

DRIVING **CHANGE2023**  
THE URGENT CARE CONVENTION

**UCA** URGENT CARE  
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COLLEGE OF  
URGENT CARE  
MEDICINE

# Driving Together: How UC Programs Can Partner with Primary Care

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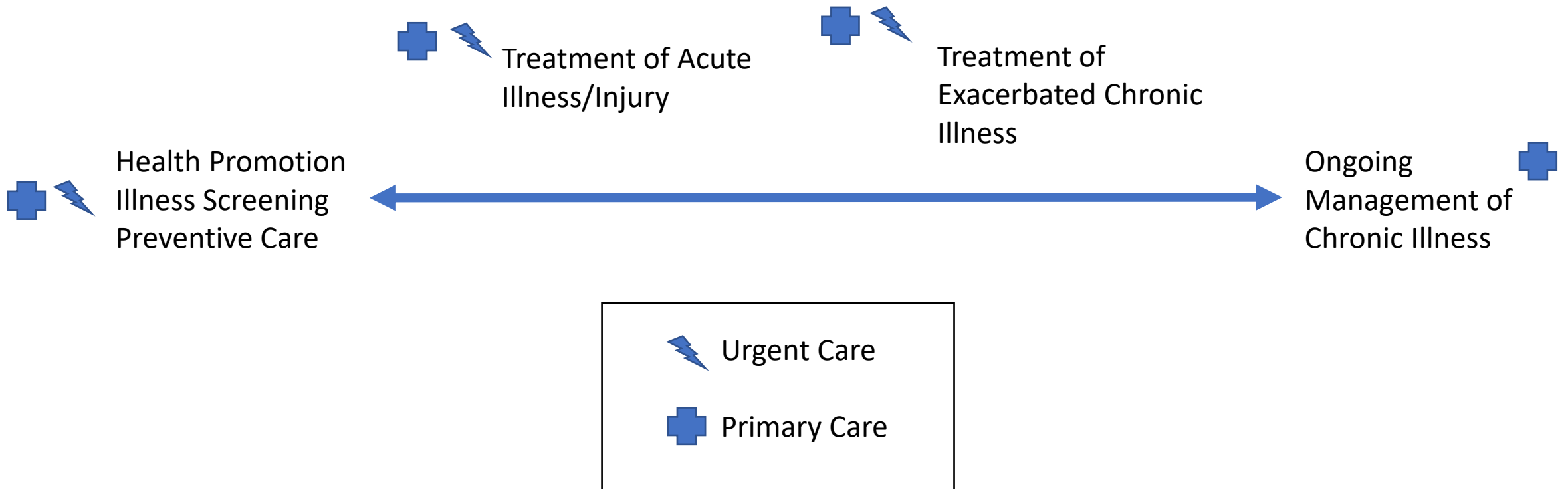
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# Objectives

- Describe value of the urgent care industry to primary care providers.
- Discuss opportunities for urgent care programs to maintain continuity of care with primary care practices.
- Identify connections that mutually enhance value for both primary and urgent care clinics.



# Urgent Care – Primary Care Continuum



“Patients lead complicated lives; they may be juggling childcare and elder care with unpredictable job schedules and crushing transportation logistics. The competing carousel of daily exigencies leads to frequent cancellations.”

-Danielle Ofri, MD

<https://danielleofri.com/serving-patients-through-a-screen/>

# Health Promotion in Urgent Care

- Vaccines
  - Often limited scope
- Public Health Screening
  - STD
  - Respiratory infection
- Sports/Employment physicals

# Health Promotion in Primary Care

- Vaccines

- Often wider breadth and individually targeted

- Disease Screening

- Public Health
- Chronic disease (hypertension, dyslipidemia, age-appropriate cancer, etc.)
- Comorbidity driven (diabetic eye exam, secondary prevention after myocardial infarction, etc.)

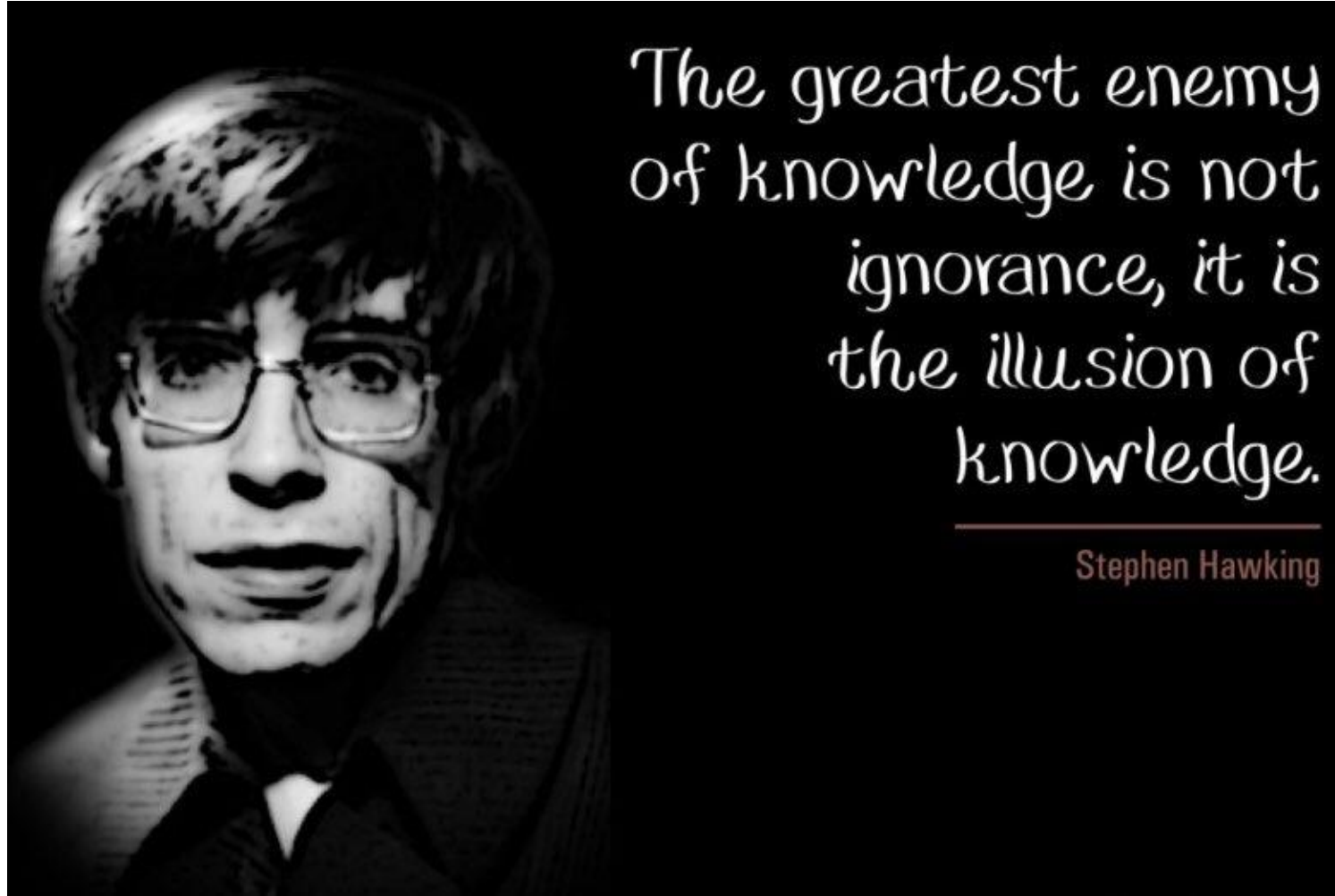
- Sports/Employment physicals

# Notes on Health Promotion

- Preventive care should be individualized
  - 53 Grade A/B recommendations for screening from USPSTF
  - Many are out of scope for UC (or specialists)
    - Colon cancer screening
    - Depression screening
- Patients can feel reassured they have a “clean bill of health” when screening is incomplete

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I</b> Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>



# OSU HEALTH ACCESS NETWORK CASE MANAGEMENT PROGRAM

# Take Home Message

- Urgent Care programs play an important role in preventive health.
- Connect patients to more comprehensive preventive health screening programs to avoid a false sense of security.
- Build a relationship and routinize referral



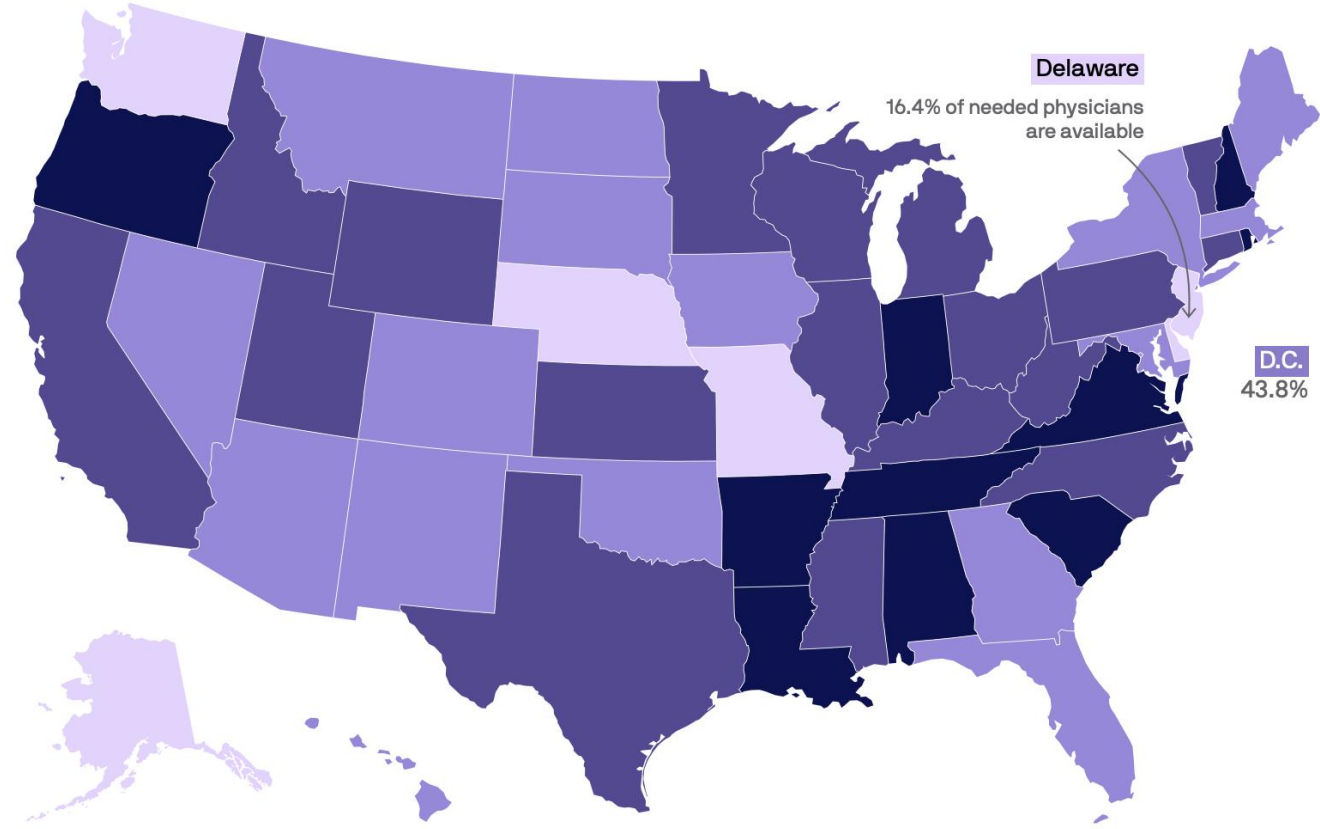
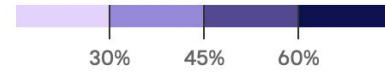


# How Primary Care Helps UC in Acute Illness/Injury

- Coordination of follow-up
- Recognition of patterns
- Manage long-term sequelae

# Share of need for primary care physicians met

As of Sept. 30, 2022



Data: [Health Resources and Services Administration](#); Note: Need is measured by the primary care physicians needed to remove the designation as a Health Professional Shortage Area; Map: Axios Visuals

<https://www.axios.com/local/phoenix/2022/10/24/health-care-access-especially-worrisome-in-rural-arizona>

*key points:*

**89 million**  
people in this country live in HPSAs

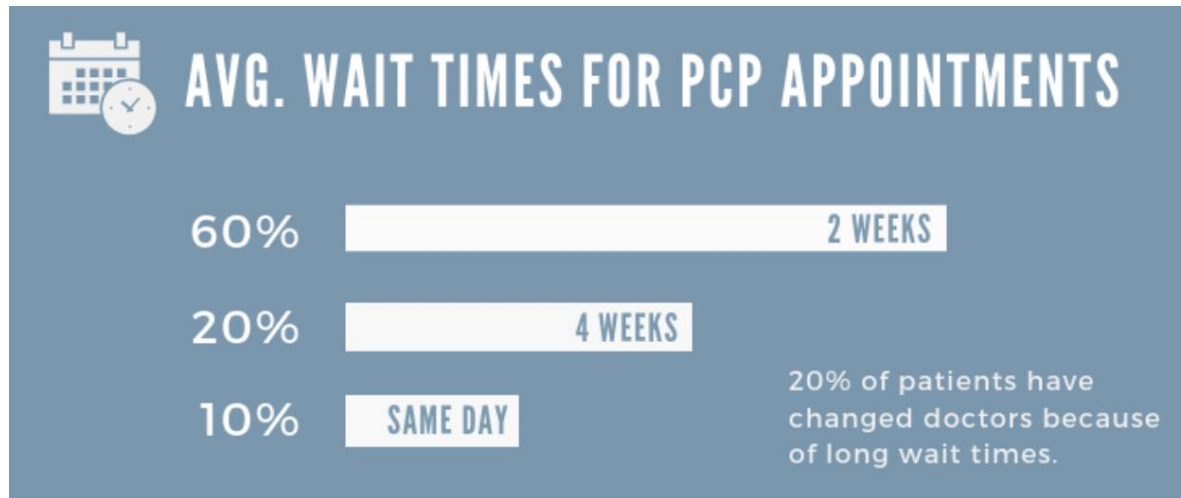
**15,500 more**  
primary care physicians would be  
needed to eliminate HPSAs

There is a projected shortage of  
**17,800 to 48,000**  
primary care physicians by 2034



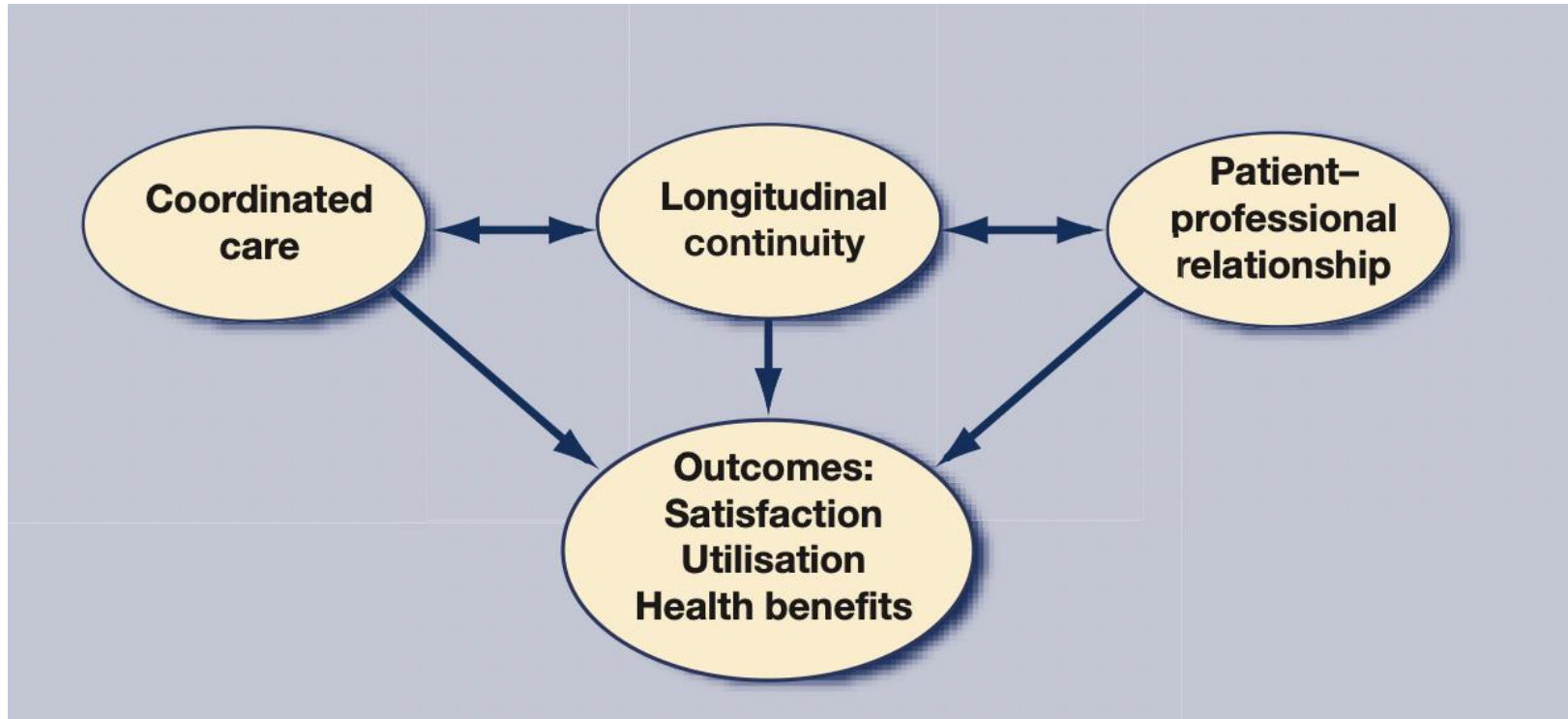
[https://www.primarycareforamerica.org/wp-content/uploads/2022/03/PCfA\\_FactSheet\\_Workforce-FINAL\\_July2022.pdf](https://www.primarycareforamerica.org/wp-content/uploads/2022/03/PCfA_FactSheet_Workforce-FINAL_July2022.pdf)

# Treatment of Acute Illness/Injury



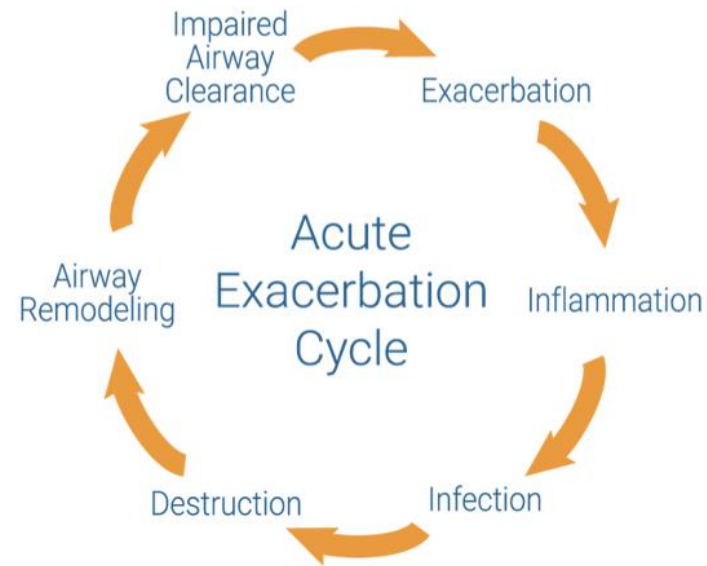
<https://relymd.com/blog-infographic-average-wait-times-to-see-a-doctor/>

- Primary care providers can provide care for acute illness/injury but:
  - Scheduling is difficult
  - Locations can be inconvenient
  - Equipment on-site may be limited



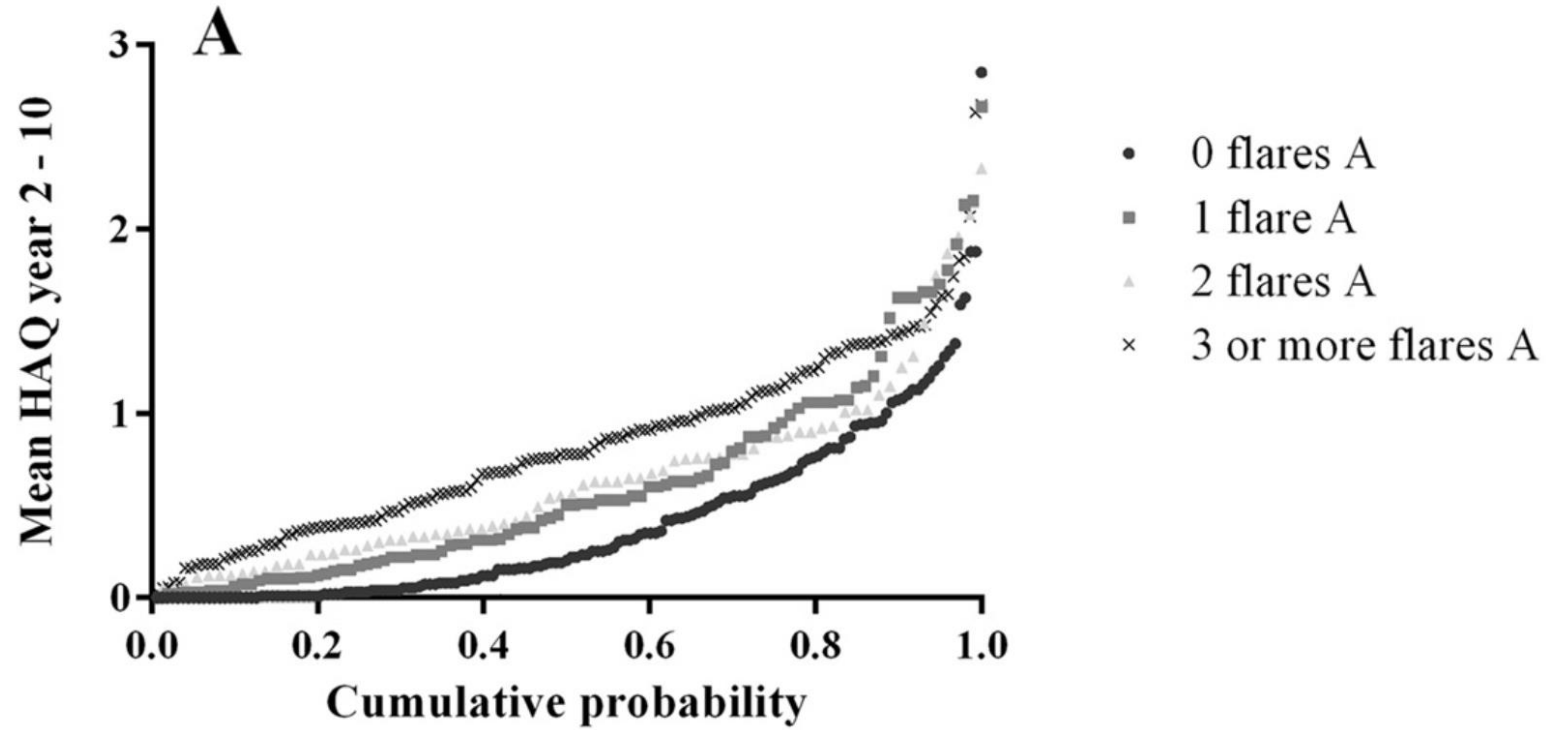
<https://bjgp.org/content/bjgp/59/561/e134.full.pdf>

## Exhibit 1



Acute exacerbations involving inflammation and infection cause tissue destruction and airway remodeling. When remodeling occurs there is a change in the natural function of the airways. Of particular concern is a compromised ability to clear secretions and protect against infection.

<https://www.nonin.com/resource/copd-readmission-reduction/>

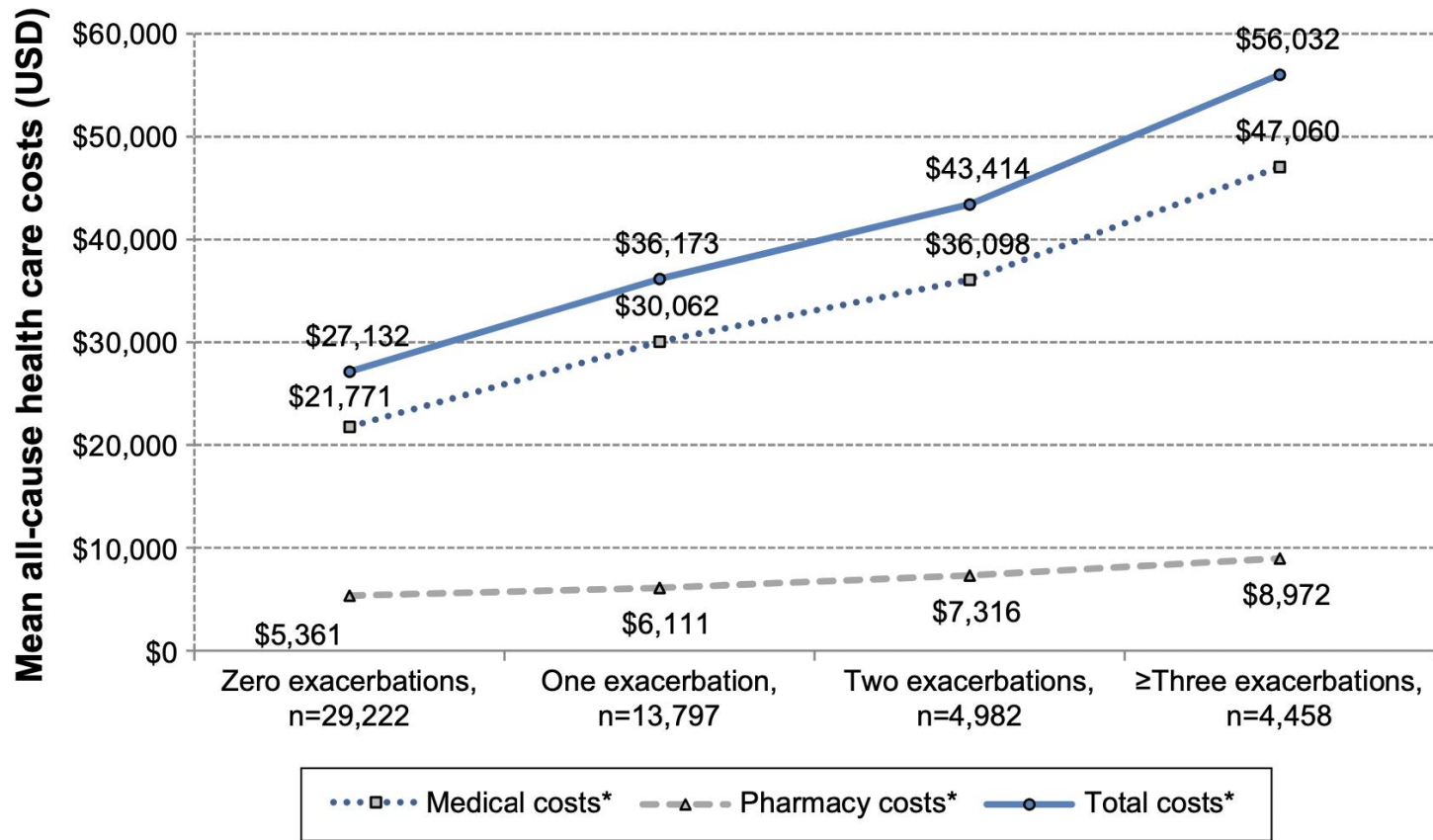


Arthritis Research and Therapy 2015; 17: 232-241.

**Table 6** Mortality according to exacerbation frequency

	Exacerbation rate							
	0		>0-1		>1-2		>2	
	Tiotropium	Control	Tiotropium	Control	Tiotropium	Control	Tiotropium	Control
During treatment, % of group								
All-cause	12.6	14.4	8.2	9.0	12.8	13.5	24.6	20.3
Lower respiratory	2.9	2.6	2.5	2.3	5.2	6.6	12.6	11.2
Cardiac	0.8	0.9	0.4	0.6	0.9	0.7	2.0	1.3
Including prematurely discontinued patients to day 1440, % of group								
All-cause	14.5	18.0	8.7	10.1	15.5	16.5	29.4	25.7
Lower respiratory	3.5	3.1	2.4	2.8	6.1	8.1	14.6	13.9
Cardiac	0.8	1.1	0.4	0.6	0.9	0.8	2.2	1.9

Int'l Journal COPD 2012; 7: 653-661.



**Figure 3** All-cause health care costs by exacerbation frequency.

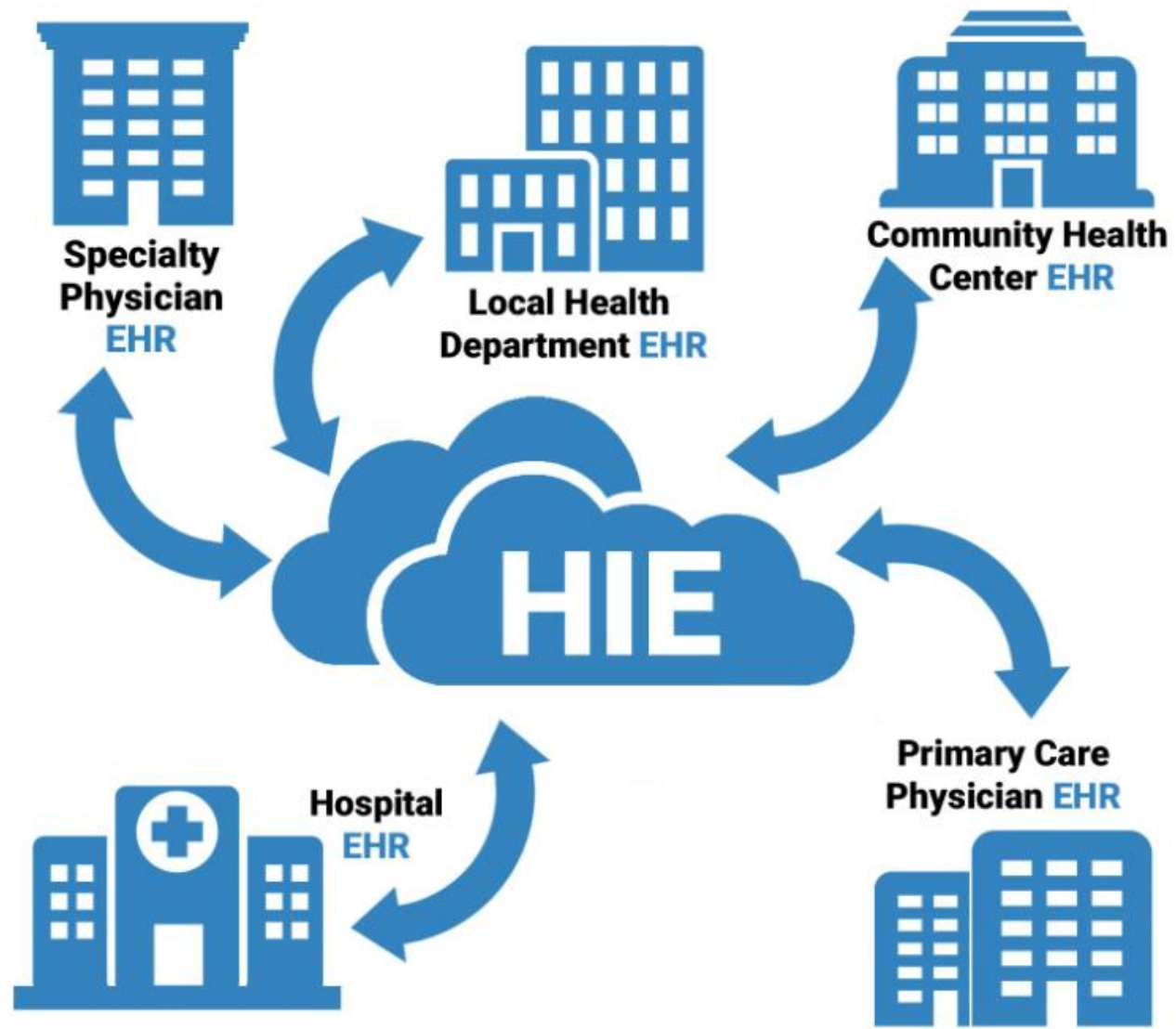
**Note:** \*Statistically significant ( $P < 0.01$ ) trend.

**Abbreviation:** USD, United States dollar.

Int'l Journal COPD 2015; 10: 2609-2618.

# Management of Exacerbated Conditions

- Exacerbations may connect to treatment failure
- Exacerbations may signal a need for treatment intensification
- Downstream clinical and economic outcomes may be impacted by exacerbations
- Lack of awareness by primary physician may miss opportunity to optimize treatment



# Take Home Message

- Treat acute problems and acute exacerbations of chronic problems with awareness of the long-term implications.
- Emphasize importance to patient of follow-up. Refer if needed.
- Send notes to primary care physicians.





# Reasons Patients ask for Refills at UC

- Traveling
- Change in insurance/primary care practice
- Primary care practice unavailable
- Secondary gain

# Risks of Refills

- Patients forget specifics of prescription
- Some drugs are high risk or may have contraindications
- Complications of the medications fall on the prescriber



# Reasonable Refill Practices

- Avoid refill of controlled substances
  - Use PDMP regularly
  - Communicate with prescribing practice if possible
- Be cautious about need for monitoring certain drugs
  - Lisinopril
- Be sure about doses
- Refill for limited duration with note to PCP and encouragement to follow-up quickly

## Primary Care

vs.

## On-demand / Other Health Care

*Comprehensive, preventive,  
and acute care*

*Typically acute care that  
address illnesses/conditions  
after they have developed*

*Establishes sustained  
doctor-patient relationships*

*May see care as a  
one-off transaction*

*Engages with all  
personal health care needs*

*May specialize in only  
a subset of care needs*

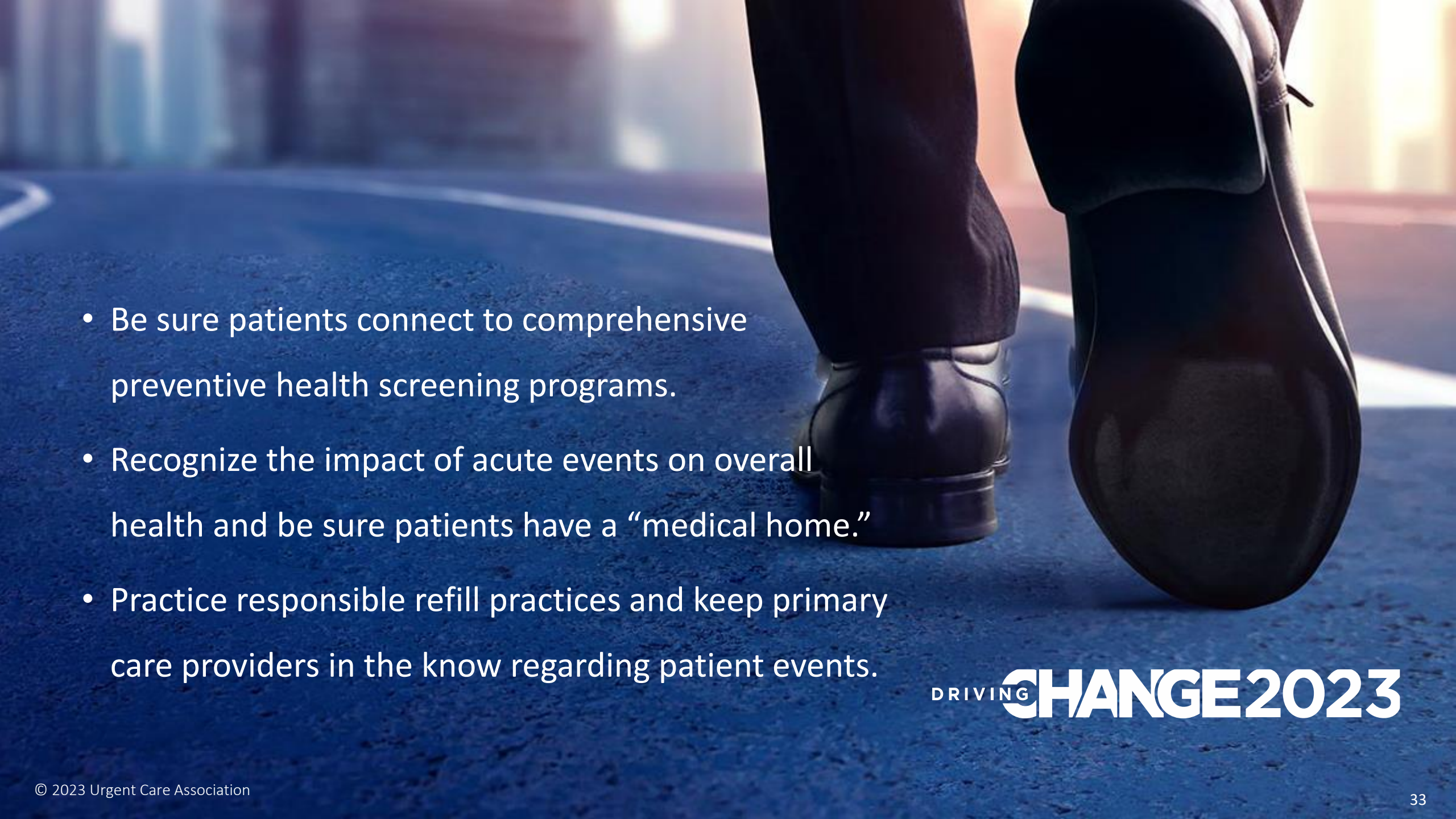
*Personalizes patient care based  
on deeper, long-term understanding  
of a patient's medical history*

*May not track patients  
beyond the transaction*

[https://www.primarycareforamerica.org/wp-content/uploads/2022/03/PCfA\\_PC101FactSheet\\_FINAL.pdf](https://www.primarycareforamerica.org/wp-content/uploads/2022/03/PCfA_PC101FactSheet_FINAL.pdf)

# Urgent Care and Primary Care as Partners

- Primary Care practices have supply limitations
- Patients have increasing frequency of needs
- Urgent Care fills the gap to prevent inappropriate utilization of high acuity healthcare
- The patient has one “health” and needs all of the elements of their care to fit together

- 
- Be sure patients connect to comprehensive preventive health screening programs.
  - Recognize the impact of acute events on overall health and be sure patients have a “medical home.”
  - Practice responsible refill practices and keep primary care providers in the know regarding patient events.

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# Session Evaluation

- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.

\* How likely are you to recommend this **content** to a colleague?

Not likely at all                      Neutral                      Extremely likely

0   1   2   3   4   5   6   7   8   9   10

What did you find most valuable about this **content**?

What would have made this **content** better?



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