Urgent Care:
Staffing Models, Challenges, Successes & Lessons Learned

6th Annual
AACEM/AAAEM Retreat
April 8, 2014
Objectives

→ Review Urgent Care Association 2012 Benchmark Stats

→ Review and Discuss 2 Models of Urgent Care Centers
  → Product
  → Staffing
  → Challenges
  → Successes – Lessons Learned

→ Discuss impact of Health Reform on Urgent Care

→ Summary and Future Predictions and Discussion
National Urgent Care Statistics**

- Approximately 9,100 urgent care centers in the US
- 85% are open 7 days/week
- Over 150 million visit annually
- Average number of patients per day = 51
- Highest volume of patients visits from 23-49 age group
- Less then 4% of UC patients require transfer to ED
- 60% of UC patients report having a PCP

**Data from 2012 UCAOA Benchmark survey
Top Urgent Care ICD-9 Codes:

- Pharyngitis
- Sinusitis
- Bronchitis
- UTI
- Otitis Media
- Strep Sore Throat
- Abdominal Pain
- Simple Wound Repair

**Data from 2012 UCAOA Benchmark survey**
National Urgent Care Statistics**

E & M – Percent of All UC Patient Visits

**Data from 2012 UCAOA Benchmark survey.**
National Urgent Care Statistics**

Turnaround Time

**Data from 2012 UCAOA Benchmark survey.**
94% have 1 FT employed MD
96% have 1 Hourly MD
42% have Physician Only Model

**Data from 2012 UCAOA Benchmark survey**
National Urgent Care Statistics**

Payor Mix

**Data from 2012 UCAOA Benchmark survey**
Average charge/visit = $185
Average Payment/visit = $115
O’Hare Medical Center

Located Terminal 2 - ORD Airport
Opened 1995 - present

Maxwell Street Immediate Care

Opened February 2012
Closed January 2014
O’Hare Medical Center

Our Product:

- Urgent care to travelers & airport personnel
- Work Comp: Initial injury evaluation & treatment
- Drug and Breath Alcohol Screening
- DOT and other regulatory-mandated physicals
- Diagnostic X-Ray services
- Diabetes & Cholesterol screening
- EKG testing
- Immunizations/Flu Shots
- Employee physical exams/Return to Work
- Audiometry and Tympanometry
O’Hare Medical Center

Staffing:

Board Certified Emergency Physician
Occupational Medical Physicians
Advanced Practice Nurses
O’Hare Medical Center

Challenges:

Billing Company
Managed Care Contracting
Shared Tax ID Number
Airlines starting corporate clinics
  • United – Walgreens
Non Medical Provider Costs
  • Medical Radiographers
O’Hare Medical Center

Successes – Things learned

- Strategic Planning/Marketing
- Operational Efficiencies
- Build Value for Airport
- Get Out Into the Terminals – Kiosks
Maxwell Street Immediate Care

Community – University Village

Vibrant, Fast growing, Employed Professionals

Not currently served by any other medical center, hospital, urgent care or retail clinic

Part of UIC East Campus – Employee base

Business Community – Potential for Work Comp
Maxwell Street Immediate Care

Our Product:

High quality, walk-in, accessible immediate care

Follow-up scheduling into UI Health for primary & specialty care

Seasonal Products: Flu vaccine, sports physicals

Health Promotion/Screening: Cardiovascular, Wellness

Point of Care Testing
Maxwell Street Immediate Care

Location:

University Shared Space – no rent
Family Medicine Clinic down the hall
University Pharmacy onsite – open during day only

Immediate Care Hours of Operation:
5p – 10p Monday – Friday, 12 – 8p Saturday/Sunday

No X-Ray onsite
Maxwell Street Immediate Care

Staffing:

Advanced Practice Nurses:  
College of Nursing collaboration pilot

Clerical:  
Hourly nursing students
Maxwell Street Immediate Care

Challenges:

Start Up Funding

Marketing – Building Volume

Billing Company – Good pay mix – collections poor

Lack of Ownership – all part-time staff

Fear of patient cannibalization – Family Medicine

College of Nursing administrative costs
Maxwell Street Immediate Care

Things Learned:

- Active Marketing – High Traffic Area Essential
- Negotiate Directly with Managed Care Plans
- Need Strong Operational Oversight
- X-Ray onsite
- Have a Good Business Plan and Stick to It
Health Reform and Urgent Care

Health Reform – Shifting Paradigm

Medicaid Expansion
More Patients Insured
Higher Deductibles
New Patient models
  Population Health
  Incentives
  Integrated networks
How will Health Reform Impact Urgent Care?

Medicaid Expansion & More Patients Insured

- Shortage of PCPs
- Increase in Patient Volume
- Longer ED Waits

Increase demand for a model of Urgent Care?
Health Reform and Urgent Care

How will Health Reform Impact Urgent Care?

High Deductibles, Premiums, Co-pays, Coinsurance

Self-rationing – self insured
Not really affordable coverage

Access to Health Insurance but Not Healthcare?

UC a consumer lower “out of pocket” cost option?
Health Reform and Urgent Care

How will Health Reform Impact Urgent Care?

Population Health and Integrated Networks

3 Major Types of UC Models:
Retail Clinics
Stand Alone Centers
Academic Networks

Will Health Systems create closed integrated networks to managed cost and cause a reduction in independent UC Centers?
Summary and Future Predictions

Success = Affordable + Accessible + Quality + Satisfaction

Urgent Care Centers alignment with PCPs & Health Systems

Growth in Product offered:
- Weight Loss, Counseling, Chronic Disease, Aging Pop

Entrepreneurism:
- Tele-Health to Home, Office, Hotel
- Queuing/Online check-in
Discussion