

Emerging Strategies to Ensure Access to Health Care Services

Urgent Care Centers



The AHA Task Force on Ensuring Access in Vulnerable Communities examined ways in which the access to and delivery of care could be improved. The urgent care center (UCC) strategy would allow hospitals that may be struggling, for a variety of reasons, to maintain an access point for urgent medical conditions that can be treated on an outpatient basis, without having to maintain emergency medical services or inpatient acute care services.

UCCs are designed to assist patients with an illness or injury that does not appear to be life-threatening, but requires care within 24 hours. They also provide treatment for these conditions during days and hours that primary care physician offices are closed. Key components of UCCs include:



- ➡ No requirement for an appointment in order to see a health care provider;
- ➡ Evening and weekend hours;
- ➡ Radiology and laboratory services provided on-site; and
- ➡ Capacity to perform procedures like suturing and casting.

Beyond this, services offered by a UCC can vary widely depending on a community's needs. For example, UCCs also may function as the primary care practice or "medical home" for patients. In addition, a UCC could provide enhanced services, such as observation, home care or therapy.



Urgent Care Services

Urgent care services will vary based on the community's needs, however, below are some examples of the types of urgent medical conditions that may be treated at a UCC:

-  **Accidents and falls**
-  **Sprains and strains**
-  **Moderate back problems**
-  **Bleeding/cuts that are not bleeding profusely but still require stitches**
-  **Diagnostic services (including X-rays and laboratory tests)**
-  **Fever or flu**
-  **Vomiting, diarrhea or dehydration**
-  **Severe sore throat or cough**
-  **Minor broken bones and fractures**

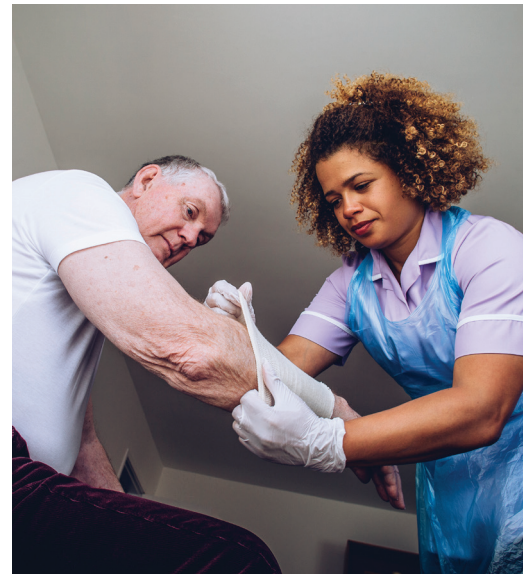
Federal Policy Solutions to Pursue

While this strategy does not necessarily require federal legislative or regulatory changes to be implemented, there are policy changes that would lead to more effective adoption.

UCC Demonstration Program. Federal reimbursement methodologies may not be sufficient to account for the low volume or other challenges UCCs in vulnerable rural and urban communities would face. Specifically, UCCs bill for services similar to a primary care office and are reimbursed under applicable Medicare Part B payment systems including the physician fee schedule (PFS). Reimbursement from commercial payers varies based on the contracts negotiated between the UCC and those payers. Under these reimbursement methodologies, the Urgent Care Association of America estimates that the break-even point for an urgent care clinic is approximately 25 visits per day.¹ However, UCCs in vulnerable rural and urban communities may not be able to maintain this volume, making additional financing necessary to ensure they have adequate reimbursement to cover costs and the resources necessary to meet the needs of their community.

AHA will urge Congress and the Centers for Medicare & Medicaid Services to develop a demonstration program to test different payment rates for UCCs in order to ensure access to urgent care services in all vulnerable communities. We recommend that this voluntary demonstration program be available to current hospitals in vulnerable rural and urban communities. The demonstration program should test at least three payment methodologies for UCC services, including:

- Medicare PFS rates plus an additional facility payment to cover standby costs;
- A new fee schedule for UCCs; and
- Rates of 110 percent of reasonable costs for UCC services.



Hospital and Health System Actions to Deploy

Hospitals considering this strategy will need to conduct an analysis to ensure the UCC model will be sustainable in their communities. This would include, for example, an examination of community need for urgent care services, financial viability and staffing needs. While not exhaustive, the AHA has created a [tool](#) to walk hospitals through the types of questions it may wish to consider as part of this analysis.

In addition, it will be necessary for hospitals to engage in discussions with key community stakeholders, including patients, boards and clinicians, to explain why the hospital is considering a transition and provide transparency throughout the evaluation and transformation process. AHA has developed a Community Conversations [Toolkit](#) to help hospitals as they engage in discussions related to the emergency services needed in their community.

1. Urgent Care Association of America. Urgent Care Benchmarking Study (2012). Accessed at: <http://www.ucaoa.org/orderreports.php>.