

Urgent care medicine has become an important link in the chain of healthcare delivery, providing quick, convenient and quality care for millions of people. Preserving and improving access to urgent care should be an important consideration for policymakers and payers as an increasing number of Americans gain health insurance.

Filling the Primary Care Workforce Gap

A staple of the Affordable Care Act (ACA) is availability of primary care physicians. Yet, it is projected there will be a deficit of more than 45,000 primary care physicians by 2020.¹ Consider that Americans are already experiencing the effects of an overburdened healthcare system. Primary care physicians today are providing much less acute care than historically. One of the biggest barriers to acute care in primary care practice is many office-based practitioners' busy schedules, making same-day scheduling difficult.² Same- or-next day access to a provider for insured U.S. adults is low (53 percent).³

In addition to difficulty obtaining same-day appointments with primary care providers, 57 percent reported difficulty with evening, weekend and holiday care, except for the costly emergency room.⁴

Another study by the Commonwealth Fund found that three in four adults say they have difficulty obtaining timely access to a doctor when medical care is needed. Those surveyed cited difficulty getting same- or next-day doctor appointments when sick, obtaining medical advice from a physician during normal working hours, and getting medical care outside normal business hours (without a visit to an emergency department). As a result of the findings, the Commonwealth Fund and the Dartmouth Institute⁴ gathered industry thought leaders who identified six critical areas to increase access to care, including after-hours access and same- and next-day appointments. They concluded that medical homes must provide patients with options for off-hours care, "which can result in a sizeable reduction in emergency room visits."

Patients who use urgent care centers often do so for episodic care. As a result, urgent care centers generally do not engage in the continuing medical care of patients with chronic injuries or illnesses. Yet, urgent care centers are often falsely criticized for promoting fragmented care; when their unique role is to provide urgent access to care and then steer patients toward primary care physicians and specialists for ongoing care.

For Americans, both with and without a primary care physician, there are serious access issues when medical care is needed for non-emergent, acute conditions. Urgent care centers have the capacity to care for those who cannot access a primary care physician, and payer policies

¹ The Impact of Health Care Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025. Association of American Medical Colleges; June 2010. Accessed online Nov. 14, 2014 https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

² Pitts S, Carrier E. Where Americans Get Acute Care: Increasingly, It's Not At Their Doctor's Office. Health Aff September 2010 vol. 29 no. 9 1620-1629 <http://content.healthaffairs.org/content/29/9/1620.long>

³ Schoen C, Osborn R, Squires D, and Doty Michelle, Access, Affordability, And Insurance Complexity Are Often Worse In The United States Compared To Ten Other Countries. Health Aff no. (2013). 10.1377/hlthaff.2013.0879.

⁴ Ibid.

should encourage rather than inhibit access to urgent care centers for both primary care (when available) and acute, episodic care.

Diverting Non-Emergent Care from Costly Hospital Visits

Emergency room crowding is commonplace in virtually every community across the country. A January 2014 report from the American College of Emergency Physicians concluded that access to emergency care in the United States gets a failing grade of D- which reflects too few emergency departments to meet the needs of a growing, aging population, and an increased number of insured due to the ACA.⁵ Barriers to urgent care center development and policies that hinder patient access to urgent care will only worsen the challenges already confronting emergency departments that are treating patients who could otherwise be readily attended to by urgent care centers.

The top non-emergent conditions (upper respiratory infections, minor injuries, and contusions, sprains and strains) are among those medical problems that are best handled at urgent care clinics. Urgent care centers help fulfill the tremendous need to reduce emergency room overcrowding. Urgent care center walk-in policies, along with extended hours, are convenient for patients. For both insured and self-paying individuals, wait and overall treatment times, along with cost, are significantly less than receiving similar treatment in a hospital emergency room. Urgent care centers as a lower cost site of service also benefit payers which can divert lower acuity patients away from expensive emergency departments.

UCAOA Position on Improving Accessibility to Urgent Care Centers

Patients deserve access to timely, high-quality health care that is appropriate to the clinical condition, which includes access to urgent care centers for non-emergent acute, episodic care.

Use of urgent care centers should be facilitated through patient education, adequate urgent care provider reimbursement, and the removal of barriers, such as prior authorization and other restrictive insurance coverage policies that can unnecessarily steer patients to emergency departments. Payers should also consider the incorporation of urgent care centers in the testing of innovative payment and healthcare delivery models.

Payers and regulators should include access to urgent care centers when considering provider network adequacy, including adequacy of primary care providers.

Notice and Disclaimer

The Urgent Care Association of America (UCAOA) was founded in 2004 to advance and to distinguish the role of urgent care medicine as a healthcare destination and to support the ongoing success of UCAOA membership through education, advocacy, community awareness, benchmarking and promoting standards of excellence.

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