutes per Visit	2021 wRVU for Code	Percentage Increase in wRVU Value
99201 ¹	17	0.48	N/A	N/A	N/A
99202	22	0.93	22	0.93	0%
99203	29	1.42	40	1.60	13%
99204	45	2.43	60	2.60	7%
99205	67	3.17	85	3.50	10%
99211	7	0.18	7	0.18	0%
99212	16	0.48	18	0.70	46%
99213	23	0.97	30	1.30	34%
99214	40	1.50	49	1.92	28%
99215	55	2.11	70	2.80	33%
99XXX ²	N/A	N/A	15	0.61	N/A
GPC1X ³	N/A	N/A	11	0.33	N/A

¹ This code to be eliminated in 2021.
² This is an add-on code for every 15 minutes of extended patient office visit time.
³ This code is an add-on code to recognize complexity for qualified chronic patient conditions.

<https://www.physicianleaders.org/news/2021-evaluation-and-management-cpt-codes-understanding-the-impact-on-physician-compensation>

The key to using the wRVU system is to jump between them. For example, billing a 99213 (1.30 wRVU) is almost the equivalent of two 99212’s (0.70 wRVU).

In other words, in an wRVU system if you under-code you are losing a lot of money. If your providers are being reimbursed on this system, and they under-code, they will need to see a lot more patients to generate the same number of wRVU’s to increase their pay.

HUMAN RESOURCES

wRVUs | Member P.O.V.



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BENEFITS OF THE RVU SYSTEM INCLUDE:

Improved **provider retention** due to matching work to pay, improved data to support staff increases (or decreases) based on actual productivity, data-driven ability to shift high volume workers to high volume shifts (and vice versa), and improved compensation transparency (providers who produce more are paid more, no “favoritism”, or under-supported variations in total pay). It also encourages providers to **code more efficiently**. Some employed providers paid on a salary system tend to under-code as it is easier, less risky, and takes less mental energy.

An wRVU system also helps **offset costs** during slow seasons and rewards providers during busy seasons. This can help avoid potential issues of providers avoiding busy locations or busy days of the week. At the very least it encourages providers who like to be busy to take these shifts.

It also allows providers to have the option to slow down and see fewer patients in a slower location, they just get paid less, and this could work for both the provider and management and improve patient satisfaction. In other words, wRVUs self-adjust to different practice types.

An wRVU system provides an overall **sense of “fairness”** which can dramatically reduce provider turnover. We all know that this is very expensive and multifactorial, but a sense of unequal treatment via traditional salary-based pay methods has been known to be a major turnover driver.

There are, however, some potential negatives that must be considered: a production-only system (w/o base salary) could push some providers away due to risk, and if bonuses are too infrequent or too low providers won't be incentivized by them.

HUMAN RESOURCES

Training

Annual compliance training is important for many reasons – UCA requires it for Accreditation as do many insurance, licensure and other regulatory bodies – but what should your program include?

According to data from programs across 550+ urgent cares representing over 9,000 employees taking 222,284 courses, here's what you need:

TOP COURSES IN 2020

- Fire Safety and Fire Extinguisher Types
- Personal Protective Equipment (PPE)
- Health Insurance Portability and Accountability Act
- Hand Hygiene
- HIPAA, Social Media and Texting Compliance
- Disaster Preparedness
- Infection Control and Prevention
- Hazardous Communication and Chemical Safety
- Preventing Needlesticks and Other Sharps Injuries
- Ergonomics & Injury Prevention
- Workplace Violence Prevention and Intervention
- Bloodborne Pathogens (BBP) - General
- Active Shooter Training
- Cultural Competencies for Healthcare Professionals
- General Safety Orientation
- Understanding & Working with Diversity



We are very grateful to the contributors in this inaugural issue of the 2021 UCA Benchmarking Report: 3bExam, DX Marketing, Experity, MedTrainer, National UC Realty and Solv. Each of these companies are long-time UCA supporters, serving thousands of urgent care centers in their mission to provide on-demand, consumer-focused healthcare – all day, every day.

Because these companies serve such a wide swath of the industry, we were able to present a much more robust set of data points than we could have using the previous “survey” model – providing you with better information to help you benchmark your center.

By studying the data within this report, you have the ability to see if your center’s performance identifies a gap, showcases your success or provides insight into possible operational improvements.

We would also like to thank the UCA members who provided their Points of View in some of the sections.

We look forward to partnering with other vendor experts and members for future reports and sharing their expertise with you.

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To provide feedback or future topic recommendations, please [click here](#).

THANK YOU Spring 2021 Contributors



3bExam is an Exam Management Platform for DOT Physicals and Occupational Health Exams connecting providers, employers, drivers and employees.

Recognized as the premier Exam Management Solution by Urgent Care Clinics, Occupational Health Practices of all sizes; 3bExam connects you with a community of experienced exam professionals, medical experts and technology partners. As active member of UCA and an FMCSA Certified TPO we are well connected with industry leaders.

3bExam provides guidance and support to help you provide a higher level of service to your clients. Improve communications, streamline processes, increase efficiency, reduce errors and ensure compliance.

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With over seven years of urgent care experience, DXM is helping providers leverage their patient data to gain greater healthcare consumer insights, actionable intelligence and integrate cost effective marketing solutions that drive validated visit revenue. Learn more about how DXM has helped over 10 operators with more than 450 locations to acquire and keep patients. Let's discuss what proven results-oriented data driven performance marketing can do for your urgent care organization.

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EXPERITY

Experity is a leading provider of integrated technology solutions that power urgent care. A trusted business partner of more than 5,700 on-demand healthcare practices nationwide, Experity's connected solutions include its patient engagement and clinic software (EMR and PM), billing software (RCM), teleradiology, and consulting services. Experity delivers a superior care experience to an average of 64,000 patients each day by driving innovation and efficiency for urgent care, primary care, hybrid clinics, and testing centers. A Warburg Pincus portfolio company, Experity is a fast-paced, high-growth company committed to improving the urgent care experience for everyone.

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MedTrainer is an all-in-one learning, compliance, and credentialing solution for doctors, nurses, and support staff. Over 500 training courses in OSHA, HIPAA, CMS, Infection Prevention, Clinical Skills, HR, and more.

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Founded in 2007, National UC Realty identifies top sites for launching new Urgent Care clinics based on a state-of-the-art Urgent Care Predictive Patient Volume Forecasting algorithm and 100+ years combined experience in commercial Real Estate and the Urgent Care sector.

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Solv is a consumer-driven healthcare technology company focused on transforming the consumer experience around finding and receiving same-day care. We partner with high-quality care providers across the country to make care more convenient. Providers use Solv's patient experience software to deliver a modern and delightful doctor's visit, increasing patient volumes and satisfaction. More than 30 million doctor's appointments and more than 7 million COVID tests have been booked using Solv.

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