The Modern Urgent Care Operating System

Five Core Components

UCP MERCHANT MEDICINE
Urgent Care Reimagined

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Financial Disclosures & Citations

FINANCIAL DISCLOSURES

Brandon Robertson is Founder & President and Leah Broussard is Chief Strategy Officer of UCP Merchant Medicine and Intellivisit Solutions. Both have financial interests in the companies discussed.

PATIENT PRIVACY

All patient data is aggregated and de-identified. No PHI is disclosed. Performance metrics represent actual program outcomes from UCP partner health systems.

SOURCES

UCA Benchmarking Reports (2019, 2023), Medicare Fee Schedules, U.S. Census Bureau, NIH, NCSBN, CMS.gov, UCPMM proprietary research.

Agenda

01 **Industry & Operational Context**
Financial reality, health system expansion, consumer expectations

02 **The Modern Urgent Care Operating System**
Definition, 15 features, 5 core elements — strategies, tactics, quantified impact

03 **Economic Impact & ROI**
Theory of Constraints, Queuing Theory, break-even dynamics

04 **Scaling Across Geographies**
Standardized vs. flexible

SECTION 1

Industry Financial Performance

-$1.37

Industry average margin per visit
–0.96% EBITDA (2026)

$142.19	Avg revenue per visit
–26%	Visit volume decline since 2019 (41.2→30.5 ppd)
+0.60%	Annual reimbursement growth 2019-26, declines 4 of 7 years
+3.81%	Expense growth per year (2024–2026)
+42.70%	Operating expenses outpacing inflation (2024-2026)
40.40%	Population on Medicare/Medicaid (2026)

Sources: UCPMM analysis and modeling based on UCA Benchmarking Reports (2019, 2023), Medicare Fee Schedules, U.S. Census Bureau, NIH, CMS.gov, and UCPMM proprietary research.

SECTION 1

Health System Expansion & Patient Lifetime Value

15,409

UC centers nationally — 1 per 22,227 population

Source: UCA, (14,418 in 2025 now 15,409 in 2026)

5.97%

Projected annual growth rate 2024–2034

Health system ownership accelerating; Source: Projection based on historical UCA counts

57%

New or reactivated health system relationships

UC = #1 patient acquisition channel; Source: UCPMM proprietary data

20–90%

Reimbursement increase for ecosystem-connected UC

Global payments + monetized referrals; Source: UCPMM analysis of payor in-network rate MRFs (Transparency in Coverage Rule), 2025

TARGET: 25–44 yr olds

Last affordable cohort before 36.8% cost increase (45–64) and 32.1% additional (65–84). Capturing them = owning the relationship before costs escalate.

Who We Design For

KATIE — The Modern & Mindful Mom

33 · Commercially insured · Has children

Values: quality, connection, speed

Chooses: Target, Whole Foods, Starbucks, Apple, Delta for trust and simplicity

Priorities: Social connection, high value, delightful experiences, digital-first convenience.

We design for Katie. When urgent care designs for the most discerning customer, everyone benefits.

BRIAN — The Time-Pressed Professional

38 · Commercially insured · Active lifestyle

Values: speed, transparency, zero friction

Chooses: Amazon, Uber, Apple for convenience and efficiency

Priorities: Speed, price transparency, minimal disruption, digital-first, one-visit resolution.

Brian won't return to urgent care if D2D exceeds 45 minutes. His Google review will reflect it.

Where Operators Can Win & What Is Broken

Throughput Optimization

34 min D2D vs industry 58. AI-guided intake cuts history 56%. Standardized discharge eliminates 8–15 min bottleneck.

Payer Mix & Revenue

Ecosystem UC earns 20–90% above avg. Global billing $185–$250 all-inclusive. 88% SOP rate drives accurate E/M coding.

Digital Front Door

Online scheduling + real-time wait + pre-registration. 57% of visits = new/reactivated relationships. Organic growth via reviews.

Clinical AI Standardization

Intellivisit: 87% AUC diagnostic models, 96.38% specificity. 40% documentation reduction. White-box explainable AI.

Long D2D Times

Industry avg 58 min. Health system avg 68 min. Threshold: 40 min. Every minute over = NPS decline.

Staffing Inefficiency

3 FTEs/lane vs 2. 275K+ nurses needed by 2030. No cross-training. Turnover = #1 variance driver.

Inconsistent Quality

46% develop own measures. 16.5% don't measure at all. No benchmarks since 2019. Knowledge doubles every 73 days.

Poor Experience

Legacy sites: 3.65 Google, mid-60s NPS. No digital front door. No pre-reg. Discharge bottlenecks.

Weak Unit Economics

–0.06% margin. $132 revenue barely covers $132 expense. Breakeven: 43 visits/day. Volume down 26%.

Sources: UCPMM analysis and modeling based on UCA Benchmarking Reports (2019, 2023), Medicare Fee Schedules, U.S. Census Bureau, NIH, CMS.gov, and UCPMM proprietary research.

INTEGRIS AllSet Urgent Care

STRATEGY

Transform 3 legacy sites (65 min D2D, 3.65 Google) into a modern, high-performance platform using the full Operating System.

DEPLOYMENT

- ✓ Rebranded as AllSet — new identity aligned to modern model
- ✓ Redesigned spaces for flow-optimized throughput
- ✓ Intellivisit Concierge deployed for AI-guided intake
- ✓ Cross-trained staffing: 2 FTEs per lane
- ✓ Full SOP framework with weekly/monthly/quarterly reviews
- ✓ Digital front door: scheduling, pre-reg, 100% NPS capture

INTEGRIS AllSet — Outcomes

LEGACY

65 min D2D

3.65 Google

ALLSET MODERN UC

30 min D2D

4.41 Google

–54% cycle time | +21% Google | 68% PCP relationship rate

CROSS-CLIENT VALIDATION

Client	D2D	Google	Legacy	PCP
INTEGRIS AllSet	30 min	4.41	3 converted	68%
Texas Health Breeze	34 min	4.75	0 (new)	16%
Cottage UC	35 min	4.53	0 (new)	16%
OSF Urgo	29 min	4.80	12 converted	—
MultiCare Indigo	35 min	4.81	9 converted	—

300+ sites. Consistent results. The operating system works across markets, geographies, and legacy conversions.

Why It Worked — Tied to the Operating System

Branded Experience

New AllSet identity. Digital scheduling. Pre-reg. NPS capture. Post-visit follow-up. Review management.

Care Environment

3 sites redesigned for flow. Retail-adjacent. In-house labs/imaging. <3,000 sf footprint.

Team Composition

Cross-trained staff. 2 FTEs/lane. AI-guided intake. Provider focused on decisions only.

Supportive Systems

Intellivisit deployed. Real-time dashboards. Automated documentation. EMR standardized.

Optimized Capabilities

Full onboarding. 90-day preceptor program. Monthly refreshers. Quarterly KPI reviews.

The Modern Urgent Care Operating System

Not a set of tools. An integrated system.

A connected framework of five components — environment, team design, education, technology, and experience — that turns small improvements into outsized results.

5 Components · 15 Features · One System · $96.87 Margin Improvement Per Visit

94	34	47%	300+
NPS	min D2D	Margin	Sites

The 15 Features of Modern Urgent Care

01 **Convenient, Consistent Hours**
Open daily, 12+ hrs

02 **Convenient, Comfortable Access**
Retail, <3,000 sf

03 **Safe, AI-Augmented Care**
Real-time AI support

04 **Minimal Visit Length**
<35 min, no wait

05 **Clear Scope of Service**
100% APPs, narrowed

06 **One Place to Resolve**
Labs, imaging, meds

07 **Efficient Resources**
Cross-trained, lean

08 **Transparent Pricing**
$185–$250 flat fee

09 **Orchestrated Experience**
SOPs, follow-up calls

10 **Health System Integration**
EMR, referrals

11 **Virtual Care Integration**
In-person + virtual

12 **Acquisition & Retention**
57% new/reactivated

13 **Preventive & Detection**
Chronic disease ID

14 **Value-Centric Delivery**
ACO-aligned metrics

15 **Total Cost Optimization**
Reduce ED/tests

SECTION 2

The Modern Urgent Care Operating System

01 BRANDED EXPERIENCE

Pre-Visit · In-Visit · Post-Visit

Every touchpoint designed, not improvised. Same experience at every site, every shift.

02 CARE ENVIRONMENT

Location · Layout · Formulary

The physical infrastructure that makes high throughput and excellent experience possible.

03 TEAM COMPOSITION

Roles · Ratios · Rates

The constraint is rarely judgment. The constraint is throughput.

04 SUPPORTIVE SYSTEMS

Hardware · Software · Process

The infrastructure that makes consistency possible at scale.

05 OPTIMIZED CAPABILITIES

Foundation · Hands-On · On-Going

The education architecture that sustains performance permanently.

01 BRANDED EXPERIENCE

Pre-Visit · In-Visit · Post-Visit

Every touchpoint designed, not improvised. Same experience at every site, every shift.

Digital Front Door	Online scheduling, real-time wait times, pre-registration, insurance verification before arrival.
AI-Guided Intake	Intellivisit Concierge: 6–8 min physician-quality history vs 12–18 min manual. Full context for provider.
Provider Communication	Standardized protocol. No redundant questions. Patient feels heard, not processed.
Digital Discharge	Automated lab follow-up. NPS capture at 100%. Review management. Reactivation campaigns.
Brand Consistency	SOPs for greeting, rooming, treatment, discharge. Patient gets the program, not a style.

QUANTIFIED IMPACT

94 NPS | 57% new/reactivated | 34 min D2D | 40% less documentation | –24 min vs legacy (σ: –21%)

FEATURES: 01 · 02 · 04 · 08 · 09

Location · Layout · Formulary

The physical infrastructure that makes high throughput and excellent experience possible.

Site Selection Science	Trade area analysis, demographic scoring, competitive mapping. Retail corridors, not MOBs.
Network Density Model	Most systems undershoot by 30–40%. Spacing prevents cannibalization, maximizes coverage.
Flow-Optimized Layout	Room assignment logic. Exam rooms within 15 steps of provider. <3,000 sf. Private registration.
Standardized Formulary	Consistent meds/supplies across all sites. In-house labs + imaging. Every send-out = time lost.
Cost Architecture	Negotiated pricing, par-level inventory, utilization tracking. Smaller footprint + cross-trained staff.

QUANTIFIED IMPACT

30–40% density gap | 15 steps max to provider | 9,000 visits to breakeven | 15,000 annual target

FEATURES: 02 · 06 · 07 · 10

03 TEAM COMPOSITION

Roles · Ratios · Rates

The constraint is rarely judgment. The constraint is throughput.

Role Clarity	100% APPs. MAs do AI-guided intake at physician quality. No duplication. 2 FTEs/lane vs 3.
Demand-Based Staffing	Provider:MA 1:2–1:3. Front desk keyed to arrival patterns. Predictive models for surges.
Cross-Training Model	MAs/LVNs/Rad Techs cross-trained as registration. Flex labor adapts without adding headcount.
Performance Compensation	Incentives tied to NPS, cycle time, coding accuracy. Rewards throughput, not volume.
Retention Strategy	Turnover = #1 variance driver. Consistent team = consistent experience. Retention is ops strategy.

QUANTIFIED IMPACT

22.5→10 min clinician time | 32→72 pts/shift | 1 UCP > 2 conventional | $189K/yr front desk savings

FEATURES: 03 · 04 · 05 · 07 · 15

04 SUPPORTIVE SYSTEMS

Hardware · Software · Process

The infrastructure that makes consistency possible at scale.

EMR for Urgent Care

Standardized templates for top 20 complaints. UC-optimized, not inpatient-retrofitted.

Intellivisit Concierge

EMR-integrated clinical AI. White-box explainable. 6 principles: Explainability, Controllability, Adaptability, Maintainability, Precision, Workflow-Optimized.

Intellivisit Insights

Real-time dashboards: cycle time, NPS, E/M coding, staffing, financials. Network-benchmarked.

Patient Communication

Automated: scheduling, pre-reg, wait updates, digital discharge, lab follow-up, reviews.

CI Cadence

Weekly site huddles. Monthly program reviews. Quarterly strategic. Variance detection catches drift.

QUANTIFIED IMPACT

40% less documentation | 96.38% specificity | 88% SOP vs 4% industry | 24/7 dashboards

FEATURES: 03 · 06 · 10 · 11 · 14

05 OPTIMIZED CAPABILITIES

Foundation · Hands-On · On-Going

The education architecture that sustains performance permanently.

Foundation (Pre-Day 1)	Role-specific curriculum. EMR + AI certification. SOP review. Pass/fail competency.
Hands-On (90 Days)	Preceptor shifts. Real-time AI coaching. Weekly 1:1 reviews. Progressive autonomy.
On-Going (Permanent)	Monthly refreshers. Quarterly KPI reviews. Annual re-cert. Leadership pipeline.
AI as Clinical Coach	Like Gawande's coach: not about being bad, about being improvable. Real-time feedback.
The Symposium	Cross-network learning. Five pillars: Strategic, Consumerism, Clinical, Operational, Financial.

QUANTIFIED IMPACT

88% SOP sustained | 94 NPS maintained over time | –8.9 min improvement held | σ: –21%

FEATURES: 03 · 09 · 12 · 13

SECTION 3

Workflow Architecture — Step by Step

Greet → Register → Payment → Vitals → Intellivisit → Orders → Room → Treat → Discharge

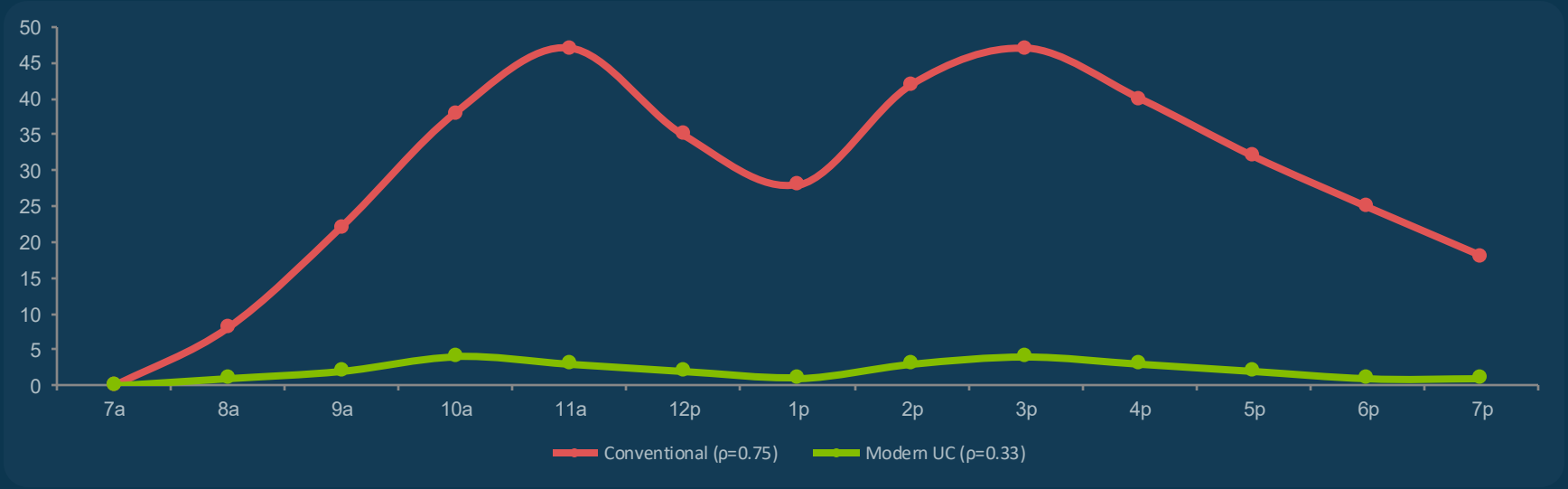
Step	Conventional	Modern UC	Δ
Registration	10 min	5 min (pre-reg)	–50%
Rooming + Vitals	10 min	5 min	–50%
Clinical History	12–18 min (MA)	6–8 min (AI)	–56%
Provider Eval	10 min	10 min (full context)	0%
Documentation	6–10 min	Auto in-room	–40%
Discharge	8–15 min	5 min (digital)	–60%
TOTAL	**58–61 min**	**32–34 min**	**~28 min saved**

28 min saved × 40 visits/day = 18.7 hours recovered daily

This translates to the reduction ≥ 1 FTE per shift

Source: UCPMM estimates "Conventional" based on UCA Benchmarking Report (2019) industry door-to-door time average and applying UCPMM operational experience for visit segments

Operational Stability — Cumulative Wait (Queuing Theory)



ρ = 0.75 — Peak: 47 min. Unstable under surge.

ρ = 0.33 — Avg wait <4 min. Handles 2× surge.

Source: UCPMM estimates "Conventional" based on UCA Benchmarking Report (2019) industry averages and applying UCPMM operational experience

Theory of Constraints + Queuing Theory

CLINICIAN TIME

22.5 min conv. → **10** min UCP

–55%

SHIFT CAPACITY

32 pts conv. → **72** pts UCP

+125%

1 UCP vs 2 CONV

64 2 clinicians → **72** 1 clinician

1 UCP > 2 Conv

Conventional: ρ = 0.75 per clinician
Marginal stability. Collapses at ρ ≥ 1.0.

UCP Model: ρ = 0.33 per clinician
Robust stability. Handles 2× surge.

The system is antifragile — it doesn't just improve average performance, it changes the fundamental response to demand variation.

Source: UCPMM estimates "Conventional" based on UCA Benchmarking Report (2019) industry averages and applying UCPMM operational experience

Break-Even & Financial Math

CONVENTIONAL

43 visits/day breakeven

58–61 min · 4% SOP · 3 FTEs

UCP MODEL

15.7 visits/day breakeven

32–34 min · 88% SOP · 2 FTEs

ANNUAL SAVINGS PER SITE

Category	Calculation	Impact
Front Desk Elimination	$18/hr × 12hr × 365 × 2.4 shifts	$189K/yr
Documentation (APP $75/hr)	7.5 min/encounter × 40 visits/day	$137K/yr
Documentation (MD $150/hr)	Same calculation at MD rates	$274K/yr
Coding Accuracy (88% SOP)	Consistent E/M + lab utilization	Revenue protected
Patient Acquisition (57%)	94 NPS + 34 min → organic growth	Compounding

MARGIN PROGRESSION

Industry $0 (0%) → Modern +$39 (27%) → AI-Enhanced +$57 (36%) → Ecosystem +$97 (47%)

Source: UCPMM estimates “Conventional” based on UCA Benchmarking Report (2019) industry averages and applying UCPMM operational experience

Scaling: Standardized vs. Flexible

STANDARDIZED

- ✓ Intake workflow & AI protocols
- ✓ Discharge process & follow-up
- ✓ Provider communication standards
- ✓ NPS capture & review management
- ✓ Training curriculum & SOPs
- ✓ Performance dashboards & KPIs
- ✓ E/M coding & audit process
- ✓ CI review cadence

FLEXIBLE

- · Site location within parameters
- · Local payer mix & pricing
- · Staffing schedules by demand
- · Community marketing & outreach
- · EMR instance & integration
- · Hours based on market analysis
- · Formulary for regional needs
- · Brand sub-identity within system

Modern Urgent Care.

Defined. Delivered. Powered by AI.

Modern urgent care is a system, not a clinic.

Execution drives economics.

Scalable when designed correctly.

UCP Merchant Medicine · Intellivisit Solutions

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