



Defining Urgent Care



In this issue of *JUCM, The Journal of Urgent Care Medicine*, we excerpt the landmark report, “No Appointment Needed: The Resurgence of Urgent Care Centers in the United States”. Funded by the California HealthCare Foundation, and authored by

Robin M. Weinick, PhD and Renée M. Betancourt, BA, the report represents the first comprehensive look into urgent care practice and the urgent care industry.

Everything from business models and staffing to healthcare delivery and training is discussed.

While the report clarifies many aspects of urgent care practice, questions remain. Paramount among them: What constitutes an urgent care center? The report concedes there is no nationally accepted definition, but ventures that there are a few distinguishing characteristics, such as an emphasis on walk-in or unscheduled patients, extended evening and weekend hours, and an array of services that exceeds those offered in a traditional primary care practice. We acknowledge the importance of more clearly defining and benchmarking urgent care practice, and Dr. Weinick’s work is the first effort towards this end.

As an assistant professor at Harvard Medical School and a senior scientist at the Institute for Health Policy, Massachusetts General Hospital, Dr. Weinick has focused her research career, in part, on improving access to quality healthcare in the United States. Recently, she has taken a specific interest in urgent care as a healthcare delivery model, as witnessed in her groundbreaking report.

UCAOA was so impressed with her work that we decided to provide funding to support the expansion of her research in the field. Dr. Weinick is now engaged in the development of the first national urgent care sampling frame and first formal urgent care benchmarking study.

Dr. Weinick’s experience and leadership in health services research ensures proper study design, methods, and power, all of which lend credibility to the findings, and legitimately put urgent care on the map of our nation’s healthcare delivery system.

We all see the everyday impact of urgent care. It is now time to formally quantify that impact and qualify what we do and how we do it. This is the critical work of an evolved organization representing an evolving discipline.

UCAOA is proud to provide full funding for this project, and

will use its results to support the interests of urgent care practitioners, industry, and patients alike.

In addition to this project, UCAOA, in an effort to better disseminate the core competencies of urgent care practice, has hired two consultants to provide our members value-added content to improve their clinical care and practice management alike.

Alan Ayers, MBA, MAcc will be tasked with developing practice management tools and our business curriculum, as well as unique ways to bring this material to our members. Alan brings a wealth of consulting expertise, and has proven success as an urgent care business leader.

On the clinical front, UCAOA welcomes Dr. Phillip Disraeli as director of clinical program development. Dr. Disraeli is a seasoned urgent care practitioner and former family medicine residency director. He will be working to bring our members unique learning opportunities at all skill levels.

As highlighted in Dr. Weinick’s report, the clinical competencies in urgent care medicine are broad. To ensure our practitioners deliver the highest quality care, we believe strongly in the need for specific urgent care training both for new graduates and experienced practitioners. In addition, Dr. Disraeli will work with the quality committee in their efforts to establish “best practices” in urgent care.

Just some of the ways UCAOA is working for you, building a stronger urgent care industry behind excellence in clinical practice and benchmarked standards.

Please support our efforts by becoming a member of UCAOA, joining us at the 2008 Urgent Care Annual Convention in New Orleans (April 29-May 2), and contributing to our many efforts, including this journal. Visit www.ucaoa.org to learn more. ■

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