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Review Article

Orthopedic Immediate Care

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The past decade has seen a surging popularity in the rise of urgent care centers. These centers are outpatient-based facilities that are intended to divert low-acuity and non-emergency conditions away from the hospital emergency room. The value proposition behind urgent care centers is that the cost to see a patient and the wait times at the urgent care center vs. the hospital emergency room are lower.
However, for conditions that do require extensive diagnostic testing and/or specialized provider knowledge, the general urgent care center can only "triage" the condition and send the patient to a specialist for follow-up.
The value proposition of specialized orthopedic urgent care is that the scope of focus and expertise is narrowed to that of musculoskeletal and orthopedic care. This means that only musculoskeletal and orthopedic injuries are seen, and only staff with clinical expertise in these areas are hired. All diagnostics testing and treatment solutions relevant to these specialties are co-located where the patient is seen. This means that in one visit, a patient will get an expert opinion on their condition that will be informed by the relevant tests needed to render that opinion (e.g. digital x-ray, ultrasound, MRI in some cases, fluoroscopy). Furthermore, definitive treatment is rendered at the center and without a need for the patient to see another doctor. This treatment could come in the way of a cast, a splint, a steroidal or non-steroidal injection, a brace or rehabilitative treatment.

GENERAL URGENT CARE SHORTCOMING

The past decade has seen a surging popularity in the rise of urgent care centers. These centers are outpatient-based facilities that are intended to divert low-acuity and non-emergency conditions away from the hospital emergency room. The value proposition behind urgent care centers is that the cost to see a patient and the wait times at the urgent care center vs. the hospital emergency room are lower.

The urgent care model has been successful in treating conditions like sinusitis, diarrhea, flu, cold, and other conditions that do not require extensive diagnostic testing or

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Conflicts of Interest Statement for this author

Visit the Open Payments Data Page for Dr. Badia

Relationships of Interest
Stock or stock options in a company or supplier:
shareholder in OrthoNOW, LLC
shareholder in McGinley orthopedics
shareholder in Paradigm Spine, now RTI

b Conflicts of Interest Statement for this author

Relationships of Interest
Paid consultant for a company or supplier:
OrthoNOW

c Conflicts of Interest Statement for this author

d Conflicts of Interest Statement for this author

specialized provider knowledge. However, for condition that do require extensive diagnostics testing and / or specialized provider knowledge, the general urgent care center can only "triage" the condition and send the patient to a specialist for follow-up.

This is certainly the case in the musculoskeletal and orthopedic specialties. When a patient with an orthopedic injury is seen at a general urgent care center, he or she is likely to receive nothing more than pain relievers, some ice, and a series of x-rays that are not interpreted by a specialist. This is because general urgent care centers are staffed by generalists who can see a wide range of conditions. The result is that the patient – intending to get convenient and good care – ends up walking out of the urgent care center having spent money to not be *treated* and with more things to do (notably calling orthopedic specialists and making an appointment).

VALUE PROPOSITION OF SPECIALIZED ORTHOPEDIC URGENT CARE

The value proposition of specialized orthopedic urgent care is that the scope of focus and expertise is narrowed to that of musculoskeletal and orthopedic care. This means that only musculoskeletal and orthopedic injuries are seen, and only staff with clinical expertise in these areas are hired. All diagnostics testing and treatment solutions relevant to these specialties are co-located where the patient is seen. This means that in one visit, a patient will get an expert opinion on their condition that will be informed by the relevant tests needed to render that opinion (e.g. digital x-ray, ultrasound, MRI in some cases, fluoroscopy). Furthermore, definitive treatment is rendered at the center and without a need for the patient to see another doctor. This treatment could come in the way of a cast, a splint, a steroidal or non-steroidal injection, a brace or rehabilitative treatment.

TO THE PATIENT

The value proposition to the patient is that his or her condition is treated definitively when they stop at an orthopedic urgent care center. This means the patient pays for one doctors visit and get to move on with their normal life after a 70 to 90 minute visit.

TO THE ORTHOPEDIST

While of great benefit to the healthcare system and society as a whole, the primary beneficiary of the OrthoNOW concept is perhaps to the practicing orthopedic surgeon. The concept was created out of necessity to fill an unmet need in the patient journey; namely the accurate and timely assessment with early management of orthopedic issues, whether acute or chronic. Furthermore, the fact that it was developed by a practicing solo private practice orthopedic subspecialist supports the simple fact that it can be of immense value to the orthopedic practitioner.

US healthcare is going through an incredibly tumultuous period. While many hurdles and barriers remain in place, the innovative practitioner will ultimately experience a great advantage within the healthcare paradigm if opportunities are leveraged. A variety of market and contrived external forces have led the majority of orthopedic residents to pursue a salaried position, whether with a large multispecialty orthopedic group or even a hospital system. Engagement with an orthopedic walk-in center allows the practitioner, within or outside of a group, to remain largely independent of these larger entities, assuming that is desired. Most US physicians entered medicine with the notion that they would have independence, both financially and in clinical decision-making. Recent trends only within the past decade have eroded that independence and the OrthoNOW model helps facilitate the ideals of those practitioners who want to maintain that original goal.

Practicing orthopedists receive most patients via a few limited options: direct referral by a primary care physician, word-of-mouth from satisfied patients or the classic emergency room. The evolving healthcare marketplace has led many primary care providers to become salaried physicians within a healthcare system that either obligates or strongly encourages them to refer to orthopedists within that network or hospital system. Therefore, any orthopedists outside of that system will no longer benefit from that traditional source of patient referrals. Similarly, the emergency room is no longer a consistent source of acutely injured patients since the respective orthopedic specialist within that system will have preferred and direct access. In many cases, even orthopedic subspecialized surgeons are full-time employees of many hospital systems which will automatically transfer care to these practitioners. Therefore, the community independent orthopedic surgeon is forced to rely on a dwindling source of referrals. Naturally, word-of-mouth references by satisfied patients remains a preferred and gratifying source of new patients but even this is being hampered, partly due to the increasing intrusion of so-called "networks" imposed upon by insurance carriers who are also increasingly consolidating. Therefore, an orthopedic walk-in center, strategically placed and positioned within the community, may eventually become a prime source of patient referrals. While one would think this applies mainly to acutely injured patients, extensive data analytics has actually shown that the majority of patients present for pain and simply come to an OrthoNOW because access to other orthopedists has become increasingly onerous and cumbersome. The orthopedic surgeon wishing to remain independent will find this model can be a vital component of their patient lifeline as healthcare systems increasingly dominate their communities.

Alternate and synergistic sources of revenue will become increasingly important as reimbursements continue to dwindle, as well-known by private practitioners. In past decades, a variety of strategies were developed and enacted in order to increase revenue via ancillary modalities in a manner consistent with patient care. A classic example is imaging, where many orthopedists might invest in an MRI machine that would allow them to more efficiently care for the patient, but also redirect that income stream to themselves, rather than a savvy healthcare focused busi-

nessman. Like many sectors, even imaging modalities had been hit with major pay cuts and surgeons have looked for other options. A current trend is to offer the administration of OrthoBiologics (PRP, stem cell injections etc), to supplement their income partly because other less qualified clinicians in the MSK realm are already doing this with much success. Physical therapy models have also been hit by major reimbursement cuts and there is increasing scrutiny of physician dispensing medication despite all of these strategies positively serving the healthcare consumer since they centralize and streamline care. However, none of these strategies actually increase patient volume. Increasing direct access to patients will actually feed these other practice modalities the decreasing reimbursement in many of the categories. Moreover, the primary goal of initial specialist consultation is to harness patients that may lead to surgical intervention. This latter step is the primary goal of most orthopedists since that is the niche where there cannot be any real competition yet also serving the majority of patients who simply need conservative care. The OrthoNOW model allows patients to receive timely and expert care by a mid-level, specialized provider while facilitating direct referral to the appropriate orthopedic surgeon. The irony is that the initial step of care remains largely under the indirect control of the surgeon and represents an additional but highly appropriate source of revenue, previously relegated to the busy emergency room, or the convenient general urgent care center. Neither of these options is advantageous for the patient or even the healthcare system, let alone the orthopedic clinician who should really be directing, as well as benefiting from that initial step in the patient journey.

When one analyzes cost of care, as well as quality and timeliness of that specialty care, it becomes readily apparent that the greatest savings come by simply starting at the right point. Simply said, "see the right clinician at the right time".

As for the orthopedist, it can be assumed that each surgeon has particular preference in the type of cases they either are qualified to treat or perhaps even want to focus on. Direct control of an orthopedic walk-in center allows the specific surgeon to focus on providing the care they feel most qualified for. This simply means that some of the patients presenting to the walk-in center may be referred to other more qualified orthopedists for that particular pathology, naturally of benefit to the patient and the provider. Furthermore , due to the prevalence of "networks" a particular surgeon may not be enabled to provide the downstream definitive care but can still benefit from the initial step, followed by referral to the most qualified network provider. Simply put, why should the family practitioner working a shift in a general urging care center be paid for the initial step in assessment of a distal radius wrist fracture, when the orthopedists or even orthopedic mid-level provider are eminently better qualified and can then perform direct referral to the right specialist, even within the insurance network. This represents a paradigm shift in the delivery of healthcare.

Orthopedic surgeons should not be compensated only when they pick up the scalpel….

Due to market influences and changes in the healthcare environment discussed, many orthopedic surgeons are not seeing the type of cases they feel best qualified to care for. An orthopedic walk-in center can be an excellent vehicle for that physician to market and educate the public about particular pathology or procedures they are interested in managing. For example, a minimally invasive spine surgeon can make the case that a specific and very effective procedure may be the optimal solution for the patient who might otherwise be seen and managed by the chiropractor- simply because of easy patient access. The orthopedic walk-in center completely disrupts that notion and can gradually shift appropriate patient volume to the engaged orthopedic specialist.

Perhaps the most compelling reason to consider engagement with a walk-in center as an orthopedic surgeon, is to truly contribute to the lofty, but necessary, goal of US healthcare reform. Demanding clinical work schedules have gradually allowed non-clinician players in the healthcare market to dominate decision-making and trends in healthcare delivery. Owning or engaging in an orthopedic urgent care center allows the orthopedist to directly influence these healthcare changes while benefiting in the most appropriate manner.

TO THE HEALTHCARE SYSTEM AND SOCIETY

Data collected from the American Academy of Orthopedic Surgeons and data compiled by the Medicare and Medicaid databases from the Centers for Medicare & Medicaid Services (CMS) have among their highlights about patients the following:

- Orthopedic complaints are the most common reason to seek medical care
- One in seven Americans has an orthopedic impairment

The data suggests that the need for specialized orthopedic care clinics exists. The general urgent care clinic model does not provide access to a trained orthopedic clinician who has the expertise to provide specialized orthopedic care to a patient walking in off the street with a sprain or a fracture. Oftentimes, these general care clinics will recommend the patient visit an orthopedic specialist for follow-up, or they might even direct the patient to their host hospital for follow-up, which the typical patient was trying to avoid in the first place. In either of these scenarios, the patient is faced with delay in care or sometimes inappropriate care.

The issue of cost also enters the scenario as each patient contact brings along a co-pay or charge oftentimes being a significant charge if the patient goes the route of the hospital. If the patient went the route of the general urgent care route, they are also charged for the inadequate care offered for their orthopedic pain or injury and the outcome is still not addressing the original complaint.

The orthopedic care clinic model which OrthoNOW offers a patient with an acute or chronic musculoskeletal is-

sue grants them easy access to expert care. Our care clinics operate with convenient hours by opening early in the day and continuing to offer services into the night. The clinics also offer the patient access to this care during weekends as well.

At OrthoNOW neighborhood care clinics, a patient will have access to clinical staff trained to properly diagnose and treat all orthopedic conditions. The clinics are equipped with all the necessary equipment (digital x-rays, ultrasound, MRI and fluoroscopy) in order to make a definitive diagnosis and to be able to prepare a treatment plan.

The patient experience is further enhanced by the fact that OrthoNOW has an extensive network of orthopedic subspecialists, who they communicate with using a HIPAA compliant app, who the treating clinician has immediate access to should a consult be needed for surgery or simply because the clinician wishes to get a subspecialist's opinion on the case. By comparison, if the same patient were to access care for the same condition at a general urgent care facility or a hospital, this level of collaborative expertise care would typically not exist.

OrthoNOW's care model has built into its availability of durable medical equipment, casting and splinting supplies, medication dispensing, and pain management options such as electro-neuromuscular therapy. The clinics are opioid-free care centers practicing other treatment options such as platelet-rich plasma therapy and stem cell therapy. In addition to these, OrthoNOW also offers patients the ability to leave fully treated and be able to purchase pharmaceutical grade supplements which were formulated with our orthopedic experts' direction, to aid in inflammation and pain relief, as well as, joint pain reduction.

At OrthoNOW, a patient needing to seek care for their orthopedic condition can expect to have fast access to expert care, incur low cost to access that care, feel confident that the care they receive is appropriate, and have an overall patient experience which results in positive clinical outcomes.

MARKETING APPROACH

OrthoNOW has carved a place at the top of the funnel. Subspecialists, surgery centers, physical therapy, and employer wellness programs all ultimately benefit from the marketing prowess of the entity reaching the largest pool of prospects. Moreover, adoption of a new method of healthcare delivery, and the resulting gains to public health, depend on a holistic strategy to connect the brand with people who can benefit from it. An integrated marketing strategy takes cues from leaders in retail and restaurants, but places importance on being nimble, like the marketing savvy service disruptors AirBNB and Netflix. To market to the modern healthcare consumer, digital and traditional marketing channels are employed.

Most great marketing strategies are built from observation and common sense. The customer isn't always knowledgeable about what's available to them. The founder of Ford Motors purportedly said, "If I had asked what my customers what they wanted…they would've said a faster horse!" Truth is that customers know what they want: faster and less expensive expert solutions to their problems. Communicating the advantages and changing behavior are the disruptive marketer's goals.

Social media is expectedly an important part of a modern service delivery model and this new delivery model of orthopedic care is no exception. Social media channels obviously include Facebook and Twitter and YouTube, but it soon became apparent that Instagram reached an active demographic, and LinkedIn was critical for reaching the work comp coordinators and human resource executives. And tomorrow it may be Snapchat or the sudden rise of XING or WeHeartIt. The rapid adoption of social media platforms underscores the necessity to have a nimble approach, while still being integrated with data warehouses.

Accurate data of the patient counter is conjoined with digital marketing tools and is decoded to form and then nurture a database which blends active consumers of the product, influencers who recognize its worth, and prospects who could benefit from a new form of healthcare delivery. Reputation management is a necessary element, with some 90% of healthcare consumers beginning their journey online.

Challenges include integrating new tools and platforms in an ever-changing backdrop of consumer engagement. Lives are gradually transformed with the development of technology. The patient experience is continually enhanced by new and creative engagement tools. A new level of personalization is emerging, with promising results from artificial intelligence, and continued improvement will reduce acquisition costs.

Personalizing content requires careful consideration of each target audience. Whether it be an employer, the payor community, or direct to the consumer, the marketing tools developed at OrthoNOW were designed for national growth, so successful tools could be replicated and customized based on demographic and psychographic variables.

Communications are integrated across disparate channels, exponential improving likelihood of engagement with the brand. Visuals are consistent and resonate with target audiences. The collective worth of the brand is amplified through consistent communications and iterative encounters. Digital tools including email campaigns, mobile applications, SEM, websites, social media are integrated with event marketing, in-clinic presence marketing, and business development.

No marketing strategy is complete without engaging internal customers. Everyone at the company has a role in marketing. Every interaction with the patient or prospective patient represents an opportunity to share the benefits of a groundbreaking healthcare delivery model. Moreover, great marketing insight is found on the front line.

Transformation of the US healthcare system depends on a groundswell of support and edification about a different and better way to approach obtaining direct access to the right care at the right time, and the marketing approach supports this goal.

	Improved Access	Lowered Cost	Provided Transparency
Uber	✓	✓	✓
amazon	✓	✓	✓
airbnb	✓	✓	✓
OrthoNOW	✓	✓	✓

Figure 1

OPERATIONAL STRUCTURE

In seeking to disrupt the classic delivery model of orthopedic healthcare, it was important to define and build an operational structure that enabled a new mixture of improved access and leading edge patient engagement, while keeping costs low. OrthoNOW® clinical treatments and protocols are largely similar to those found at traditional orthopedic practices — with some notable differences mentioned elsewhere herein — but how the patient accesses these services is quite different. The structure must be scalable, replicable, and yet adaptable to various regions and unique locales.

The details of this operational structure are delineated in an extensive and detailed Policy & Procedures manual, borne out of an early expansion strategy that included franchising. Franchisors have an obligation to create an operating manual, necessitating its creation. The OrthoNOW manual was created without a template, as few others have attempted franchising healthcare delivery, and there were few examples of on-demand orthopedics. The result is a living, breathing manual with appendices that continues to guide business partners, enables replication, and ensures consistency at corporate locations.

THE CUSTOMER IS ALWAYS RIGHT

The operational structure is the heart of a customer-focused organization. OrthoNOW® views each patient as a customer with high demands for personalized service, easy transactions, and lower costs. Millennials have led a movement of instant gratification at a lower cost and are driving change in the workplace and marketplace. Amazon fueled these demands with low costs, easy transactions, social confirmations, and speed of delivery. OrthoNOW® is disrupting healthcare operations by greatly improving access to care, removing costs from the system, and by providing a transparent pricing model.

In each example, technology played a significant role. OrthoNOW® similarly employs technology to meet the demands of the modern customer. Highlights of the relevant technology are found below.

TECH-ENABLED DISRUPTION

The social impact of the OrthoNOW disruption is smoothed by leading edge technology, reducing potentially destabilizing effects on the patient experience and perception. A technology roadmap was designed to ensure integration of information and a foundation for growth.

Figure 2

MOBILE APP

A Mobile app simplifies the patient journey and serves to transition the paradigm. The idea of arriving unannounced at a specialized medical facility is a big shift for many. In order to maintain the established reputation of specialized orthopedic services, but bridge the thinking to a new way of accesses such, the "On my way NOW®" feature was created. The patient downloads the OrthoNOW mobile app to their smartphone, a first step in realizing this is a different kind of a medical practice. By selecting "On my way NOW®" the patient (or parent or coach or other interested party) can choose an OrthoNOW location and estimated arrival time. The journey is now one step closer to the familiar and sometimes expected model of setting appointments and receiving confirmations.

Similar to a restaurant that doesn't take reservations, but allows call-aheads, OrthoNOW allows the user to notify the front desk that they are en route.

Later versions of the continuously updated app allowed integration with another disruptor, Uber ridesharing, so now patients can order a ride and pass info directly to Uber. Telehealth was added, allowing patients to have remote sessions with an orthopedic clinician. A recently added feature streamlines the referral process to and from clinics.

TELEHEALTH

Patient-facing telehealth now connects patients with providers over a secure connection, further simplifying access, lowering costs, and maximizing productivity. Effective

use of telemedicine can promote orthopedic health and wellbeing, and orthopedics is an underserved segment of medicine in this regard. The solution must have ease of appointment setting, processing of payments, and secure connections.

Supplementing an existing telehealth solution for communication between healthcare professionals, the patient solution was easily adopted internally. The development effort built a foundation for expansion among business partners and other members of the network.

In many medical subspecialties, telehealth is beginning to change traditional healthcare delivery. Both acute and chronic conditions may present with symptoms that range from mild to severe. Examples of acute medical conditions that may be diagnosed effectively by video-based telehealth include uncomplicated cases of low back pain, swelling, joint pain, trigger finger, contusions. The virtual medium is also an appropriate tool for consultations regarding prevention and wellness services. Prescribing is generally accepted (depending on local and federal regulations) within the context of real-time video sessions when information can be provided that approximates the in-person exam. The practitioner must be aware of and follow all relevant regulations regarding the modality of technology used when choosing to provide care to patients via telemedicine, and in particular when considering prescribing medications. There are several common attributes of care in an on-demand setting and video-based telehealth, including timely service, a trust relationship, and opportunity for follow-up. The Agency for Healthcare Research and Quality (AHRQ) definitions are inclusive; healthcare delivery is not simply defined as a location but as an organization that delivers the care.

Telemedicine has been used effectively to provide healthcare for patients who live in rural or remote access and have limited access to care or specialists. But it is also for the technologically savvy, the millennial population, those in a dense or high traffic setting, or with complicated work/life schedules. There is further benefit to the system because telemedicine can be used as a triage mechanism to help ensure that patients see the appropriate clinician, and that they are only seen in person when absolutely necessary.

Telehealth is not meant to replace traditional, in-person visits. Patients with complex problems or conditions must be seen in person. Remote diagnostics and IoT devices are still limited. However, the technology provides an adjunct to the delivery of high-quality care.

DATA ARCHITECTURE

Implementation of an integrated, streamlined workflow of data collection with ubiquitous access is paramount. Data flows from patient to practice management software, cloud-based full-featured orthopedic electronic health records (EHR) system, customer relationship management programs, marketing automation software, and reporting dashboards. Vendors are carefully vetted for ability to integrate and contribute.

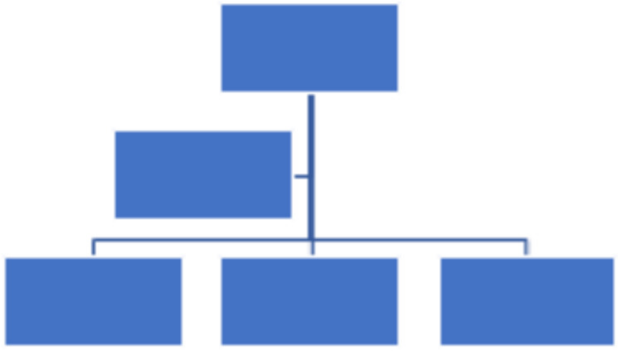

Figure 3

INTRANET

A company developed and hosted intranet provides staff and business partner access to analytics, policy updates, marketing calendars, brand guidelines, and other critical information. The intranet provides a communications hub for the network, coalescing ideas and defining standards. KPIs appear on a dashboard.

THE PHYSICAL PLANT

Modern clinics meld state-of-the-art technology with modern conveniences and expected medical facilities. The brick-and-mortar location, whether a de novo development or conversion of an ethnic restaurant in a strip center, is chosen based on established site selection guidelines and extensive analysis of local data.

- Clinics need to be convenient, placed where the population lives and works — not in a medical office park.
- High visibility locations are important— one clinic occupies the space of a former Starbucks.
- Ease of access includes on-site free parking and well-lighted building entrances.
- Clinic interiors are warm and inviting. The “waiting room” became known as the “greeting room.”
- Closed circuit tv plays educational and promotional content.
- Patient flow and provider collaboration areas are optimized.
- Pervasive, reliable, and fast internet connectivity is assured.

Periodic audits complement a quality assurance program built to maintain compliance with governing authorities, prevent brand damage, monitor performance to goals, promote higher productivity, and ensure high functioning teams.

ORGANIZATIONAL STRUCTURE

Clinics are staffed with midlevel providers, reducing traditional costs of orthopedic specialized care. Staff members are cross-trained on administrative and customer service roles. Support of labor fluidity is important for the model to work. Technology assists via a peer-to-peer telemedicine

network. The orthopedic trained Physician's Assistant (PA) or Nurse Practitioner (NP) enjoys autonomy and is supported by a supervising physician and a network of subspecialists.

Clinicians must pass competency exams and receive frequent new procedure and skills training and clinical preceptorships.

By looking at patients as customers, staff is well aware of the power of each transaction in influencing others — through reviews and ratings. An engaged staff, utilizing an approach championed by leading retailers, leads to an engaged and happy patient. And a happy patient is a compliant patient, improving outcomes and further enhancing productivity of the workforce while reduce direct costs.

SUPPLIER PARTNERS

A key enabler to innovation, growth, quality, and cost containment is the engaged supplier. Careful vetting of suppliers and definitions of roles must be part of the operational structure. Supplier management ensures value is maintained across the supply chain, including GPOs, distributors, and key service and technology vendors. The modern orthopedic care system must implement system-wide supply chain monitoring, and a disruptor seeks supplier partners with vision and spirit of partnership:

- Create and ensure consistency of delivery and reputation
- Build awareness among existing network
- Make connections, engage peers and other customers

There's no turning back. The informed and demanding consumer of healthcare services is here to stay, and healthcare delivery organizations must continuously modify and improve operations or face obsolescence.

FINANCIAL IMPACT CASE STUDIES

MIAMI-DADE COUNTY

Dedicated orthopedic and / or musculoskeletal urgent care clinics operated by OrthoNOW are extremely beneficial to patients, physicians, and the health care system. They at once improve access to specialized care when needed most, significantly decrease overall health care costs for patients and insurers, and reduce the strain on hospital emergency rooms. In addition, they can be financially beneficial to patients, particularly those without health insurance or for those with high-deductible insurance plans.

Based on OrthoNOW's data, OrthoNOW estimated that the cost of care savings realized with Miami-Dade County, for example, would exceed $2.3 million dollars annually, based on the following assumptions:

- Approximately 920 workers compensation injuries per fiscal year, of which 90% are musculoskeletal or orthopedic in nature
- $12,500 total cost of care when the workers starts care at the emergency room or occupation health center (the status quo). This includes all imaging, diagnostic testing, treatment and professional fees from multiple referrals
- $700 total cost of care at OrthoNOW, had the care started at OrthoNOW.

While this analysis is for one county, it is indicative of the total impact orthopedic urgent care can have in cost reduction in the US healthcare system. It is also a good proxy for the total cost savings a self-insured (or partially self-insured corporation) can realize by using orthopedic urgent care.

It is easy to assume that cost of care and

METRICS

In the last 10 years, the United States has seen rapid growth in the establishment of urgent care centers. There are currently over 9,000 total such urgent care centers operating in the United States. These centers are predominantly owned by financial sponsors or hospital chains and are intended to see and treat non-life threatening and non-acute conditions (e.g. sinusitis, the common cold). Additionally, approximately 30% of the spend occurring in these urgent care centers are to treat orthopedic and / or musculoskeletal injuries. Yet, less than 1% of all of the urgent care centers in the United States have expertise in delivering effective and definitive treatment or care for these injuries.

In May of 2010, OrthoNOW opened its first "orthopedic only" urgent care center in South Florida. The purpose of OrthoNOW is to treat (not triage) non-traumatic orthopedic and musculoskeletal injuries in 70 minutes or less (including check-in and check-out). OrthoNOW is staffed by mid-level orthopedic specialists – who are either well-trained physician assistants or nurse-practitioners – under the supervision of a team of orthopedic surgeon sub-specialists (upper limb, spine, foot and ankle, sports medicine, total joint).

OrthoNOW's data shows that its delivery of specialized orthopedic care in an urgent care center i) definitively treat about 75% of all patient injuries (the other 25% need surgical intervention); ii) reduces the total cost of care vis-à-vis care initiated at the general urgent care center or the hospital emergency room; iii) increase access to orthopedic specialists; iv) is a convenient and desired form of care that patients want; and v) is valued care by our patients

This data was evaluated retrospectively and collected from the centers that OrthoNOW operates. The data consists of a series of patients seen at OrthoNOW (n = 37,129) between 6/22/17 and 6/22/19. Total visit time, time until being seen by provider, time until consultation with orthopedic surgeon, total visit charges, and effect on orthopedic practice revenue were all factors that were evaluated.

The results of OrthoNOW's study are as follows:

- During the 24 months of study, 37,129 patients were treated in OrthoNOW.
- The average urgent care wait time until being seen by a provider was 15 minutes.
- The top 30 primary diagnoses (measured by frequency) accounted for 80% of all diagnoses seen at

OrthoNOW. Of the 30 primary diagnoses, 13 (or 43%) were related to pain (e.g. pain in left knee).
- Total visit time was 70 minutes or less in OrthoNOW (inclusive of check-in, assessment, imaging, treatment(s) and check-out).
- 75% of the patients received at OrthoNOW were definitively treated.
- The other 25% were referred to a supervising subspecialist, as surgical intervention was indicated. The average charge for an OrthoNOW visit was $776 (billed charge, not actual collections).
- The average South Florida emergency room charges per patient are $2,224, thereby indicating that OrthoNOW saved the South Florida economy a total of $53.8 million by treating the 37,129 patients that would have otherwise gone to the hospital emergency room.
- The payor mix for the patients seen during the study was 67.2% commercial, 9.5% workers compensation, 8.5% Medicare and Medicaid, 1.8% PIP, and 13% self-pay.
- OrthoNOW cost to build a new center ranged between $250,000 and $300,000. Its urgent care operating budget averaged $70,000 per month between the two fiscal years in the study.

Dedicated orthopedic and / or musculoskeletal urgent care clinics operated by OrthoNOW are extremely beneficial to patients, physicians, and the health care system. They at once improve access to specialized care when needed most, significantly decrease overall health care costs for patients and insurers, and reduce the strain on hospital emergency rooms. In addition, they can be financially beneficial to patients, particularly those without health insurance or for those with high-deductible insurance plans.