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

- 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
• 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
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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

- 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

- 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

• Urgent Care Association of America(UCAOA). (Multiple areas accessed on multiple days). http://www.ucaoa.org
• American Academy of Urgent Care Medicine (AAUCM)