

2024 Urgent Care Association

GRASSROOTS ADVOCACY





UCA is committed to our Core Purpose of ensuring the advancement and long-term success of Urgent Care, and that long-term success depends upon our being paid fairly. UCA has engaged in advocacy efforts for many years, but the continuing downward pressure on reimbursement from payers has brought the realization that we must multiply our efforts well beyond what we have done so far.

UCA is focusing on federal-level regulatory or legislative change to make that happen, but grassroots advocacy also plays a key role.

- Payman Arabzadeh, MD, MBA
President, Urgent Care Association Board of Directors



Relationships are the key to influencing decision-making. While UCA's advocacy is at the national level, the relationships that are built "at home" by Urgent Care leaders are often the ones that ultimately make the difference when national level decisions are made. Also, many of the decisions that affect how urgent cares are paid are governed at the state level, making our local relationships even more critical and immediate.

- Selena Gurley, MSN, FNP-C, CRHCP
Chair, UCA Advocacy Committee

Resources for Urgent Care Leaders

There are many ways to engage at a grassroots level. You can pick and choose from the list below as it works for your schedule and resources. **HOWEVER**, do not wait to start engaging until the moment you need something – that moment is much too late.

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Urgent Care Center Tour

Relationships are best built in person, and an experience is worth much more than “leave behinds” and talking points. These are the heart of grassroots advocacy and should be your top priority.

Urgent Care Center Tour

Provide congresspersons the opportunity to see the work of clinicians in their community and hear directly from patients about why they chose Urgent Care instead of the emergency room.

1. **Prepare your center** – ensure that it is clean, all equipment is functioning, and it is capable of providing the full scope of a Certified Urgent Care Center.
2. **Educate your team** – conduct mock tours, including potential Q&A from the visitor (see below).
3. **Check with compliance** – ensure you have the proper permissions from staff to include them in any press coverage and that it is acceptable to conduct the event while the center is open and seeing patients.
4. **Select a date and make a plan**
 - a. Reach out to the congressional office to find a date that works for your representative – plan well in advance and understand when they are most available.
 - b. Schedule staff and clinicians who feel comfortable with speaking parts.
 - c. Identify your “tour guide(s)” and observers who will capture the questions asked and any follow-ups needed.
 - d. Plan for scenarios with patients in-center and without patients in-center.
 - e. Plan to showcase your higher-acuity capabilities (x-ray, onsite testing).
5. **Choose some stories** of how you are playing a critical role in your community providing access and keeping people out of higher-cost locations. Highlight any uses of technology (telehealth, referrals) that add to the patient experience and lower costs.
6. **Determine (and stick to) your script** – It is tempting to use this engagement opportunity to throw a long list of problems and concerns at your guest. Resist that temptation. Focus the tour on positive engagement so the congressperson will want to work with you in solving those problems and concerns in the future.
7. **Encourage after-tour media** – After congresspersons witness the work of clinicians in their community and listen to Urgent Care patients, have the congresspersons meet with media to answer any questions.



Q&A for Congress Visits

Meeting with your members of Congress is often the most effective way to convey your messaging. Whether your member is in Washington or back home, here are a few tips to help you prepare for a successful visit:

Q: How do we initiate contact with a member of Congress for a visit?

A: Contact their office, either through email, phone, or written correspondence, to extend the invitation.

Q: What is the purpose of the visit?

A: The purpose of the visit will be to showcase how Urgent Care supports community health outcome, showcasing the quality of care provided at our centers, and addressing Urgent Care's reimbursement concerns.

Q: Who should be involved in planning the visit?

A: Designate a point person or a team to coordinate the visit, which may include staff from administration, public relations, and medical personnel.

Q: What kind of agenda should we prepare for the visit?

A: Plan a structured agenda that includes a tour of the facility, meetings with key staff, discussions on relevant healthcare topics, and an opportunity for the member of Congress to ask questions.

Q: How should we handle media or press during the visit?

A: Coordinate with your public relations or communications team to handle media and press inquiries. Ensure that any statements or interviews are carefully managed to align with your goals.

Q: Should we provide any materials or documents to the member of Congress during the visit?

A: Prepare a packet of information about your facility, healthcare issues, and any legislative priorities you wish to discuss. Share this with the member of Congress and their staff.

Q: What should our staff do during the visit?

A: Staff should be professional, welcoming, and prepared to answer questions. Provide a brief orientation to staff on how to interact with the member of Congress and their team.

Q: Can we discuss political issues or endorsements during the visit?

A: It's best to focus on healthcare topics and avoid making political endorsements. Stick to facts, statistics, and healthcare-related concerns.

Q: What are the post-visit follow-up steps?

A: Send a thank-you letter to the member of Congress and their staff. Continue to engage with them on healthcare issues and policies in the future.

Q: Should we have a plan for any unexpected situations during the visit?

A: Yes, prepare for any unexpected situations, such as protests, security concerns, or disruptions. Ensure staff knows how to respond to such incidents.

Q: What if the member of Congress has specific requests or needs during the visit?

A: Be accommodating to any specific requests or needs the member of Congress may have. Ensure their visit is as comfortable and informative as possible.

Q: Who do we need to inform about our visits?

A: Be sure to inform UCA for networking and advocacy purposes.

Patient Roundtable on Emergency Department Utilization



Your patients can be your advocates. Convene a meeting with congresspersons and patients and their families to discuss the importance of keeping ED's reserved for emergencies and the role of Urgent Care in their community.

1. Choose your invitation list.

Consider including:

- Patients and family members, EMT's or others involved in community/ED utilization
- Sympathetic representatives from local ED if available
- Sympathetic representatives from local healthcare groups
- Press
- Staff person to capture the event in photos and notes

2. Plan your roundtable questions

- Encourage discussion about how they have used your services
- Ask questions about insurance co-pays and disincentives
- Ask questions about where they would have gone if Urgent Care wasn't available
- Encourage stories of how Urgent Care

already integrates into the larger system (specialists referrals, primary care connections).

- Encourage stories about having more Urgent Care available.

3. Create a "take home" packet

- Include the **National Messaging resources**
- Include gift bag with small, low-value items printed with a logo
- Begin or end with a press conference/photo opportunity

4. Follow up with all attendees

- Congressperson: thank-you note, summary of roundtable discussion, link to photos/social media
- Press: thank-you note and electronic versions of **National Messaging resources**
- Patients: Thank-you note, link to photos/social media to repost
- Others: Thank-you note, link to photos/social media to repost, electronic versions of **National Messaging resources**.

Community Fair

Encourage your community to launch a health fair focusing on healthcare access or participate in an existing event to make sure Urgent Care is represented. Your congressional representative(s) may agree to host a Fair as well, as part of their campaign activities.

Steps:

1. Plan your booth

- a. Ensure your materials communicate the full scope of your capabilities
- b. Consider graphics for decision-making on when to choose your UCC vs. an ED
- c. Select staff to work the booth who are comfortable with speaking parts and capturing information
- d. Plan talking points for staff to educate visitors on Urgent Care's role in keeping people out of the ED
- e. Plan questions/data gathering from visitors on Urgent Care vs. ED use and insurance coverage, and contact information for testimonials
- f. Consider capturing video testimonials onsite (plan to get permission to use images from any interviewees)
- g. Consider an action item for your visitors to promote Urgent Care on social media (for a prize drawing, etc.).

2. Plan your post-fair activities:

- a. Issue a press release about your participation
- b. Post on social media, including photos, about your participation
- c. Include/tag your congresspersons in the social media post
- d. Issue a second press release with any supportive data gathered from visitors
- e. Ensure prominent acknowledgment of your congressperson host if applicable
- f. Encourage a Center Tour for your congressperson



Patient Newsletter

A patient newsletter is a simple way to build and maintain relationships with the community and help spread positive word-of-mouth.

Your Health Matters - [Month Year] Newsletter

Dear Valued Patient,

At [your Urgent Care center name], we are committed to keeping you informed about important healthcare and center-specific information.

In This Issue:

1. Respiratory Season is Here!

It's that time of year again. Learn about the importance of vaccinations, symptoms to watch out for, and how we can help you stay healthy during respiratory season.

2. Meet Our Caring Team

Get to know the healthcare professionals who make our urgent care center a trusted choice for your medical needs.

3. Patient Testimonials

Hear from your fellow patients about their experiences at [Your Urgent Care Center Name]. Your well-being is our priority, and we're delighted to share these positive stories.

4. Health Tips

Discover tips for preventing common ailments, staying active, and maintaining a healthy lifestyle.

5. Stay Informed About Our Services

Explore our comprehensive range of services, from urgent care and occupational medicine to vaccinations and minor surgical procedures.

6. Community Events

Keep an eye on our website and social media channels for information about upcoming health-related events and initiatives.

7. Important Announcements

Stay updated on any changes, holiday hours, or special promotions at our center.

Thank you for choosing [Your Urgent Care Center Name] as your trusted healthcare provider. Your health and well-being are our top priorities, and we are here to support you in every way we can.

[Contact Name]

[Contact Title]

[Your Urgent Care Center Name]

[Contact Information]



Sample Newsletter

Press Conference

Host a press conference to connect with local media, community leaders, and residents to build relationships, foster trust and establish your center as a staple in the community

Before the Conference:

1. **Define Your Purpose:** Determine the specific reason for the press conference. Is it to announce a new service, address a public health concern, support a holiday (e.g., Urgent Care Awareness Month) or share important information with the community?
2. **Determine Spokesperson(s):** Who best represents your center and responds well under pressure?
3. **Create a Press Kit:** Include essential information about your center such as key stats, spokesperson bios, visuals and historical information
4. **Compile Media List and Send Invitations:** Include TV stations, newspapers, radio and online platforms.
5. **Develop Agenda:** Outline the sequence of events, including speakers, topics and Q&A sessions
6. **Select a Date and Time:** Consider a time when media outlets are most likely to attend. Typically, late morning or early afternoon on a weekday works well.

Day of the Conference:

1. **Test:** Set everything up and test all lighting and AV equipment
2. **Rehearse:** Practice speeches and presentations to ensure everybody feels prepared
3. **Greet Attendees:** Welcome journalists and other attendees as they arrive. Provide them with press kits and any relevant materials.
4. **Opening Statements:** Start with an introduction and a brief overview of the purpose of the press conference.
5. **Speaker Presentations:** Have designated speakers address the audience with key information, facts, and any relevant announcements.
6. **Q&A Session:** Allow journalists to ask questions. Designate someone to moderate the session and ensure that all questions are addressed.
7. **Photos:** Take photos to share on company platforms and with your attendees.

After the Conference:

8. **Create a News Release:** Share with high-resolution images with attendees and absent journalists
9. **Monitor:** Keep track of media coverage and respond promptly to any follow-up questions or requests.

A well-organized and executed press conference can have a significant impact on public perception and community engagement with your center. Make sure to tailor your approach to the specific community you serve.

In-Person Meetings

In-person meetings are often the most effective way to build relationships. Officials in more junior positions can grow to be significant influencers in the years to come, and even today are often the best conduit to meetings with more senior officials. Whenever you are able to get a meeting, take it, prepare well and make the most of the current and future opportunity.

Tips for Meeting with Government Officials:

1. Prepare for the meeting before you ask for it.

- a. Understand the issues that concern the official and determine how Urgent Care can be positioned to be part of the solution.
- b. Prepare a concise answer to the question, “What do you want to talk to ____ about?”

2. Securing the Meeting

- a. Follow the office’s process for obtaining the meeting unless you already have a personal relationship with the official.
- b. When you request the meeting, position it in the context of one of these concerns and your solution.
- c. Do not turn down a meeting with a staff person vs. the official. This is a good first step.
- d. Consider inviting someone to accompany you to take notes so you can focus on the discussion.

3. Planning

- a. Plan your talking points ahead of time based on your preparation above.
- b. Research the official to understand their perspectives and key initiatives, and any personal commonalities you hold.
- c. Prepare any “leave behinds.” UCA has [resources available](#). Include your personal business card.
- d. Plan your opening speech. Telling a story can make this conversation memorable. Remember that officials and their staffs take many of these kinds of meetings each week, so be compelling.
- e. Plan some questions for the staff person to engage them in the discussion.
 - i. Is their office aware of the ED overuse in the community? What is their understanding?
 - ii. Do they know the full scope of what Urgent Care can do?
 - iii. Do they know how many of those ED visits could be seen in your center(s) and what the cost differential is?

Note: Do not ask for their personal experiences with healthcare – this is too intrusive.

- iv. End the speech with your ask: “Would your official be willing to sign onto a _____(letter to CMS, etc.) about more support for Urgent Care to help in our role to reduce ED over-crowding?”

In-Person Meetings

4. Tips for the Visit

- a. Be on time but be prepared to wait or to meet in a different location (comfortable walking shoes). Congressional schedules and availability can shift often depending on the demands of the day.
- b. Don't show surprise if the staff person you are meeting with is very young. This is common and they are also very knowledgeable so communicate that you respect their position. Remember that they are the key to getting your message to the official (or not).
- c. Ask to take a photo at the beginning of the visit. It's easy to forget this at the end of the visit. (see follow up)
- d. **DO NOT:** Discuss political contributions while in the office – this is illegal.
- e. **DO NOT:** Cloud the purpose of the visit by bringing up any other views or controversies surrounding the official or party
- f. Get the business card of the staff person or office so you can follow up after the visit.
- g. Don't forget to leave your "leave behinds".
- h. Take time to write your notes immediately after the visit – especially for any follow-ups – so you don't get busy and forget.

5. Post-visit Follow-Up

- a. Share photos and positive comments about the visit on social media or other publications (patient newsletter, intranets too).
- b. Send a thank-you note with answers to any outstanding questions. Repeat your ask and provide instructions on how to help if known.
- c. Follow up in a few weeks to see if action has been taken and/or request a follow-up meeting.
- d. Invite them to tour your center ([see Local Activities](#)).

6. Social Media

- a. **Hashtags:** Use the hashtags #UrgentCareisEssentialCare, #UrgentCareAdvocacy and #UrgentCare, and tag [UCA on X](#) (formerly Twitter) and [LinkedIn](#).
- b. **Sample Post**

Today, we met with [Congressperson's Name] to discuss the future of healthcare in our community. Your voices matter, and we're committed to ensuring your health needs. Together, we make a difference!

[#UrgentCareisEssentialCare](#) [#UrgentCareAdvocacy](#) [#UrgentCare](#) [@UrgentCareAssoc](#)

- c. **Fast Facts:** Reference the [Urgent Care Data page](#) to reference more industry, and check back regularly for data updates
- d. **Photos:** Accompany your social media posts with photos from your visit, including selfies and photos with you talking to the government official



In-Person Meetings

Sample News Release

[URGENT CARE CENTER NAME] MEETS WITH CONGRESSPERSON [CONGRESSPERSON'S NAME] TO ADVOCATE FOR COMMUNITY HEALTHCARE

[CITY, STATE] — [Urgent Care center name] was honored to host a meeting with [Congressperson's Name] on [Meeting Date] to discuss crucial healthcare issues affecting our community. The meeting, held at [Urgent Care center] centered on advocating for improved access to high-quality healthcare services and ensuring future access to Urgent Care for the residents of [City/Region].

The following key points were addressed:

Community Health Needs: [Urgent Care Center Name] underscored the importance of addressing the unique healthcare needs of our community, with a focus on accessibility, affordability, and the delivery of timely and effective care.

Healthcare Access: The urgent care center emphasized the significance of ensuring that residents have access to comprehensive healthcare services, particularly during critical times, and the role that urgent care facilities play in meeting these needs.

Public Health Initiatives: [Urgent Care Center Name] shared insights on public health initiatives they have undertaken or plan to initiate, highlighting their commitment to the well-being of the community.

Collaboration: Both [Urgent Care Center Name] and [Congressperson's Name] expressed a shared commitment to work collaboratively to improve the healthcare landscape in our region and to address the evolving healthcare challenges.

[Insert quote from Urgent Care center spokesperson or congressperson about the importance of the meeting.]

[Cite any additional key points or highlights.]

[Urgent Care Center Name] remains committed to providing exceptional healthcare services to our community and will continue to engage with local, state, and federal representatives to ensure that the needs of our residents are met. We look forward to ongoing collaboration with [Congressperson's Name] and other stakeholders in our community to advance healthcare initiatives.

For more information about [Urgent Care Center Name] and our commitment to community health, please visit [website URL].

About [Urgent Care Center Name]:

[Provide a brief overview of the urgent care center, its services, and its mission.]

For media inquiries or further information, please contact [Your Name] at [Phone Number] or [Email Address].

In-Person Meetings

Q&A

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A: Be accommodating to any specific requests or needs the member of Congress may have. Ensure their visit is as comfortable and informative as possible.

Q: Who do we need to inform about our visits?

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In-Person Meetings

Myths to Address

- 1. Urgent Care is the Same as an Emergency Room (ER):** Urgent Care centers are designed to treat non-life-threatening injuries and illnesses, while emergency rooms handle critical and life-threatening cases.
- 2. Urgent Care Employs Less Qualified Medical Staff:** Urgent Care centers employ experienced physicians, nurse practitioners, and physician assistants who can provide high-quality care.
- 3. Long Wait Times:** Wait times can vary, but most Urgent Care patients wait only 11-20 minutes to see a clinician.
- 4. Urgent Care is Only for Low-Acuity Visits:** While Urgent Care centers treat minor illnesses and injuries, they are also equipped to manage a range of moderate to severe medical issues, including fractures, lacerations, and more.
- 5. Urgent Care is Expensive:** A 2021 study found that the average cost of an emergency visit is \$1,646, while the average Urgent Care visit cost is only \$171.
- 6. Urgent Care Can't Treat Children:** While there are specialized Urgent Care centers, typical Urgent Care centers provide care to patients of all ages, including children. They are often equipped to manage common pediatric illnesses and injuries.
- 7. Urgent Care Doesn't Provide Ongoing Care:** While Urgent Care is not a primary care provider, they can offer follow-up care for certain conditions, prescribe medications, and refer patients to specialists if necessary.
- 8. Urgent Care Doesn't Offer Preventive Services:** Some people mistakenly think that urgent care centers only handle acute medical issues. However, many provide vaccinations, flu shots, and other preventive services.
- 9. You Need an Appointment:** Urgent Care centers generally operate on a walk-in basis, which means you don't need an appointment to be seen by a healthcare provider.
- 10. Limited Diagnostic Services:** Urgent care centers often have diagnostic services like X-rays, lab testing, and EKGs available on-site. This allows for prompt evaluation and treatment of many conditions.



In-Person Meetings

Media Interview Tips

Know Your Key Messages:

Prior to your interview, identify the key points you want to cover during the interview. These could include the services you offer, your location, hours of operation, the qualifications of your staff, and any special features that set your Urgent Care center apart from others.

Practice Your Delivery:

Practice delivering your key messages in a clear and concise manner. Avoid jargon and technical terms that the general public may not understand. Use plain language to explain your services.

Be Prepared:

Anticipate the questions the interviewer is likely to ask and have clear, concise answers prepared. Common questions may include the types of conditions you treat, insurance acceptance, wait times, and COVID-19 safety measures.

Consider Your Audience:

Tailor your messages to the specific audience of the media outlet. If it's a local news station, focus on how your center serves the local community. If it's a larger healthcare publication, you can go into more detail about medical aspects.

Share Stories:

Use real-life examples or patient stories to illustrate your key messages. Personal anecdotes and success stories can make your interview more relatable and engaging.

Maintain Good Body Language:

During the interview, maintain eye contact with the interviewer, speak clearly, and use open and positive body language. Avoid nervous habits like fidgeting.

Stay Calm and Composed:

Media interviews can be nerve-racking, but try to remain calm and composed. If you make a mistake or don't know the answer to a question, it's okay to admit it and offer to follow up with the information later.

Be Concise:

Keep your responses concise and to the point. Avoid rambling or going off-topic. The interviewer may have limited time, and your audience's attention spans are short.

Conduct A Mock Interview:

Run through an interview scenario with a colleague or a communications coach to get comfortable with the interview process. This can help you identify areas where you may need improvement.

Turn Negative to Positive:

If you receive negative or challenging questions, respond professionally and positively. For example, if asked about a recent issue, acknowledge the concern and explain the steps you're taking to address it.

National Messaging

Urgent Care Is the Solution

Our main message to the Federal government is that Urgent Care Centers should be better utilized for non-emergent, urgent health episodes to combat the national problem of ED over-utilization. For Urgent Care to fulfill its proper role, national-level incentives should be created that improve patient access and encourage Urgent Care utilization.

Note: Our messaging is positioned as a solution to an existing problem vs. a complaint about low reimbursement. **This is intentional and creates multiple paths to success including regulatory changes,** innovation program incentives, and other routes. Be sure to read our Advocacy Newsletter to stay on top of progress.

For a downloadable, printable copy of a “leave behind” for any meetings with congresspersons, print page 15 and 16 to hand out or [click here](#) to view the online version. You can share this link in any digital communications to reference the document.



Urgent Care is Essential Care

UCA URGENT CARE
ASSOCIATION®

National Messaging

White Paper

The 2023 Urgent Care Industry White Paper, published in August 2023, is a robust tool highlighting the pivotal role of Urgent Care centers, their impact on the healthcare system, and the challenges we face, particularly regarding federal recognition and funding.

Key Points:

COVID-19 Impact: The white paper underscores the central role that Urgent Care centers played during the COVID-19 pandemic. These centers were on the frontlines, evaluating, diagnosing, testing, and treating patients when many had nowhere else to turn.

Urgent Care Growth: We cover the substantial increase in the number of patient visits and the overall growth of Urgent Care centers both before and after the pandemic. The significant increase in per-center visits demonstrates the increasing demand for these services.

Federal Recognition and Funding: Despite our essential role in the healthcare ecosystem, Urgent Care centers have not received federal funding or specialized reimbursement comparable to other healthcare facilities, such as emergency departments. This highlights a disparity in recognition and support.

Bridging Healthcare Gaps: Urgent Care centers serve as a vital bridge between primary care and emergency care, providing evaluation and care for urgent but not emergent conditions. They offer a wide range of services, including testing, support for mental health concerns, and preventative care.

Future Healthcare Models: We explore potential future models of care delivery, such as supporting Patient-Centered Medical Homes and national value-based care, population health, and disease management goals. These models aim to contribute to an efficient, cost-effective, and high-quality healthcare system.

Industry Initiatives: We discuss some of the initiatives and programs of UCA, the College of Urgent Care Medicine (CUCM), and Urgent Care Foundation (UCF).

This shows unified efforts to advancing the Urgent Care industry, improving access to quality, affordable healthcare, and supporting continuing education and advocacy efforts.

For a downloadable, printable copy of the White Paper, [click here](#).

Legislative and Regulatory Tracking and Mass Outreach

Tracking Reports

UCA and UCA chapters use software to track legislative and regulatory activities in all US states. UCA members will be able to access these reports through the [Advocacy webpage](#) and on their Chapter websites.

The GovHawk reports show legislative and regulatory activities and can also be used to review enacted legislation and regulations to ensure that your centers are in compliance. These reports are maintained by UCA and GovHawk and continually updated by the software.

If you are not a member and would like to be able to access these reports, [click here](#) to join.

Sample Email Alert



Hi [NAME]

Here's a link to our weekly report of the latest bills we are tracking:

[View Report](#)

Please don't hesitate to contact us with questions or feedback.

Sincerely,
Urgent Care Association

Watch for Advocacy Outreach Alerts from UCA via email when an issue arises that needs all of us to respond en masse. It's very close to "one click" and adds your voice almost instantaneously.

Urgent Care Centers Should be Better Utilized for Non-Emergent, Urgent Health Episodes

PROBLEM

Emergency Departments (EDs) are chronically overwhelmed with patients, making it difficult for them to efficiently and effectively treat everyone who walks through their doors. Many patients who present at EDs have diagnoses that could be appropriately treated in less acute, less expensive, and often less distressing settings, such as urgent care centers (UCCs). For example, individuals with allergic reactions, lacerations, sprains and fractures, common respiratory illnesses (e.g., flu or RSV), bacterial infections (e.g., strep throat, urinary tract infections or foodborne illness), need timely care, but may not need the full scope of services provided by an ED. When these patients present at the ED, they often are triaged as least emergent and wait a long time for diagnosis and treatment. Insurers, including Medicare and Medicaid, also pay more for ED visits than UCC visits, while patients and their families spend more money and resources than may be necessary.

Potential overuse or inappropriate use of EDs has been a national concern for many years, [particularly among those insured by Medicaid](#).¹ There are multiple [reasons patients go to the emergency room for non-emergent concerns](#): lacking a relationship with a primary care provider or care team, a lack of after-hours or timely access to a provider, and other access barriers such as transportation.² [Other themes](#) associated with higher-than-average ED use especially among Medicaid enrollees include negative personal experiences with the healthcare system, challenges associated with social determinants of health, and significant chronic mental and physical disease burden.³

A [2021 Report to Congress by the U.S. Office of the Assistant Secretary for Planning and Evaluation \(ASPE\)](#), highlighted efforts by the Centers for Medicare and Medicaid Services (CMS) and others to discourage inappropriate use of EDs, for example by requiring higher insurance copayments for ED use as a financial disincentive, patient education to encourage patients to seek care in other settings, expanding access to primary care services, focusing on superusers (often Medicaid enrollees) or hotspots, and encouraging other providers to expand access through evening and weekend hours.⁴

SOLUTION

Studies show that urgent care centers (UCCs) already [prevent around 24.5 million emergency room visits annually](#), which not only reduces the burden on emergency rooms, but also saves patients and the healthcare system time and money.⁵ A [2019 report by the Medicare Payment Advisory Committee \(MedPAC\)](#) found that about one-third [500,000] of ED claims involving nonurgent care (or 2 percent of Medicare physician ED claims) could be appropriately treated in

¹ Zhou, R., et al. 2017. The Uninsured Do Not Use The Emergency Department More—They Use Other Care Less. Health Affairs. Vol. 36, No. 12. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0218>.

² Centers for Medicare and Medicaid Innovation. Transforming Clinical Practice Initiative (TCPI). Reducing Unnecessary Emergency Department Visits. <https://www.cms.gov/priorities/innovation/files/x/tcpi-changepkgmod-edvisits.pdf>.

³ Capp, R. et al. 2016. Reasons for Frequent Emergency Department Use by Medicaid Enrollees: A Qualitative Study. Academy of Emergency Medicine. Apr;23(4):476-81.

<https://pubmed.ncbi.nlm.nih.gov/26932230/#:~:text=We%20identified%20three%20key%20themes,mental%20and%20physical%20disease%20burden>.

⁴ U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. 2021. Trends in the Utilization of Emergency Department Services, 2009-2018. <https://aspe.hhs.gov/sites/default/files/private/pdf/265086/ED-report-to-Congress.pdf>.

⁵ Allen, L, et al. 2019. Urgent Care Centers and the Demand for Non-Emergent Emergency Department Visits. National Bureau of Economic Research. <https://www.nber.org/papers/w25428>.

a UCC or other lower cost, non-ED setting, and that when a hospital ED treats a nonurgent condition, the Medicare program and beneficiaries spend between 3 and 20 times more per episode than when a UCC treats the same condition.⁶ Even more burden could be shifted from EDs to UCCs if UCCs were better utilized, and more patients could receive high-quality care with shorter wait-times and in a less-costly setting. A [2016 study of Medicare claims data](#) concluded that in markets where the rate of UCC use for nonurgent care increased, the use of hospital EDs for nonurgent care decreased.⁷

As the [2021 ASPE Report notes](#), UCCs “generally do not require appointments and are frequently open longer than other primary care providers, typically seven days a week, with extended evening hours. Therefore, they can fill a gap for patients whose condition does not require a visit to the ED but whose regular providers are closed or for those who do not have a regular source of care.” In fact, UCCs have the resources, staff and equipment to address more severe concerns than most primary care offices.

[MedPAC found that](#) shifting a subset of claims for nonurgent care from EDs to UCCs would result in significant program and beneficiary savings, but would require addressing beneficiary decision-making and the availability of care in these settings.

Thus, CMS should develop incentives to encourage Medicare beneficiaries and Medicaid enrollees to better utilize UCCs for non-emergent, urgent care needs. CMS could promote UCC utilization as an alternative to EDs and primary care (1) by improving beneficiary access by incentivizing UCC development and proliferation through differentiated reimbursement, and (2) with improved patient education programs. Patients may seek care in UCCs more often with a better understanding of which services are best addressed in UCCs versus EDs, physician offices and retail health clinics.

WHY URGENT CARE CENTERS

Nationwide, there are over 14,000 UCCs and they can be found in all 50 states and the District of Columbia. However, many centers can be found in states with large urban centers, while many states with large rural areas have significantly less. For example, the entire state of North Dakota has only 12 UCCs. UCCs are open beyond typical physician office hours, and some operate 24/7, much like an ED. A [2022 survey of Urgent Care Association \(UCA\) members](#) found that 67% are open 7 days a week and another 11% are open every day except Sunday.⁸

Moreover, unlike many physician offices and retail clinics, UCCs generally offer high and medium acuity services, including x-ray and diagnostic services. According to a UCA report, 53% of their members self-identified as a median/moderate acuity center and another 12% as being a higher complexity acuity center. Today, 85% of UCCs have x-ray services. Almost half of UCA members offer in-house pharmaceutical dispensing. Urgent care centers have also expanded their diagnostic testing services in recent years, and now test for infectious diseases with strep, RSV, and COVID-19 among the most common tests performed.

⁶ Medicare Payment Advisory Commission. 2019. Report to the Congress: Options for slowing the growth of Medicare fee-for-service spending for emergency department services. Washington, DC: MedPAC. https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch11_medpac_reporttocongress_sec.pdf.

⁷ Corwin, G. S., D. M. Parker, and J. R. Brown. 2016. Site of treatment for non-urgent conditions by Medicare beneficiaries: Is there a role for urgent care centers? American Journal of Medicine 129, no. 9 (September): 966–973. [https://www.amjmed.com/article/S0002-9343\(16\)30341-2/fulltext](https://www.amjmed.com/article/S0002-9343(16)30341-2/fulltext).

⁸ Urgent Care Association. 2022 UCA Benchmarking Report. <https://urgentcareassociation.org/resources/2022-uca-operations-benchmarking-report/>

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