Branding Urgent Care Services at MIT Medical

15.777 Healthcare Lab

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The Challenge

Identify potential issues and opportunities state-wide regulations may have on the branding of MIT Medical's Urgent Care Service

Identify what the MIT community thinks MIT Medical's Urgent Care service offers, including mismatches between expectation and reality

Understanding each the various population identities and patient pathway to find communication opportunities

Stakeholders Interviews

Stakeholders from medical, nursing, admin, & marketing had common pain points and observations

1. **Positive COVID Externality**
   Patients are required to call first → triage based on severity and availability
   Positive feedback from patients and providers
2. **Education Gap**
   PCP vs. ER vs UC → understanding 'what it is called' vs 'what it means'
   Arbitrary choice among options depends on availability and acuity
3. **Undergrad – PCP Assignment**
   Undergrad students confused, unsure of how and when to seek care
   Transient population; little experience controlling their own care

Background / Landscape

For many years, MIT Medical has operated a clinic providing on-demand health care to members of the MIT community under the moniker of "Urgent Care." Now, MIT Medical is asking whether the name "Urgent Care" still properly conveys the intended role of this service to the MIT Community.

Trends in Broader US Market

- **UC's growth** (*+8%, 2013-19*) is largely attributable to US healthcare system's unique features, namely fear of **ERs' opaque billing practices** & **low rates of PCP-patient empanelment**
- However, UC's rapid growth has outpaced education on UC's role in patients' lives, creating a **"gray zone" between PC/UC/ER**

Impact on MIT

This fuzzy understanding of UC's role is mirrored in MIT community.

Plus, MIT's unique demographics make it difficult to have a unified understanding of any one issue.

Urgent Care Labelling in MA

- Since 2015, ten states have adopted some legislation or regulation specific to urgent care
- As of today, MA, has proposed at least one dozen bills related to regulating urgent care, but nothing has been passed

Pricing Transparency

- Federal government has been pushing for health insurance companies to disclose pricing and cost-sharing information prior to care delivery, private UCs may be well positioned to satisfy this requirement

Methods / Approach

MIT Community Survey

Survey Purpose:

How does "Urgent Care" communicate current and potential usage?

1) Identify typical decision pathways between PCP, UC, ER, etc.
2) Discern perceptions and opportunities for improved messaging

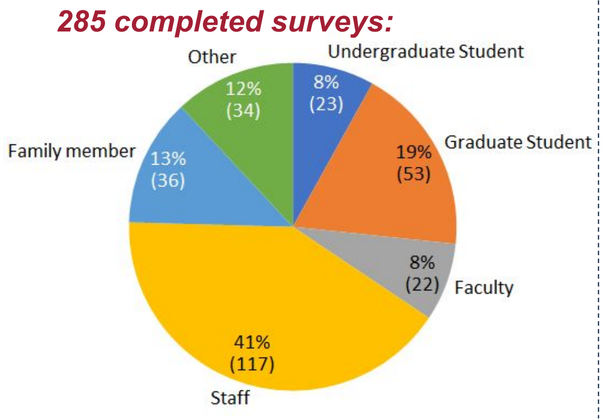
Dissemination:

MIT Medical Newsletter, MedLinks Student Group, Grad Student Anno, Faculty newsletter, SO Groups

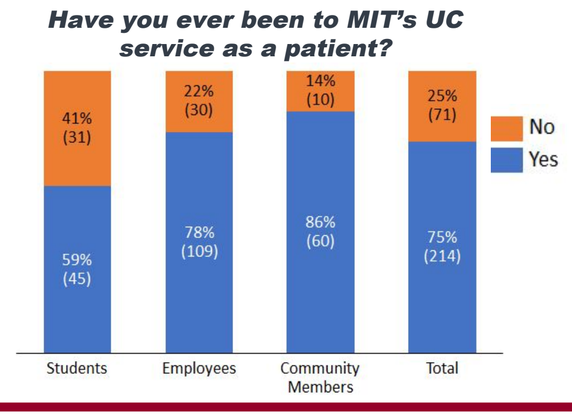
Analyses:

- Group by demographic personas
- Map insights on decision making and perception

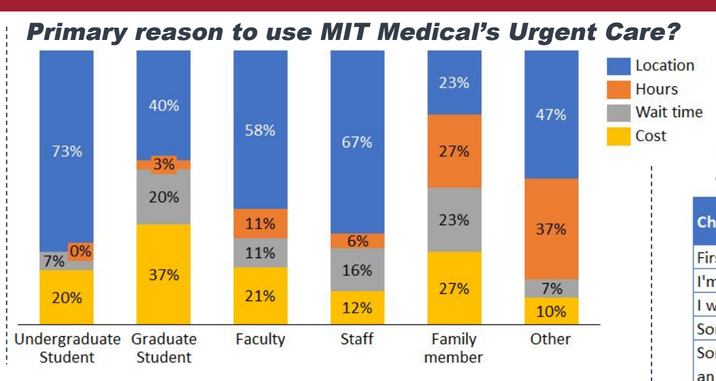
285 completed surveys:



Survey demonstrates higher UC utilization by more entrenched segments of MIT community:



Primary reason to use MIT Medical's Urgent Care?



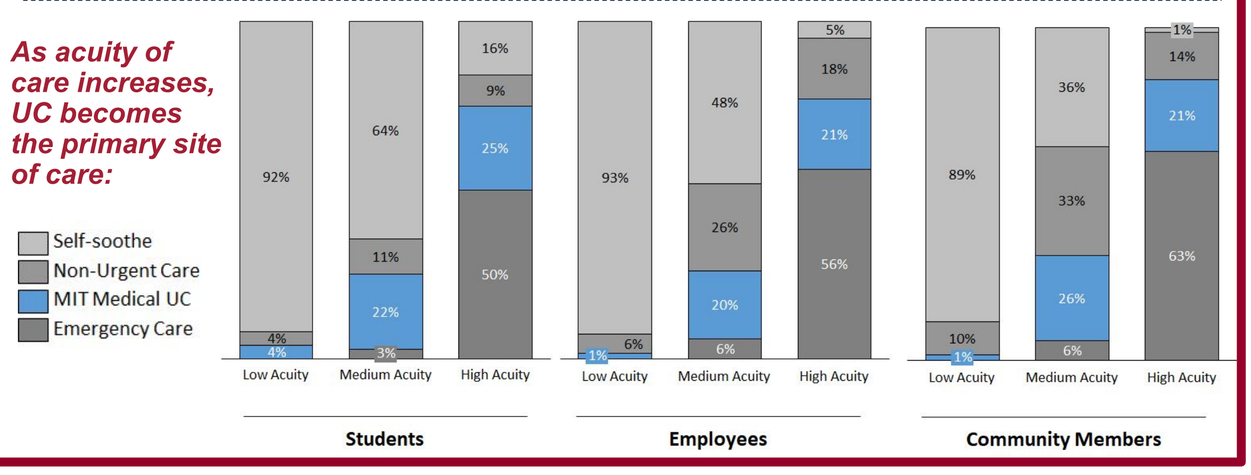
Weak Brand Distinction Between MIT UC and Non-UC: Location + Cost as Primary Reasons for UC Visit

When you think of "urgent care," you think...

UC Perceived Primarily as Walk-in / Pre-ER Site of Care:

Check all that apply...	Students	Employees	Community Members
First stop before the ER if something really serious is going	58%	60%	61%
I'm not sure what this is	12%	4%	4%
I would never use 'urgent care'	0%	1%	1%
Somewhere I can be seen if I do not have a provider/doctor	49%	22%	17%
Somewhere I can be seen today that doesn't require to make an appointment with my provider/doctor	88%	82%	86%
This is probably too expensive for me	13%	2%	0%

As acuity of care increases, UC becomes the primary site of care:



Recommendation

A distinct brand identify for "urgent care" can guide patients into the right care at the right time. We recommend (1) using a verbal label to qualify "on the spot" urgent care as part of the MIT medical care system, (2) complementing this label with visual brand cues and (3) leveraging each patient pathway for optimal communications strategies.

Data driven communication strategy

8-15% — **Likely to call a parent when they feel ill or hurt themselves**

- Add parents to early communication about care options
- Magnet campaign

55% — **List 'location' as a primary reason for using MIT Medical UC**

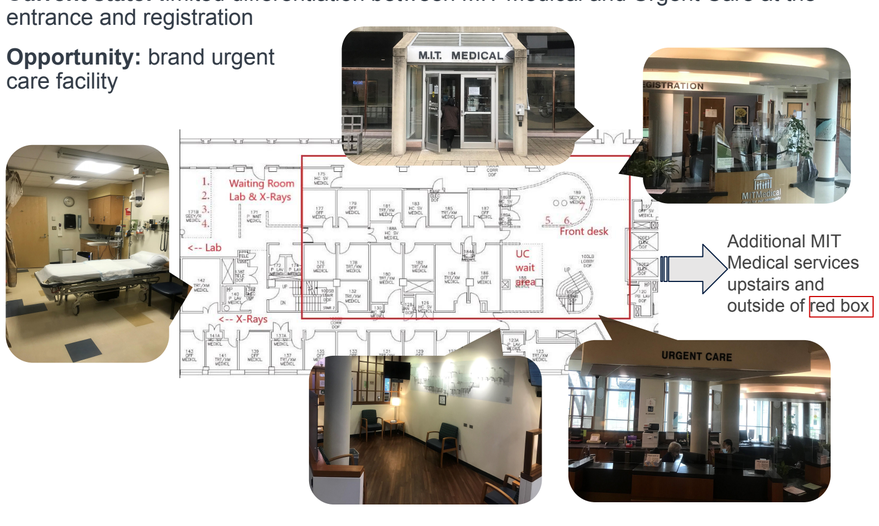
Offer 'stop light' infographic style communication for ways to get service at MIT Medical, guiding decisions based on needs

79% — **Use UC as pre-ER stop or when attention is needed ASAP**

- Use triage to facilitate next opportunity for care at the appropriate service

Current state: limited differentiation between MIT Medical and Urgent Care at the entrance and registration

Opportunity: brand urgent care facility



Future Direction

Our team observed two additional areas for consideration

1. **Stakeholders prefer keeping a triage step post pandemic**
   - Reduce burden of mismatched needs on UC staff and providers
   - Improve continuity of care between departments
   - Satisfy some UC needs and reduce in-person volume with virtual visits
   - Support initial contact by phone/virtual if it reduces visit/travel time
   - Emphasize distinction characteristics of UC: prioritize same day visit and location (who/how/what department is less important)
2. **Potential study to inquire whether encouraging PCP empanelment would improve service quality**
   - Initiates contact for various services, can pair with information session about MIT Medical (in-person or virtual)
   - Enables better continuity of care between departments
   - Reduces burden of setting up PCP
   - Establishes relationship before care is needed

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