

Urgent care centers (UCCs) and other convenient care clinics have long existed in the United States as part of the care continuum for non-emergency medical conditions. Although UCC development was slow in early years of existence, a sudden surge in the growth of these clinics has occurred in the past decade.¹ Changes in insurance reimbursement, consumer demand for convenient, timely access to care, and increasing financial exposure for patients and hospitals by payers have attributed to this growth. A recent survey indicates that demand is particularly high among millennials (ages 21-32), whose preference for UCCs and retail clinics is double that of baby boomers (ages 50-71).² If these preferences persist over time, identifying and understanding the differences between UCCs and traditional ambulatory care settings will be critical both for informed patient choice and provider evolution toward more patient-centered care. This fact sheet discusses various ambulatory care settings, UCC ownership characteristics, the UCC regulatory environment, and care coordination considerations.

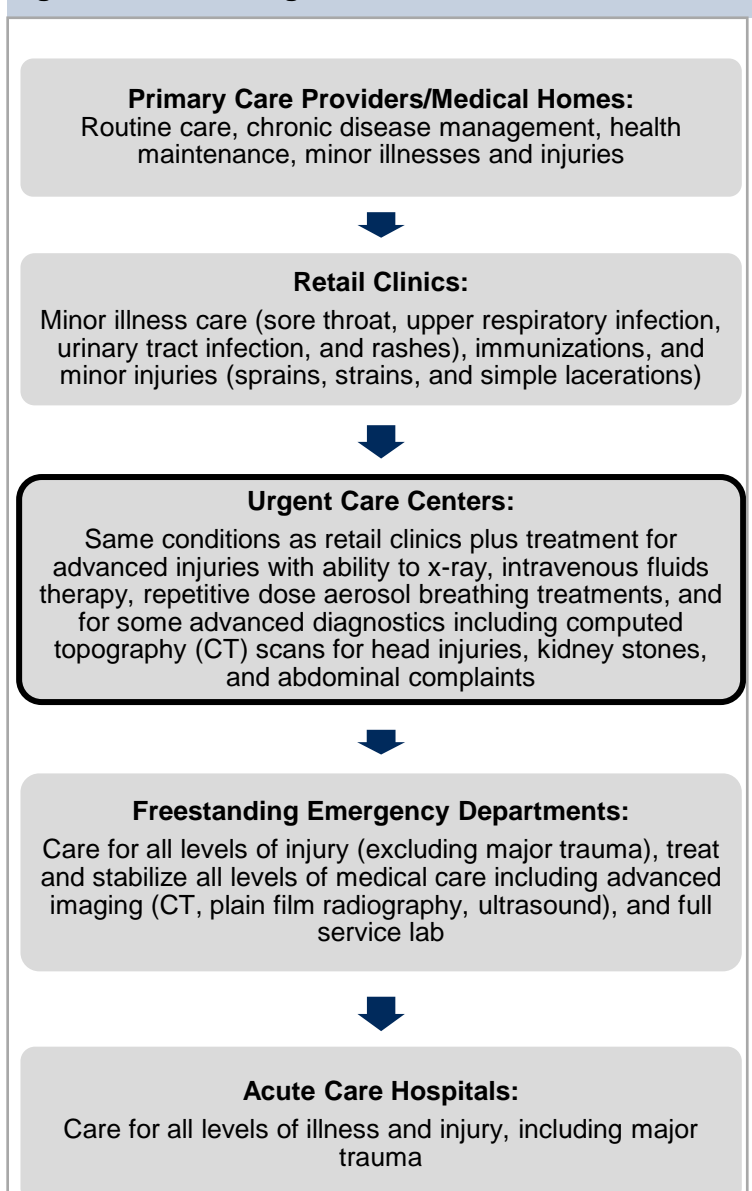
URGENT CARE

Consumers have several options in seeking care for illnesses or minor trauma including, primary care providers (PCP) or medical homes, retail clinics, urgent care centers (UCCs), free-standing emergency departments, and acute care hospitals (see Figure 1). The urgent care center option provides ambulatory medical care outside of a hospital emergency department on a walk-in basis, without a scheduled appointment.⁴

According to health policy experts, the ideal point of access for patients seeking non-life threatening care is with a PCP or medical home. This setting provides the best opportunity for patient health to be followed over time, delivery of preventive services, management of chronic conditions, and coordination of care with other health care professionals.⁵ Individuals needing urgent care, however, do not always seek treatment from their PCP. For example, in 2014, an estimated 66 percent of UCC patients had an outside primary care physician but still sought acute care at a UCC.⁶ In a recent poll conducted by National Public Radio (NPR), 22 percent of individuals were not able to see their regular healthcare provider in the past two years when needing medical care, and 60 percent of those individuals visited a UCC to receive treatment.⁷

The urgent care industry is fast-growing. There are approximately 9,000 urgent care centers (UCCs) in the U.S. with 20,000 physicians practicing at UCCs.⁸ As many as two new facilities open each week with an expected growth to 15,000 UCCs by 2019.⁸ Hospitals currently own approximately 27 percent of the nation's UCCs, while the remaining clinics are generally owned by for-profit corporations or are independently-owned by physician groups.⁹

Figure 1. Care Settings and Provided Services³



URGENT CARE CENTER FEATURES

Characteristics

- **Service:** Emphasize walk-in or unscheduled care, extended evening hours, and weekend hours⁵
- **Staffing:** Approximately 80 percent of UCC staffing is a combination of physician, physician assistants (PAs) and advanced practical nurses (APNs) while the remaining 20 percent staff physicians only¹⁰

Patient Care¹¹

- **Focus:** Acute illness and injury
- **Access:** No appointments necessary and seek to treat as many patients as quickly as possible
- **Patient population:** Generally treat populations with a broad range of healthcare needs and payment sources but are not legally required to treat everyone (i.e. do not have to accept Medicaid patients or individuals without insurance)

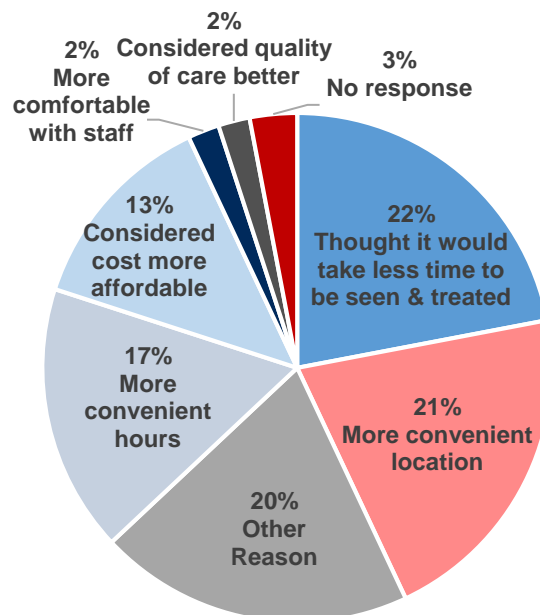
Billing¹²

- **Payment:** Fee-for-service, generally higher payment than family practice clinics but considerably less than an ER visit
- **Out-of-network consumers:** The consumer will owe the balance between what the center charges and what an insurer pays (known as “balance billing”) if the UCC is out-of-network → Translates to unexpected costs for the patient

While these are features shared by most UCCs, hospital-owned UCCs differ compared to UCCs owned by non-hospital for-profit corporations or physician groups. More specifically, a hospital’s UCC could be in the hospital facility, rather than a stand-alone location and hospital UCCs are required to serve all patients needing treatment, regardless of insurance status.

PATIENT’S PERSPECTIVE

Why do patients opt to seek care at UCCs for non-threatening conditions? The chart below displays results from a recent poll asking patients their main reason for visiting a UCC instead of going to another facility.⁷



URGENT CARE CENTER REGULATION

Although UCCs offer similar medical services as other ambulatory care settings, the extent to which UCCs are subject to the same regulatory guidelines varies by state. Hospital-based UCCs are generally subject to the same regulatory requirements as their hospital owners. However, for non-hospital-based UCC providers, there are increasing concerns regarding the lack of regulation by states to ensure patient safety and quality of care. In Arkansas, for example, UCC facilities are not regulated by any state agency; however, healthcare providers employed by UCCs are governed by their respective health professional boards.⁹ Several national organizations offer accreditation and certification of UCCs but this is not currently a requirement for operation in Arkansas. Other states have implemented regulatory frameworks for UCCs operating in the state. Table 1 provides examples of state regulations in Massachusetts, New Hampshire, and New York.

Table 1. State Regulation of Urgent Care Centers

MA¹³	In 2008, the Massachusetts Public Health Council established regulations for the operation of retail health clinics in Massachusetts, including UCCs. Regulations specify which medical conditions and age groups can be treated, medical referral and record keeping procedures, and requirements for repeat patient care.
NH¹³	In 2009, the state passed legislation to limit the scope of services in UCCs, regulate staffing, and require mandatory postings of services, hours, and after-hour care sources.
NY¹⁴	In 2015 the state passed legislation to protect consumers from surprise bills when services are performed by an out-of-network doctor at healthcare facilities, including UCCs. Since the law passed, four companies operating UCCs in the state have agreed to disclose more clearly which insurance plans they accept.

URGENT CARE CENTER CONSIDERATIONS

Many healthcare consumers face long wait times for appointments with PCPs or costly care in emergency rooms for non-emergent conditions. Individuals seeking treatment for minor illnesses or injuries may view UCCs as a convenient and cost-effective option. Although UCCs may satisfy this demand, the primary care community has noted challenges such as disruption of continuity of care (See Table 2). As the UCC industry continues to grow and evolve, policymakers should consider whether oversight of UCCs is needed to ensure safe and appropriate patient care, transparent pricing, and comparable treatment of similarly-situated providers. Also, by recognizing the emerging preference for UCCs—particularly among younger populations—as a source of care, primary care providers in traditional settings may recognize an opportunity to adapt and attract patients who value convenience as a component of patient-centered care.

Table 2. Urgent Care Center Challenges

Continuity of Care	<ul style="list-style-type: none"> Interferes with care received through a medical home Patients may not receive follow up care Communication to medical home or PCP missing regarding episodic care
Access	<ul style="list-style-type: none"> Necessary medical services may not be provided Not legally required to care for underserved populations
Regulation	<ul style="list-style-type: none"> Large variation between states in regulation of UCCs Lack of accreditation or certification of UCCs in Arkansas

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