

URGENT CARE CENTERS DESERVE FAIR REIMBURSEMENT FOR THE SERVICES AND ACCESS PROVIDED

Urgent care centers (UCCs) provide walk-in access for patients seeking care for non-emergent illnesses and injuries. UCCs are typically open extended hours during the week, on weekends and most holidays. According to 2016 data reported by the Centers for Disease Control and Prevention's (CDC) National Ambulatory Medical Care Survey (NAMCS), 85.1 percent of adults and 93.6 percent of children within the United States visited a health care professional during the year. Outpatient physician office visits were reported as follows:

- Number of visits: 883.7 million
- Number of visits per 100 persons: 277.9
- Percent of visits made to primary care physicians: 54.5 percent

From this data and the Urgent Care Association's (UCA's) 2018 Benchmarking Reportⁱⁱ of median daily patient volume and the UCA's database of U.S.-based urgent care centers, it is estimated that **urgent care represents more than 24 percent of all primary care visits and 13.4 percent of all outpatient physician visits.**ⁱⁱⁱ It is therefore evident that urgent care centers play a vital role in supporting healthy communities, yet many face obstacles in their efforts.

UCA Position on Reimbursement Will Favorably Impact Population Health

- Urgent care centers typically offer medical evaluations, treatment and diagnostic services, including onsite radiology and laboratory, rendering them one of the highest value locations to deliver care to consumers; yet, payer contracts oftentimes restrict the scope of practice of UCCs and deny payment for wellness and other services not directly deemed an illness or injury. These restrictive practices fail to consider that 35 percent of patients seeking care in a UCC are unaffiliated with a primary care physician (PCP) or medical home.^{iv} Additionally, among adults aged 18-64 who used the emergency department in the past year, 11.8 percent indicated that "the doctor's office or clinic was not open" as the reason for their most recent visit and 7% percent indicated a "lack of access to other providers".^v The arbitrary restrictions on the scope of care assume that consumers seeking care at UCCs have access to a PCP when many times they do not. Payer contracts may also restrict follow-up care in the UCC, including when the patient is either geographically displaced from their PCP due to travel or relocation, or unaffiliated with a PCP. This policy forces patients to seek care in emergency departments or go without follow-up despite its medical necessity. Urgent care centers play an essential role in the health care continuum caring for and connecting the medically homeless to PCPs and offloading PCPs of episodic illness and injury care with appropriate communication and integration. This model allows PCPs to focus on disease management for the chronically ill, an essential tenet of the value-based care model.

The Association of American Medical Colleges (AAMC) predicts a shortfall between 14,800 and 49,300 primary care physicians by 2030.^{vi} Urgent care centers provide and will continue to deliver a significant amount of the primary care in the country and support PCP practices through easy access to same-day care and collaboration. Yet, copayments for urgent care center visits are trending upward, oftentimes higher than those of a specialist but lower than that of an emergency

department encounter. According to a 2018 report, approximately 10 percent of patients between the ages of 18 and 64 have delayed or not sought needed or necessary care due to cost.^{vii} High copayments as part of plan design create disincentives for patients to seek needed care or to seek care only after their medical condition has worsened.

- Payers perceive there is value in applying global or fixed rates for urgent care centers, when in actuality this stifles urgent care centers from employing services that allows them to be better prepared for emergency department diversion of higher acuity cases or implementing new diagnostic services.
- Urgent care centers are integral to the care continuum and have an important role to play in population health. The Urgent Care Association Accreditation program focuses on quality, safety and the scope of services provided within urgent care centers across the country. UCA offers a comprehensive accreditation program nuanced to the urgent care model of care. UCA accredits more urgent care centers than any other accrediting body. More than 1,000 centers have demonstrated a comprehensive commitment to quality care, clinicians, programs and services by pursuing and attaining UCA Accreditation. While some payers require accreditation for in-network status, many owners and operators *volunteer* to hold themselves to these standards in seven key areas. UCA stands ready to collaborate with payers since accreditation can serve as a replacement for payer inspections or surveys as providers are onboarded and eliminate duplication of work by UCA Accredited centers.

Urgent care centers play an essential role in the delivery of non-emergent and primary care services to consumers across the country. Arbitrary restrictions on the scope of services provided and follow-up care are not in the best interest of the patient's health and limit UCC clinicians' ability to provide care consistent with clinical best practices. As in any other physician office, it is UCA's position that it is the responsibility of the medical staff, owners and operators and organizational governance to determine an appropriate scope of care based on the needs of the community and the expertise and capabilities of the clinical staff.

UCCs are providing a substantial amount of primary care and alleviate an overburdened primary care system. Plan designs should align co-payments with those offered by traditional PCPs.

Global or fixed payments by payers stifle the ability for UCCs to better serve their communities health needs or prepare to offload higher acuity patients from the emergency department.

UCA accredits more urgent care centers than any other accrediting body in the country. If a payer elects to require or suggest accreditation for in-network status, UCA Accreditation should be an option for participation.

ⁱ <https://www.cdc.gov/nchs/fastats/physician-visits.htm>

ⁱⁱ Urgent Care Association 2018 Benchmarking Report

ⁱⁱⁱ Estimate of primary care urgent care visits and urgent care outpatient visits based on 481.6 million total outpatient visits. Urgent care visit estimate assumes that physician office visits have remained stable since the 2016 calendar year reporting by NAMCS. Data reporting periods may not be entirely synchronized.

^{iv} Urgent Care Association 2018 Benchmarking Report

^v National Health Statistics Report, Number 90, February 18, 2016, Reasons for Emergency Room Use Among Adults Age 18-64: National Health Interview Survey 2013-2014

^{vi} https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/

^{vii} <https://www.statista.com/statistics/184544/us-population-with-delayed-or-not-received-medical-care/>