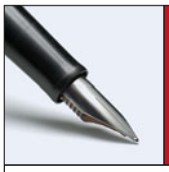

The Challenge of Inequity in Urgent Care Medicine: A Call to Action

LINDSEY E. FISH, MD

The young black couple walked into our urgent care clinic, eyes wide and filled with fear, hope, and expectation. Wrapped in her mother's arms was their 3-day-old beautiful baby girl, a child born in the midst of two scourges—the COVID-19 pandemic that was sweeping our country and world, and the pandemic of racial inequity that was surfacing due to peaceful protests and violent riots occurring throughout our cities and rural communities alike.

The parents' request for their child was simple: "Please help us get oxygen for our baby girl." Their daughter needed oxygen and had been discharged abruptly from the hospital due to COVID-19 concerns; however, despite calling the oxygen company, their primary care provider, and the nurse assistance phone line, the small tank they were given at hospital discharge was almost empty and their requests for more had gone unanswered. As they walked out of our urgent care center with an adult oxygen tank from our clinic supply (we would work it out with the oxygen company later), the parents said, "Thank you for helping us, when no one else would. We are truly grateful."

The United States, despite the words of the Declaration of Independence, is not a country built with equity in mind. Our government, as well as our systems of education, justice, and healthcare, may strive for equal treatment for all, but often fall short of the mark. Unfortunately, urgent care also has fallen short of achieving equity for all our patients; inequity exists as a result of access issues to UC locations, upfront payment requirements, and lack of attention to the issue itself.

It is time for urgent care medicine to turn our attention to the racial and other systemic injustices in our field. Urgent care clinics in the U.S. are disproportionately located in affluent areas because these areas have a more favorable payer mix[1] (which is a sterile way of saying fewer poor patients). This distribution creates obvious inequity in access to urgent care services. Those with no insurance or government insurance often do not have an urgent care center in their community and, sadly, also lack transportation resources necessary to seek care at more distant sites.

While many urgent care clinics are located in urban settings, they tend to sit in more well-off areas and gentrified neighborhoods. As such, patients of lower socioeconomic status (many of whom are underrepresented minorities) may have significantly more difficulty accessing urgent care centers than more wealthy residents in the same city. Additionally, many urgent care clinics have insurance and/or upfront payment requirements that must be met before patients can be seen by a provider. Many would-be patients of lower socioeconomic status do not meet these requirements and are therefore unable to receive care.

Disparities exist in every medical specialty. Acute care medicine is no exception. Patients who preferentially seek care in urban urgent care settings tend to be at relatively high risk for having unmet preventive medical needs.[2] Underrepresented minority patients experience greater difficulties in accessing primary care for a multitude of reasons, which increases the need for care in sites such as the ED.[3]

Studies which show increased utilization of urgent healthcare in Latino and African-American patients with asthma also illustrate this phenomenon.[4] As such, those of us in urgent care medicine should be cognizant of the greater need for UC access in these populations because of a lack of primary care. While data stratifying UC outcomes by race are nonexistent, it is reasonable to presume that the phenomenon in disparities in other settings[5] would also be present in urgent care. Furthermore, the lack of attention to this issue within the urgent care community is, in

Lindsey E. Fish, MD is Medical Director at Denver Health's Peña Southwest Urgent Care Clinic and an Assistant Professor of Medicine at the University of Colorado School of Medicine.

on a national scale.

Now is the time of action. There are no guidelines for creating equity for access to quality urgent care. However, we can look in the mirror at the inequity in UC and use this moment as an opportunity to advance our field toward greater racial equality. We can begin with small steps, by looking to remove the barriers that create inequities within our field one brick at a time. We can begin by having open and honest conversations regarding inequity in urgent care both as a field and within our own clinics and organizations. These conversations may not always be easy, but they will bring attention to the current injustices in our field.

Once we have identified the inequities present in our clinics, let us move to action. Small steps such as community outreach events with free influenza vaccinations or free sports physicals in underserved communities would go a long way. Supporting local health fairs that offer free health screenings would also be beneficial.

We do not have to do this alone. We can partner with local organizations to refer patients to primary care practices that provide care to patients regardless of race, socioeconomic status, or insurance status. We are a field of innovation, and now is the time to turn our ingenuity toward equity in urgent care access.

It's time to get to work, so as to live up to our mission of being the specialty dedicated to access to efficient, affordable acute care.

As C.S. Lewis said, "You can't go back and change the beginning, but you can start where you are and change the ending." So, the challenge before us in urgent care medicine is to bring attention to the current state of our system and find the moral courage to take action. The need for financial viability is real for urgent care centers, but we must solve these issues so all patients—regardless of race or socioeconomic status—feel they will be cared for at their local urgent care center when they're unable to get help elsewhere. ■

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