



It's a Great Time to be in Urgent Care!

■ NATHAN NEWMAN, MD, FAAFP

Urgent care centers meet an enormous need for delivery of healthcare in our country's communities. Let's examine the market landscape:

Emergency rooms (ERs) are overextended. The number of ER visits continues to climb and there are fewer ERs today than 20 years ago. A main cause of overcrowding in the ER is care of patients with non-emergent conditions. Average wait times in the ER remain at 4 hours. And the cost to our system is somewhere between \$7 billion and \$28 billion, which is too much.

Our primary care colleagues are not increasing their numbers fast enough and the expectation is a deficit of 45,000 in PCPs by the year 2020. And only 57% of patients with PCPs have same-day or next-day access, whereas 63% have difficulty getting night, weekend, and holiday care except from the ER.

Urgent care centers offer a convenient, cost-effective alternative with great patient satisfaction. That's precisely what drew me into the wonderful world of urgent care medicine. As a Family Physician, I remember how great it was to evaluate acute medical issues in between chronic care patients. You weren't pressed to discuss the complete problem list issues AND their acute needs, all in about 15 minutes. And performing minor surgical procedures and casting was enjoyable.

I remember how exciting it was to have my own practice, but how many questions I had during the managed care days of "HillaryCare." Where did those rules come from? Who was deciding our patient's care from afar? I decided to get involved. I wanted to be at the table where the decisions were being made.

We find ourselves at a similar crossroads now. The Affordable Care Act (ACA) is 3 years old. It seems like we have been in a perpetual "wait and see" mode.

First, was it going to be a law? Would Congress pass it?

Second, was it going to stay a law? What was the Supreme Court going to do?

Then, who was going to win the election and would the law remain intact?

Now the ACA is a reality. How will its implementation affect our patient flow? Most experts feel that urgent care centers will see more footsteps in the door in 2014.

UCAOA is evaluating programs, tools, and resources that will help you navigate the changes going forward. We will offer educational opportunities to learn about new methods of reimbursement being discussed and piloted in some areas, new health information technology programs that can add efficiency to your centers and help drive business to your doors. Our educational resources will be focused to raise the level of understanding, be functional for practices of all sizes, and ultimately allow our members to have access to an up-to-date knowledge base from which they can make informed decisions that are important to their individual practices.

On the legislative front, we want to be at the table. We have contracted with Summit Health Care (SHC), a consulting firm located in Washington, D.C. SHC specializes in government relations and healthcare policy advocacy for professional healthcare associations. We have a voice — and we want to get in front of legislators and regulatory bodies that are looking for innovative and efficient healthcare delivery systems.

It is my honor and privilege to work with your UCAOA team. I look forward to serving you and moving UCAOA and urgent care front and center of all discussions of best-in-practice healthcare solutions for this country and internationally. ■



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