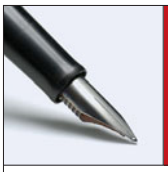

LETTER FROM THE EDITOR-IN-CHIEF

Urgent Care 2.0: A Paradigm Shift?

In my last column, I presented ways that urgent care medicine can mature as a discipline and a health-care service. I discussed opportunities for expanding our value in a changing system. This month I suggest that one such opportunity, already in the pipeline, could dynamically augment urgent care's role in what many consider to be the number one public health crisis: type 2 diabetes.

The annual incidence of prediabetes and diabetes in U.S. adults is nearly 50%, according to a study reported[1] in *JAMA*. The World Health Organization, the American Diabetes Association, and the Centers for Disease Control and Prevention all declare that early detection and prompt treatment are our most important tools for mitigating the burden of this pervasive disease. In a study reported in *Diabetes Care*, researchers found that over 5 years, the economic burden of prediabetes increased 74% (to $44 billion), and the cost of undiagnosed diabetes rose a staggering 82% (to $33 billion).[2] We are witnessing a massive and accelerating public health and economic crisis. Early detection is the critical first step to reversing course. Might there be a role for urgent care in that process?

According to the latest benchmarking survey performed by the Urgent Care Association of America, 34% of all U.S. urgent care patients do not have a primary-care physician. In 2014, the year for which the most recent data are available, the average urgent care center saw 14,000 patients per year. National sampling data suggest that there are between 7000 and 10,000 U.S. urgent care centers. This means that urgent care centers are collectively seeing over 100 million patients per year. Of these, about 50% are new to the center where they are seeking care. Thus, somewhere between 20 million and 30 million unique patients present each year to an urgent care center *and* have no other connection to primary-care medicine. Realizing this got me talking to myself:

Q: So what?

A: We are seeing a large number of patients each year who otherwise would not be touched by primary health care.

Q: What do you mean?

A: Our patients are mostly healthy 20- to 50-year-olds, and almost 40% of them don't have primary-care physicians. They seek only episodic care for illness and injury.

Q: What's the problem?

"We are witnessing a massive and accelerating public health and economic crisis."

A: We're missing a tremendous opportunity to screen for underlying or occult disease as early as possible.

Q: But the urgent care setting isn't the place to provide screening services, is it?

A: Why not? Most of us already screen our patients for hypertension and tobacco use.

Q: What's the big deal?

A: If the numbers are accurate, urgent care has the opportunity to reach 20 million to 30 million patients per year who do not access primary care through traditional mechanisms. We can potentially identify, with a simple fingerstick test for glycated hemoglobin, 10 million to 15 million new cases of prediabetes and type 2 diabetes each year.

Urgent care is in a position to hugely affect public health in ways that traditional health-care services cannot. Although cost-effective and convenient access to care for episodic illness and injuries is important to consumers and payors, the impact of our services in those arenas is almost certainly negligible in comparison with the impact of early diagnosis of diabetes.

Research is under way on a potential role for urgent care in the early detection of diabetes, quantifying the potential impact of such programs on both disease morbidity and disease economics. Demonstrating value through similar innovative initiatives just may fortify the position of urgent care in the future of health-care delivery. ■

[1]Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and trends in diabetes among adults in the United States, 1988–2012. *JAMA*. 2015;314:1021–1029.

[2]Dall TM, Yang W, Halder P, et al. The economic burden of elevated blood glucose levels in 2012: diagnosed and undiagnosed diabetes, gestational diabetes mellitus, and prediabetes. *Diabetes Care*. 2014;37:3172–3179.

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