

# Evolution of the Urgent Care Staffing Model During the COVID-19 Pandemic

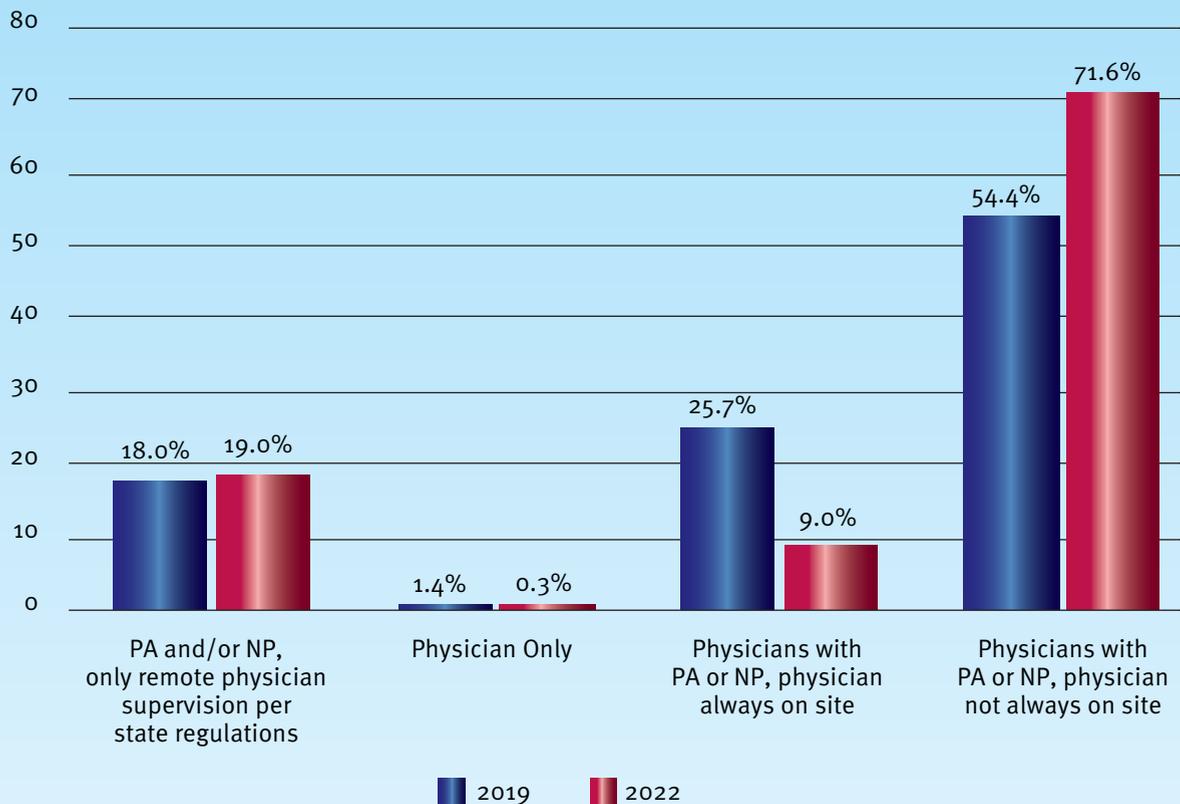
The scourge of the COVID-19 pandemic has affected urgent care practices deeply, beyond what you already know firsthand. In addition to fluctuations in patient visits, efforts to keep staff safe, and reorganizing locations to meet whatever need was greatest at a given moment, the “typical” urgent care staffing model evolved at an accelerated pace between 2019 and today.

The proportion of centers in which physician assistants and nurse practitioners treat patients with only remote

physician supervision hasn’t changed much. Nor has the percentage of centers with only physicians on the clinical staff. The centers in which PAs and NPs work without a physician on site at all times has increased dramatically, however, with a corresponding reduction in the percentage of UCCs in which a physician is always on site to supervise PAs and NPs.

Check out the graph below to see what we mean

## URGENT CARE PROVIDER MODEL (N=1,387)



Data Source: The Urgent Care Association. UCA 2022 Benchmarking Report/Compensation. Available at: <https://urgentcareassociation.org/product/2022-benchmarking-report-compensation/>. Accessed December 14, 2022.