

Urgent Care Centers: An Overview

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Although there are currently more than 9,000 urgent care centers in the United States alone, they continue to be an almost underground success. Perhaps the roller coaster history of urgent care has contributed to the quiet but sustained second surge in centers. Although sources are not definitive, the concept of urgent care began as early as 1970, with entrepreneurial physicians opening individual clinics to serve patients' needs for acute but non-emergent medical care. It had a peak in the mid-1980s before a precipitous decline. Several causes have been proposed for this sudden decline. Many of the earlier urgent care centers were staffed by physicians who were not optimally trained to provide the type of care requested; quality issues became well known. It went so far that derogatory terms such as "doc in a box" were commonly used to describe this care arrangement. As these types of centers grew, they also challenged the hospitals' revenue and market share. Hospitals responded by purchasing them or providing better options in their emergency departments.

Although that looked like the end of the story, it has proven to be just a false start. Over the last two decades urgent care centers have been appearing all over the country, and the number continues to increase. The gap between patients' access to primary care and emergency care has widened. Urgent care has expanded to fill it. Shortages of primary care providers and changes in how primary care is provided (less evening and weekend availability) have left a gap in the provision of care, causing patients to move towards urgent care. The high cost of emergency department care for non-emergent issues also has likely increased the number of patient seeking an alternative. Insurance plans and employers who pay the premiums have gone so far as to assist patients with finding urgent care centers rather than directing them to local emergency rooms. Also, as

more of the cost of care is borne by the patient, a lower cost option of urgent care is the obvious choice.

The definition of urgent care varies, but most centers have a few things in common. These include provision of unscheduled care, after-hours access, expanded services compared to primary care, and a lower cost than emergency care. Urgent care provides acute episodic care to patients who are unscheduled. Some provide scheduled appointments and primary care, but these are not always present and represent a variation from typical urgent care practice. Expanded access is a key to the definition of urgent care. Most urgent care centers are open at least twelve hours a day on weekdays. It is not unusual to find centers opening as early as 7 a.m. and closing as late as 12 p.m. for patient convenience. Weekend hours are also the norm. Weekend hours vary from six to more than twelve hours a day. Expanded services when compared to primary care offices also characterize urgent care. On-site x-ray, intravenous medications and fluids, repair of lacerations, foreign body removal, basic fracture care, and treatment of abscess are most common. Beyond simple CLIA-waived tests, such as strep throat and urinalysis, urgent care centers often perform blood work. This includes complete blood counts and basic metabolic panels. CT scans, ultrasound, and even MRI are occasionally available as well. Several sources have reported that the cost of care for comparable medical problems in urgent care, although slightly more than primary care, is usually between one-third and one-tenth the cost of emergency care. Copays vary from zero to as much as \$100. Usually they are less than \$50.

The issue of quality has also become an important factor in the current "Phase 2" of urgent care centers' growth. With improved standards and higher regard among the other

specialties, urgent care medicine has become more of a career choice than a final alternative for physicians unable to practice elsewhere. Groups, such as the Urgent Care Association of America (UCAOA), have been offering training in many forms. Online webinars, biennial national conventions and conferences provide a great resource for those looking to learn. UCAOA pioneered several one-year postgraduate fellowship programs, which have been in existence for several years and are dedicated to training physicians who desire to practice urgent care. In 2010 the Urgent Care College of Physicians (UCCOP) formed with the support of UCAOA. UCCOP is dedicated to inspiring excellence and advancing the specialty in urgent care practice. The *Journal of Urgent Care Medicine* (JUCM), the official journal of UCAOA and UCCOP, provides another method to share the practical and clinical knowledge relating to the resurgence of urgent care. The American Association of Physician Specialties (AAPS) recently recognized the importance of urgent care as a separate knowledge base by adding Urgent Care Medicine to its list of certifications offered. The new Board of Certification of Urgent Care Medicine (BCUCM) was developed to help define that knowledge base and create a process for urgent care physicians to be tested and recognized for their proficiency with it.

With all the changes in medicine today and the increasing move toward value, urgent care is a definite and increasingly valuable

part of the answer to decreasing cost and improving quality. Although predicting the future is difficult, it looks bright for the new specialty of Urgent Care Medicine.

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Interesting Reading

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