When Walk-Ins Aren't Welcome

Patient volume has always been a delicate topic between the clinical staff and administrators of urgent care centers. It's no secret who stands where in this ongoing debate. Regardless of each side's opinions, UC volume has been largely stochastic historically, fluctuating at its own whim without regard for who wishes it were higher or lower.

Things are different now, though. Thanks to COVID, UC overcrowding has become the new ED overcrowding—ubiquitous.

The large volumes of COVID-related visits have guaranteed that virtually every UC center in the U.S. is filled from open to close with appropriately low-acuity patients. In many ways, this presents itself as the holy grail for UC administrators because the largest obstacle to fiscal sustainability has suddenly vanished. Before the pandemic, UC owners made intensive efforts strategizing and marketing to employers and schools, patients, and physicians. These attempts to drive reliable patient volume into their clinics took the form of service lines such as workman's compensation, sports physicals, and x-ray services.

Things are different now. When UC staff arrive to work, there is predictably a gaggle of patients outside the door waiting to be seen every morning.

I should be clear that there's nothing wrong with desiring a predictable number of patients. In a business model with relatively fixed overhead, this is integral to remaining solvent. Many, if not most, UC operations' leaders have even invested in patient queuing software to smooth the distribution of volume, both to lessen the burden of surges on providers and to inform patients' expectations for wait times. Such software is an incredibly valuable tool when used as intended.

A concerning trend, however, in COVID-era urgent care is the over-reliance on online bookings and reservations, especially those made days in advance. I have heard from countless patients and friends about the frustrations they'd had when trying to find an urgent care center where they could be seen for non-COVID, acute issues like twisted ankles and nosebleeds.

This is not an issue of a single UC clinic or organization, either. These complaints have come from people living in urban or suburban areas with at least a dozen UC centers within a 5-mile radius. It seems the walk-in slots everywhere have become

vanishingly uncommon, as a clinic's time is now booked a week in advance instead by asymptomatic families needing testing before their upcoming trip to Hawaii.

While travel COVID testing and other COVID-related visits do certainly spell reliable volume, UC centers have an obligation to find ways to accommodate patients who truly need some sort of immediate attention. Much of our stated mission in urgent care, historically, has been to fill the gaps in access for people requiring unscheduled, episodic care. This goal of providing access depends on our ability to accommodate walk-ins. And we've worked too hard for the past several decades, slowly gaining the public's confidence, for us to squander it by allowing UC centers to be transformed wholly into COVID convenience centers.

The refrains of countless UC patients in pre-pandemic times were gratitude for us being able to see them, coupled with frustrations about how hard it was to get in to see their PCPs. This was a large reason for the initial development of urgent care, after all: to fill the needs created by the trend of primary care clinics accepting fewer and fewer same-day appointments for acute issues. Unfortunately, UC has recently now become the target of similar and well-founded complaints about inaccessibility.

Now, without question, COVID-related concerns will continue to comprise the bulk of low-acuity needs for the foreseeable future. America's network of UC centers has played, and will continue to play, a vital role in supporting our response

to the pandemic. However, during the fall of 2021, there was an average of about 1.5 million daily COVID tests being run in the U.S daily (excluding home-based test kits). If all these tests were run in UC centers, this would amount to over 100 patients per center each day for COVID testing alone; clearly, UC can't shoulder the burden of providing these services alone. And by trying to see as many COVID visits per day as possible, we are inadvertently crowding out the patients who supported our UC centers in pre-pandemic times, leaving them to look elsewhere for immediate attention—often choosing telemedicine services instead.

Of additional concern, this current narrative that's unfolding unfortunately corroborates a common criticism that many UC skeptics have been hurling at us for years. While we have asserted that we are concerned with creating affordable, on-demand healthcare access, our critics have understandably questioned this. They cite the trend that UC centers tend to be located predominantly in areas with a "favorable payer mix" rather than in rural and inner-city areas where healthcare access is most precarious. I've worked with too many UC leaders over the years who're passionate about social justice and equity to accept this portrayal of our community as predominantly profit-focused. However, if we continue to prioritize COVID testing above all else, it will become harder and harder to reconcile our words of concern for access with our actions.

Thankfully, choosing between having capacity for walk-ins and COVID testing is not an "either-or" sort of dilemma. A number of UC centers have had great success by opening separate, often drive-thru, testing centers. This has the advantage of directing potentially infectious patients away from the clinic and maximizing testing throughput by cohorting patients who are in need of similar services. Furthermore, an efficient experience at the affiliated testing center provides free promotion for the UC clinic's flagship site and naturally facilitates less crowding of the companion clinic. It's a win-win.

This is just one of many possible solutions to this crisis of access we are facing. Continuing to offer timely service is imperative, as it is what has allowed us to continue to grow and compete with other convenience-based methods of care delivery, such as telemedicine. After all, ease of access and convenience have always been central to our value proposition in UC. But when walk-ins aren't welcome, urgent care has lost its way. This may be a crisis we never thought we'd have to deal with, but it's a problem our patients won't allow us to ignore for long. ■