



Virtual Urgent Care: Boom or Bust?



Telemedicine remains a hot topic of debate in urgent care circles. In fact, it seems like every urgent care conference I attend lately has a telemedicine track or expert panel. *JUCM* recently featured a point-counterpoint discussion between two industry leaders, Stanford Coleman, MD, MBA, FAAP and William Gluckman, DO, MBA, FACEP—whose opinions on the topic are as well-reasoned as they are divergent.

So, let me add my two cents.

The discussions and analyses I've been privy to leave me with many of the questions I have always had: Will I be too early with a telemedicine offering or too late? Do "tele-urgent care" services meet quality standards? How can I get consistently reimbursed for telemedicine? Do I use "down-time" in the clinic to have providers do telemedicine visits? Do I partner with a telehealth provider to offer this service or do I provide the service myself? Why hasn't telemedicine taken off? Will it ever?

It is no secret that I have been personally skeptical of telemedicine for urgent care. I am concerned that tele-urgent care will become an antibiotic vending machine without proper guidelines or testing to ensure stewardship. I am concerned that negative price pressure from large payers and national vendors is creating a race to the bottom from a reimbursement standpoint. And I am concerned that urgent care operators will unnecessarily cannibalize their face-to-face business with low-margin virtual care. In no way do I feel that telemedicine has no place in healthcare; nor do I claim to have a crystal ball to see what the future will hold. But I am confident that telemedicine has limitations, especially for urgent care services, and that adoption of a virtual access point will not have a market-changing impact on urgent care, at least for the foreseeable future.

While telemedicine is not new, broad adoption has been slow. And despite the conviction that millennials would flock to virtual healthcare, this has not been realized as expected. Why not? I have two theories: 1) Even millennials value in-person care, especially for new, undiagnosed conditions. 2) The limited menu of services available via telehealth decreases confidence that comprehensive care can be provided.

Regarding the second point, we saw this quite a bit with the

retail pharmacy clinics. These clinics threatened to erode the urgent care patient base for years, but it never really materialized. I think there are a couple of reasons for this. First, getting conclusive care is very valuable to time-crunched patients, and thus, the frequent referrals to urgent care centers for x-rays and procedures erodes consumer confidence. Second, the psychology of healthcare decisions is underappreciated, especially for illness and injury which require an impulse decision on where to access care. The fact that retail clinics are not the primary service offering at pharmacies may play a role in why patients choose urgent care despite its higher cost. While these theories have never been tested, it stands to reason that there is some ill-defined value that has made urgent care centers more resilient than most predicted.

Quality of care is another area of concern when it comes to virtual urgent care, especially antibiotic stewardship. Three of the top presenting telemedicine complaints include sore throat, earache, and urinary tract symptoms. Well-established guidelines exist for all of these, and yet each requires a level of testing not readily available during a virtual visit. The under- or overprescribing of antibiotics for these conditions is an undeniable concern that has yet to be adequately addressed by most virtual urgent care providers. And while urgent care providers have their own work to do in this regard, there are some additional challenges confronting telemedicine that have yet to be fully resolved.

All said, the virtual medicine revolution has hardly been seismic, despite billions of dollars invested. Nonetheless, I do not count out the power and promise of technology to solve many of the issues confronting the industry. Exactly when it will disrupt traditional urgent care is far less certain. ■

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