

AgingToday

the bimonthly newspaper of the American Society on Aging

ISSN: 1043-1284
www.agingtoday.org

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SEPTEMBER–OCTOBER 2011
volume xxxii number 5

Emergency! Yes? No. Urgent care centers are on the rise, filling in the care gap for elders

By Carol Levine

Ruth Willig is no stranger to healthcare. Now 87, she worked for many years in a lab as a microbiologist. The assisted living facility where she now lives in Brooklyn, N.Y., is close to all her doctors and healthcare facilities, and to her daughter, Judy.

But when Ruth lived in suburban New Jersey, help was not so close. On several occasions when she needed medical care and her doctor's office was closed, she turned to an urgent care center instead of going to the hospital emergency department. "Once, just before a trip, I became shaky and dizzy," she said. "I was taken to the urgent care center, where they decided I did need to go to the hospital. After a very long wait in emergency, I was admitted."

Another time she fell at home, hitting her head and bruising her leg. A neighbor took her to the urgent care center, where a doctor examined her, found nothing serious and sent her home. "If the urgent care center weren't so convenient," she recalls, "I might have avoided going anywhere. I'm not a panic-button person."

Through her mother's experiences, Judy Willig, executive director of Heights and Hills, a Brooklyn agency that serves an elderly population, is very familiar with urgent care centers. But many specialists in aging services, as well as their clients and their families, know little about what these centers can and cannot provide. That's not surprising considering urgent care centers are a relatively new phenomenon. There are approximately 8,700 urgent care centers in the United States, and only about half have been in business five years or more.

Filling the Care Delivery Gaps

Urgent care centers have grown rapidly to fill gaps caused by a lack of timely access to medical appointments, a shortage of primary care doctors and long waits in the hospital emergency rooms. The situation isn't likely to improve soon. From 1990 to 2009, the number of hospital emergency departments in non-rural areas declined by 27%, while the number of visits to emergency rooms increased by 30%, according to a May 2011 report published in the *Journal of the American Medical Association*.

In this challenging healthcare environment, investors and corporations have seen urgent care centers as economic opportunities; physicians have formed such centers to expand their practices; and hospitals and healthcare systems have created them to ease pressure on their expensive emergency departments. The array of options can be confusing.

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The ABCs of Urgent Care

Like any new model, information is required to use the centers safely and appropriately. And it has been difficult to find such information beyond marketing copy. One problem is the name. “Urgent care center” is the generic name, but these facilities go by all sorts of names—immediate care center, drop-in center, walk-in center—to say nothing of brand names like FastMed. Urgent and immediate care centers offer similar services, but operate under different state regulations. The Urgent Care Association of America (UCAA) (www.ucaoa.org/index.php) has information on credentialing and accreditation.

Whatever they’re called, urgent care centers are not for life-threatening conditions like severe breathing problems, chest pains or uncontrolled bleeding. Ruth Willig’s dizzy spell is an example of a situation in which an emergency room visit was deemed necessary for further tests. The United Hospital Fund’s free “Emergency Room Visits: A Family Caregiver’s Guide” (<http://bit.ly/qi7x2G>) includes a list of conditions that definitely require emergency room treatment. Nor is an urgent care center a substitute for an ongoing relationship with a primary care doctor.

Urgent care centers are designed to treat non-emergency emergencies—problems that are not life-threatening, but that still need immediate attention by a doctor or nurse practitioner: sprained ankles, badly cut fingers, painful sore throats or sinus and urinary tract infections.

There is no standard protocol for determining what conditions an urgent care center can treat. Staff at one center may determine that a patient needs to go to the emergency room, while the same condition may be treated at a different center. It depends upon the condition’s severity and the capabilities of the person on duty.

Not all centers have physicians on duty at all times. Some centers are staffed by doctors with emergency room training; others by family physicians. Many employ nurse practitioners or physician assistants. Most centers are equipped to take X-rays and do common diagnostic tests. Some centers have specialists on call, like a radiologist to read an X-ray.

Although urgent care centers are generally open evenings and weekends, they are not required to be open 24/7 like an emergency room. According to the UCAA, about 80% of all patients are seen within 60 minutes or less.

“This can be important,” says Judy Willig, “because older adults cannot tolerate the noise and confusion of a hospital ER, added to their anxiety that they will be admitted to the hospital.”

Urgent care centers accept many insurance plans. Some health plans have contracts with specific urgent care centers, so a visit to another urgent care center may be considered an out-of-network provider, with an additional co-pay.

Unlike hospital emergency departments, which are required by federal law to assess and, if necessary, stabilize everyone who arrives regardless of ability to pay, urgent care centers are not covered by this law. However, they are covered by anti-discrimination laws, and cannot refuse to see patients because of race, gender, religion or sexual orientation.

Depending upon state regulations, non-physician practitioners at some urgent care centers can write prescriptions and dispense common medications like antibiotics.

A Limited but Useful Role

The rapid growth of urgent care centers has not been matched by data on performance and outcomes. A good or bad experience in one urgent care center is just that—not a recommendation or a criticism of the concept. Urgent care centers are not substitutes for emergency rooms, which provide a full array of services, including access to hospital admission. When appropriately used, however, as Ruth and Judy Willig learned, they can provide prompt and appropriate treatment when regular medical care is unavailable. ■

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