

Quantifying the Front Door: A Blueprint for Tracking Urgent Care Downstream Referrals and ROI

Urgent Message: Health systems must reframe urgent care from a low-margin cost center to a strategic front door that drives significant returns by utilizing technology to track and maximize “keepage”—the retention of high-value downstream referrals that otherwise leak out of the network.

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Urgent care is no longer just an access point; it is the strategic front door to the health system.

For many health systems, urgent care centers operate on thin or negative margins. A \$150 visit, for example, may not produce significant financial impact. But when that encounter feeds a downstream orthopedic surgery, magnetic resonance imaging scan, or physical therapy referral that stays in-network, the economics change. One urgent care referral can generate \$1,000–\$5,000 in contribution margin, which becomes transformative at scale.^{1,2}

The real value is not the visit itself, but what happens next and how much of that activity the system retains.

This article outlines how health systems can quantify that front door value: defining the right key performance indicators; setting up compliant referral structures; and using data to prove urgent care’s return on investment (ROI).



The Financial Case: From Loss Leader to Growth Engine

Health system leaders know the math. Urgent care margins are tight. Yet, strategically, urgent care sits at the most valuable moment in the care journey when patients need immediate access and are not yet loyal to a particular provider network.

Benchmarks show 20%–30% of urgent care visits generate downstream referrals,¹ and 30%–40% of urgent care patients are new to the health system.³ Capturing

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Table 1. Front Door Measurement Framework		
Metric	What to Track	Benchmarks/Impact
Referral Rate	Percent of urgent care visits with downstream referrals	20%–30% of visits generate referrals ¹
Keepage Rate	Percent of referrals retained in network	Leakage: 55%–65% Loss: \$200 million–\$500 million per system ⁸
Patient Acquisition	Percent of urgent care visits for patients new to system	30%–40% are new to system ³
Primary Care Provider Attribution	Percent of unattached patients assigned to a system	Convert 15%–20% of unattached patients to “lives under management”
Downstream Contribution	Margin from attributable services	\$1,000–\$5,000 per referral ^{1,2} \$37 million in incremental revenue ^{9,10}

and retaining those referrals is what justifies expansion and capital allocation.

Health systems increasingly view urgent care as an entry point with 58% reporting investment in urgent care to improve access.⁴ Patient loyalty matters; a 1% lift in “loyal patients” can yield a \$40 million revenue boost in a \$2 billion health system.⁴ Many large systems have introduced virtual, on-demand urgent care to improve timely access—which has become table stakes across the leading systems. And the lifetime value of a patient introduced through system tied urgent care can reach \$250,000.⁵

These trends are not theoretical; they are playing out in large, integrated health systems that are deliberately positioning urgent care as a front-door strategy.

For example, University of Pittsburgh Medical Center (UPMC) formed a joint venture with GoHealth Urgent Care, creating 81 co-branded UPMC-GoHealth Urgent Care centers across Pennsylvania and West Virginia—explicitly positioning them as the physical and digital front door to UPMC’s broader physician, specialist, and hospital services network.⁶

Similarly, HonorHealth acquired the remaining interest in 26 FastMed Urgent Care centers, converting them into wholly owned HonorHealth Urgent Care clinics tightly aligned with its hospitals, outpatient practices, and other system services—a move the organization described as bolstering access and alignment across care settings.⁷

The Leakage Problem

Referral leakage is a silent drain on a system’s return on investment. It occurs every time an urgent care provider refers a patient to an out-of-network specialist. Nationally, systems lose 55%–65% of potential in network referrals, costing \$200 million–\$500 million per system

annually.⁸ Each leaked referral is lost revenue and lost patient lifetime value.

To reframe the problem, measure “keepage” (referrals retained in network) alongside leakage. Even a 10% improvement in keepage can translate into tens of millions of dollars in recovered downstream value. Case studies demonstrate that targeted referral analytics and physician alignment can yield \$37 million in incremental downstream revenue by increasing in network keepage.^{9,10}

Building Compliant In Network Referral Pathways

Health systems must operate within regulations, such as Stark and anti-kickback rules, which prohibit financially incentivized referrals. That’s why the path forward relies on infrastructure and workflow alignment.

Effective, compliant referral strategies include:

- Leveraging clinically integrated networks, accountable care organizations, or aligned medical groups
- Offering providers embedded, system-approved referral directories
- Supporting real-time scheduling for in-network service lines
- Tracking referral completion and closure through analytics

When workflows are easy and quality-based, providers naturally keep patients inside the system.^{1,10}

Health systems often fear that proactive referral management could trigger regulatory scrutiny. However, true keepage focuses on patient experience metrics without legal risk. When referrals are seamless—such as scheduling a specialist appointment directly at the front desk—patients *choose* to stay in-network because it is the path of least resistance. This organic retention relies on service excellence, aligning with regulatory standards while maximizing downstream value.

Metrics That Move the Boardroom

To move urgent care from anecdotal value to quantified value, health systems need a connected measurement framework (Table 1).

Collectively, these metrics allow organizations to connect access with outcomes and financial performance.

For example, if 10% of urgent care visits generate referrals to orthopedics, and 80% of those referrals stay in-network and convert, leaders can calculate a reliable estimate of downstream contribution margin. That data can then guide investments in provider alignment, scheduling tools, or patient navigation resources.

These key performance indicators also allow health systems to answer the most important question: What does 1 urgent care visit generate in total downstream system value over time?

With benchmarks indicating that 30%–40% of urgent care patients are new to the health system, the platform acts as a front door to convert unattached patients into in-house “lives under management,” rather than just transactional, temporary visitors.³ In a value-based care environment, assigning that new patient to a primary care provider (PCP) within the system is the ultimate win because it transforms a low-margin episodic visit into recurring revenue through capitated payments and shared savings incentives. Ultimately, this assignment creates long-term network stickiness, allowing the system to capture a patient lifetime value that can reach \$250,000.⁵

Technology: Optimizing Urgent Care for Downstream Value

Health systems may hesitate to expand urgent care if they have concerns about fragmenting patient records within their enterprise EMR. However, attempting to retrofit a complex inpatient platform for the high-velocity urgent care environment often creates bottlenecks. Purpose-built urgent care EMRs are specifically engineered for episodic care, delivering critical operational gains—including 30%–40% faster charting, denial rates under 4% (versus the ~10% industry average), and the ability to handle 50+ visits per day during peak seasons.^{11,12}

Today, health systems no longer have to choose between operational speed and connected data. Modern purpose-built platforms include robust interoperability standards—such as HL7 interfaces and continuity-of-care document exchange—to push structured visit data into the enterprise system. This satisfies the requirement for a comprehensive longitudinal patient record while preserving the rapid throughput required in urgent care. By combining a seamless data exchange with embedded referral management tools and real-time scheduling,

health systems can ensure that the front door remains open without compromising the integrity of the care continuum.

“When referrals are seamless—such as scheduling a specialist appointment directly at the front desk—patients choose to stay in-network because it is the path of least resistance.”

Visualizing Technology’s Impact: The Urgent Care Funnel

To understand how technology transforms urgent care into a growth engine, consider the patient journey as a funnel.

- **Urgent care visit:** ~\$150
- **Referral generated:** 20%–30% of visits¹
- **Referral retained in-network:** raise keepage; combat 55%–65% leakage⁸
- **Downstream services:** eg, imaging, specialty consults, procedures
- **Contribution margin:** \$1,000–\$5,000 per referral^{1,2}
- **Annual return on investment:** \$37 million with better keepage^{9,10}

Each stage of this funnel is supported by technology, from rapid documentation and referral initiation at the front desk, to analytics that measure conversion and retention. Purpose-built EMRs and referral management platforms are not just operational tools; they are strategic assets that turn urgent care visits into measurable downstream value.

By using a dedicated urgent care EMR, health systems gain operational efficiency at the front door while still enabling more patients to enter and stay within the system’s continuum of care.

Why This Matters Now

Access and loyalty shape long-term economics. Living within 1 mile of an urgent care center is associated with a lower likelihood of low-acuity emergency department (ED) use (adjusted odds ratio 0.87), and each month after opening corresponds to an additional ~1% drop

in such ED visits.¹³ At the same time, the market is expanding and could oversaturate in certain geographies as care volumes normalize in this post-COVID era.¹⁴

In a capital constrained environment, urgent care must be positioned—and measured—as an engine for patient acquisition, downstream margin, and network retention. When leaders prove its impact with keepage, conversion, and contribution metrics, urgent care becomes not a cost center, but a growth platform. ■

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