

Is the Urgent Care Center the Right Strategy for your Community?

The AHA Task Force on Ensuring Access in Vulnerable Communities examined ways in which the access to and delivery of care could be improved. While the AHA is urging Congress and the Centers for Medicare & Medicaid Services to develop different payment rates for urgent care centers (UCC) in vulnerable communities, the UCC strategy can be used today to allow hospitals that may be struggling. A UCC will allow a community 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.



The decision to convert to a UCC is a complex undertaking that would have a critical impact on a hospital and its community. The AHA designed this tool to help hospitals and health systems determine whether the UCC is right for their communities. While not exhaustive, the following questions can help you weigh this option and evaluate whether it is a feasible solution for your community. More information on the UCC strategy and resources related to the work of AHA's Task Force on Ensuring Access in Vulnerable Communities are available at www.aha.org/EnsuringAccess.



Evaluate Community Needs

Does the community need urgent care services? As a first step, you can look to your community health assessment to determine whether the needs of the community or communities your hospital serves align with the UCC strategy. Hospitals also may examine current emergency department (ED) volumes to determine whether the services currently offered in the ED are truly emergent or could have been treated in a UCC. Those services that would have been appropriate for a UCC should be analyzed to help you project urgent care utilization rates in the future. Specific resources that may be reviewed include:

- Hospital primary care and ED volumes, including payer mix and procedure codes.
- Primary care and ED volumes for the community/service area, including payer mix and procedure codes.



Financial Viability

Is the UCC strategy financially feasible and viable as a long-term solution? The Urgent Care Association of America (UCAOA) estimates that, under current reimbursement methodologies, UCCs will need 25 visits per day to break even.¹ Given that, and building on your analysis of urgent care utilization, you should determine whether your estimated volume would lead to reimbursement that is sufficient to cover the cost of operating the UCC. This determination also would encompass other services offered at the UCC (e.g. primary care or diagnostic services) and other sources of revenue that may exist. You also will want to consider geographic market forces that may have an impact on utilization, including estimated population growth and the distance from other medical care facilities. We recommend you explore the following resources:

- The Medicare Cost Report, which includes data and information on the services you offer, specifically worksheets A, B Part 1, and C Part 1.
- Population estimates, available from the U.S. Census Bureau.
- AHA also maintains data related to the geocodes for all U.S. hospitals, which could offer insights as you map out the landscape for urgent care services in your geographic market.



Staffing Needs

Will the UCC be able to recruit and retain the appropriate mix of physicians, medical and nursing personnel to provide urgent care services? You will need to review state and federal staffing requirements and conduct an analysis to determine the mix and number of clinicians needed to ensure the UCC is staffed appropriately. Equally as important, you will need to determine whether your hospital and its leadership have the ability to recruit and retain those clinicians for a UCC. As part of this analysis, you also may want to consider whether clinicians may be available through arrangements with other facilities or via virtual care strategies.



Accreditation Standards

Will your UCC be able to meet the accreditation standards set forth by a national accrediting body? While not required for operation, you may want to consider accrediting your UCC with a national accrediting body, such as the Joint Commission or the UCAOA. In the alternative, you may simply want to ensure that your UCC would be able to meet nationally standardized criteria in areas such as patient care processes, physical environment, quality improvement, governance and human resources.



Community Conversations

Does the community support your transition to a UCC? You should also engage in discussions with key community stakeholders, including patients, board members and clinicians to explain why the hospital is considering a transition and offer transparency throughout the evaluation and transformation process. This will allow you to build support and buy-in from these stakeholders. AHA has developed a Community Conversations *Toolkit* to help hospitals as they engage in discussions related to the services needed in their community.



Community Partnership

Is there a way for the hospital to collaborate with others in the community to support the needs of the community without the UCC model? The UCC may not be the right solution for your community. If that is the case, you also may wish to consider whether partnership or collaboration with other stakeholders may satisfy the community's need for urgent care services. In addition, the hospital may look to community partnerships to ensure access to other health care services, including but not limited to, primary care, post-acute care or psychiatric and substance use treatment services.

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