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”

“What’s in a name…”?

- “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

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

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

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

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)
  - 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

Wound Care

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

Mandoline Slicer

Dermatologic

Dermatologic

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

Guess The Rash!

Shingles!

Poison Ivy!

Eczema!

Hand-Foot-and-Mouth Disease!

Genitourinary

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

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

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?

- Email: margocm@ccf.org

References

- McNeely, MD, Sean. Urgent Care Centers: An Overview. *American Journal of Clinical Medicine: Summer 2012 Vol. Nine Number Two Pgs: 80-81.*
- Urgent Care Association of America(UCAOA). (Multiple areas accessed on multiple days). http://www.ucaoa.org
- American Academy of Urgent Care Medicine (AAUCM)
- Gooch, K. 6 Things To Know About Facility Fees. March 22, 2016. *Becker's Hospital CFO Report: Financial Management.* Accessed January 6, 2018. https://www.beckershospitalreview.com/finance/6-things-to-know-about-facility-fees.html
- Jameson, MD, Marni. Independent doctors like law that discloses facility fees. April 10, 2015. *Orlando Sentinel.* Accessed January 6, 2018. http://www.orlandosentinel.com/opinion/os-ed-doctor-facility-fees-041015-20150409-story.html
- CDC Health Alert Network. CDCHAN-00409. Seasonal Influenza A(H3N2) Activity and Antiviral Treatment of Patients with Influenza. December 27, 2017 1030 ET. Accessed January 6, 2018. https://emergency.cdc.gov/han/han00409.asp
- CDC 2017-2018 Influenza Letter To Health Care Providers. September 20, 2017. Accessed January 9, 2018. https://www.cdc.gov/flu/about/season/health-care-professionals.htm
- Centor, Robert M. Centor Score (Modified/McIsaac) for Strep Pharyngitis. *MDCalc.com.* Accessed January 9, 2018. https://www.mdcalc.com/centor-score-modified-mcisaac-strep-pharyngitis
- Steele DO, Karen M., et al. Effect of Osteopathic Manipulative Treatment on Middle Ear Effusion Following Acute Otitis Media in Young Children: A Pilot Study. *The Journal of the American Osteopathic Association, June 2014, Vol. 114, 436-447. doi:10.7756/jaoa.2014.094*