



# Is Urgent Care “Real” Family Medicine?



I am acutely aware that urgent care medicine is practiced by a variety of specialties. However, family physicians make up the majority of those who practice in urgent care settings, and represent the most likely contingent of practitioners to fill the increasing demand for qualified practitioners in the future.

As an organization, UCAOA has made several steps toward improving the competency of family physicians entering the field, from formal training programs to continuing educational opportunities.

Through my work on the fellowship program, I have had many opportunities to interface with family medicine leaders and educators throughout the country. I have also had the opportunity to hear from residents about their perceptions of urgent care as a career, and, in turn, to hear about the feedback they get from their program faculty members and program directors.

Two things are abundantly clear:

1. Most family medicine educators and leaders do not consider urgent care to be “real” family medicine.
2. They are actively discouraging their residents from pursuing careers in urgent care.

The reasons for this are fairly easy to understand:

- Family medicine, more than any other specialty, is committed to serving the primary care needs of communities nationwide. A key component of primary care by all definitions is continuity of care.

It is generally accepted that an urgent care clinic is not the best place for continuity of care.

- The percentage of all residents entering primary care fields is declining, putting pressure on educators to fill the widening primary care gap.
- The establishment of the medical “home” as a key component in the effective delivery of healthcare services further casts urgent care as an outsider.
- The usual dose of specialty protectionism.

At the core of family medicine as a discipline is the concept of a patient viewed in “context.” This is what makes family medicine distinct from other specialties. This “context,” whether

it be social, economic, cultural, psychological, educational, or familial dramatically impacts the approach a physician takes with a patient, and, arguably, improves patient outcomes as a result.

No one will argue against the idea that an ongoing relationship with a patient improves evaluation of a patient in context, but primary care has proven unable to manage the volume and scope of acute care problems, driving patients to seek alternative sources for their acute care needs. The options: the emergency department or the urgent care.

Beyond the obvious efficiencies and lower cost of urgent care services, family physicians in urgent care settings offer two real advantages over their emergency medicine colleagues:

1. We are less distracted by the critical patient, allowing for greater attention to be paid to the majority of patients with acute, undifferentiated problems.
2. We have a greater ability to evaluate a patient within context, understanding agendas more quickly, addressing psychosocial and cultural needs more accurately.

All of this, in my opinion, leads to more accurate diagnoses, better compliance, and better outcomes.

I practice family medicine every day, applying the principles of my specialty to better care for my patients. I am proud to be a family physician in urgent care practice. No apologies necessary.

I am interested in hearing from others. Tell your story as a family physician in urgent care practice. You should be encouraged to celebrate your choice of practice without abandoning your pride as a family physician. ■

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