Urgent Care: What Does It Mean?

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Disclosures

- Cleveland Clinic
- No other financial disclosures

Objectives

- Discuss the history of Urgent Cares
- Discuss different models
- Discuss common Urgent Care issues
- Discuss OMT in the Urgent Care setting
- Discuss Urgent Care in the setting of Community Medicine
- Discuss Urgent Care as a career option

History of Urgent Cares

- 1970's in the U.S.
- ER Physicians saw a need for acute care on walk-in basis for issues that were not emergencies
- Reduced cost
- Access extended hours compared to PCP office

History

- Surge of Urgent Cares, "Stat Cares" in the 1980's
- Quality issues
- "Doc in a Box"
- Training not optimal
- Local hospitals not happy with taking revenue

History

- Decline in 1990's and early 2000's
- Shortage of PCPs continued
- Cost of care increasing
- Higher co-pays for ER visits
- Again a gap where Urgent Care would fit
- Increase in Urgent Cares in the 2010's and on the rise currently

History

- Current/More recent Urgent Cares associated with quality care
- EMR
 - Strict guidelines at retail clinics
 - Bigger hospital systems
- Better trained providers
 - 1 year Fellowship
- Insurance companies prefer
- PCPs often recommend

\$Money\$

- 2014 Urgent Care Industry worth ~\$44.5 billion
- 2010 ~13-27% of all ER visits would have been appropriate in an Urgent Care or Retail Clinic
 - Potential savings of ~\$4.4 billion/year

"Criteria" for Urgent Cares

- Urgent Care Association of America (UCAOA)
- American Academy of Urgent Care Medicine (AAUCM)

"Criteria"

- Walk-ins during business hours
- Treat broad spectrum of illnesses and injuries
- Perform minor procedures
- Licensed Physician as Medical Director
- Open 7 days a week
 - Can be limited hours on weekends
 - Limited or closed on Holidays
- On-site diagnostics
 - Phlebotomy, Xray, some CLIA-waived tests (rapid Strep, UAs)
- Multiple exam rooms
- "Various ethical and business standards"



- "Urgent Care"
- "Urgicare"
- "Stat Care"
- "Prompt Care"
- "Quick Care"
- "Immediate Care"
- "Convenient Care"
- "Walk-In Clinic"

 In general, they all refer to the same thing:

Urgent Care

Models

- Urgent Care
- Express Care
- Retail Clinics



Urgent Care

- (almost) always a Physician on-site
- (almost) always an RN plus an MA
- Higher acuity
- Phlebotomy and Xray on-site
- Procedures
- Medications
- Often will see a wider age range of pediatric patients

Urgent Care: Billing and Coding

- Usually higher co-pay vs office or Express Care or Retail Clinic
- Less co-pay than ER
- Urgent Care facility code
- E&M codes
- Procedural Codes
 - Suture/Wound repair
 - Removal of Foreign Body
- OMT codes



Express Care

- Usually Certified Nurse Practitioner or Physician Assistant
- Sometimes RN or LPN, sometimes only MA
- Lower acuity
- May not have phlebotomy, X-ray
- Limited medications
- Procedures less likely to be performed
- More restricted age-range of patients
 - Most 2 years and older

Express Care: Billing and Coding

- Usually lower co-pay
- E&M codes
- Procedural Codes
 - Suture/Wound repair, maybe
 - -Removal of Foreign Body
- OMT codes
 - Less likely in Express Care



Retail Clinics

- NP provider
- Co-pay usually similar to Express Care
- Lower acuity
 - Based on algorithms built-in to EMR
- Typically does not have phlebotomy, radiology
- Most have CLIA-waived tests
 - Rapid Strep, UA
- Most do not perform procedures
- Age limits

Facility Fee

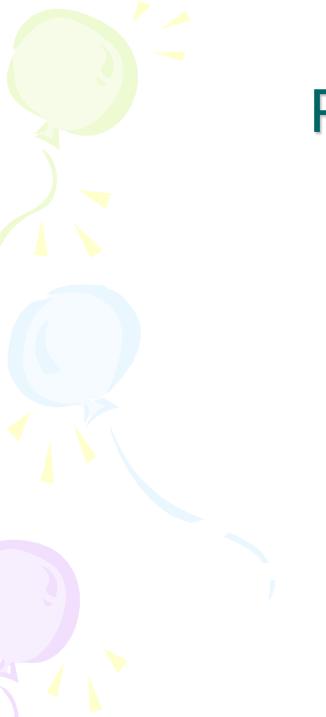
- Bill for the patient's use of hospital facilities/equipment at outpatient facilities
- Can charge if patients see physicians who work in an office/building owned by the hospital
- Vary
- Loose law in 2015 to cut down
 - Loopholes, revisions, grandfathering



Common Urgent Care Diagnoses

- Respiratory
- ENT
- Orthopedic
 - Low back pain
 - Injuries
- Wound Care
 - Lacerations
 - Burns
- Dermatologic
 - Rashes

- Genitourinary
 - Dysuria, UTI, Cystitis
 - Vaginitis, Vaginal discharge
 - STD concerns
- Gastrointestinal
 - Viral Gastroenteritis
 - Diarrhea
 - Usually due to Viral GE, less often bacterial causes
 - Abdominal pain



Respiratory

Respiratory

- Acute URI
 - Viral
 - Influenza*
- Acute Bronchitis
 - Viral
- Acute Exacerbation of Asthma or COPD
 - Mild
- Pneumonia
 - Less common



Influenza

Influenza 2017-2018 Season...so far****

- Increase since early-mid December 2017
- Influenza A(H3N2) predominating
- Vaccine Effectiveness (VE) less vs last season
 - **-** ∼10%
- Flu Vaccine is recommended
- 2017 study showed milder influenza disease in those who received vaccine (CDC and Clinical Infectious Disease)

Influenza

- High suspicion for Influenza
- Treat with antivirals if high-risk
 - Any hospitalized patient with influenza
 - Extremes of age
 - Pulmonary (COPD, Asthma), Cardiac, Diabetes
 - Immunosuppression
 - Medications or due to diseases like HIV
 - Pregnant women (or postpartum <2 weeks)</p>
 - Native Americans
 - Alaskan Natives
 - Nursing Home/Chronic Care facility residents
 - Extreme Obesity (>40BMI)

- Antiviral therapy
 - Oseltamivir (Tamiflu)
 - Effective, most data, readily available
 - Generic
 - Oral capsules and liquid suspension
 - Best within 48 hours of onset of symptoms
 - Lessen illness by about ~1 day
 - Side effects
 - Nausea, Diarrhea



ENT

ENT

- Acute Sinusitis
 - Mostly Viral or Allergic
 - Bacterial
- Acute Pharyngitis*
 - Viral
 - Strep
- Otalgia
 - Acute Otitis Media
 - Children though some adults
 - Eustachian tube dysfunction
 - Acute Otitis Externa
 - More in Summer months (swimming, etc)
- Rhinitis/Rhinorrhea
 - Mostly Seasonal Allergies depending on time of year

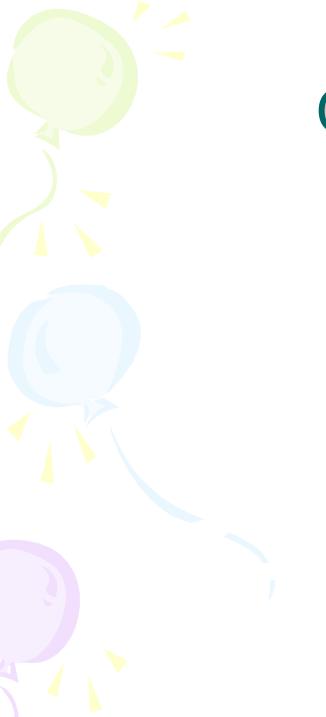
Acute Pharyngitis

- Most viral
- Centor Criteria (Modified)
 - Age
 - Exudate or swelling of tonsils
 - Anterior cervical lymphadenopathy
 - Fever
 - Cough

AGE	3-14 years	+1
	15-44 years	0
	45 plus years	-1
Exudate or tonsil swelling	Yes	+1
	No	0
Anterior cervical LAD	Yes	+1
	No	0
Fever (100.4 or higher)	Yes	+1
	No	0
Cough	Present	0
	Absent	+1

Acute Pharyngitis

- 2 or more points on the Modified Centor Criteria, consider strep testing
- Empiric antibiotic treatment NOT recommended without confirmed positive strep test



Orthopedic

Orthopedic

- Low back pain
 - Acute injury
 - Acute on chronic
 - Sciatica
- Injuries
 - Wrist pain
 - Distal radius fractures
 - FOOSH mechanism
 - Other injuries depending on time of year, sport season, etc



Wound Care

- Lacerations
 - Finger, Hand most common
 - More in the Summer months, warmer weather
 - Job or hobby specific
 - Restaurant industry
- Wounds

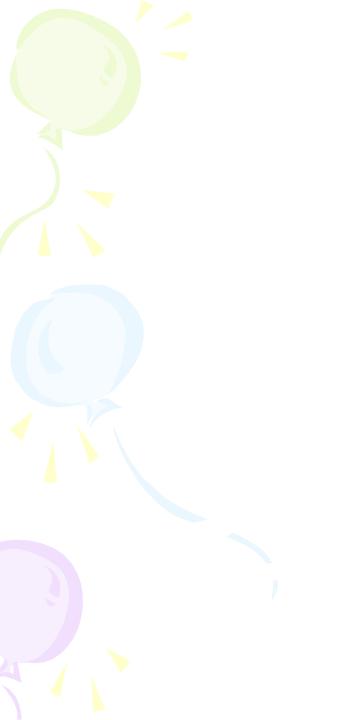
Mandoline Slicer



Dermatologic

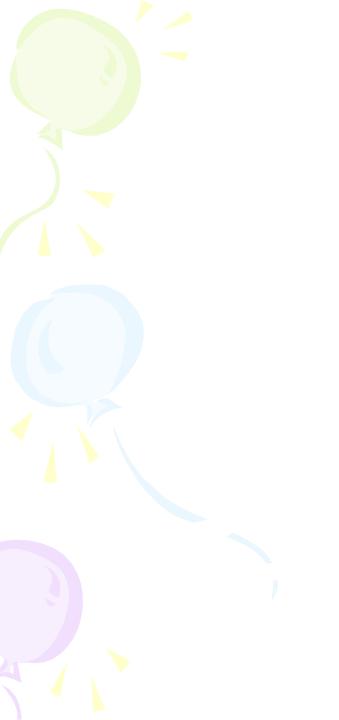
- Rashes
 - Shingles
 - Plant dermatitis
 - Other allergic dermatitis
 - Eczema





Shingles!

Poison Ivy!



Eczema!





Genitourinary

- Dysuria
 - UTI
 - UA, send Urine Culture
- STD concerns
 - Gonorrhea/Chlamydia testing
 - Vaginal swab checks for Trichomonas,
 Gardnerella vaginalis, and Candida
 - Viral swab of genital lesions for HSV
 - HIV and Syphilis screening



Gastrointestinal

- Gastroenteritis
 - Nausea, vomiting, diarrhea....oh my!
 - Viral most likely
 - Diarrhea
 - If persistent or suspicious history, stool cultures, stool for C. Diff, ova and parasites
- Abdominal pain
 - Wait and see or ER most often



OMT

OMT for Urgent Care

- Back pain
 - Thoracic or Lumbar
 - Muscle Energy
 - Treat and show "home muscle energy"
- Otalgia
 - Suboccipital release
 - Gallbreath technique
 - Promotes proper eustachian tube function
 - Lymphatic drainage

Urgent Care: Community Medicine

Urgent Care: Community Medicine

- Shift toward Community Medicine
 - Includes Primary Care and the Urgent and Express Cares and Retail Clinics working together to serve the population
 - Antibiotic Stewardship
 - Encouraging and administering annual Flu Vaccines
 - Chronic Disease



Urgent Care: A Career Option

- Opportunities
- Teaching
- Family Medicine, Internal Medicine, ER, Pediatric trained
- Flexible hours
 - Work-Life balance
- Moonlighting
- Competitive pay

Take-Home Points

- Urgent Care is a quality option for acute care
- Wide range of acute illnesses and injuries
- Opportunities for OMT
- Urgent Care is an important component in Community Medicine
- A great career option
- Know your community
 - Call!

Questions?

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