AMPLIFY

Partnering with Health Systems Without Losing Independence

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URGENT CARE ASSOCIATION®

COLLEGE OF URGENT CARE MEDICINE

AMPLIFY

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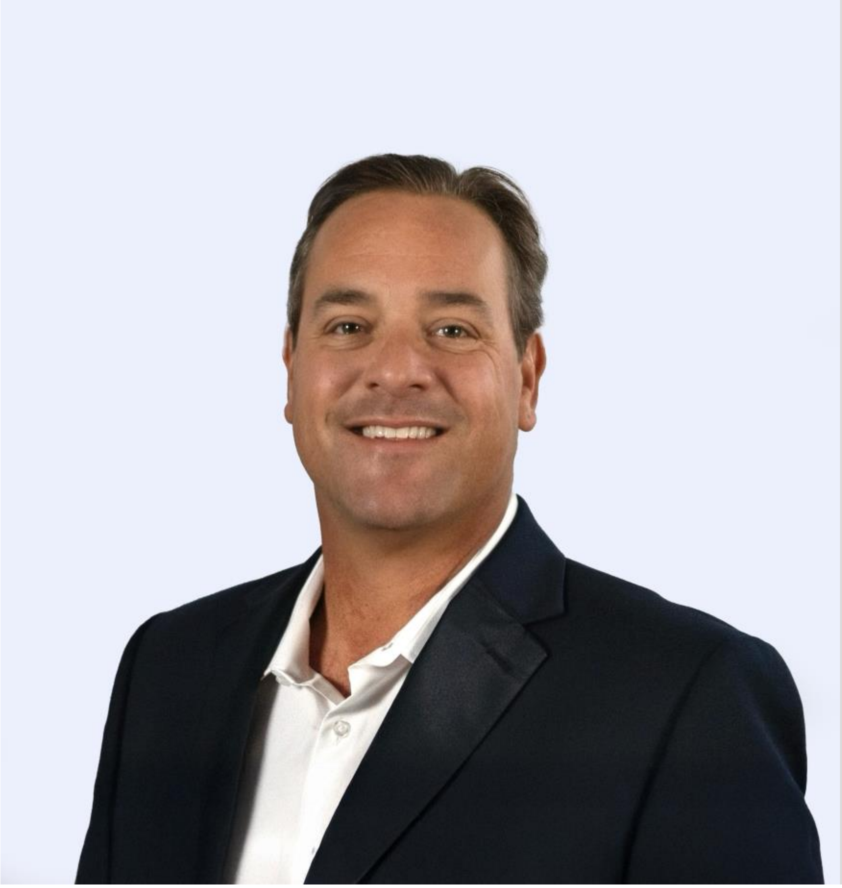

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Chief Executive Officer

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Financial Disclosures

- None

Executive Summary

*An independent urgent care operator partners with a regional hospital to expand access and care continuity — without giving up ownership. U.S. urgent care: **$34B → $55B by 2030** (8.6% CAGR).*
(ResearchAndMarkets.com, 2025)

Independent Ownership

Full operational control retained. Hospital branding access with no equity transfer.

Unified Brand Identity

Hospital brand recognition builds patient trust and community presence.

Care Compact Framework

Bi-directional clinical coordination and seamless continuity of care across settings.

Strategic Alignment

Strengthens care access and referral integrity. **40% of UC centers** now have hospital affiliation (56% among top 100).
(JUCM, 2025)

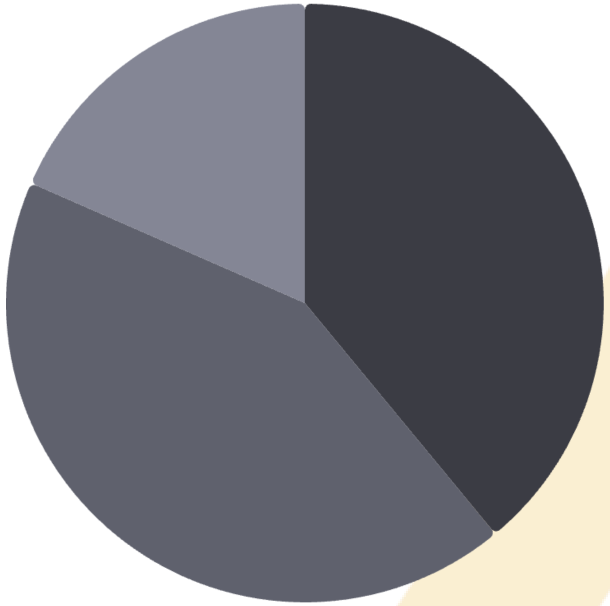
MARKET SNAPSHOT

The Evolving Urgent Care Landscape

14,442 centers as of April 2025 (JUCM / National Urgent Care Realty, 2025)

$34.3B → $55.1B by 2030 (8.6% CAGR)
(ResearchAndMarkets.com, 2025)

Significant consolidation underway — ownership breakdown is key to strategic positioning.



Health System / Hospital-Affiliated·39.01%

Large Urgent Care Companies (Corp/PE-backed)·42.55%

Independent (Single/Small Operators)·18.44%

The market is increasingly dominated by health system-integrated networks and large corporate/private equity-backed platforms, which together account for approximately **80%** of all centers.

18% of all urgent care centers are backed by private equity investment — up from **17%** in 2024 (JUCM, 2025) — and **40%** have some form of hospital affiliation (JUCM, 2025).

Among the top 100 urgent care operators, **56%** participate in a hospital affiliation, compared with **40%** of all centers (JUCM Top 100, 2025).

Independent urgent care operators now represent a minority share, highlighting the growing pressure on standalone practices to seek strategic alliances for sustainable growth and competitive advantage.

The Owner's Strategic Decision

What Does the Owner Want?

Sell Outright

– Immediate liquidity

– Clean exit from operations

– Full transfer of risk

– Best for retirement or capital event

Goal: Exit the business

Health System Partnership

– Retain full ownership

– Build long-term enterprise value

– Access health system resources

– Grow with strategic support

Goal: Grow with strategic support

Structured via a Care Compact

Clinical Affiliation Agreement defining governance, obligations & care coordination

Partnership Objectives – Become the FRONT DOOR to the Health System

Transforming healthcare delivery through an integrated, patient-centered system.

Expand Access & Build Loyalty

New service lines to widen access and build patient loyalty.

Enhance Patient Accessibility

Convenient, seamless care continuity across settings.

Strengthen Specialty Alignment

Robust referral pathways for connected specialty care.

Elevate Patient Experience

Coordinated care delivery elevating satisfaction at every touchpoint.

Optimize ED Utilization

Route appropriate cases to ED, reducing inappropriate utilization.

Partnership Structure

Independence + alignment in one sustainable model

Ownership

Operator retains full authority, control, and day-to-day autonomy

Branding

Urgent care brand aligned to hospital identity for community trust

Governance

Care Compact + joint oversight committee for compliance and alignment

Strategic Value to Both Partners

Both organizations leverage unique strengths to deliver enhanced patient value.

Regional Hospital Benefits

- Extend service and reach without significant capital investment
- Boost market credibility and community presence
- Increase volume of insured patients
- Support providers with extended hours and patient overflow management
- Strengthen and expand referral networks

Urgent Care Operator Benefits

- Access enhanced marketing support, brand recognition, and operational resources
- Provide essential overflow and extended after-hours access
- Drive higher patient volumes through coordinated care initiatives
- Deliver improved, comprehensive care through defined care continuum pathways
- Route complex cases to the hospital ED

Service Line Framework

Building Deliberate, Bidirectional Network Integrity

Clear protocols, systematic follow-up, and shared objectives for consistent care across all touchpoints.

Protocol Development

Standardized pathways ensuring evidence-based patient transitions.

Systematic Follow-Up

Proactive tracking that closes gaps between visits and downstream needs.

Shared Objectives

Aligned metrics and quality standards for unified accountability.

Quality Compliance

Joint oversight maintaining the highest standards of care integrity.

Reciprocal Commitments from the Hospital Partner

What the hospital brings to the table — resources that strengthen the operator's capacity and market position.

Extended Access Support

Overflow capacity and after-hours access for timely care regardless of volume or time.

Occupational Health Partnership

Operator designated as primary occupational health partner — dedicated revenue stream with employer wellness resources.

Joint Marketing Initiatives

Coordinated campaigns amplifying brand visibility and patient engagement.

Operational Integration Framework

Coordinating clinical operations, technology, and communication with built-in performance metrics.

Clinical Integration

Shared care models and standardized referral procedures across all settings.

Technology Systems

Secure EHR integration enabling real-time data sharing and clinical decisions.

Communication Protocols

Streamlined scheduling, consistent scripting, and defined care transitions.

Key Performance Metrics

Network Integrity

Referral completion rates and care coordination effectiveness.

Patient Engagement

NPS tracking patient loyalty and satisfaction across the system.

Marketing & Financial Overview

Brand visibility, partnership value tracking, and transparent performance accountability.

Brand Visibility

Hospital-branded signage, digital campaigns, and coordinated social media presence.

Resource Collaboration

Shared creative, media buying, and community engagement — amplified reach at lower cost.

Value Tracking

Referral value, patient attribution, and ROI analysis for both partners.

Performance Reviews

Quarterly reviews with key metrics, trends, and strategic adjustments.

Implementation Timeline

Phased execution minimizing risk with built-in course correction.

1 Q1 — Foundation Phase

- Develop and execute the Care Compact agreement
- Detailed financial forecasting and pro forma modeling
- Establish joint governance structure
- Initiate facility construction and site preparation

2 Q2 — Integration Phase

- Implement care coordination protocols and systems
- Launch coordinated marketing campaigns
- Complete brand identity and collateral development
- Begin staff training and onboarding

3 Q3 — Launch Phase

- Official clinic opening and community celebration event
- Activate performance monitoring and optimization protocols
- Begin quarterly partnership reviews
- Scale occupational health and specialty referral programs

Expected Outcomes

Benefits across the care continuum for patients, providers, employers, and the community.

Expanded Access

Extended hours, convenient locations, reduced wait times. UC access decreases low-acuity ED visits (Llovera et al., AJEM, 2019).

Enhanced Alignment

Seamless care for more covered lives. Hospital-integrated clinics show sustained ED visit decline (Fuhrmann et al., AJEM, 2021).

Employer Partnerships

Occupational health, workers' comp, and workplace wellness driving employer relationships.

Unified Branding

Consolidated branding building recognition, trust, and long-term patient loyalty.

ED Care Routing

Collocated UC absorbs 21.4% of low-acuity ED encounters (Li et al., Northwestern/SSRN, 2023). Improves safety and efficiency.

Risks – Anticipated and Designed Out

The three questions every health system asks — confidently answered

Are we exposed legally?

- No per-referral or volume-based economics
- Fair Market Value benchmarking with legal review
- Care Compact structured for Stark & AKS compliance

Will either brand be diluted?

- Dual-brand strategy with defined brand guardrails
- Clear usage, messaging, and identity standards

Who controls operations?

- Operator retains full day-to-day decision-making
- Joint committee limited to quality, compliance, and alignment

Next Steps

Four critical workstreams: legal, clinical, operational, and marketing.

1

Execute Care Compact

Execute Care Compact agreement defining responsibilities, expectations, and governance.

2

Establish Governance

Form joint oversight committee for branding, quality, and care coordination.

3

Draft Service Protocols

Build referral pathways, care transition protocols, and quality metrics.

4

Build Marketing Strategy

Create brand guidelines and coordinated marketing plan for maximum launch impact.

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