Advisory
Board

Urgent Care Leadership Structures

Six profiles of urgent care organizational models at large health systems

---

PUBLISHED BY

Market Innovation Center

Advisory.com/mic

planningconcierge.@advisory.com

RECOMMENDED FOR

Strategic planners and ambulatory, medical group, and primary care leaders

READING TIME

15 min.

Systems are looking to optimize their urgent care org chart

When many health systems first invested in urgent care clinics over a decade ago, it was a new-in-kind care site, and housed within the internal staffing structure somewhat hastily—often in the primary care service line, regional ambulatory division, or medical group.

As demand for urgent care has grown and systems have built or acquired larger networks of these sites, they often continue to live in their legacy home within the system's organizational structure. This initial home, however, is not always the best place within a system for an extensive network of staff to sit in order to progress urgent care-specific and system-wide goals.

Today, many systems are evaluating the leadership structure of their urgent care division to determine if urgent care has outgrown its original home in the org chart, or if a change in structure could drive efficiencies and advance system strategy.

We interviewed six health systems from across the US to understand how their urgent care staffing and leadership roles are structured. This briefing contains in-depth profiles of each of these urgent care structures, including the system goals supported and keys to success.

Additionally, we've compiled six key takeaways from across our interviews.

► # Key Takeaways from Our Interviews

Six insights from across six interviews

advisory.com

Insights for structuring urgent care

Across our six health system interviews, we drew six key takeaways to help guide other systems who are reevaluating their urgent care leadership structures:

1 **Where within your organizational structure urgent care should live depends on your main goal.**

Although most urgent care centers report through the medical group, the major difference lies in whether it is categorized as a subservice line under primary care or whether urgent care is its own service line.

If integration with primary care is your main goal, urgent care should live as a subservice line under primary care and report through their management. This allows ease of collaboration, quick integration, and dual referral generation between primary and urgent care.

On the other hand, if your primary goal is to have urgent care act as a front door to your system or be a direct or downstream revenue driver, it should be its own distinct service line. This way, urgent care has representation at the same level as other service lines, so it can directly advocate for the resources and support needed to support a cross-service line strategy and collaborate with other leaders.

2 **Dyad leadership is very common and helps promote tight partnership and alignment between the clinical and administrative sides of urgent care.**

In a dyad structure, urgent care staff report up through two distinct verticals: clinical and administrative. The providers typically report up through the clinical vertical, and all other non-provider staff report through the administrative vertical.

Out of the six health systems we interviewed, only two did not use a dyad structure, which can be attributed to the fact that those two systems either worked with a contracted physician group or did not use physicians, but rather NPs, in their clinics. The dyad partnerships we heard about sit at different levels in the leadership structure—sometimes overseeing a single clinic, and sometimes the whole primary care or urgent care service line—depending on the staffing size of clinics and number of clinics. Dyads that sit at higher leadership levels are advantageous for collaboration on strategic objectives, but the tight integration characteristic of high-level dyads is then often not found amongst staff and clinicians at the clinic level. Dyads at clinic leadership levels promote coordinated day-to-day operations and may help promote staff and clinician engagement, but it's harder for them to take a bigger picture view of service line- or system-wide strategies.

3 **Paralleling your primary care leadership structure facilitates coordination and sharing of best practices.**

Most health systems find that using their primary care reporting structure as a model for their urgent care leadership helps to improve patient care coordination and urgent care collaboration between primary and specialty care groups. This is in part because parallel structures create obvious pairings between peers, who can easily collaborate across service lines or sub-service lines, or even hold the same position across service lines.

Insights for structuring urgent care, continued

4 **Clinical middle management is key.**

We routinely heard that urgent care clinics and their staff benefit from management with a clinical background for two reasons. First, having a clinical leader available to step in and provide care improves clinical flexibility when patient volumes spike or staff go on vacation. Second, clinical management can better relate to, communicate with, and lead a clinical team.

5 **There is no one-size-fits-all staffing model.**

Within clinics, no two systems had exactly the same staffing structure—some were staffed extremely leanly, while others had sizeable teams working in each clinic; some had stable staffing, while others varied the quantity and type of staff across sites or across days of the week based on expected market volumes or community health risk.

Unsurprisingly, several health systems are pursuing lower cost staffing alternatives to help maintain clinic profitability. Such tactics include employing APPs instead of MDs, or MAs or LPNs in lieu of RNs, and cross-training MAs and LPNs to work in the clinic, lab, and front desk to promote top-of-license work.

6 **Finding the right balance of standardization across clinics is a hot topic—and often, an elusive goal.**

Most health systems want to standardize their urgent care centers to drive efficiency, but everyone noted that standardization should only go so far. We encountered widespread acknowledgment that about 10% of a clinic should be left open to customizations to match market demand or to advance in a competitive market. We most frequently heard of these customizations in the form of operating hours, staffing size, physical footprint, and service offerings (ex. One system we spoke to is considering moving to a hub-and-spoke model to improve service distribution and rationalization).

However, standardization of clinics poses a challenge given that most large health systems' urgent cares operate by region rather than at a system-wide level. This means select regions may have legacy staff in positions that other regions survive without, or they may be accustomed to operating in a certain way or reporting up to a particular regional leader. Therefore, the transition to a more systemic approach can be time-consuming and contentious, particularly if the system either waits for overstaffed positions to be vacated naturally, or redistributes staff.

► Urgent Care Leadership
Structure Profiles

advisory.com

Lively Health

Urgent care service line sits under VP of Ambulatory Services

Lively Health,[1] a large, not-for-profit health care system with 25+ hospitals and an expansive urgent care footprint in the Midwest, implemented a dyad leadership structure across their urgent care centers, separating administrative and clinical responsibilities.

At each clinic, the provider reports to regional provider leaders, and all other staff report to a zone manager with support of an on-site coordinator. The provider leaders report into the larger Lively Health system through the clinical vertical, whereas the zone managers report through the operations vertical. Although they have distinct reporting verticals, the provider leaders and the zone managers oversee the same grouping of urgent care sites.

Urgent Care Clinics	Volume of Annual Visits	Physician Employment	Staffing Model	Senior-most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
45+	365,000+ (pre-acquisition in 2016-2017)	Employed	Standardized by patient volume	CEO of Urgent Care and Occupational Health	Dyad	- Promote brand and loyalty to health system - Provide ED alternative

Integration into the Larger Health System

- Urgent care is a distinct service line in the ambulatory division.
- It parallels the primary care service line in the Medical Group.
- The VP of the Ambulatory Division reports to the Lively Health System COO.
- The provider leaders report up through the through the Physician Executive of Urgent Care and Occupational Health.

Keys to Lively Urgent Care's Success

Use of a volume-based staffing model
The quantity of staff vary with patient volume, but the type of staff at each urgent care clinic does not. To account for fluctuations, they cross-train staff.

90% of their urgent care clinics are the same
They perform the same services at each center, and only offer additional services by exception.

Reliance on clinical middle management
They seek out management with clinical and administrative experience to effectively lead clinical teams and integrate into the larger health system.

Leadership of Individual Clinics

▶ **Dyad Structure**
Clinical and administrative responsibilities are separated under the provider leaders and zone managers, respectively.

▶ **Types of Staff**
Each clinic has:
- 1+ physician or APP
- 1 x-ray technician (generally cross-trained)
- 1 front office staff
- 1 cross-trained front desk/MA

▶ **Management Responsibilities**
Leaders manage all operations and must lead a clinical team successfully, and effectively communicate and integrate into the larger Lively Health system.

1) Pseudonym.

Source: Market Innovation Center interviews and analysis.

advisory.com

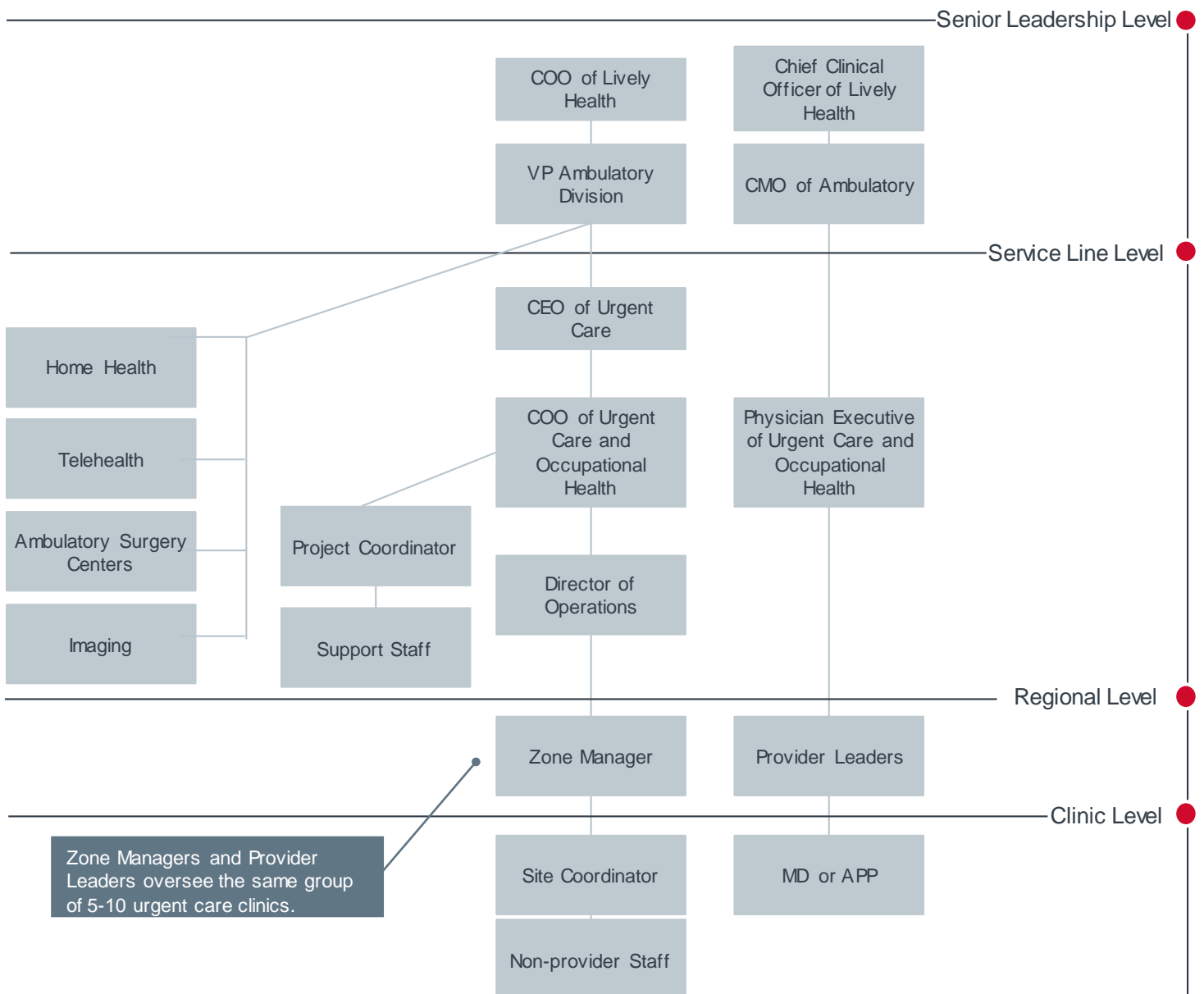# Lively Health's Urgent Care Reporting Structure

CASE EXAMPLE

Lively Health
25+ hospitals; 45+ urgent care centers • Operational in six states

Job Description of a Zone Manager, Lively Health

This position works to ensure the efficient and effective operation of the assigned urgent care zone of up to eight clinics, including day-to-day administration of non-provider staff and operations. Uses specialized knowledge, judgment and skills necessary to provide excellent patient care. Responsible for ensuring that high quality patient care and customer service is delivered in the most financially efficient way. Monitors all key performance indicators and constantly identifies and implements changes in areas for improvement and efficiencies.

Senior Leadership Level ●

COO of Lively Health

Chief Clinical Officer of Lively Health

VP Ambulatory Division

CMO of Ambulatory

Service Line Level ●

CEO of Urgent Care

Home Health

Telehealth

Ambulatory Surgery Centers

Imaging

COO of Urgent Care and Occupational Health

Physician Executive of Urgent Care and Occupational Health

Project Coordinator

Director of Operations

Support Staff

Regional Level ●

Zone Manager

Provider Leaders

Clinic Level ●

Zone Managers and Provider Leaders oversee the same group of 5-10 urgent care clinics.

Site Coordinator

MD or APP

Non-provider Staff

Source: Market Innovation Center interviews and analysis.

advisory.com

Baptist Health South Florida

Urgent care service line reports through CEO of Outpatient Services

Baptist Health South Florida, a faith-based, not-for-profit health care organization with ten hospitals and an expansive ambulatory footprint, implemented a traditional leadership structure across their urgent care centers, combining administrative and clinical responsibilities under one leader per location.

All urgent care staff report up through the Urgent Care Supervisor to the Plaza Manager. Each Manager then reports to the Plaza (Regional\) Director, who oversees 4-5 urgent care locations. This singular vertical reports into the larger Baptist Health system through the CEO of Outpatient Services.

Urgent Care Centers	Volume of Annual Visits	Physicians Employment	Staffing Model	Senior Most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
18+	300,000 (in 2018 fiscal year)	Contracted	Core staffing determined by patient volume + float pool	CEO Outpatient Services	Singular combined vertical	- Provide patients with easy access & excellent service

Integration into the Larger Health System

- Urgent care is a distinct service line under the outpatient division, which is paralleled by the primary care service line under the Medical Group.
- The AVPs of each outpatient service line report to the VP of outpatient services, who then reports to the CEO of outpatient services.
- The CEO of outpatient services reports to a governing board and the COO and CEO/President of Baptist Health South Florida.

Keys to Baptist Health Urgent Care's Success

Volume-based staffing model + floaters
The quantity of core staff depends on patient volumes, but the type of staff is standardized. To account for fluctuations in patient flow, they have a float pool that can flex up or down at each clinic.

Management is largely 'grown from within'
The Urgent Care Supervisors are RNs who oversee nursing and non-nursing staff. They have a robust talent development program to train employees and support vertical growth.

Leadership of Individual Centers

▶ **Singular Vertical Structure**

Clinical and administrative responsibilities are under one reporting vertical, starting with the urgent care supervisor. Each supervisor oversees one urgent care clinic.

▶ **Management Responsibilities**

Plaza managers plan, organize, and direct departmental policies as established by their manager (a plaza director) and upper management in daily clinical operations.

▶ **Types of Staff**

At each center, the manager and supervisor oversee (1-3) MDs, nurses (2-7), an x-ray and lab technician (1), front office staff (1) and a medical assistant (1). Some sites also have APPs.

Source: Market Innovation Center interviews and analysis.

advisory.com

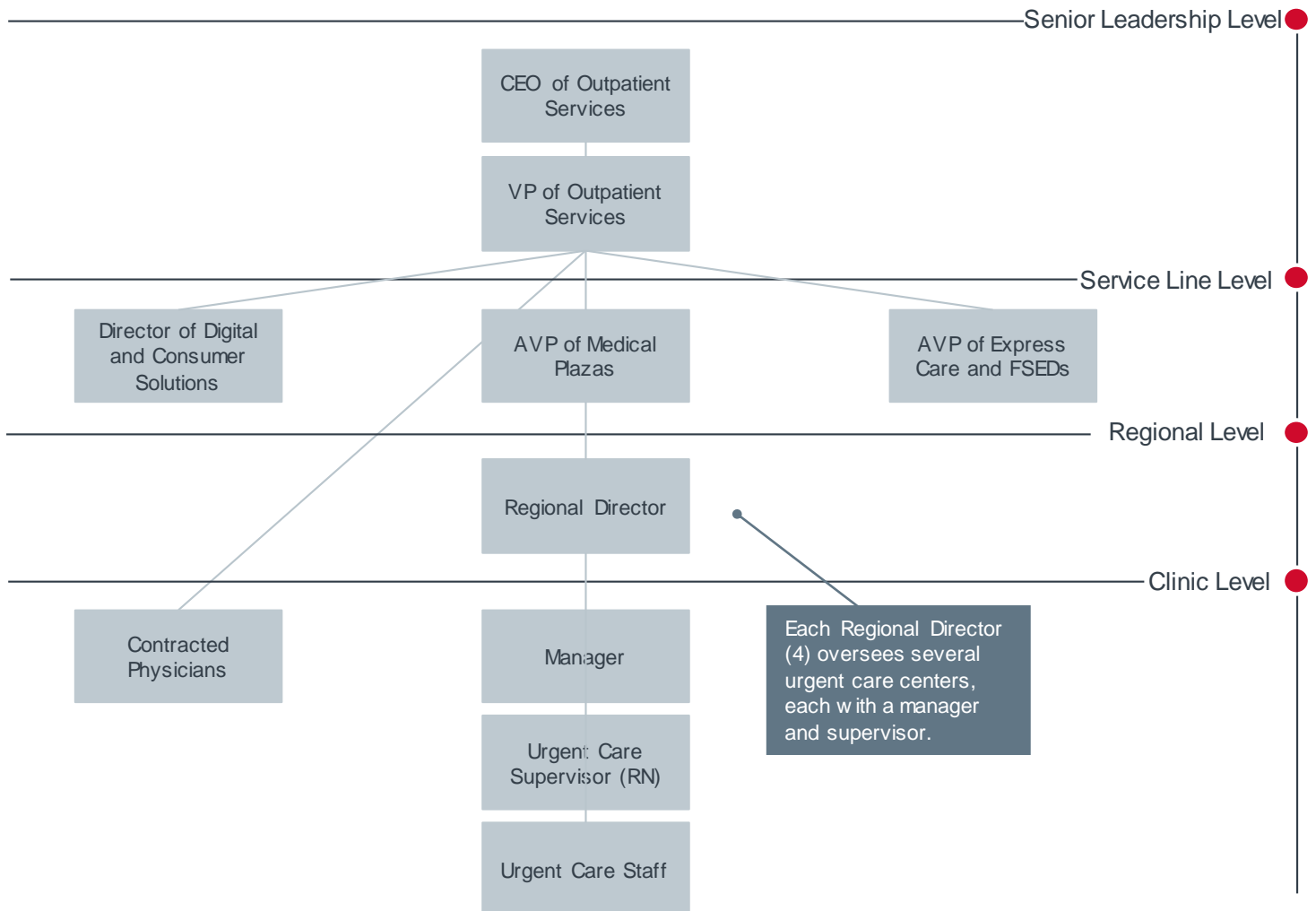# Baptist Health South Florida's Reporting Structure

CASE EXAMPLE

Baptist Health South Florida
2,251+ beds; 50 outpatient facilities; 18+ urgent care centers • Coral Gables, FL

Job Description of a Plaza Director, Baptist Health South Florida

"This position is responsible for the effective and efficient operation of departments with FTE's. They are a member of Baptist Outpatient Services' strategic planning group. Their responsibilities include new facility design and planning and execution of annual strategic goals for BOS. They manage relationships with two contracted physician groups. They are responsible for the development of operational and capital budgets as well as long range financial plan for product lines. They work in collaboration with business development and marketing partners to grow market share and financial success of BOS business. They embrace talent management process to identify, develop and mentor future leaders."

Senior Leadership Level

CEO of Outpatient Services

VP of Outpatient Services

Service Line Level

Director of Digital and Consumer Solutions

AVP of Medical Plazas

AVP of Express Care and FSEDs

Regional Level

Regional Director

Clinic Level

Contracted Physicians

Manager

Each Regional Director (4) oversees several urgent care centers, each with a manager and supervisor.

Urgent Care Supervisor (RN)

Urgent Care Staff

Source: Market Innovation Center interviews and analysis.

advisory.com

Intermountain Healthcare

Urgent care service line reports through COO & Sr. Medical Director

Intermountain Healthcare, a 23-hospital, not-for-profit health system with an expansive "InstaCare" footprint across Utah, implemented a dyad leadership structure across their urgent care centers.

The providers report through the clinical vertical into the larger Intermountain Health system, whereas non-provider staff report through the operational vertical. Each clinic's physicians and APPs report directly to their regional management, the Associate Medical Director and Urgent Care APP Medical Director, respectively. However, all other non-provider staff report to a local Practice Manager, and then report to their regional management, the Practice Director, and up to the geographic area's Operations Officer. The regional leaders oversee the same geographically grouped urgent care clinics.

Urgent Care Clinics	Volume of Annual Visits	Physician Employment	Staffing Model	Senior-most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
32 full InstaCares, plus 5 KidsCares	570,000 (in 2018)	Employed	Adjusted per community health risk	Medical Group COO & Senior Medical Director	Dyad	Expanded access, safety, patient experience, & quality care at the lowest reasonable cost

Integration into the Larger Health System

- Urgent care was made a distinct service line under the medical group in 2018.
- It was formerly part of the Primary Care Service Line, which was divided into five distinct service lines to accommodate growth and promote standardization.
- The Operations Officer of Urgent Care reports to the COO of the Medical Group.
- The Urgent Care Medical Director reports to the Senior Medical Director, who oversees all the clinicians in the Medical Group.

Keys to Intermountain Urgent Care's Success

Health risk-adjusted staffing model
There is one MD, RN, PSR, and rad tech/MA at each site. Depending on clinic volumes, a site may include an additional 1-2 APPs, 1-3 MAs, and one PSR. In high risk areas (based on social determinants of health), they have two MDs and one APP per clinic.

Adjusted to match community health
They implement the same best practices as needed across their clinics, but try to tailor services to best match the community's needs.

Tight dyad partnerships promote integration
The Urgent Care Operations Officer and Medical Director share office space and are "joined at the hip," which helps to instill a culture of tight integration and collaboration between the two verticals.

Leadership of Individual Clinics

▶ **Dyad Leadership Structure**

Clinical and operational responsibilities are in distinct, but closely matched reporting verticals.

▶ **Management Responsibilities**

Geographic operational management oversees budgeting, ensures quality and access of care, and manages daily operations. Service line leadership is responsible for clinical and operational integration. Both verticals are responsible for their own hiring, firing, onboarding, and training.

▶ **Types of Staff**

There are PSRs (1-2), RNs(1-2), MAs(1-3), physicians (1-2), APPs(1-2), and a tech at each clinic. In some clinics, they added a Clinic Supervisor under the Clinical Manager.

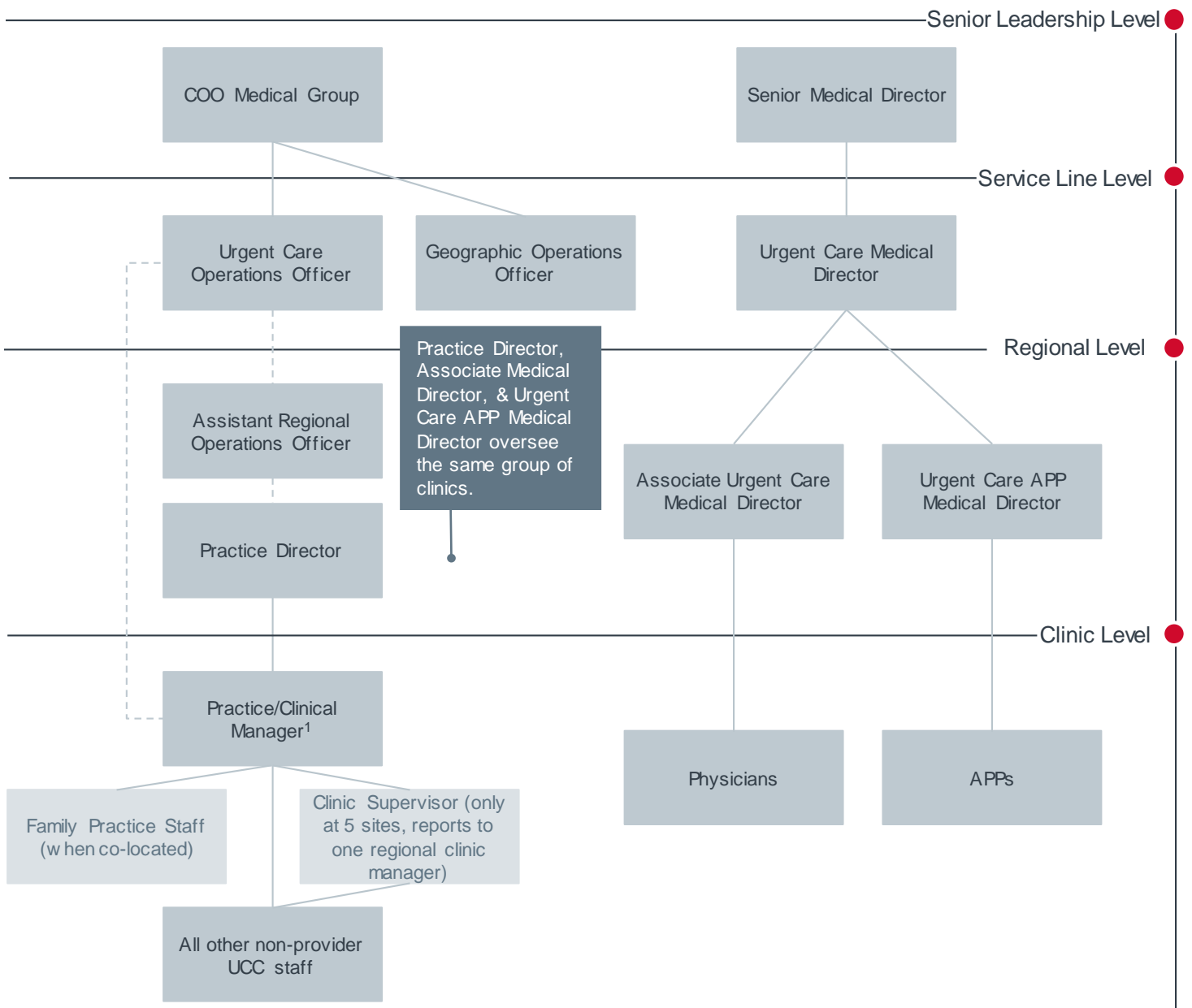Source: Market Innovation Center interviews and analysis.

Intermountain Healthcare's InstaCare Reporting Structure

Intermountain Healthcare
23 hospitals; 32 urgent care centers • Headquarted in Salt Lake City, UT

Senior Leadership Level ●

COO Medical Group

Senior Medical Director

Service Line Level ●

Urgent Care Operations Officer

Geographic Operations Officer

Urgent Care Medical Director

Regional Level ●

Practice Director, Associate Medical Director, & Urgent Care APP Medical Director oversee the same group of clinics.

Assistant Regional Operations Officer

Associate Urgent Care Medical Director

Urgent Care APP Medical Director

Practice Director

Clinic Level ●

Practice/Clinical Manager[1]

Family Practice Staff (when co-located)

Clinic Supervisor (only at 5 sites, reports to one regional clinic manager)

Physicians

APPs

All other non-provider UCC staff

[1] Clinic and Practice Managers have the same responsibilities, but clinic managers are RNs and can thus provide clinical care when needed.

Source: Market Innovation Center interviews and analysis.

advisory.com

SSM Health St. Louis

Urgent care division reports through VP of Operations

SSM Health, a large Catholic, not-for-profit health care system with locations in Wisconsin, Oklahoma, Illinois, and Missouri, implemented a matrixed leadership structure across their urgent care centers. They currently have different reporting structures for each region, and urgent care staff fall under a variety of cost and accountability centers within the health system.

We focused on the urgent care clinics in the St. Louis region, which sit as departments under the hospital and who's operations are managed by the Medical Group. The four staff at each clinic report to the Team Lead, who oversees three sites. The two Team Leads report to the Director of Urgent Care, who then reports to the Administrator of Primary Care and Urgent Care. Ultimately, they report up through the Regional and System VP of Operations.

Urgent Care Clinics	Volume of Daily Visits	Physician Employment	Staffing Model	Senior-most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
6	20-25	Only NPs	Standard across clinics	VP of Operations of the Medical Group	Matrixed	Grow volumes, introduce brand, increase access, and reduce ED strain

Integration into the Larger Health System

- Each urgent care is a department of the hospital and operational oversight is managed by the Medical Group.
- The NPs sit in the Medical Group's cost center, but the other staff sit within the hospital's cost center. Leaders work with both the Medical Group and hospital departments to ensure alignment.
- Ultimately, all staff fall in the Medical Group's accountability center.
- The Administrator of Primary Care and Urgent Care reports into the larger SSM Health System through the Regional VP of Operations. She sets the budget and strategy for the division.

Leadership of Individual Clinics

▶ Matrixed Leadership Structure

Express Care and Virtual Care recently moved under system-level leadership to promote standardization, but urgent care reporting structures vary by region.

Keys to SSM Health Urgent Care's Success

Standardized staffing model
The quantity and type of staff at each location are the same. They hire NPs as Team Leads to help out when there are volume spikes.

"Like leading like"
They hire nurse practitioners into upper level management positions to best lead their clinical teams.

Highly collaborative with primary care
They often refer their patients to PCPs, and leaders from both service lines serve on the same council to coordinate care.
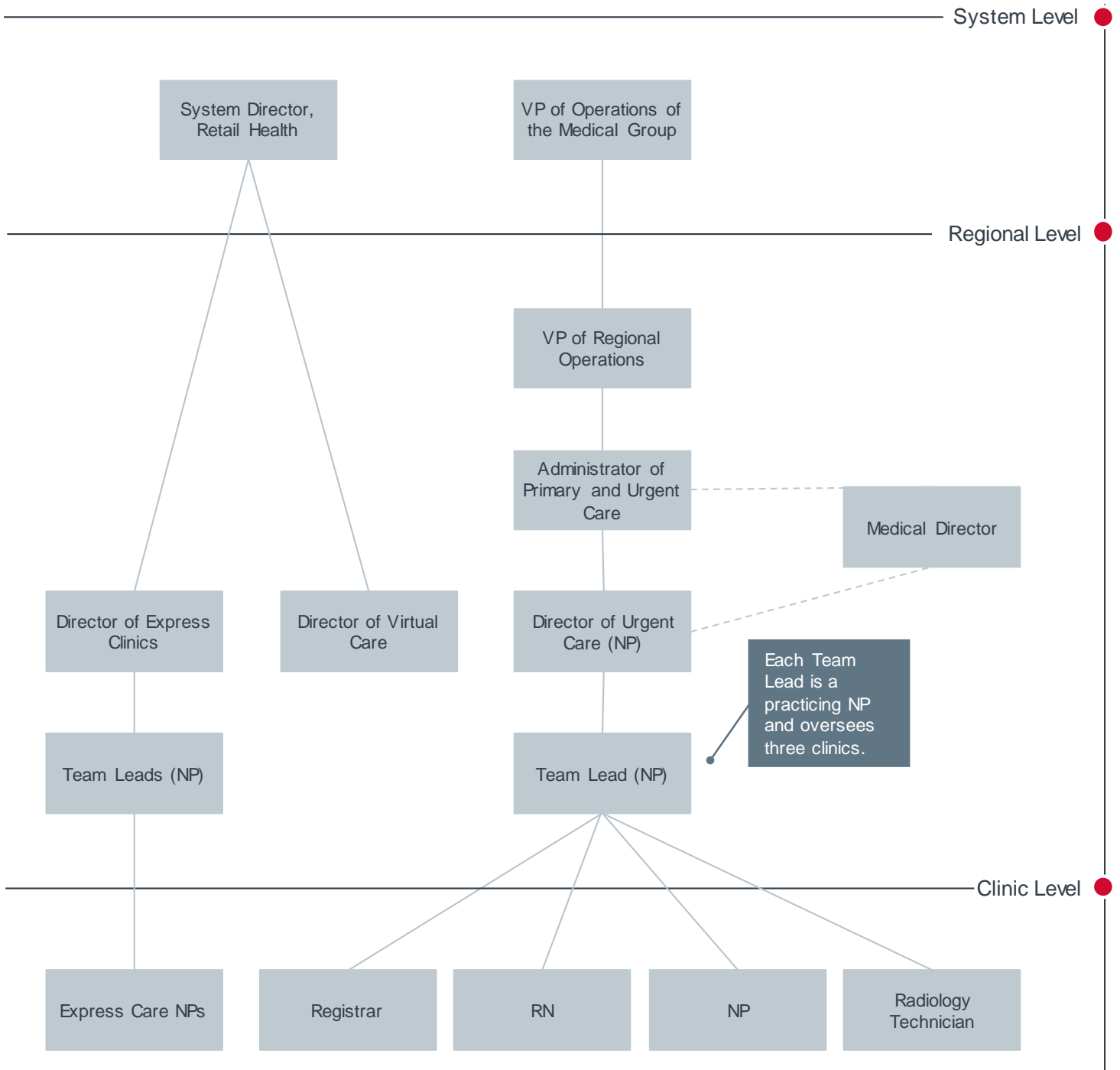
▶ Management Responsibilities

The Team Lead (an NP) oversees daily operations, budgeting, staffing concerns, and can flex in to provide care when volumes are high. The Director of Urgent Care handles daily operations elevated by the Team Lead.

▶ Types of Staff

There is always one NP, RN, Radiology Tech, and registrar at each clinic. The Team Lead is also an NP, so they can assist during peak hours.

Source: Market Innovation Center interviews and analysis.

advisory.com

SSM Health Urgent Care Reporting Structure in St. Louis

CASE EXAMPLE

SSM Health St. Louis
8 hospitals; 6 urgent care centers; 23 Express Clinics at Walgreens • St. Louis, MO; Part of SSM Health

System Level

System Director, Retail Health		VP of Operations of the Medical Group

Regional Level

VP of Regional Operations

Administrator of Primary and Urgent Care

Medical Director

Director of Express Clinics	Director of Virtual Care	Director of Urgent Care (NP)

Each Team Lead is a practicing NP and oversees three clinics.

Team Leads (NP)		Team Lead (NP)

Clinic Level

Express Care NPs	Registrar	RN	NP	Radiology Technician

advisory.com

Bellin Health

Urgent care led by primary care dyad

Bellin Health, headquartered in Green Bay, Wisconsin, implemented a dyad structure at the most senior level of primary care leadership to promote tight integration across the service line.

Since each of their urgent care clinics are co-located with primary care clinics, registration staff are centralized at each location. All of these administrative staff report to the business service coordinator, who then reports to the regional team lead. All nurses report to a nurse team facilitator, who then reports to the regional team lead. All providers, NPs and physicians, report directly to the regional team lead.

Urgent Care Clinics	Volume of Annual Visits	Physician Employment	Staffing Model	Senior-most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
4	13,500 (in 2018)	Employed	Varies based on daily volumes	COO of Bellin Health	Centralized under regional team lead	Improve access, prevent care gaps, and decrease ED strain

Integration into the Larger Health System

- Urgent care is part of the primary care service line. Urgent cares are co-located with primary care clinics.
- All of Bellin Health uses the same EMR to ensure streamlined care. A trigger in the EMR notifies PCPs if a patient was last seen in urgent care.
- The Director of Primary Care reports into the larger Bellin Health System through the Senior VP.
- The Director's physician dyad partner has a dotted line relationship to urgent care providers.
- The Senior VP of the Medical Group reports to the COO of Bellin Health.

Keys to Bellin Health Urgent Care's Success

Cross-referrals with primary care
Urgent care nurses can directly schedule PCP visits in clinic to ensure, for example, a chronic condition patient presenting with a flare up sees his PCP next-day. PCPs also refer into the urgent care to quickly address care gaps, ensure next-day follow ups, and to promote weekend access.

Singular service line
Primary and urgent care are in one service line, which helped enable better care coordination through quick scheduling and referrals.

Dyad leadership of the primary care service line
This has helped them ensure a tighter integration between different types of care sites.

Leadership of Individual Clinics

▶ **Dyad Leadership Structure**

There is no one leader per clinic. The Regional Team Lead oversees all urgent care clinical staff and coordinates with primary care clinics' Business Service Coordinator for administrative tasks.

▶ **Paired NPs and MDs**

NPs and MDs are paired to help them develop a working relationship. Pairings are based, in part, on complementary expertise (i.e. pediatrics and geriatrics).

▶ **Types of Staff**

There is typically one MD and one NP at each clinic and 3-4 LPNs or RNs. The front office staff are centrally located in the primary care clinic.

Source: Market Innovation Center interviews and analysis.

advisory.com

Bellin Health urgent care reporting structure

CASE EXAMPLE

Bellin Health System
4,000+ employees; 4 urgent care centers • Green Bay, WI

Job Description of a Regional Team Leader at Bellin Health System

Responsible for the performance of a department/business unit as defined by Bellin's strategies – market leader (Growth), clinical benchmark (Effectiveness), best value (Efficiency) and engaged relationships (Engagement). Provides leadership to obtain operational and strategic goals within the business unit and affiliated Brand and/or Service Delivery Structure. Promotes safety and quality improvement activities and develop people within a team focus. Acts as a change agent consistent with Bellin Health System vision, mission, and strategies.

Senior Leadership Level

- COO of Bellin Health System
- President of the Medical Executive Committee
- CMO of Bellin Health System
- Senior VP of Bellin Medical Group

Service Line Level

- Director of Primary Care
- President of Primary Care Department

- Employer + Onsite Clinics *+ virtual visits*
- On-Demand Service Clinics *+ virtual visits*
- Primary Care Clinics *+ virtual visits*
- Urgent Care Regional Team Lead *+ virtual visits*
- Nursing Team Facilitator

Clinic Level

- Business Service Coordinator
- Supervising Physician
- Front Office and Administrative Staff
- Nursing Staff (LPN or RN)
- APCs

Source: Market Innovation Center interviews and analysis.

advisory.com

Siena Health System

Urgent care division reports through series of dyad leaders into primary care

Siena Health System,[1] an integrated, not-for-profit health care organization providing health care services and health plan financing and administration, is headquartered in the midwest. They implemented a dyad structure at each level of urgent care leadership (urgent care, primary care, and senior leadership), separating clinical and administrative responsibilities. To help create a seamless consumer experience across urgent care centers post-merger, a Director of Urgent Care oversees the integration efforts as well as the operations and nursing staff of both employers. He reports to the primary care service line leadership.

Nurses report to a Nursing Supervisor, who reports to the Nurse Manager. The Nurse Manager and their administrative counterpart report to the Director of Urgent Care. Clinic APCs report to an APC Supervisor, who reports up to the Medical Director.

Urgent Care Clinics	Volume of Annual Visits	Physician Employment	Staffing Model	Senior-most Leader	Clinic Leadership Structure	Goal(s) of Urgent Care
20+	340,000+/year	Employed	Volume based model	COO and Executive Medical Director of Siena Health System	Dyad	Improve access, introduce to health system, & ED diversion

Integration into the Larger Health System

- Urgent care is a division of the primary care service line.
- The Director of Urgent Care is the lynchpin in their post-merger integration. He is the "single source of truth" for urgent care and responsible for driving consistency in experience across all sites.
- The Director and their Physician Dyad Leader report to a VP and Medical Director of Primary Care.
- The leaders of primary care report to a Executive Medical Director and the COO.

Keys to Siena Urgent Care's Success

Volume-based staffing model
The quantity of staff at each location varies with patient volumes and the scope of services offered (ex. some sites offer advanced imaging).

Partnership with primary care
They emphasize both primary and urgent care sites as tools to optimize patient care coordination and experience. Their urgent cares are co-located with primary care clinics, and existing patients are offered the option to see their normal PCP within his/her same-day appointment block, or to walk into the urgent care anytime.

Trust and communication in a dyad leadership
This has helped them to streamline care across their health system, and ultimately best support their patients.

Leadership of Individual Clinics

▶ **Dyad Leadership Structure**

Clinical and administrative responsibilities are in separate verticals. The Physician Dyad Leader reports through the clinical and the Director of Urgent Care through the administrative.

▶ **Management Responsibilities**

The Director of Urgent Care is responsible for nursing staff management and administrative operations, whereas the physician dyad leader, with support from the APC Supervisor, recruits and manages the APCs and physicians.

▶ **Types of Staff**

Siena Health's Urgent Cares generally have 1-2 but up to 4 clinicians, who are a mix of MDs and NPs. Each site has an LPN or CNA, and some have an RN depending on population need.

1) Pseudonym.

Advisors to our work

The Market Innovation Center is grateful to the individuals and organizations that shared their insights, analysis, and time with us. We would especially like to recognize the following individuals for being particularly generous with their time and expertise.

With sincere appreciation

Baptist Health South Florida
Coral Gables, Florida
Luis Bellmas, VP Outpatient Services

Bellin Health
Green Bay, WI
Kathy Kerscher, Director of Primary Care
Jill Spejcher, Regional Team Lead

Intermountain Healthcare
Salt Lake City, UT
Ross Fulton, Operations Officer

SSM St. Louis
St. Louis, MO
Sara Fulton, Administrator Primary and Urgent Care
Erin Powell, System Director of Retail Health

Market Innovation Center

Project Director

Emily Heuser

heusere@advisory.com

Research Team

Avery Morrison

Program Leadership

Anna Yakovenko

Advisory Board is a best practice research firm serving the health care industry. We provide strategic guidance, thought leadership, market forecasting, and implementation resources. For more information about our services—including webconferences, analytics, expert insight, and more—visit advisory.com.

The best practices are
the ones that work for **you.**_{SM}