



Statement from the
Urgent Care Association of America

May 24, 2016

In its Oct. 30, 2015 plan to improve Veterans access to health care, the Veterans Administration (VA) highlighted the essential need to partner with providers in communities across the country to meet the “steep increase in demand for care” by Veterans.

Urgent care centers are well-positioned to partner with the VA to meet the needs of patients with non-emergent acute health care needs and to alleviate the pressure on a strained primary care provider workforce and overburdened hospital emergency departments without compromising continuity of care.

Urgent care medicine has become an important link in the chain of health care delivery, providing prompt, convenient and quality care for a variety of common illnesses. As the leading national association representing urgent care, the Urgent Care Association of America (UCAOA) defines urgent care as health care provided on a walk-in, no-appointment basis for acute illness or injury that is not life-or limb-threatening, and is either beyond the scope or availability of the typical primary care practice or retail clinic. Patients need access for common illnesses and injuries – from sprains, lacerations and broken bones, to strep throat and sinus infections. Urgent care centers exist so patients can get help when they need it without excessive waiting or overpayment. Most urgent care centers offer on-site laboratory, X-ray, electrocardiogram and durable medical equipment. The centers are staffed by physicians or a physician-led team. By comparison, retail clinics, are located in retail stores, are typically staffed by nurse practitioners and offer care for a more limited range of health conditions. They do not typically offer care by physicians and have no X-ray or minor surgery capabilities.

Urgent care centers reduce the burden on already overcrowded hospital emergency rooms and are being utilized by many major insurances, integrated health systems, and hospitals to improve access to care. Urgent care center walk-in policies, along with extended hours, are convenient for patients, and wait and overall treatment times are significantly less than receiving similar treatment in a hospital emergency department. Urgent care centers also produce savings to the health care system when lower acuity patients are diverted from expensive emergency departments.

According to the VA, in Fiscal Year 2014, approximately 30 percent of the 2.9 million emergency treatment claims filed with VA were denied, amounting to \$2.6 billion in billed charges that were the responsibility of the Veteran beneficiaries themselves, or their other health care coverage if applicable. Many of these denials are the result of inconsistent application of the

“prudent layperson” standard from claim to claim and confusion among Veterans about when they are eligible to receive emergency treatment through community care.

Veterans may receive emergency care at a non-VA health care facility at VA expense. A medical emergency is generally defined as a condition of such a nature that a “prudent layperson” would reasonably expect that delay in seeking immediate medical attention would be hazardous to life or health. What the VA’s finding suggests is that Veterans in need of urgent care and who may not be able to access a primary care physician or VA facility in a timely manner are seeking care in the emergency department, many times finding themselves responsible for the cost of that care.

The experience within the VA system is consistent with national findings that Americans report having difficulty obtaining timely access to a doctor when medical care is needed, including same- or next-day doctor appointments, 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).¹

Providing Veterans access to care for acute, non-life-threatening conditions could be fulfilled by the more than 7,200 urgent care centers thorough the United States, yet, the VA is not authorized to reimburse Veterans for urgent care at this time.

The VA has proposed that to increase access to urgent care services in the community, such services should be reimbursed by the VA.

UCAOA believes that not only will access to and coverage of urgent care services help meet the health care needs of Veterans, but that it has the potential to reduce health care costs to the VA system. A study published in *Health Affairs* found that 13.7–27.1 percent of all emergency department visits, for conditions such as minor acute illnesses, strains, and fractures, could take place at urgent care centers and retail clinics at a potential cost savings of approximately \$4.4 billion annually.²

Some of the services currently being reimbursed by the VA when provided by hospital emergency department in the community could be provided in urgent care centers at a lower cost. Furthermore, when Veterans with acute care needs delay care, the result can be an exacerbation of the condition, which requires greater medical resources. And, utilizing urgent care centers as access points for after hours and overflow care could reduce the costs of readmission rates for hospitalization, home health and would lower administrative costs via delivery of care in the appropriate setting.

¹ Public Views on U.S. Health System Organization: A Call for New Directions; Commonwealth Fund Pub 1158 Volume 11. http://www.commonwealthfund.org/~media/files/publications/data-brief/2008/aug/public-views-on-u-s--health-system-organization--a-call-for-new-directions/how_publicviewsushltsysorg_1158_db-pdf.pdf

² Weinick R, Burns R, Mehrotra A. Many Emergency Department Visits Could Be Managed At Urgent Care Centers And Retail Clinics; Health Aff September 2010 vol. 29 no. 9 1630-1636. <http://content.healthaffairs.org/content/29/9/1630.full>

According to a report issued by the Massachusetts Health Policy Commission in 2015³, a high share of emergency department visits in the state stem from limited access to care after normal operating hours of the doctor's office. The report also found that the presence of a retail or urgent care clinic nearby reduced use of emergency departments by 30 percent.⁴

UCAOA believes it is important for all Veterans to have a regular source of health care. UCAOA agrees with the VA that access to urgent care in the community should be used as appropriate and not as a substitute for a patient's medical home. Co-management with the patient's dedicated primary care provider is a central tenet of urgent care delivery. According to UCAOA's 2014 Benchmarking Study, 93 percent of respondents indicated they have a mechanism in place to align patients with a medical home when they do not have one. Additionally, when the patient does have a primary care provider, 88 percent of respondents indicated there was communication from the urgent care center to the primary care provider, and approximately 72 percent indicated they had the ability to communicate electronically.

UCAOA supports the use of tools, including financial incentives, that encourage Veterans to utilize their primary care providers for most care, but to seek services at urgent care centers when necessary, including when a primary care provider is unavailable.

The UCAOA represents more than 6,000 individual members working at more than 2,000 urgent care centers throughout the United States. Urgent care centers play a dominant and important integrative role in health care communities across the country and are uniquely positioned to resolve the significant health care access issues facing our nation's Veterans and, in the process, generate cost savings. **The members of the UCAOA strongly urge Congress to take action to allow our Veterans to join the millions of Americans who are afforded access to the quality, cost-effective health care provided at urgent care centers.**

³ 2015 Cost Trends Report; Massachusetts Health Policy Commission.

⁴ 2015 Cost Trends Report; Massachusetts Health Policy Commission. Residents shown all live within 5 miles of an emergency department. Residents who do not live within 5 miles of an emergency department are excluded from 30 percent reduction figure.