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 perception 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 → Hiage 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

Methods / Approach
MIT Community Survey
Survey Purpose:
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 Annou.
Faculty newsletter, SO Groups
Analyses:
- Group to demographic personas
- Map insights on decision making and perception

Survey demonstrates higher UC utilization by more entrenched segments of MIT community:
- Have you ever been to MIT's UC service as a patient?

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

As acuity of care increases, UC becomes the primary site of care:
Slow: Self-referral
Fast: UC Patient
MIT Medical
Emergency 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.

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 reduce burden of mismatched needs on UC staff and providers

2. Potential study to inquire whether encouraging PCP empanelment would improve service quality
   - Initiate contact for various services, care 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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