How an Urgent Care Service Line Can Benefit a Multi-Specialty Practice

Focus Paper

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**Introduction**

Patient access and healthcare utilization are at the forefront of strategic and operational challenges faced by many healthcare organizations. Throughout the US, patients frequently face restricted access to their primary care physicians due to limited provider resources, excessive patient panels, and defined office hours; often resulting in increased or inappropriate emergency room visits. Access to primary care services can be improved through the utilization of a well-run urgent care service line.

The main objective of this paper is to present an effective primary care alternative option through the discussion of a case study that will describe the benefits of an effective urgent care service line supporting a multi-specialty practice; provide background information on the role of an urgent care service line in an integrated healthcare delivery system; present some of the various operational models available; and describe the differences in management responsibilities between a physician practice and urgent care. This paper contains a case study that describes the challenges one large multi-specialty organization faced with its urgent care service line and the progressive steps taken to turn a liability into an asset that effectively serves the entire organization.

Availability and accessibility of healthcare services is a concern for everyone. The U.S healthcare system is increasingly challenged by an aging population; a greater number of people insured; escalating labor, technology, medication and supply costs; a provider shortage; and convenience issues for patients, especially for patients of primary care providers. Multiple studies suggest that existing health care systems from around the globe have yet to achieve optimum efficiency in offering high quality, accessible, and affordable healthcare to everyone who needs it.
A well-run urgent care practice is an acceptable alternative for minor, incidental health care services typically provided by primary care practices and emergency rooms. An efficient Urgent Care service line offers flexible scheduling with day, evening, and weekend hours, thus providing patients greater flexibility for accessing healthcare services that require minimal intervention. Moreover, the expense of care to the payer is similar to the cost of a physician’s office visit and is more cost effective when compared to charges generated in an emergency room visit.

The research methodology used for this paper includes accessing multiple online articles focused on the changes in healthcare and the benefits of an urgent care service line. Additionally referenced are actual provider, employee and patient surveys and interviews. A survey of nine questions was conducted with patients having a recent visit to an emergency room or urgent care. The patient responses provide the medical practice executive with an understanding of consumer decision-making. Moreover, medical practice executives can use this data to identify reasons patients visit the emergency department or urgent care and factors that drive that choice. The Kentucky Cabinet for Health and Family Services and the Urgent Care Association of America website were used for research and provide valuable tools for practice management executives.

**Background**

The United States health care industry is experiencing a substantial number of changes, creating multiple challenges for medical practice executives. Patient access (care) and healthcare utilization (cost) are two of the most significant challenges for many healthcare organizations and individual practices. Additionally, the Affordable Care Act shifts reimbursement from fee-for-service toward a value-based reimbursement and population health management (PHM) delivery model.
Patients frequently face a lack of timely and convenient access to their primary care physicians due to physician availability issues. This may result in patients using the emergency room for issues of minor acuity, thus increasing overall healthcare utilization cost.

Urgent Care refers to a walk-in-clinic category which purely focuses on offering ambulatory care to patients in settings outside conventional hospital emergency rooms (American Academy of Urgent Care Medicine, 2017). Emergency Medicine physicians opened the first urgent cares in the 1970s for patients who needed walk in care. Today, many studies concur that the inception of the urgent care center was influenced by the growing need of patients to appropriately access unscheduled healthcare.

According to the Urgent Care Association of America, there are 7,100 urgent care centers in the United States. By 2020, the urgent care market will own a $30.5 billion share of the healthcare market.

Stakeholders in this area include physician owners, medical practice executives, and staff who seek to assist the growing need for urgent care services while attempting to make this method of care delivery valuable to the practice. The addition of an efficient urgent care service line to a practice may help medical practice executives reach their goals of improving access and reducing cost. As this service line continues to grow, medical practice executives should consider integrating this service into their options for a strategic approach to their marker rather than losing their patients to competitors. Furthermore, it provides an additional revenue stream for independent practices.

**Different Models of Urgent Care**

All urgent care service lines operate as walk-in health centers that offer additional days and extended-hour health services to patients with acute illness and/or minor injury. Under normal
circumstances, the medical care that urgent cares provide is usually beyond the scope of those offered by most existing retail clinics, which may be found in pharmacies or grocery stores and are usually staffed with nurse practitioners (Atkins, 2015). Conditions treated at Retail Health Clinics are typically more limited in nature and scope than those diagnosed and treated at an urgent care center. Given the expanded scope of care provided the urgent care service line may divert volume from emergency rooms, allowing them to focus on more serious illnesses and injuries. Integrating urgent care into a practice enables primary care physicians to focus on well visits and preventive care while the urgent care to focuses on incidental care and emergent treatment. In line with the nature of services that it offers, urgent cares operate using varied models (Atkins, 2015).

According to the Urgent Care Association of America, more than half of all Urgent Care Centers (UCCs) have single site operations. The report suggests that by 2009, close to half of UCCs were owned by physicians, yet by 2013, only 20 percent had operations in more than four different locations, with most owned by corporations rather than physicians (Atkins, 2015). Studies suggest practice management executives should consider opening one urgent care at a time and using this as a model for future locations once it is standardized and efficient. Regardless of the ownership or type of urgent care, UCCs generally operate under one of five different business models: pure-play, rural, hybrid, specialized, and onsite.

**Pure-Play Model**

The pure-play model usually entails urgent care service providers functioning as intermediaries between the emergency room and physician office (Atkins, 2015). This allows those in need of emergency services to access care in a timely manner. Patients with life-threatening emergencies can be treated by hospital ER departments, while the non-threatening acute cases are handled by urgent care (Atkins, 2015). The scope of service for this model focuses primarily on episodic
cases. Through standardization, this model has wait times of less than one hour from check in to check out. The pure-play model relies on mid-level providers to reduce cost and allow for higher operating margins. It has been most effective when placed in convenient locations with a high-density population. However, this model is challenged by more competition, additional dynamic models of urgent care, and increased state regulations.

**Rural Model**

Rural urgent cares operate in the same manner as does the pure-play. The primary difference is rural model urgent cares are located in sparsely populated areas. Thus, rural models have manageable amounts of people in need of emergency services. Under such circumstances, the urgent cares are commonly considered as the most appropriate source of timely, quality care services. The urgent cares under this setting effectively collaborate with hospitals to ensure that access to quality and affordable healthcare is effectively enhanced in rural settings, thus fostering greater access to health care among vulnerable populations in rural settings (Atkins, 2015).

**Hybrid Model**

Hybrid model urgent cares offer scheduled and walk-in patients in need of healthcare services. This model can be located as a storefront or a standard medical practice. The hybrid model allows newer practices the opportunity to increase market share by extending hours and accepting walk-ins. However, the extended hours require more staff and providers, potentially increasing operating expenses. Providers that prefer to remain independent may consider this model rather than integrating with a hospital system.
**Specialized Model**

The Specialized urgent care model operates similar to the pure-play model, but concentrates on providing specialized care services. Examples of specialized urgent care may include a clinic for orthopedics or pediatrics. Most parents follow the recommendations and suggestions from the American Academy of Pediatrics, which suggests children be treated by pediatricians in an environment that is equipped to meet the needs of children. The orthopedic urgent care model provides patients with an alternative to emergency room visits and treatment with a provider who specializes in orthopedics and sports medicine. This model should be in a well populated area for optimal utilization. Furthermore, this model would not have the same impact, such as access to primary care as the other urgent care models.

**Onsite Model**

The onsite urgent care model is gaining rapid popularity. This model focuses on adding a clinic onsite at organizations, ensuring that quality healthcare services are offered where they are needed the most. This model may reduce overall healthcare costs for employers and improve employee satisfaction. The onsite model is convenient from the patient's perspective as it ensures that affordable quality health care services are accessible. However, this model limits access to those employees of the business offering this service.

**State and Federal regulations governing the operations of Urgent Care**

It is important to note that the healthcare system in the US is highly regulated; the urgent care service is no exception. The Urgent Care Association of America and the American Academy of Urgent Care Medicine are overseen by local and federal regulations that govern the service delivery of healthcare services, including emergency services (American Academy of Urgent Care Medicine, 2017). Some states expect urgent cares to have either the UCAOA urgent care
certification and/or the AAUCM Urgent Care Center Accreditation. The most common regulations dictate that urgent cares:

- Can operate during regular business hours, as well as extended hours, during which time they are expected to offer quality services to walk-in patients
- Are only allowed to have licensed practitioners offering healthcare services to patients
- Are mandated to treat a wide range of illnesses and injuries
- Can perform minor surgical procedures
- Operations are expected to be run by a medical director who is a licensed physician
- Practitioners must uphold the ethical and business standards that govern the healthcare industry practice and practitioners, including the Hippocratic Oath (American Academy of Urgent Care Medicine, 2017).

Medical practice executives should fully understand all local, state and federal regulations related to the operations of an urgent care. An example from the case study is that states like Kentucky require a Certificate of Need (CON) prior to opening a new urgent care, facility or practice. A critical step in exploring the possibility of the availability of a viable option of adding an Urgent Care service line is to thoroughly review state and local regulation before committing capital dollars to the project.

Responsibilities and qualifications should be considered when choosing leadership for an urgent care. According to Alan Ayers, Vice President of Strategic Initiatives for Practice Velocity, LLC and is Practice Management Editor of The Journal of Urgent Care Medicine, “urgent care is a fast-paced business model”. Ayers suggests having leadership and staff who can support this pace. During this case study stakeholders agree urgent care operates at a much faster-pace than a
primary care practice requiring leadership and staff to be adaptable, organized and excellent communicators as Ayers suggests.

Case Study

Statement of the Problem

This case study discusses the 2016 transformation of an acquired, inefficient urgent care service line within a multispecialty healthcare practice located in Kentucky. Specifically, this project addresses the benefits of an efficient urgent care service line. The medical practice executives of an efficient urgent care service line may reduce their overall patient utilization costs by reducing non-acute emergency room visits, improving patient satisfaction by offering extended hours, improving access to health care, and offering an extension of the primary care offices to reduce physician burnout. Urgent care centers should improve access where there are primary care shortages. Emphasizing these practices gives relevance to keeping patient market share within the practice.

The acquisition of this specific urgent care brought many unforeseen problems, including operational inefficiencies, cultural issues, financial instability, and the lack of satisfaction among employees, providers and patients. Medical practice executives should plan for these problems prior to opening a new service line.

Alternatives Considered

To address the challenges with this service line, three options considered:

A. Bring in an outside consultant to redesign the urgent care practice

Pros

• Consultant would be a subject matter expert
• Outside consultant would have objectivity
Consultant may provide a faster path to resolution of issues

Cons

- Consultants would be expensive
- Consultant would have a delay in outcomes or results while completing an assessment and gaining an understanding of practice

B. Close or Sell Urgent Cares

Pros

- Closing or selling the urgent care would reduce practice loss
- Closing would simplify operational management of primary care services

Cons

- Would not be in line with multi-specialty practice strategic plan
- May increase emergency room utilization
- May shift patients to competitors

C. Use Internal Transformation Team

Pros

- Transformation team familiar with organizations strategic goals, policies and procedures
- Would not have any increased cost, except time of team members
- Team commitment to patients, community and practice success

Cons

- Team may lack knowledge of service line
• May take longer to effect change
• Team members had other job responsibilities

**Decision**

The medical practice executive of this multi-specialty practice faced global patient access and utilization problems while also faced with a failing service line. The decision was made to redesign the urgent care practice with an internal transformation team developed by the medical practice executive. This was the most cost efficient alternative compared to a consultant. Furthermore, closing or selling the urgent care service line would divert market share to competitors, potentially increase patient utilization costs, and make the practice vulnerable to losing revenue. The team created a business plan and defined deliverables.

1. Define Urgent Care Service Line

   a. Kentucky offers three different licensing regulations to choose from. Each regulation has care provider requirements and services and varies in approved scope of services to be performed. The three regulations include (902 KAR 20:073.) Clinics: Ambulatory Care, (902 KAR 20:400.) Limited Services Clinics, and (902 KAR 20:260.) Special Health Clinics. Based on the scope of services, the decision was narrowed down to Ambulatory Care and Limited Services Clinics. Due to certain out-of-scope services under Limited Services, the decision was made to license under Ambulatory Care Clinic as it aligned with the organizations goals.

<table>
<thead>
<tr>
<th>Service</th>
<th>Ambulatory Care Clinic</th>
<th>Limited Service Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>902 KAR 20:073</td>
<td>902 KAR 20:400</td>
<td></td>
</tr>
<tr>
<td>Fever longer than 72 hours</td>
<td>Within Scope</td>
<td>Out of Scope</td>
</tr>
<tr>
<td>Influenza pregnant women</td>
<td>Within Scope</td>
<td>Out of Scope</td>
</tr>
<tr>
<td>Perform phlebotomy</td>
<td>Within Scope</td>
<td>Out of Scope</td>
</tr>
<tr>
<td>UTI males</td>
<td>Within Scope</td>
<td>Out of Scope</td>
</tr>
</tbody>
</table>
b. Physician-led with Advanced Practice Practitioner support (APP). This model allows the organization to manage volume and reduce provider burnout potential.

c. One brand, no expansion of practice current express care model (similar to a retail clinic). One brand reduces patient confusion and dissatisfaction. The table below compare approved scope of services between urgent care and express care.

<table>
<thead>
<tr>
<th>Approved and Available Service</th>
<th>Express Care</th>
<th>Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Age</td>
<td>Patients over 2 years of age</td>
<td>Anyone</td>
</tr>
<tr>
<td>Services Provided By</td>
<td>Board Certified Nurse Practitioners</td>
<td>Physicians &amp; APP</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Asthma/Wheezing</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Migraine</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Stitches/Laceration</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

2. Recruit high-quality urgent care providers and employees with a passion for urgent care

a. Research how other medical practice executives recruit urgent care providers

b. Engage human resources in the transformation process to ensure they understand the criteria for an urgent care provider

c. Track recruitment results

d.  

**Example of Recruitment Efforts**

<table>
<thead>
<tr>
<th>RECRUITMENT CAMPAIGN</th>
<th>NAME OF ADVERTISING MEDIUM</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Posting</td>
<td>Organization Website</td>
<td>1 applicant</td>
</tr>
<tr>
<td>Job Posting</td>
<td>Career Builder</td>
<td>1 applicant</td>
</tr>
<tr>
<td>Job Posting</td>
<td>LinkedIn</td>
<td>65 views – 0 applicants</td>
</tr>
<tr>
<td>Job Posting</td>
<td>PracticeLink</td>
<td>0 applicants</td>
</tr>
<tr>
<td>Job Posting</td>
<td>CareerMD</td>
<td>0 applicants</td>
</tr>
<tr>
<td>Ad placement</td>
<td>Placement</td>
<td>Applicants</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------</td>
<td>------------</td>
</tr>
<tr>
<td>AAFP</td>
<td>0 applicants</td>
<td></td>
</tr>
<tr>
<td>UCAOA</td>
<td>0 applicants</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>0 applicants</td>
<td></td>
</tr>
<tr>
<td>PracticeLink</td>
<td>3 applicants</td>
<td></td>
</tr>
<tr>
<td>PracticeLink</td>
<td>1 applicant</td>
<td></td>
</tr>
</tbody>
</table>

3. Improve Patient, Provider, and Employee Satisfaction
   a. Engage internal Service Excellence Department
   b. Conduct frequent patient, provider, and employee satisfaction surveys
   c. Hold monthly team meetings with providers and employees
   d. Develop a Patient Advisory Group

4. Reduce Emergency Department Utilization
   a. Collaborate with local hospital administration, primary care practices
   b. Market urgent care services

5. Standardize operations across all urgent care locations by developing operational policies and procedures.

   a. Appropriate Tetanus Utilization
   b. Patient Satisfaction Survey Results (Urgent Care Domain)
   c. Patient wait times
   d. Communication between urgent care and primary care provider for continuity of care
   e. Monthly and Year to Date Profit/Loss

**Results**

Through the implementation, new leadership, and follow-up on the above mentioned deliverables, the internal transformation team led the urgent care to be more efficient. The primary care
providers in the multispecialty practice refer patients to urgent care. Patient, employee, and provider surveys proved engagement has improved. Additionally, the urgent care service line is financially sound and contributes positively to the practice. Medical practice executives benefited by retaining market share, reducing utilization cost, improving access, and increasing revenue.

<table>
<thead>
<tr>
<th>Press Ganey Survey Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
</tr>
<tr>
<td>Standard overall</td>
</tr>
<tr>
<td>Standard arrival</td>
</tr>
<tr>
<td>Standard nurses</td>
</tr>
<tr>
<td>Standard doctors</td>
</tr>
<tr>
<td>Likelihood of recommending</td>
</tr>
<tr>
<td>Overall rating of care</td>
</tr>
</tbody>
</table>

**Discussion**

The main service providers in urgent cares are commonly well-trained and competent licensed physicians. These attributes significantly differentiates them from other walk-in retail clinics and may aide in elevating the reputation of the urgent care. The urgent care practitioners are usually supported by nurses, physician assistants, and medical assistants. Some states require a physician to be on-site at all times or have a physician serving as the medical director. This results in 65 percent of UCCs having at least one physician at the site at any given time (Kaissi, Shay, & Roscoe, 2016). About 48 percent of physicians at the UCCs are family medicine practitioners, 30 percent are estimated to be emergency medicine practitioners (Kaissi, Shay, & Roscoe, 2016).

Other than differentiating them from other walk-in retail clinics, the urgent care physicians also enhance the efficiency of all urgent cares (Corwin, Parker, & Brown). Due to their competency, practitioners offer high quality and appropriate treatments to patients. This attribute positively impacts to the overall image of multi-specialty practice.
**Benefits of Urgent Care to a Multi-Specialty Practice**

When patients are faced with health care needs, they should receive quality care in a timely manner. Urgent care centers provide a referral outlet for primary care physicians while providing access to care where there are primary care shortages. Integrating an urgent care in a multi-specialty organization allows an urgent care provider access to the patient’s medical record while treating them.

When effectively managed, urgent care service lines can contribute to health improvements including safety, timeliness, effectiveness, efficiency, equity, cost effectiveness, and patient-centeredness (Kaissi, Shay, & Roscoe, 2016). Moreover, consumers are looking for opportunities to receive quicker services and care at convenient location.

One of the most pertinent services that the urgent care service line offers relates to the treatment of urgent injuries and illnesses that are not life-threatening. The urgent care service lines ease work pressures of the practitioners when they handle such injuries and illnesses. This is important because multi-specialty practices in contemporary times have to contend with offering healthcare services to large numbers of patients (Kaissi, Shay, & Roscoe, 2016). Urgent care facilities allow the multi-specialty practices to focus on preventative healthcare, improve access and reduce utilization cost.

**Conclusion**

Well-run urgent care clinics are characterized by having providers who have excellent assessment skills, the ability to recognize more serious conditions, and act as an extension of the primary care providers while improving access and reducing cost. This paper provided information for medical practice executives considering opening an urgent care. The benefits of a well-run urgent care reduces wait times for patients that need more complex care, reduces emergency room utilization.
thus improving value based incentives given by third party payers. Moreover, urgent care helps maintain market share. Surveying patients and their families provides medical practice executives an opportunity to identify who and how to market the urgent care. In the context of the urgent care, services offered include a wide range of nonlife-threatening emergency services and urgent medical care.
References


Alan A. Ayers, MBA, MAcc is Vice President of Strategic Initiatives for Practice Velocity, LLC and is Practice Management Editor of *The Journal of Urgent Care Medicine.*


Appendix A – Patient Survey

A survey was conducted of patients who have utilized an urgent care. The following nine survey questions were asked:

1. Have you or a child in your care visited a hospital’s emergency room/department in the past five years?

2. Was your most recent visit to an emergency room for you or for a child in your care?

3. Which of the following best describes the health issue for which you or your child most recently visited an emergency department?

4. Thinking back to the most recent experience that sent you or your child to the emergency room, what was the very first thing you did before you went that determined you would go to the emergency room?

5. If you were to have a sudden health issue today, how confident do you think you would feel in making a decision about whether to go to an urgent care clinic or the emergency room?

6. What is your gender?

7. What is your age range?

8. Are you currently covered by any form of health insurance or health plan? (A health plan includes any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid)

9. What is your annual household income (before taxes)?
Appendix B

Action Items based on Employee, Provider and Patient Surveys and Interviews

- Ensure site is ACLS certified
- Ensure compliance safety and quality requirements
- Compliance with state labor laws regarding employee lunch and breaks
- Standardize operations
- Compliance on all equipment
- Consider sending “Thank you” cards to all new patients
- Provide education and simulation lab for potential patient cardiac arrest or overdose
- Consider employee shift differential for working extended hour shifts
- Consider outpatient imaging and testing
- Have separate monthly provider and associate meetings. Hold a quarterly combined meeting with providers and associates.
- Develop an on call provider schedule to allow for more advanced notice of unfilled shifts.
- Develop comprehensive list of services offered at each site and communicate to all stakeholders.
- Explore the use of e-visits, Call Ahead Scheduling/Wait Time Notification
### Appendix C – Example of Key Performance Indicators Dashboard

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Benchmark</th>
<th>Budget</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges</td>
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<tr>
<td>Net Revenues</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
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<tr>
<td>Non-Provider Staff Cost</td>
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<tr>
<td>Supply Cost</td>
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<tr>
<td>Occupancy Cost</td>
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<tr>
<td><strong>Total Provider Expense</strong></td>
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<tr>
<td><strong>Net Margin</strong></td>
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<tr>
<td>wRVUs</td>
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<tr>
<td>Total Visits</td>
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<tr>
<td>Provider FTEs</td>
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<tr>
<td>Staff FTEs</td>
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<tr>
<td>Staff Cost per wRVU</td>
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<tr>
<td>Supply Cost per wRVU</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>wRVUs per Visit</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Patient Wait Times</td>
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<tr>
<td>Patient Overall Satisfaction</td>
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<tr>
<td>Friendliness of Nurse</td>
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<tr>
<td>Friendliness of Check in Clerk</td>
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