



LETTER FROM THE EDITOR-IN-CHIEF

UCAOA in the News



UCAOA has been a busy organization of late.

The announcement of an alliance with the Joint Commission is big news, indeed. We recognize that this news may not be welcomed by all, but are confident that most of your pre-conceptions will *not* be validated by the

process.

I think we all can agree on the goals of an urgent care accreditation program:

- First and foremost, it should be “urgent care focused.” And it *must* represent the specific and unique nature of the urgent care delivery model.
- It should not be unduly burdensome. The preparation for any accreditation is an important exercise that indeed takes time, but should not be unreasonable or contain elements that prove to be meaningless.
- It should be strictly voluntary.
- It should, of course, be a reproducible way to protect patient safety. That is the ultimate goal of any accreditation process.
- It should, therefore, reflect an urgent care center’s effort on behalf of patient safety, and be meaningful to the public, as such.
- It should further represent this same commitment to third-party and government payors, and be recognized accordingly.
- Perhaps most importantly, it must be nationally recognized. The Joint Commission is, without argument, the gold standard for healthcare accreditation.
- Finally, accreditation should elevate the entire industry, representing its commitment to a higher standard of care on behalf of our patients. This commitment communicates to the world that we are serious about self-regulation and willing to open our doors to outside scrutiny of the highest level.

The decision by UCAOA to collaborate with the Joint Commission was based on three years of critical evaluation at the board, committee, and executive level. We have sought the input of our members, listened to your concerns, and we have represented those concerns in our negotiations with the Joint Commission.

The level of collaboration by the Joint Commission to create unique urgent care standards is unprecedented, and reflects its commitment to a more flexible and realistic process. We are con-

fidant that our shared goals will be met and our shared fears will be allayed.

Within days of this announcement, the national media responded. Most notably, *The Wall Street Journal* specifically identified our alliance with the Joint Commission as the reason for its interest in highlighting urgent care in its August 6 edition.

At least one large payor confirmed our expectation that upgrading our accreditation process would resonate with health-care insurers. Troy Brennan, the chief medical officer of Aetna, highlighted the decision as an important step for payor contracting with urgent care facilities. A standard, nationally recognized accreditation can make the difficult process of contracting as an urgent care with multiple payors a little easier.

Additional efforts are underway to uniquely identify and certify urgent care clinics offering an extended scope/level of services that should help them be more distinguishable to the general public and payors alike.

Combined, these efforts form the most important step to date toward appropriate recognition of urgent care services as a critical part of the healthcare delivery system.

We know you will have additional questions, and we welcome your input. We have set up a special forum, as noted in the From the Executive Director’s column this month (page 8). Further, we encourage you to attend September’s conference in Memphis, where there will be ample opportunity for face-to-face discussion.

In addition, this fall’s conference is packed with some of our best clinical and business content to date. Details on the conference are available at www.ucaoa.org.

See you there. ■

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