

**Sun River Health**



**Urgent Care**

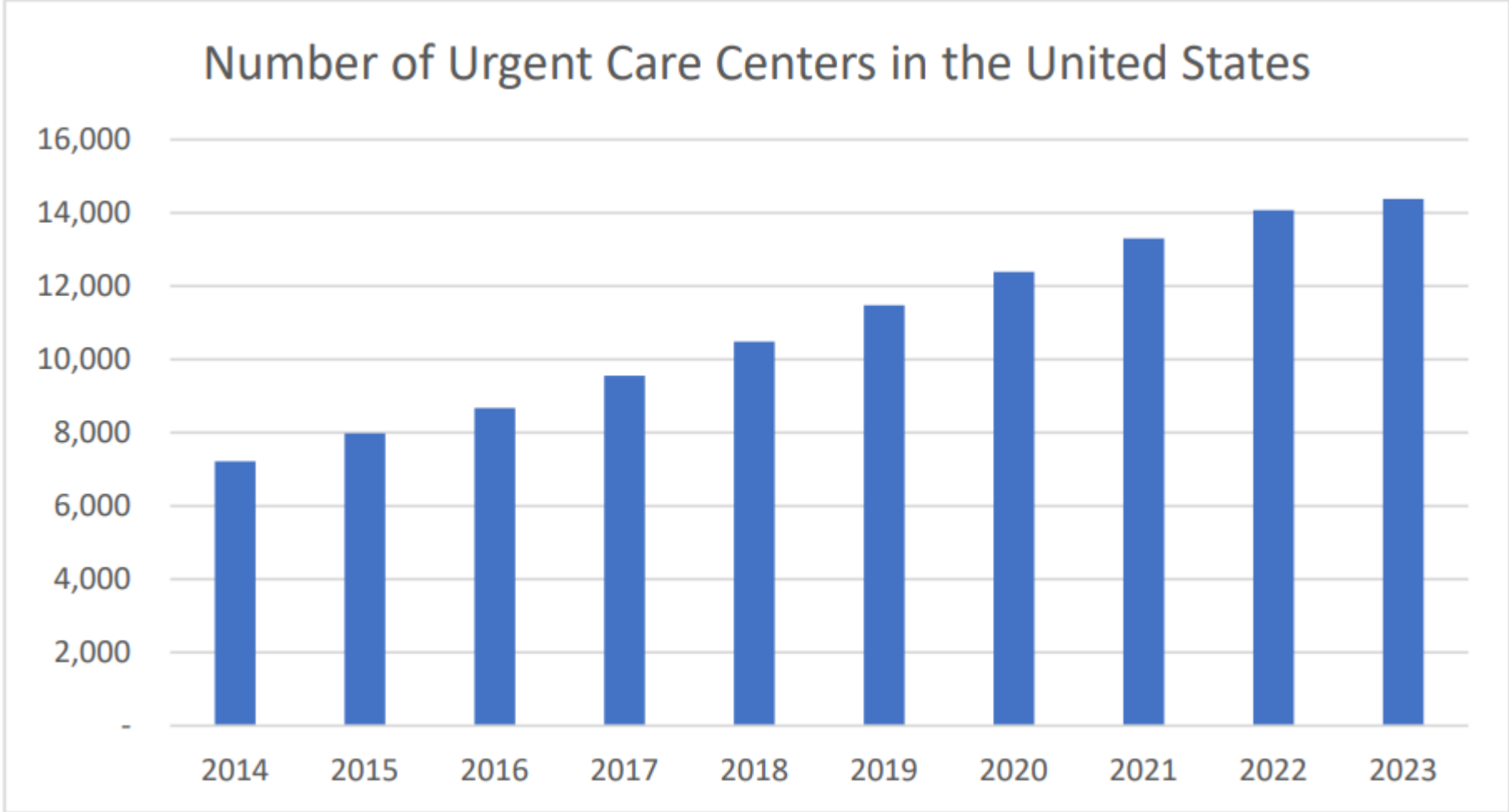
4/17/2024

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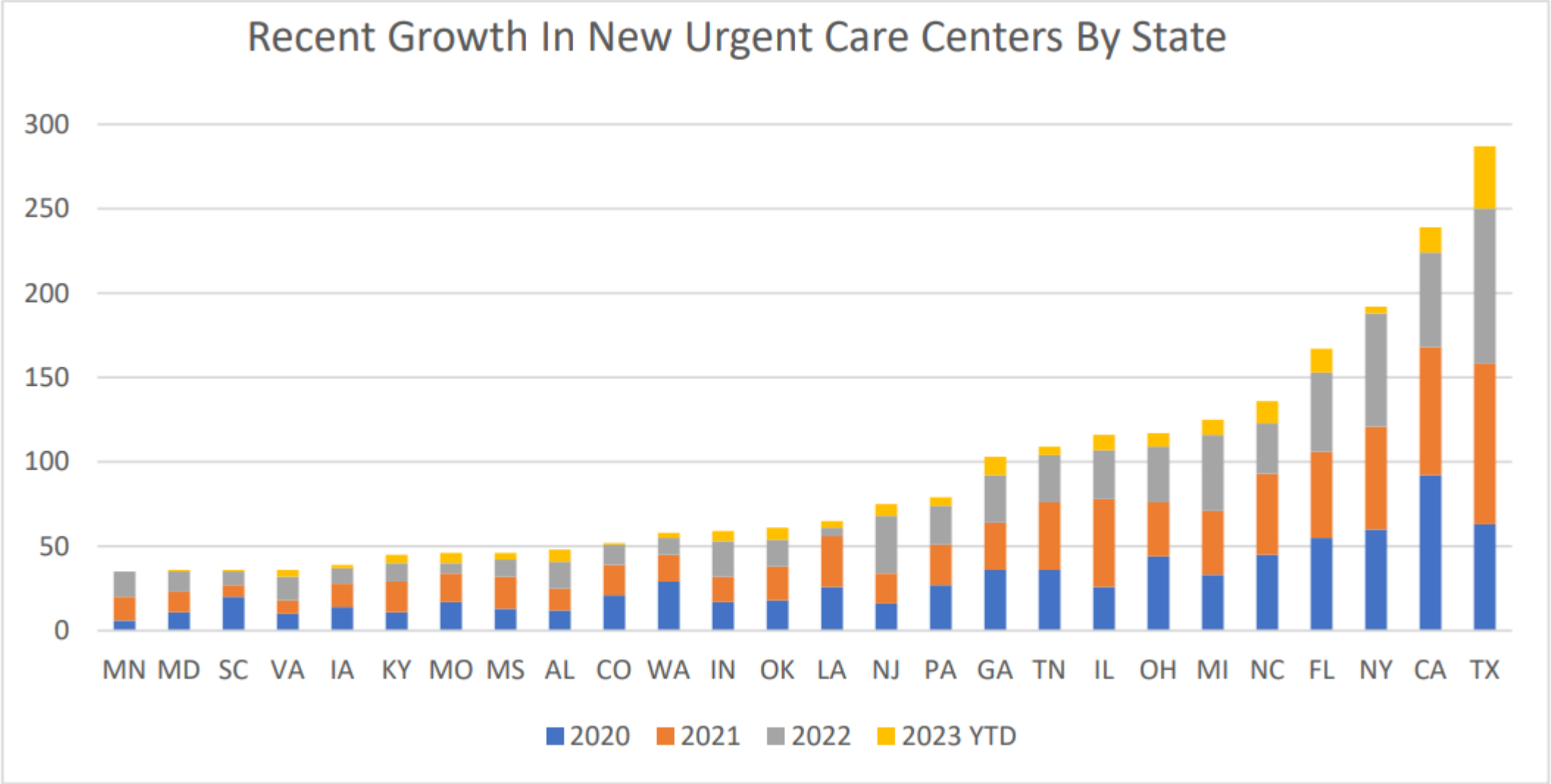


# Increasing Prevalence of Urgent Care

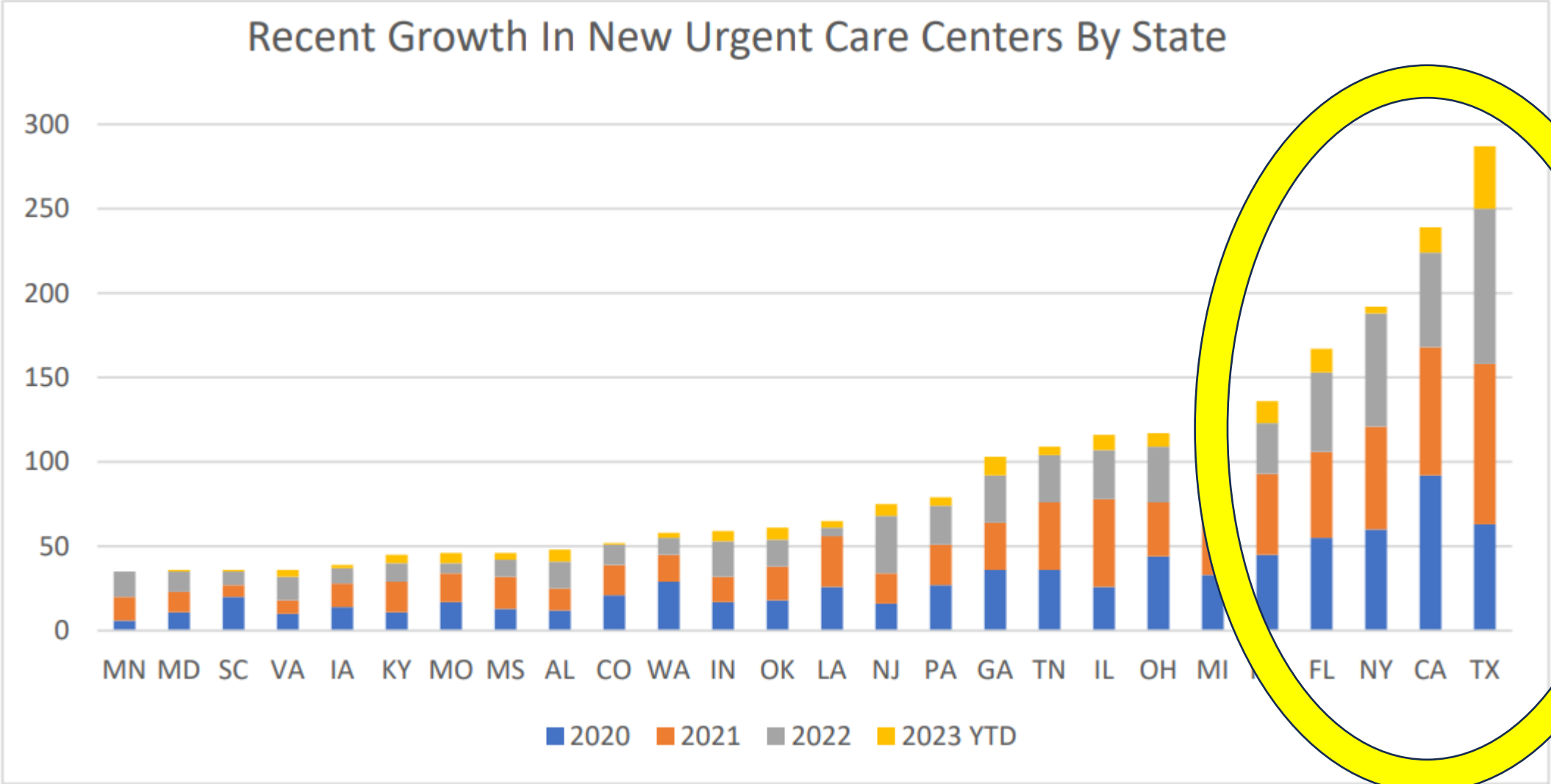


Still increasing,  
but leveling off  
in last 2 years

# Increasing Prevalence of Urgent Care



# Increasing Prevalence of Urgent Care

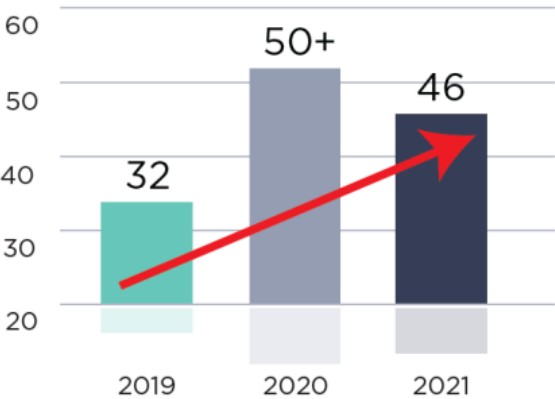


# Utilization High

- Current Volume: **40 visits a day** by **14,230 Urgent Care** centers in the U.S., (April 2023),
- Urgent Care centers will continue to provide access and care for greater than **200 million patient visits per year**

### Patient Volume Increased Over COVID

Urgent Care Visits Per Clinic Per Day, Average Volume



	Primary Care Visits	Urgent Care Visit	ED Visit
Adults	82.3%	26.5%	18%
Children	91%	8.4%	3.6% (2+ Visits)

# Generational Variation

- Urgent Care centers utilization is much higher among Gen Z and Millennial consumers vs. other generations
- Gen Z and Millennials are visiting Urgent Care centers more frequently

## Use Urgent Care in past 6 months

Gen Z & Millennials	Boomers & Silent Generation
36%	19%

## Of those using Urgent Care Those with More than 3 Visits in 12 Months

Gen Z	56%
Millennials	45%
Boomers	26%
Silent Generation	22%

# Urgent Care vs Primary Care

As urgent care utilization increasing, primary care utilization decreasing.  
(JAMA Study)

Factors associated with a decreased likelihood of having primary care included

- **Younger** individuals less likely to have primary care
- **Men** less likely to have primary care than women
- Those identifying as **Latino** less likely to have primary care
- Those identifying **Black race/ethnicity** less likely to have primary care
- Those identifying **Asian race/ethnicity** less likely to have primary care
- Those who are **uninsured** less likely to have primary care
- **Lower income individuals** less likely to have primary care
- Those with **lower education** less likely to have primary care
- Those in Southern US Census Bureau region

## Characteristics of Americans With Primary Care and Changes Over Time, 2002-2015

David M. Levine, MD, MPH, MA<sup>1,2</sup>; Jeffrey A. Linder, MD, MPH<sup>3</sup>; Bruce E. Landon, MD, MBA, MSc<sup>2,4,5</sup>

[» Author Affiliations](#) | [Article Information](#)

*JAMA Intern Med.* 2020;180(3):463-466. doi:10.1001/jamainternmed.2019.6282

# Urgent Care vs Primary Care

## Key Findings:

- The decrease in receipt of primary care, particularly among younger patients or patients with no chronic medical conditions, may be related to their **choosing nonlongitudinal interactions over continuity**, perhaps related to the **convenience revolution**
- Perception that **primary care has failed to adopt new modes** of delivering treatment that might be more accessible to patients
- **Financial barriers**, especially among uninsured Americans, may prevent some people from accessing primary care.
- **Shortages in the availability of primary care** may pose access barriers even to insured people, with the result that fewer younger and healthier patients have a regular source of care

## Characteristics of Americans With Primary Care and Changes Over Time, 2002-2015

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# Patient Voice – Choosing Urgent Care

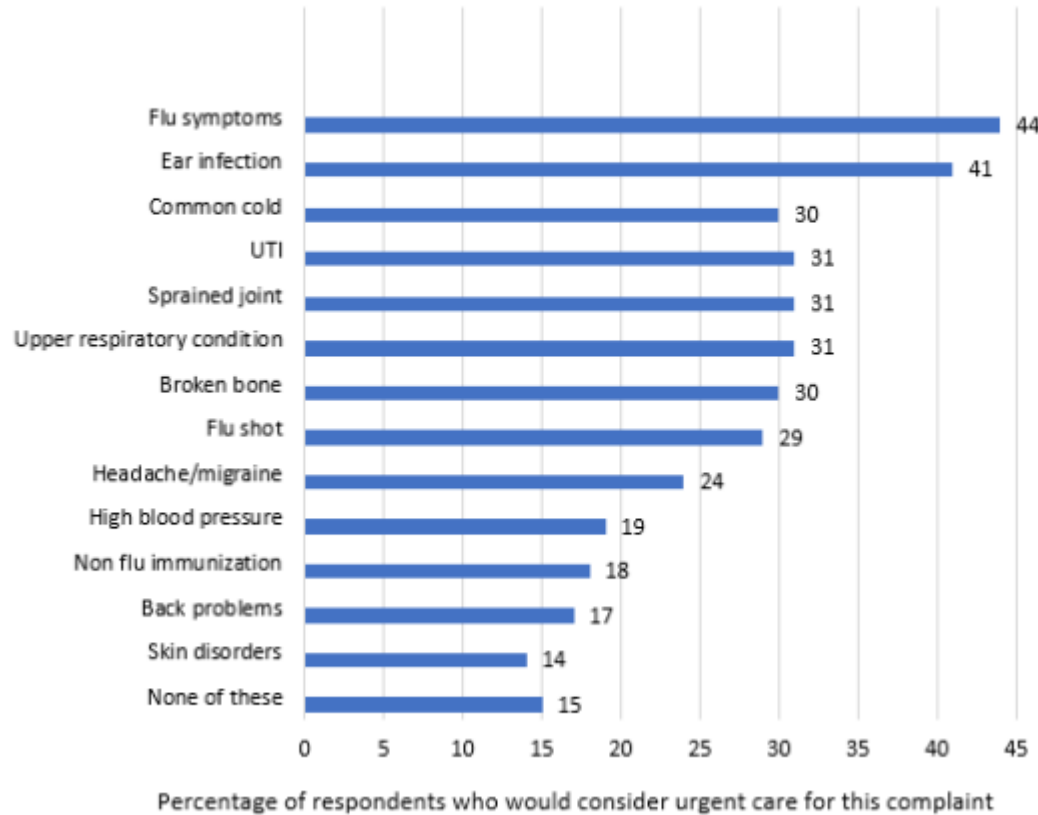
When thinking about their most recent visits to these facilities, respondents said they chose this option because of:

- Convenient location (44%)
- Walk-in appointment availability (43%)
- Insurance coverage (43%)

They rated their visits to these facilities similarly, with the following being their most valued features:

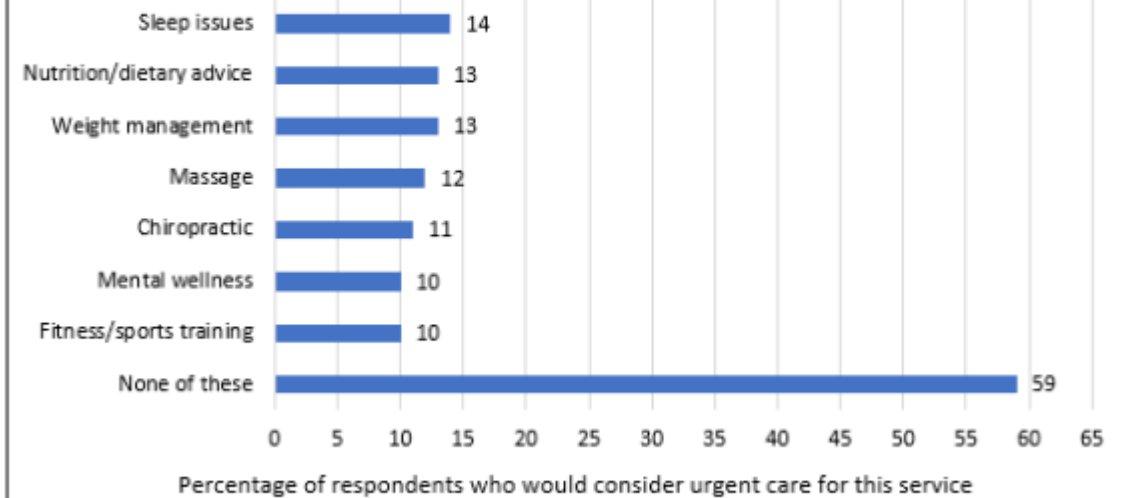
- Convenience (70%)
- Insurance coverage (69%)
- Available appointments (68%)

**Figure 2. Big Opportunitines for Urgent Care: Health Conditions**  
(cited by 10% or more)



# Where is urgent care industry focused?

**Figure 3. Big Opportunitines for Urgent Care: Wellness Services**  
(cited by 10% or more)



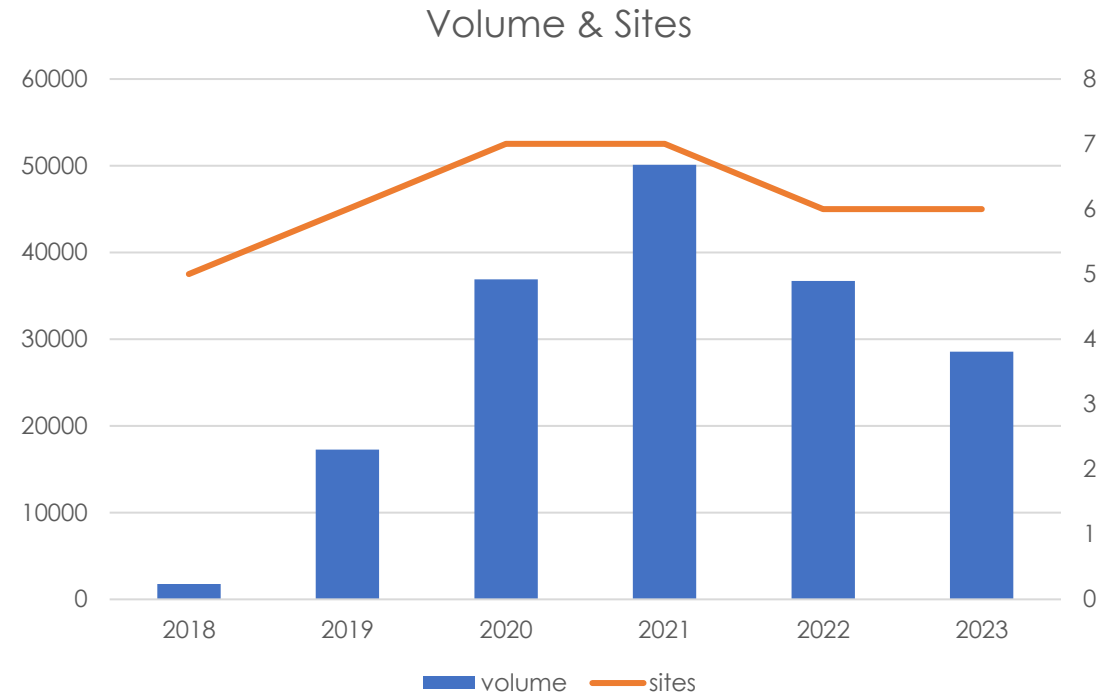
# Urgent Care Marketing – Shifting Landscape & Updated Message

## Key Industry Recommendations

- Urgent care facilities need to establish and, potentially, rebrand themselves as the **on-demand PCP**. One way would be to move away from the term “urgent,” which places the industry conceptually near an emergency department.
- **More remote access:** 31% of all survey respondents claimed that if they could avoid going to the doctor’s office and complete their visits using technology, they would. And that percentage rises even higher for Gen Z (40%) and Millennials (42%), while it plummets for Boomers (15%) and the Silent Generation (9%).
- **Focus on Convenience:** Since 2020, more than half of all patients seen per day are presenting with respiratory, ear, and COVID symptoms; COVID exposure; or confirmed COVID.

# Our Model

- Co-locate with primary care
- Best results with high volume sites, high walk in demand
- Focused teams: Staffing model reliant on Medical Techs, a model which leads the clinical team directly to the medical provider if any clinical questions should arise.
- Cross trained teams: All clinical team members are cross trained as Patient Representatives



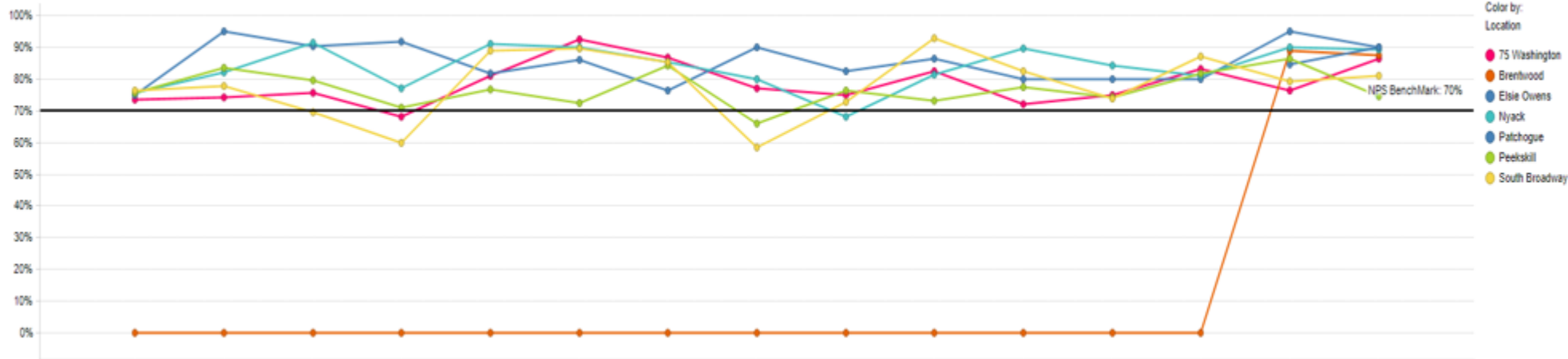
# What are we tracking

- **Door to Door Time:** Our benchmark is less than 45 minutes for the total time from check in to check out.
- **Door to Provider time:** Our benchmark is less than 15 minutes from registration to when the provider enters the room.
- **Productivity:** Number of patients seen daily, weekly, monthly, and yearly
- **48 Hour Call Back:** Calling patients back 2 days after visit to the Urgent Care to see how they are feeling
- **Antibiotic Usage:** Goal is to be under 15% of antibiotic prescribed to patients.
- **Net Promoter Score (NPS):** Measures loyalty of patients (will they utilize the UC service again) and measures if a patient would refer the Urgent Care services to family and friends.

# Urgent Care - Net Promoter Score

Report Date Filtered to: 1/1/2020 through 12/31/2023

Location	Most Recent NPS	BenchMark
75 Washington	93%	70%
Brentwood	89%	70%
Elsie Owens	95%	70%
Nyack	92%	70%
Patchogue	90%	70%
Peekskill	86%	70%
South Broadway	93%	70%
Total - Aggregate	85%	70%



The median score for patient satisfaction in Urgent Care, using a Net Promoter Score, was 76% in 2022

# Patient satisfaction & Wait time



## Urgent Care - Cycle Time

Report Date Filtered to: 1/1/2024 through 4/3/2024



### Door to Door Average Weekday Visit Duration

Encounters with a status that does not begin with check-in and/or status does not end with done or check-out are excluded.

<b>Brentwood Urgent Care A28</b> <b>0 d 00 h 54 m</b> Average Visit Duration	<b>Patchogue Urgent Care A28</b> <b>0 d 08 h 10 m</b> Average Visit Duration	<b>Peekskill Urgent Care A28</b> <b>0 d 00 h 57 m</b> Average Visit Duration	<b>Poughkeepsie Washington Street...</b> <b>0 d 01 h 21 m</b> Average Visit Duration	<b>Yonkers Valentine Lane Urgent C...</b> <b>0 d 00 h 56 m</b> Average Visit Duration
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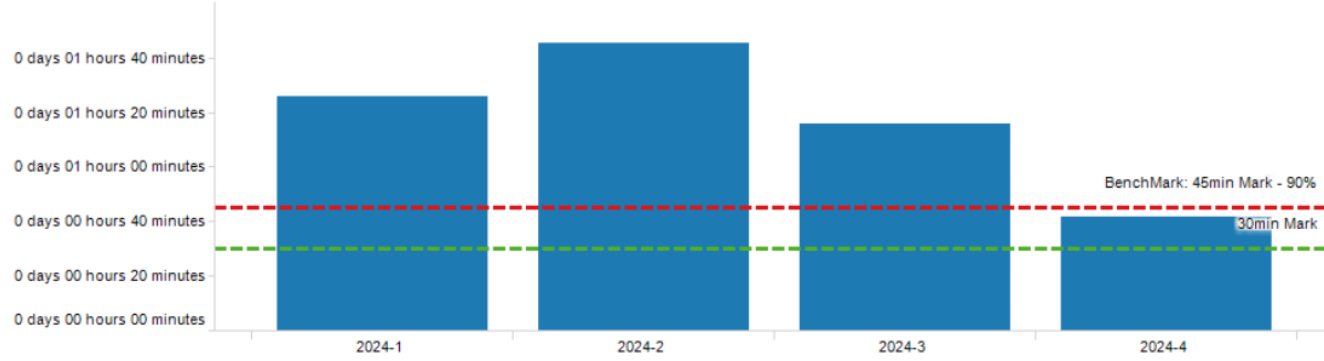
### Door to Door Avg Weekday Visit Duration

Encounters with a status that does not begin with check-in and/or status does not end with done or check-out are excluded.

Year-Month	Avg Visit Duration	Enc. Count	BenchMark
2024-2	0 d 01 h 45 m	2,088	45m - 90%
2024-3	0 d 01 h 15 m	1,818	45m - 90%
2024-4	0 d 00 h 41 m	116	45m - 90%

### Door to Door Avg Weekday Visit Duration by Year-Month

Encounters with a status that does not begin with check-in and/or status does not end with done or check-out are excluded.



### Door to Provider Avg Weekday

Encounters without a 'Ready for Provider' status excluded.

Year-Month	Avg Duration	Enc. Count	BenchMark
2024-1	0 d 00 h 42 m	1,891	15m - 90%
2024-2	0 d 00 h 35 m	1,743	15m - 90%
2024-3	0 d 00 h 28 m	1,558	15m - 90%
2024-4	0 d 00 h 24 m	100	15m - 90%

# Door to Door Average Weekly

Encounters with a status that does not begin with check-in and/or status does not end with done or check-out are excluded.

Year-Month	Avg Visit Duration	Enc. Count	BenchMark
2021-1	4 d 01 h 04 m	3,335	45m - 90%
2021-2	0 d 02 h 18 m	2,312	45m - 90%
2021-3	0 d 01 h 40 m	2,896	45m - 90%
2021-4	0 d 00 h 37 m	2,775	45m - 90%
2021-5	0 d 12 h 59 m	2,178	45m - 90%
2021-6	0 d 06 h 23 m	2,444	45m - 90%
2021-7	0 d 00 h 57 m	2,796	45m - 90%
2021-8	0 d 00 h 47 m	3,727	45m - 90%
2021-9	0 d 00 h 49 m	4,073	45m - 90%
2021-10	0 d 00 h 49 m	3,978	45m - 90%
2021-11	0 d 02 h 52 m	3,682	45m - 90%
2021-12	0 d 01 h 00 m	4,934	45m - 90%
2022-1	0 d 00 h 50 m	2,981	45m - 90%
2022-2	0 d 02 h 47 m	1,924	45m - 90%
2022-3	0 d 00 h 39 m	2,764	45m - 90%
2022-4	0 d 00 h 42 m	2,719	45m - 90%
2022-5	0 d 00 h 49 m	3,048	45m - 90%
2022-6	0 d 00 h 44 m	2,783	45m - 90%
2022-7	0 d 00 h 48 m	2,406	45m - 90%
2022-8	0 d 01 h 20 m	2,306	45m - 90%
2022-9	0 d 00 h 51 m	2,360	45m - 90%
2022-10	0 d 00 h 54 m	2,477	45m - 90%
2022-11	0 d 00 h 59 m	2,952	45m - 90%
2022-12	0 d 01 h 01 m	3,117	45m - 90%
2023-1	0 d 00 h 54 m	2,467	45m - 90%
2023-2	0 d 00 h 46 m	2,129	45m - 90%
2023-3	0 d 00 h 46 m	2,365	45m - 90%
2023-4	0 d 00 h 48 m	1,927	45m - 90%
2023-5	0 d 00 h 53 m	2,276	45m - 90%
2023-6	0 d 00 h 47 m	1,960	45m - 90%
2023-7	0 d 00 h 48 m	2,002	45m - 90%
2023-8	0 d 00 h 43 m	2,048	45m - 90%
2023-9	0 d 00 h 36 m	74	45m - 90%
2023-10	0 d 00 h 54 m	2,382	45m - 90%
2023-11	0 d 00 h 59 m	1,993	45m - 90%
2023-12	0 d 01 h 04 m	2,006	45m - 90%

# Door to Provider Average Weekly

Encounters without a 'Ready for Provider' status excluded.

Year-Month	Avg Duration	Enc. Count	BenchMark
2021-1	0 d 00 h 28 m	2,538	15m - 90%
2021-2	0 d 00 h 23 m	1,862	15m - 90%
2021-3	0 d 00 h 22 m	2,492	15m - 90%
2021-4	0 d 00 h 20 m	2,457	15m - 90%
2021-5	0 d 00 h 22 m	1,969	15m - 90%
2021-6	0 d 00 h 23 m	2,213	15m - 90%
2021-7	0 d 00 h 26 m	2,416	15m - 90%
2021-8	0 d 00 h 27 m	3,327	15m - 90%
2021-9	0 d 00 h 28 m	3,625	15m - 90%
2021-10	0 d 00 h 30 m	3,476	15m - 90%
2021-11	0 d 00 h 30 m	3,216	15m - 90%
2021-12	0 d 00 h 36 m	4,029	15m - 90%
2022-1	0 d 00 h 30 m	2,559	15m - 90%
2022-2	0 d 00 h 19 m	1,710	15m - 90%
2022-3	0 d 00 h 21 m	2,492	15m - 90%
2022-4	0 d 00 h 24 m	2,408	15m - 90%
2022-5	0 d 00 h 28 m	2,668	15m - 90%
2022-6	0 d 00 h 25 m	2,409	15m - 90%
2022-7	0 d 00 h 28 m	2,030	15m - 90%
2022-8	0 d 00 h 28 m	1,959	15m - 90%
2022-9	0 d 00 h 29 m	2,146	15m - 90%
2022-10	0 d 00 h 32 m	2,226	15m - 90%
2022-11	0 d 00 h 36 m	2,621	15m - 90%
2022-12	0 d 00 h 37 m	2,752	15m - 90%
2023-1	0 d 00 h 32 m	2,258	15m - 90%
2023-2	0 d 00 h 27 m	1,986	15m - 90%
2023-3	0 d 00 h 26 m	2,198	15m - 90%
2023-4	0 d 00 h 27 m	1,817	15m - 90%
2023-5	0 d 00 h 30 m	2,114	15m - 90%
2023-6	0 d 00 h 27 m	1,844	15m - 90%
2023-7	0 d 00 h 29 m	1,752	15m - 90%
2023-8	0 d 00 h 25 m	1,870	15m - 90%
2023-9	0 d 00 h 19 m	72	15m - 90%
2023-10	0 d 00 h 32 m	2,142	15m - 90%
2023-11	0 d 00 h 35 m	1,708	15m - 90%
2023-12	0 d 00 h 38 m	1,740	15m - 90%





# Urgent Care - Productivity

Report Date Filtered to: 1/1/2024 through 4/3/2024

## Average Daily Visits

<b>Brentwood Urgent Care A28</b> <b>20</b> Weekday Average Daily Visits <b>12</b> Weekend Average Daily Visits	<b>Patchogue Urgent Care A28</b> <b>18</b> Weekday Average Daily Visits <b>(Empty)</b> Weekend Average Daily Visits	<b>Peekskill Urgent Care A28</b> <b>35</b> Weekday Average Daily Visits <b>22</b> Weekend Average Daily Visits	<b>Poughkeepsie Washington Street...</b> <b>27</b> Weekday Average Daily Visits <b>12</b> Weekend Average Daily Visits	<b>Yonkers Valentine Lane Urgent C...</b> <b>24</b> Weekday Average Daily Visits <b>8</b> Weekend Average Daily Visits
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## Average Daily Visits by Year-Month and Weekday

Year-Month	Mon	Tue	Wed	Thu	Fri	Grand total
2024-1	125	124	96	126	97	113
2024-2	117	86	99	112	88	101
2024-3	111	100	83	95	58	88
2024-4	116	73	-	-	-	95
Grand total	117	103	93	111	79	100

## Average Hourly Visits By Facility

Red indicates heavy volume, grey indicates medium volume and blue indicates low volume.

Hour	Brentwood Urgent Care ...	Patchogue Urgent Care ...	Peekskill Urgent Care ...	Poughkeepsie Washington ...	Yonkers Valentine Lane...
12 AM	-	-	-	-	1
1 AM	-	-	-	1	-
8 AM	1	2	4	4	1
9 AM	3	3	5	4	5
10 AM	3	3	4	4	4
11 AM	3	3	4	3	4
12 PM	3	2	3	3	3
1 PM	2	2	3	3	3
2 PM	3	2	3	3	3
3 PM	2	2	2	2	2

Colors:  
● Max  
● Average  
● Min

# Quality & UDS Considerations

## Connection to Ongoing Primary Care

- All patients with a billable medical visit will be included in the UDS quality metrics review

<i>First Urgent Care Visit Location</i>	<i># Patients w/ First Visit at Urgent Care</i>	<i># Patients w/ First Visit at Urgent Care w/ Medical Visit</i>	<i>Urgent Care to Med Conversion Rate</i>
Brentwood Urgent Care A28	3,311	1,620	48.9%
Coram Urgent Care A28	1,043	971	93.1%
Nyack Urgent Care A28	1,301	725	55.7%
Patchogue Urgent Care A28	1,002	773	77.1%
Peekskill Urgent Care A28	5,343	2,777	52.0%
Poughkeepsie Washington Street Urgent Care A28	4,959	2,340	47.2%
Yonkers Valentine Lane Urgent Care A28	1,659	1,075	64.8%
<b>Overall - Total</b>	<b>18,618</b>	<b>10,281</b>	<b>55.2%</b>

## Antibiotic Use

- Since Urgent Care providers make clinical prescribing decisions for over 210 million patients each year and around 30% of antibiotics prescribed in outpatient settings are unnecessary

## Avg Visits with Antibiotics

Brentwood Urgent Care A28

**3.2%**

Prescription %

Coram Urgent Care A28

**27.8%**

Prescription %

Nyack Urgent Care A28

**5.1%**

Prescription %

Patchogue Urgent Care A28

**2.6%**

Prescription %

Peekskill Urgent Care A28

**5.7%**

Prescription %

Poughkeepsie Washington ...

**13.7%**

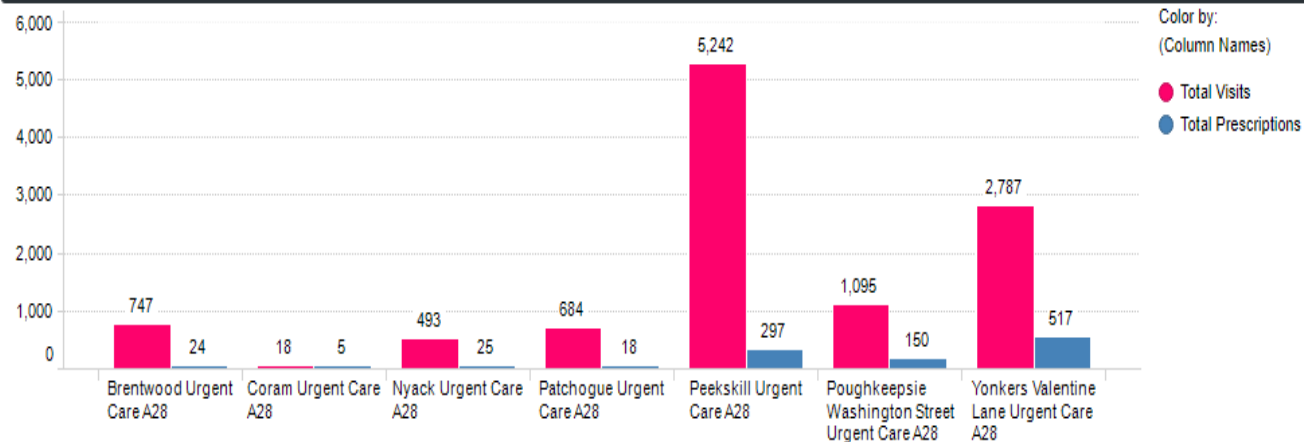
Prescription %

Yonkers Valentine Lane Ur...

**18.6%**

Prescription %

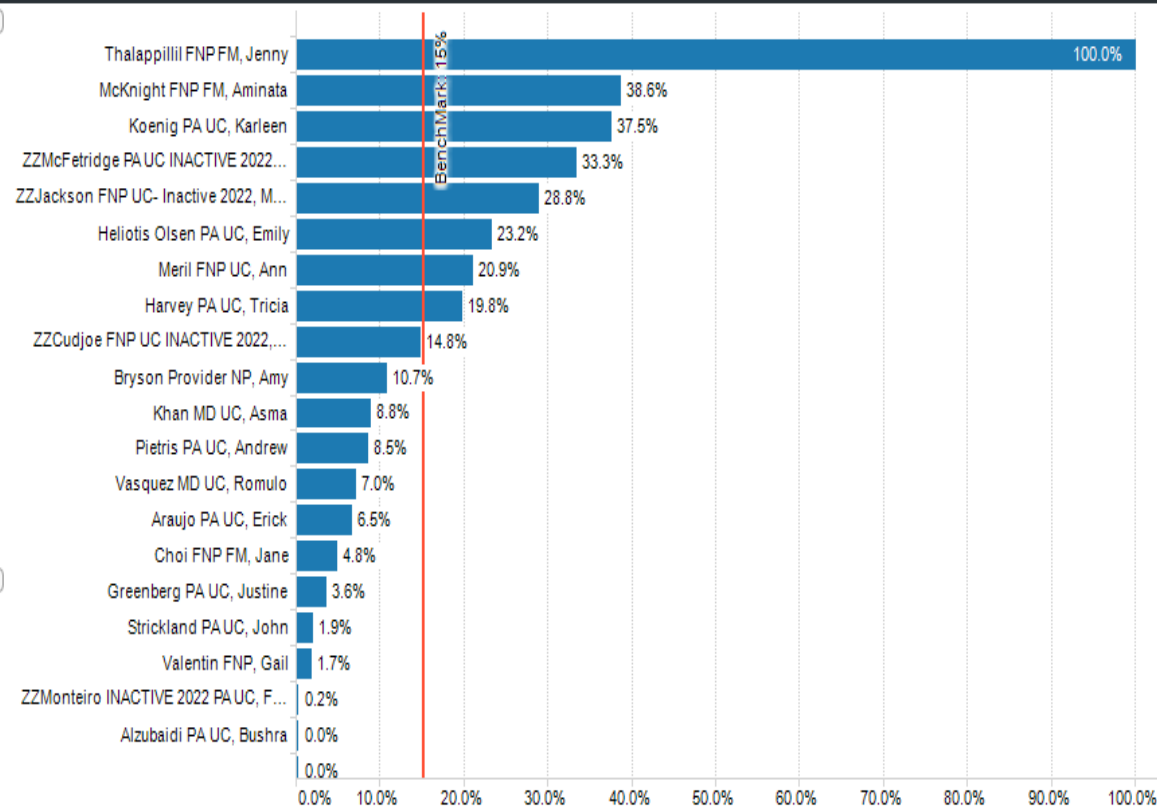
## Total Visits vs Total Prescriptions



## Total Visits vs Total Prescriptions

Facility	Total Visits	Total Prescriptions	Prescription %	BenchMark
Brentwood Urgent Care A28	747	24	3.2%	15%
Coram Urgent Care A28	18	5	27.8%	15%
Nyack Urgent Care A28	493	25	5.1%	15%
Patchogue Urgent Care A28	684	18	2.6%	15%
Peekskill Urgent Care A28	5,242	297	5.7%	15%
Poughkeepsie Washington Stre...	1,095	150	13.7%	15%
Yonkers Valentine Lane Urgent ...	2,787	517	18.6%	15%

## Avg Visits with Antibiotics by Provider



# Quality & UDS Considerations

## Urgent Care - Follow-Up Calls

Report Date Filtered to: 1/1/2020 through 12/31/2023

### Percent of Actions Completed

Brentwood Urgent Care A28

**54.4%**

Percent

Coram Urgent Care A28

**40.9%**

Percent

Nyack Urgent Care A28

**76.5%**

Percent

Patchogue Urgent Care A28

**34.4%**

Percent

Peekskill Urgent Care A28

**91.5%**

Percent

Poughkeepsie Washington ...

**95.0%**

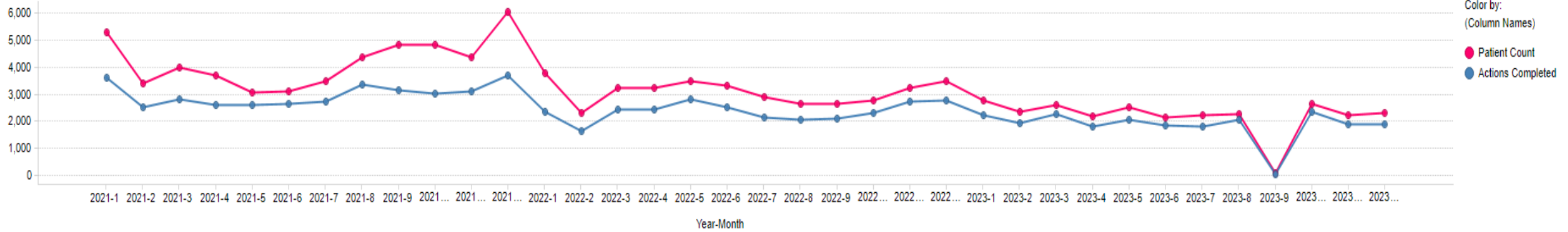
Percent

Yonkers Valentine Lane Ur...

**67.2%**

Percent

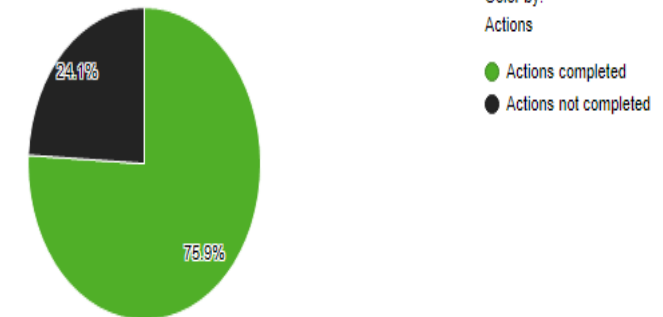
### Patient Count vs Actions Completed



### Patient Count vs Actions Completed Cross Table

### Percent of Actions Completed

Facility	Patient Count	Actions Completed	Actions Completed %	BenchMark	Patient went to ER	% Patient went to ER
Brentwood Urgent Care A28	15,691	8,534	54.4%	85%	2	0.0%
Coram Urgent Care A28	5,939	2,429	40.9%	85%	2	0.1%
Nyack Urgent Care A28	8,982	6,871	76.5%	85%	0	0.0%
Patchogue Urgent Care A28	8,255	2,842	34.4%	85%	0	0.0%
Peekskill Urgent Care A28	31,984	29,266	91.5%	85%	4	0.0%
Poughkeepsie Washington Stree...	27,194	25,843	95.0%	85%	5	0.0%
Yonkers Valentine Lane Urgent ...	15,969	10,728	67.2%	85%	21	0.2%
Grand total	114,014	86,513	75.9%	85%	34	0.0%



# Regulatory Uncertainty

What's in a Name:

An urgent care center is a walk-in clinic focused on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility outside of a traditional hospital-based or freestanding emergency department (ED).

Other names for similar types of facilities include but are not limited to after hours walk-in clinics, minute clinics, quick care clinics, minor emergency centers, and minor care clinics. In some instances, facilities have used the term “emergency” in their name or advertisements, for example, “Minor Emergency Clinic” or “We Treat Emergencies.”

Although the Urgent Care Association of America and the American Academy of Urgent Care Medicine have criteria for urgent care clinics, there are limited regulations or state licensing requirements.

The services provided at urgent care clinics across the country offer a wide range of care. Unlike EDs associated with a hospital, urgent care facilities do not have state or federal mandates to see, treat, or stabilize patients without regard for the patient's ability to pay.

# Regulatory Uncertainty

## **Minnesota**

Chapter 4654, of Minnesota Health Care Quality Measures Subpart 22 states that an Urgent Care Center “means a medical facility where ambulatory patients can walk in without an appointment and receive services required to treat an illness or injury that would not result in further disability or death if not treated immediately, but requires professional attention and that has the potential to develop such a threat if treatment is delayed. Urgent care center does not include physician clinics offering extended hours for patient care.”

# Regulatory Uncertainty

## Utah

Utah R432-1 General Health Care Facility Rules, Section 3 Definitions (50) defines a Freestanding Urgent Care Center as “distinguished from a private physician's office or emergency room setting, means a facility which provides out-patient health care service (on an as-needed basis, without appointment) to the public for diagnosis and treatment of medical conditions which do not require hospitalization or emergency intervention for a life-threatening or potentially permanently disabling condition. Diagnostic and therapeutic services provided by a free-standing urgent care center include: a medical history physical examination, assessment of health status and treatment for a variety of medical conditions commonly offered in a physician's office.”

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## Florida

Florida State Statute (2012) Chapter 395, Part I Hospital Licensing and Regulation, Section 1(30) defines a UCC as a “facility or clinic that provides immediate but not emergent ambulatory medical care to patients. The term includes an offsite emergency department of a hospital that is presented to the general public in any

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## Maryland

10.09.77.01, Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 77 Urgent Care Centers Authority: Health-General Article,.01 Definitions, (13) defines urgent care as “the delivery of ambulatory care, such as for acute illnesses or minor traumas, in a facility dedicated to the delivery of unscheduled, walk-in care outside of a hospital emergency department, a free-standing clinic, or a physician's office<sup>2</sup>.”

## New Hampshire

In He-P 806.03-ak New Hampshire defines NEWCC as “...a medical facility where a patient can receive medical care which is not of an emergency life-threatening nature, without making an appointment and without the intention of developing an ongoing care relationship with the licensed practitioner. This term includes such facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics. A NEWCC can be a stand-alone entity or an entity located within a retail store or pharmacy, which can be owned and operated by the retail store or pharmacy, or be owned and operated by a third party<sup>3</sup>.”

## Florida

Florida State Statute (2012) Chapter 395, Part I Hospital Licensing and Regulation, Section 1(30) defines a UCC as a “facility or clinic that provides immediate but not emergent ambulatory medical care to patients. The term includes an offsite emergency department of a hospital that is presented to the general public in any



# Regulatory Uncertainty

## Utah

Utah R432-1 General Health Care Facility Rules, Section 3 Definitions (50) defines a Freestanding Urgent Care Center as “distinguished from a private physician's office or emergency room setting, means a facility which provides out-patient health care service (on an as-needed basis, without appointment) to the public for diagnosis and treatment of medical conditions which do not require hospitalization or emergency intervention for a life-threatening or potentially permanently disabling condition. Diagnostic and therapeutic services provided by a free-standing urgent care center include: a medical history physical examination, assessment of health status and treatment for a variety of medical conditions commonly offered in a physician's office.”

## Minnesota

Chapter 4654, of Minnesota Health Care Quality Measures Subpart 22 states that an Urgent Care Center “means a medical facility where ambulatory patients can walk in without an appointment and receive services required to treat an illness or injury that would not result in further disability or death if not treated immediately, but requires professional attention and that has the potential to develop such a threat if treatment is delayed. Urgent care center does not include physician clinics offering extended hours for patient care.”

## Maryland

10.09.77.01, Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 77 Urgent Care Centers Authority: Health-General Article,.01 Definitions, (13) defines urgent care as “the delivery of ambulatory care, such as for acute illnesses or minor traumas, in a facility dedicated to the delivery of unscheduled, walk-in care outside of a hospital emergency department, a free-standing clinic, or a physician's office<sup>2</sup>.”

## New Hampshire

In He-P 806.03-ak New Hampshire defines NEWCC as “...a medical facility where a patient can receive medical care which is not of an emergency life-threatening nature, without making an appointment and without the intention of developing an ongoing care relationship with the licensed practitioner. This term includes such facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics. A NEWCC can be a stand-alone entity or an entity located within a retail store or pharmacy, which can be owned and operated by the retail store or pharmacy, or be owned and operated by a third party<sup>3</sup>.”

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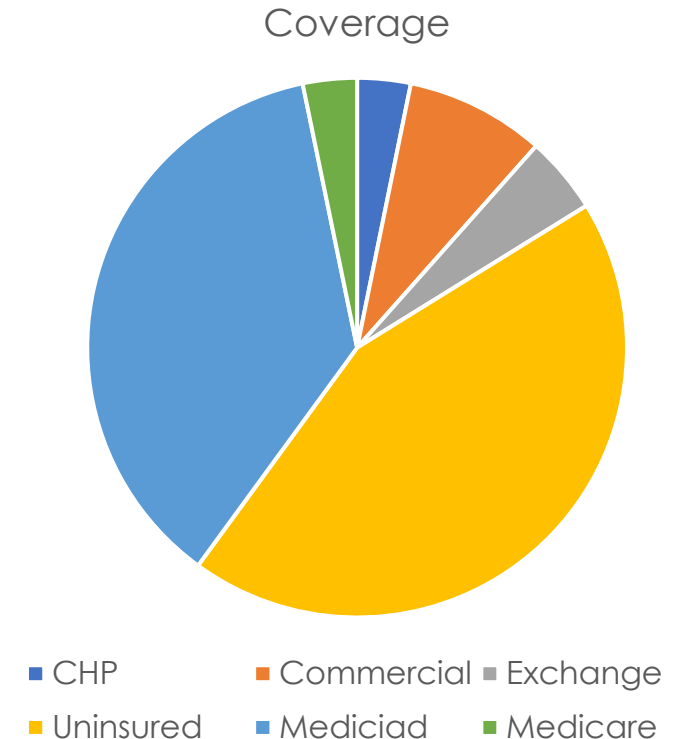
## Arizona

Arizona Revised Statutes (A.R.S.), Revised Statute §36-401 Definitions, Item 21-a defines a “Freestanding urgent care center” as an “outpatient treatment center that regardless of its posted or advertised name, meets any of the following requirements:

- i. “Is open twenty-four hours a day, excluding at its option weekends or certain holidays, but is not licensed as a hospital.
- ii. “Claims to provide unscheduled medical services not otherwise routinely available in primary care physician offices.
- iii. “By its posted or advertised name, gives the impression to the public that it provides medical care for urgent, immediate or emergency conditions.
- iv. “Routinely provides ongoing unscheduled medical services for more than eight consecutive hours for an individual patient.”

# Additional Considerations

- Workforce
  - Physician vs. APP
  - Cross training
  - Per diem pool
- Billing & Coverage
  - Lack of standardized billing and coding practices across insurance companies
  - Inconsistencies in coding requirements, documentation guidelines and inconsistencies in the application of coding rules can result in claim denials or down coding, where insurers reduce the level of reimbursement for a particular service. This lack of standardization creates additional administrative burdens and can hinder the timely and accurate reimbursement of services provided



# Strategic Considerations

- Location
- More urgent care vs more walk in
- What's in a Name
  - Marketing, generational considerations
- Maximizing Convenience
- Workforce
- UDS Advocacy
- Urgent care in Value Based Contracts
- Expanded Use of Technology
  - Telemedicine Access
  - Remote Patient Monitoring