AMPLIFY

Urgent Care 2030: The Road Ahead for Leaders Who Want to Thrive

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Financial Disclosures

- None

Why Urgent Care Wins: The Unfair Advantages

Urgent Care is the only care model built for speed, access, AND value — at scale.

Fastest Access to Care

Walk-in model + digital intake = sub-60 min visits. No referrals, no appointments, no barriers. EDs average 2.5 hrs; primary care books 3+ weeks out.

Lowest Cost, Highest Value

60-70% less than ED for the same diagnosis. Transparent pricing and bundled services position UC as the payer-preferred site of care.

Scalable Footprint

Small-format clinics deploy in 90 days. Local density creates network effects that retail and virtual-only models cannot replicate.

Clinical Breadth at Speed

Treat-on-first-visit diagnostics, behavioral health screening, occ med, and telehealth pods — all under one roof, one visit.

The Road Ahead: 5 Operational Moves + 5 Strategic Bets

5 OPERATIONAL MOVES

- Throughput Discipline — Door-to-door < 60 min
- Digital Front Door + AI Staffing — Always-on access
- Diagnostics & Quality — Treat on first visit
- Revenue Integrity & Employer Engine — Predictable, painless
- Next-Gen Clinic Design — Flexible, digital-first

5 STRATEGIC BETS

- Own the Middle — Everyday acute + quick procedures
- Build the Referral Network — UC as the care hub
- Membership as Growth Engine — Recurring, loyal patients
- Choose Partners With Guardrails — JVs on your terms
- Technology & Data Flywheel — Sequence for compound gains

Together, these create a flywheel: operational excellence fuels strategic advantage, which attracts volume back to operations.

Move 1: Throughput Discipline — Door-to-door <60 minutes

Standardize Patient Journey

- Intake → triage → exam → treatment → checkout
- Create non-verbal workflows
- Eliminate rework and unnecessary handoffs

Manage to Takt Time

- Communicate reality, patients “ahead” and not “wait times”
- Optimize patient pacing
- Daily huddles to address bottlenecks

Hardwire Support Processes

- Standardize room turnover
- Specimen logistics
- Discharge scripting

81% of UC visits completed in ≤60 min (UCA Benchmark)

Median ED visit time: 156 minutes (CMS)

UC visit spending up 51% (2018–2022) (Health Care Cost Institute)

The industry benchmark is already 60 minutes or less for 81% of operators — the <60-minute target is a floor, not a ceiling.

Move 2: Digital Front Door + AI-Enabled Staffing

1

AI Triage + Routing

Deploy AI-powered symptom triage that routes patients to the right care setting. Pair with ambient AI documentation to cut provider charting time by 50%.

2

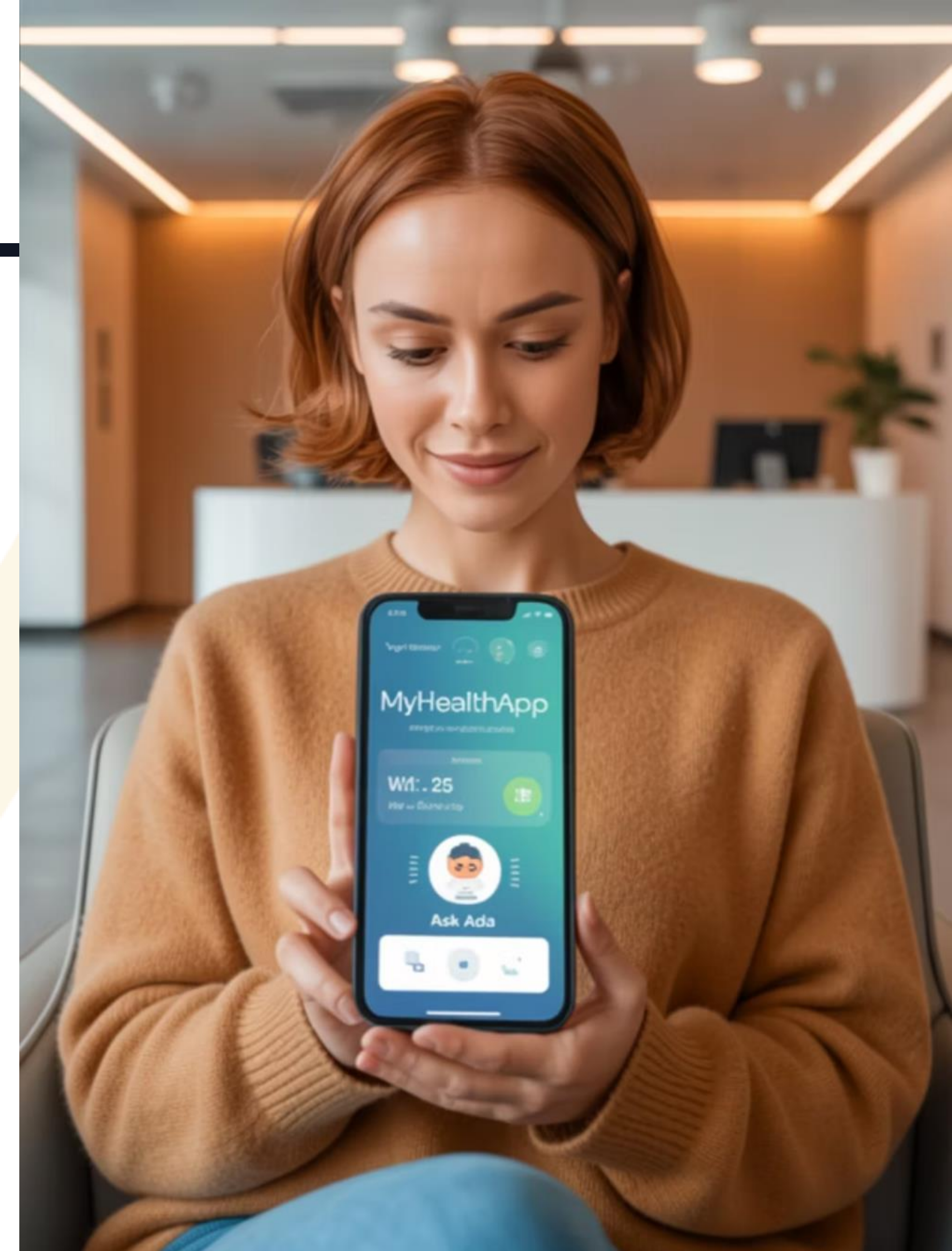
APP-Led Pods With AI Support

Shift to NP/PA-centric coverage with physician tele-supervision. Cross-train CSR/MA/RT roles and build float pools to smooth peak demand.

3

Frictionless Patient Engagement

Real-time scheduling, pre-visit forms, automated reminders, and post-visit follow-up. Technology handles the repetitive work so staff focuses on care.



Move 3: Diagnostics & Quality — Treat on first visit, every visit

Expand Point-of-Care Testing

Deploy NAATs and handheld ultrasound where ROI-positive. Standardize supply chain and turnaround expectations to eliminate repeat visits.

Evidence-Based Protocols

Protocolize high-volume conditions (URI/UTI/dermatology/MSK) with integrated order sets. Implement antibiotic stewardship with visual aids and provider scripting.

Performance Measurement

Track guideline adherence with provider-level variance audits. 34% of UC visits result in antibiotic prescriptions — stewardship is a quality and brand imperative.

Move 4: Revenue Integrity & Employer Engine

Price Transparency + Employer SLAs

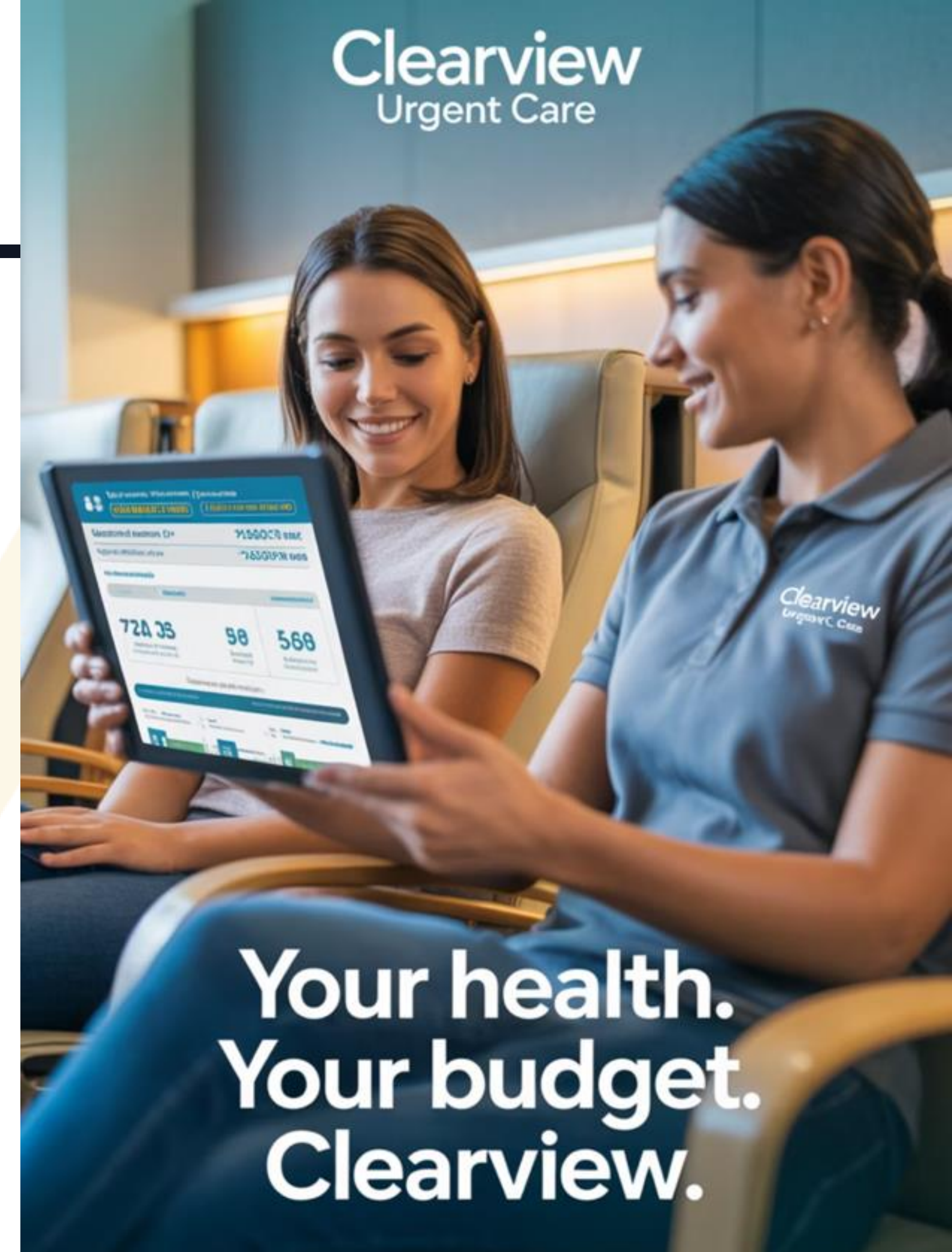
73% of providers say cost uncertainty delays care
Publish price ranges, provide upfront estimates, and bundle physicals, injury care, and drug testing into employer packages with guaranteed SLAs.

Financial Clearance + B2B Reporting

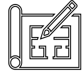
OccMed converts employer visits into loyal UC patients
Verify eligibility at point of care, offer simple payment plans, and deliver employer account-level reporting on turnaround, RTW metrics, and satisfaction.

Convert Volume to Loyalty

Revenue cycle is the #2 UC challenge post-COVID
Convert OccMed visits into loyal UC patients. Implement dedicated account management and explore onsite/near-site programs to deepen competitive moats.



Move 5: Next-Gen Clinic Design — Flexible, digital-first, whole-person



Compact, Modular Clinics

2,200-3,000 sq ft with 2-4 exam rooms, procedure room, and virtual care pod. Digital check-in replaces the waiting room. Target second-gen retail spaces to deploy in 90 days.

TeleMed Pod Integration

Deploy dedicated teleMed pods in high-volume clinics to offload routine visits. Virtual providers guide patients through self-service vitals and exams — seamless handoff to in-person if needed.

The next-gen clinic
is physical + virtual + behavioral

Behavioral Health Ready

Universal behavioral health screening with 988 integration. Warm handoffs to CCBHC/CMHC partners with rapid virtual follow-up. Stock non-controlled adjunct medications to bridge to specialty care.

SHIFTING GEARS

From Running Clinics to Building a Platform
Operational excellence is the foundation.
Now: 5 strategic bets that define where urgent care goes next.

Bet 1: Own the Middle — everyday acute + quick procedures with local density

Strategic Clustering

Build dense networks within 10–15-minute drive times to win payer and employer steerage

Operational Advantages

Local scale lowers acquisition costs, improves staffing flexibility, and strengthens contracting leverage.

Disciplined Growth

Prioritize infill over sprawl to deepen share in existing markets.

Density creates efficiency, brand strength, and market power that standalone sites cannot match.

Bet 2: Build the Referral Network — UC as the care hub

Position UC as the hub that connects EDs, primary care, and virtual/retail platforms into one referral ecosystem.

Joint UC-ED Models

Right-site triage integration with EDs reduces overcrowding and captures volume that currently defaults to the wrong care setting.

Primary Care Loop

Auto-share visit summaries via HIE within 24 hours. Pre-book follow-ups before discharge. UC becomes a valued partner, not a competitor.

Retail/Virtual Feeders

Build API-level intake from DTC/virtual platforms for labs, imaging, and procedures they cannot deliver. Reduce acquisition costs via partner funnels.

Bet 3: Membership as a Growth Engine — Recurring, loyal patients

Targeted Offerings

Develop limited-scope membership programs combining virtual access with discounted urgent care visits for select urban and cash-paying patient segments.

Financial Discipline

Implement tight utilization management and churn control mechanisms, avoiding models that replace currently reimbursed visits with lower-revenue alternatives.

Iterative Approach

Take a test-and-learn approach to membership models, scaling only when clear cohort economics demonstrate sustainable profitability.

Bet 4: Choose Partners With Guardrails — JVs on your terms

Health Systems vs. Private Equity

Health systems offer volume guarantees and shared infrastructure. PE offers capital and operational expertise. Both require strict governance to protect your interests.

Non-Negotiable Guardrails

Patient routing rules, marketing contributions, transparent economics, and well-defined exit mechanisms in every agreement. No exceptions.

Decision Framework

Ask: Does this partner add demand, data, or capital? If not, walk away. Well-structured partnerships accelerate growth; poorly structured ones erode value.

Choose partners that compound your advantages, not dilute them.

Bet 5: Technology & Data Flywheel — Sequence for compound gains

AI Documentation + Triage

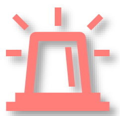
Start with ambient AI for charting (immediate ROI), then extend to AI-assisted triage where safety is validated. Ensure TEFCA readiness for seamless HIE.

Unified Operations Dashboard

Single dashboard tracking access (next slot), flow (door-to-door), quality (return visits), and economics (margin per RVU). Weekly management rhythm with structured stand-ups.

Knowledge Management

Root cause analysis library with documented countermeasures. Performance excellence requires leading indicators, not retrospective analysis.



Sequence technology adoption to compound throughput gains. Each layer builds on the last.

Where Urgent Care Is Winning — And Why the Future Is Ours

Urgent Care is not defending a position — it is claiming the center of American healthcare.

145M+ annual visits — the largest ambulatory care category outside primary care

60-70% lower cost than ED for the same diagnosis — payers are taking notice

<60 min door-to-door when disciplined — no other model matches this speed at scale

90 days to deploy a new clinic — retail and virtual cannot replicate physical density this fast

$400B+ addressable market by 2030 as site-neutral payment and consumer preference shift to UC

If You Do Three Things by 2030, Do These

Everything else in this presentation supports these three choices. These are the ones that compound.

Master the 60-Minute Visit

- Speed is your brand
- Standardize the patient journey
- Staff for flow and digital check-in

Own Your Market Before You Expand

- Density beats sprawl
- Dominate your 10–15 minute drive time
- Lock in employer and payer relationships

Diversify Revenue Before You Need To

- Build B2B, membership, and virtual now
- Do it while fee-for-service is still strong
- Don't wait for payer pressure to force change

Urgent Care is the fastest, most accessible, most cost-effective care setting in America. Leaders who act with clarity and discipline over the next 36 months will own the market by 2030.

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