Chapter 5
Urgent Care Centers

ABSTRACT

This chapter focuses on urgent care centers as a unique innovation that has been in the making for the last 30 years. Urgent care centers provide unscheduled or walk-in care, are open for extended hours on weeknights and weekends, and provide services that go beyond what primary care physicians provide, such as occupational medicine, laboratory tests, and fracture care such as splinting and casting, with some providing intravenous fluids, routine immunizations, and primary care services. This chapter describes in-depth the history and growth, operations, and stakeholders of urgent care centers, and overviews the research that relates to quality of care, costs, and patient satisfaction in these centers. Given the expanding industry, strong growth in company numbers, greater employment opportunities, and rising per-capita usage of urgent care centers, the author argues that the urgent care industry is in the growth phase of its life cycle.

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. —Sean McNealy, 2012

INTRODUCTION

Urgent care centers represent a unique innovation that has been in the making for the last thirty years. As such, they are considered more “mainstream” than other innovations studied in this book. The urgent care industry has proven to be recession-proof by evolving tremendously in the last few years, and represents a serious contender in the primary care market. In this chapter, we examine the industry’s history and growth, assess its major operational challenges and opportunities, discuss its major stakeholders, evaluate its outcomes, and forecast its future outlook.

Hospital emergency room overcrowding is a well-documented predicament in the American healthcare system (as discussed in depth in Chapter 1). The total number of hospital emergency rooms has decreased in the last decade, whereas the number of patients seeking to receive emergency care continues to soar. Long wait times, patient boarding,
patients leaving without being seen and ambulance diversions are common occurrences in the majority of emergency rooms across the nation. Due to primary care physician shortages and lack of access for after-hours care, many patients with minor and urgent but non-emergent healthcare needs present to emergency rooms that are forced to treat them at very high costs. Urgent care centers represent a value proposition for less expensive, more convenient, and high quality care provided for serious but non-life threatening conditions. A recent letter from an emergency room nurse is a cry for help for a greater role for urgent centers in primary care: “Imagine the following scenario: It is 4 o’clock on a Monday afternoon. There are no seats; people are standing as patients line the walls in wheelchairs. A daughter is trying to get the attention of the triage nurse about why her mother has not been seen yet. The triage nurse is managing the triage of a patient and attending to a screaming woman in labor. People are complaining and comparing their wait times, ranging from 4 to 5 hours. There are no open rooms, and the number of patients waiting to be seen continues to increase. Unfortunately, this has become the typical day in the emergency department waiting room. Overcrowding is a pandemic across the United States that needs immediate intervention. As an emergency nurse, I face this crisis every day alongside my patients. I continually wonder about a solution. Increasing the number and utilization of urgent care centers will decrease overcrowding by deferring patients from the emergency department” (Borkowski, 2012, p.116).

Urgent care centers provide walk-in care during evening and weekend hours for patients who are unable to schedule a timely appointment with their primary care physician, for patients whose primary care physician office hours are limited to weekdays, and for patients who do not have a primary care physician relationship to start with. As such, they fill an important access gap in a fragmented, inconvenient and short-staffed primary care system.

Definition

Although urgent care centers have been in existence for about thirty years and have grown exponentially in numbers and utilization, there is no widely agreed-on definition. While some people refer to it as a “doc-in-a-box,” the scope of service is larger than that of a primary care physician office but narrower than that of a hospital emergency room. For example, a non-physician provider delivering care in small clinic with no laboratory or radiological capabilities can be labeled as “urgent care,” while a large center with multiple board-certified and ACLS-trained (Advanced Clinical Life Support) physicians, X-ray, laboratory, and emergency room equipment is also labeled as “urgent care” (Weinick & Bentacourt, 2007). In a recent paper entitled “The search for the urgent care center”, Weinick and colleagues highlighted the difficulty of defining what urgent care is. They suggested that physician offices that are located in strip malls and that advertise that “walk-ins” are welcome; and physician offices that have storefront locations, accept only cash payments and perform some procedures should not be considered urgent care (Weinick, Bristol, Marder, et al., 2009). They provided the following specific criteria for inclusion as an urgent care center:

- Provide care primarily on a walk-in basis
- Have evening office hours Monday to Friday
- Are open at least one day over the weekend