

Urgent Care Definition

Definition of Urgent Care: Urgent care is defined as the delivery of ambulatory medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment.

Scope of Urgent Care: Urgent care centers treat many problems that can be seen in a primary care physician's office, but urgent care centers offer some services that are generally not available in primary care physician offices, for example: X-Ray facilities allow for treatment of minor fractures and foreign bodies, such as nail gun injuries.

Minor trauma rooms also allow for repair of minor and moderate-severity lacerations in an urgent care center.

Value of Urgent Care: Urgent care centers provide significant savings to patients and insurers over the alternative of hospital emergency departments for episodic care that cannot be delayed until an appointment at a physician office is available.

In addition, their scope of treatment is more extensive than retail clinics (in-store clinics located in retail centers such as a drugstore) making the need for transfer (and additional charges and patient inconvenience) to a higher-level facility more unlikely.

Convenience of Urgent Care: According to the Centers for Disease Control (CDC), patient visits to hospital emergency departments currently average 3.2 hours, and a more recent Press-Ganey study estimated visit time at 4 hours. Many of the problems currently treated in hospital emergency departments can receive timely treatment in less than one hour in an urgent care center.

Appropriateness: The CDC has reported that approximately 40% of visits to hospital emergency departments are for non-urgent or semi-urgent problems (more appropriate to urgent care). These problems aggravate the overcrowded emergency departments of the country, and many would be better treated in an urgent care center.

Urgent Care Hours: Most urgent care centers offer extended hours in evenings and on weekends for patients to receive treatment when their personal physician is not available.

Industry Growth: With the first urgent care centers opening about 20 years ago, the industry has seen rapid growth, with multiple urgent care centers serving most communities in America. There are approximately 9,000 urgent care centers in the US. Urgent care is also seeing rapid expansion in the UK, Ireland, and New Zealand.

Compliment to Primary Care: By definition, urgent care centers function as overflow valves for the public, when timely appointments to a primary care physician office are not available or after regular office hours when patients needing immediate attention would otherwise be diverted to a hospital emergency department. UCAOA recommends patients build a relationship with a primary care physician.

Future Developments

Training: Fellowship and residency training is much needed for the rapidly growing specialty of urgent care medicine. UCAOA is sponsoring the development of university-sponsored fellowships for physicians who are board-certified or board-eligible in a primary care specialty. These physicians will be able to develop and hone clinical and administrative skills to practice excellence in urgent care medicine.

Two Fellowship Programs are currently available: one at University Hospitals Case Medical Center in Cleveland, Ohio and the other at the University of Illinois-Rockford. Physicians interested in undergoing fellowship training in urgent care medicine should contact UCAOA for further information of urgent care medicine fellowship training or visit www.ucaoa.org/fellowship.

Urgent Care Board Certification: Currently there is no board certification in urgent care that is recognized by the American Board of Medical Specialties (ABMS). After extensive investigation with those close to board certification processes, it appears clear to the UCAOA Board of Directors that urgent care is unlikely to meet the requirements for becoming its own specialty according to ABMS rules. There remains a possibility that urgent care could become a recognized subspecialty for applicable existing specialties (family practice or emergency medicine), and work continues by UCAOA members to develop that potential.

In the meantime, activities will focus on development of training programs in urgent care, the basis for developing competency standards.

Benchmarking: To date there has been no national-level benchmarking study of the urgent care industry, although UCAOA has conducted several internal surveys. Recognizing the need for national data, the UCAOA Board of Directors provided a grant to researchers based at Massachusetts General Hospital to conduct a survey beginning in January 2008. Results will be available in the Spring of 2008.

Coding: Urgent care centers do not "establish" patients as do primary care physicians with complete intake history and physical exams. In hospital emergency departments new and established patients are not differentiated, because patients are seen on an episodic basis rather "established" as ongoing patients. Coding that distinguishes between new and established patients is artificial and forced in the urgent care setting. Thus, a separate set of evaluation and management codes is needed for urgent care. In the interim physicians may negotiate use of problem-based coding for urgent care services.

In summary, urgent care is a rapidly-growing sector of the health care industry. It offers timely, convenient and appropriate care to members of the public who have illnesses or injuries that are of an acute nature. Urgent care is appropriate for injuries of an acuity higher than generally seen in a primary care physician office but yet of lower acuity than requiring care in a hospital emergency department. Urgent care also offers an overflow outlet for the public when an appointment is not available at a primary care physician office.