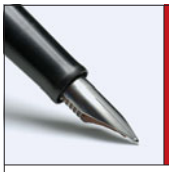
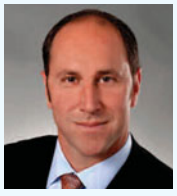


LETTER FROM THE EDITOR-IN-CHIEF

Urgent Care Under Fire: Is This a Trend?



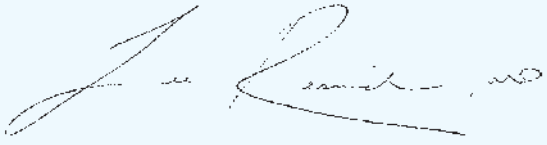
Well-meaning or not, government regulation of health care is always cause for concern among practicing physicians. No other profession is exposed to the layers of oversight that physicians endure—from OSHA to HIPAA, from Stark to Anti-kickback laws, the OIG and Medicare, just to name a few. Individual health care bills pile on to create a practice environment so mired in regulation that it would paralyze health care delivery to adequately follow each regulation to the letter of the law.

Urgent care is now increasingly the target of scrutiny, both governmental and otherwise. Urgent care has also become the target of powerful specialty interest groups that feel threatened by our very existence. While these interest groups often cite care quality and disruption of the medical home as their concerns, there exists no evidence that clinical quality suffers or that primary care relationships are impacted by the urgent care or retail clinic model. In fact, some UCAOA benchmarking data suggest that a significant number of *new* primary care referrals are born out of urgent care visits by patients that otherwise have no relationship with the health care system. Other data suggest that 25% to 50% of patients who seek care at urgent care and retail clinics do not have a relationship with primary care, a unique opportunity for collaboration that has largely been ignored.

The potential merger of specialty interest group fear with government scrutiny is not lost on me. The Texas Medical Association (TMA), under pressure from specialty interest groups, took aim at urgent care centers in 2009-2010. The TMA lumped urgent care centers and freestanding emergency departments in their demands for facility licensing rules. Urgent cares almost fell victim to the 163-page law, except for a last-minute plea by then-UCAOA president, Don Dillahunty. Despite having a scope of practice that is no different than a traditional family practice, it is hardly coincidental that urgent care was targeted. Burdensome regulation, after all, is the surest way to slow down the perceived urgent care threat to primary care and emergency medicine.

Now, New York State has launched a bill that mandates the study of urgent care centers and retail clinics. Included in the bill is evaluation of the scope and provision of services "not presently required to undergo the state Certificate of Need process nor required to obtain authorization to conduct office based surgery." I cannot make this stuff up. The bill is sponsored by State Senator Brad Hoylman, whose district saw the shuttering of St. Vincent's Hospital and their emergency department. He claims that his concern was piqued when his "constituents were bombarded with marketing for urgent care centers" after the closing of the hospital. I don't believe that this so-called marketing and proliferation of urgent care centers led a senator to believe this was responsible for the closing of a hospital in Manhattan and posed such a threat to the public and overall health care delivery system that a bill mandating examination of the need for regulation followed. There must be more to this story and I suspect that specialty interest groups are playing a role. Most of the large specialty groups have Political Action Committees (PACs), lobbyists and consultants whose sole job it is to represent the interests of their specialty. With no such army behind the discipline of urgent care, it is simply not a fair fight. Does it surprise you that State Senator Hoylman determined that there was urgent need for a targeted evaluation of urgent care without ever interviewing a leader, expert or other representative from the urgent care community? It not only doesn't surprise me, it hints at the underlying motivation.

The message to the New York State Commissioner of Health conducting the study of urgent care services is simple. Urgent care centers provide the exact same services, with similarly licensed and board-certified providers, under the same state medical board requirements as any primary care physician practice in the state, using the same code set for billing. The sole difference is extended office hours and walk-in availability at all times. We offer services that, while in the scope of practice and training of any family physician (e.g. laceration repair, minor fracture care), many choose not to provide, leading to unnecessary, cost-prohibitive care for minor conditions in the ED. We do not provide or advertise provision of emergency services, a distinction clearly stated on every urgent care website I have seen. A simple, straightforward "Certified Urgent Care™" process that defines basic urgent care services is available through the UCAOA. ■



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