

Please Show Me That I'm Wrong

■ Lou Ellen Horwitz, MA

I like to think that I usually have a pretty good read on Urgent Care, but I am currently mystified by something and need your help.

For as long as I can remember, everyone in Urgent Care has chanted a common refrain: “We need a seat at the table!” In the beginning, we were too small to make enough noise to be heard and way, way too tight on funds to even think about hiring a lobbyist. There wasn’t much we could do back then to get a seat in the rooms where healthcare’s biggest decisions are made.

Time passed, Urgent Care grew, and the Urgent Care Association (UCA) also grew. We started issuing position statements and even got a TRICARE pre-authorization rule changed—but we still didn’t have a true “seat at the table.”

Then COVID came, and we all learned how important that seat really was. Not having our voices heard impacted our ability to care for patients. Our ongoing pleas to the Centers for Disease Control and Prevention were mostly ineffective, and every one of your centers had to beg for inclusion in local planning and resources.

By 2022, UCA had survived COVID’s impacts and decided we were finally ready to make a real run at getting that seat at the table. We engaged a Washington, D.C., lobbying firm, built and shared a comprehensive plan for our advocacy efforts and finally got the attention of Congress and others. We have been making significant progress toward fair payment at last.

Here’s where the mystery arrives. Now that we are making progress, it seems like we have almost no commitment from all of you to push this through. So, I am confused. Do you not care about getting a seat at the table anymore?

Here’s what I mean:

- When we invest in software to make it easy to con-

tact your congressperson and send out an alert—almost no one does it.

- We’ve launched 3 major campaigns asking for financial support so we can keep this up for the long term—and almost no one responds.
- At first we thought we were asking for too much money—\$100 per center was our first try. We lowered that to \$10 this year—and still almost no one responds.

Maybe you didn’t want to help with lobbying costs? It’s hard to see immediate return on that investment, and we get that. So we asked for support in creating a national-level public relations campaign for Urgent Care *next year*—and so far, *almost no one has responded*. We went to our vendor members to see if they could help out—and almost no one has responded.

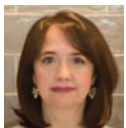
All of the stars have finally aligned: We are big enough to matter, we have a plan, we have a lobbyist, we have points on the board, and all we need is a little financial support from everyone—but you don’t seem to want to give it. Not even \$10. So, I am at a loss.

I am asking for feedback to help us understand if we are doing something wrong, or if you no longer care about this, or if you want to do it on your own, or you don’t understand or trust what we are doing, or is it something else?

To me, it would be utterly tragic to finally get some traction, see our first finish line, and choose to (or have to) walk away. I cannot imagine going to the UCA Board of Directors and telling them that we were wrong and that focusing on getting fair payment isn’t what you want us to prioritize, but I’m starting to have to think about it in the face of all of the evidence.

Changing policy takes a long time, and without a collective commitment, we are going to run out of funds. The progress we have made so far will be for nothing. I can guarantee you the Urgent Care leaders of the future will never forgive us.

Please show me I’m wrong and that this is not how the story ends. Please scan the QR code provided to vote with your wallet. ■



Lou Ellen Horwitz, MA is the chief executive officer of the Urgent Care Association.