



**Urgent Care
Association
of America**

Urgent Care Industry Information Kit

2013

**Urgent Care Association of America
www.ucaoa.org**

About Urgent Care Centers

Urgent care centers provide walk-in, extended hour access to adults and children for acute illness and injury care. Urgent care centers may also provide other healthcare services like sports and school physicals, travel medicine, and occupational medicine.

Visit an urgent care when your condition is beyond the scope or availability of your regular primary care provider—or not severe enough to warrant a trip to the emergency room.

Some of the most common conditions treated are fevers, upper respiratory infections, sprains and strains, lacerations, contusions, and back pain. Most centers also treat fractures, can provide IV fluids, and have x-ray and lab processing onsite.

Centers are typically staffed with physicians, and may also have physician assistants, nurses, nurse practitioners, medical assistants and radiology technicians working with patients.

Urgent care centers typically operate 7 days a week (including holidays) and are open between 8 and 9 am, and close between 7 and 9 pm on the weekdays. Hours may be somewhat earlier on the weekends.

The cost for treatment at an urgent care center is usually comparable to a primary care visit, and less than the emergency room. Charges vary according to individual insurance coverage. Most insurance plans are accepted at urgent care centers; however, insurance is not required.

Patients are usually seen by a physician, nurse practitioner, or physician assistant in either 0-15 minutes or 15-45 minutes. Since no appointment is necessary wait time may vary.

Urgent care centers are usually located in freestanding buildings, and the majority of centers are independently owned by physicians or groups of physicians. About 25 percent are owned by a hospital system – and most of those are located off the main hospital campus.

Urgent care centers will refer you onto the emergency room if your condition is very serious, to a specialist for follow up if needed, and back to your regular physician for ongoing care. Centers can also refer you to a primary care doctor if you don't already have one.

Integration with Primary Care

UCAOA recommends that all individuals have a primary care physician and supports the American Academy of Family Physician's concept of a "medical home." While some urgent care centers formally provide ongoing primary care, many centers do not and refer patients to a local physician group to serve as their primary care provider.

Integration with Emergency Care

Urgent care centers are NOT freestanding emergency departments. They are not equipped to treat life-threatening emergencies, nor provide assistance for labor and delivery. Anyone in active labor or with a major injury should immediately seek treatment in the nearest emergency room.

Integration with Retail Clinics

Urgent care centers are NOT the same as in-store retail clinics. Urgent care centers treat a broader scope of services and ages (most retail clinics' minimum age is 18 months) than retail clinics, and have a different staffing model (primarily physicians vs. primarily NP's). Most retail clinics and urgent care centers in a community have a good referral relationship.

Industry Statistics

Approximately **9,000** centers in the U.S. providing urgent care services

Average of **357** weekly patient visits *per center*

3 million+ total visits *per week*

85% are open 7 days/week

Over **160 million** visits *annually*

70% of centers open **8:00 AM** or earlier
and **95%** close after **7:00 PM**

Time in Operation

| | |
|------------------|-----|
| 5+ years | 61% |
| 3-5 years | 15% |
| 1-2 years | 16% |
| Less than 1 year | 8% |

Ownership

| | |
|-------------------------------|-------|
| Corporation | 30.5% |
| Physician/group of physicians | 35.4% |
| Non-physician individual | 4.4% |
| Hospital | 25.2% |
| Franchise | 2.2% |

Locations

| | |
|----------|-----|
| Urban | 15% |
| Suburban | 75% |
| Rural | 10% |

Wait Times to see a physician, nurse practitioner or physician assistant:

| | |
|------------|---------------------------|
| 69% | Less than 20 minutes |
| 28% | Between 21 and 40 minutes |
| 3% | More than 40 minutes |

Physician Specialties

| | |
|-------------------------|-------|
| Family Medicine Only | 47.8% |
| Emergency Medicine Only | 30.1% |
| More than one specialty | 9.9% |
| Internal Medicine Only | 7.6% |
| Another specialty | 3.1% |
| Pediatrics only | 1.5% |

94.1% of centers have at least one full-time employed physician on staff.

Data taken from the 2012 Benchmarking Studies - see "References" on page 5 for sources.

About the Urgent Care Association of America

The Urgent Care Association of America (UCAOA) was founded in 2004 and represents more than 4,500 professionals working in urgent care.

UCAOA serves an international field, joining together the over 8,700 urgent care centers in the USA and across the world including Australia, Canada, Hungary, Ireland, Israel, Mexico, and New Zealand.

UCAOA provides educational programs, the monthly *Journal of Urgent Care Medicine* (www.jucm.com), and a variety of different resources for starting a new urgent care center, providing clinical care in the urgent care setting, and running a successful urgent care practice.

UCAOA established national criteria for urgent care centers, including a Certified Urgent Care Center designation. UCAOA also partners with The Joint Commission in their Accreditation programs for urgent care centers.

UCAOA is headquartered in Naperville, Illinois, a suburb of Chicago.

Mission

Urgent Care meets the vital need in modern society for health care that is not only expert and reliable, but also patient oriented, convenient and cost effective. We exist to advance and distinguish the role of urgent care medicine as a healthcare destination and support the ongoing success of our membership through education, advocacy, community awareness, benchmarking and promoting standards of excellence.

Industry Benchmarking Study

The 2012 Benchmarking Study results were released in December 2012. The study is now on sale. Please contact UCAOA for more information or to learn about the various statistics and metrics available.

Contacts

For more information or to request quotes, clinical or practice management spokesperson contacts or industry metrics, please call Kim Harden, Director of Marketing at 331-472-3748 (kharden@ucaoa.org).



References

2012 Urgent Care Benchmarking Study Results. December 1, 2012

http://www.ucaoa.org/resources_stats.php

All data in this report comes from a study conducted by Anderson, Niebuhr and Associates, Inc.

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Expenses for a Hospital Emergency Room Visit, 2003. Agency for Healthcare Research and Quality (AHRQ). January, 2006. http://meps.ahrq.gov/mepsweb/data_files/publications/st111/stat111.pdf.

Comparing costs and quality of care at retail clinics with that of other medical settings for 3 common illnesses. Mehrotra A, Liu H, Adams JL, Wang MC, Lave JR, Thygeson NM, Solberg LI, McGlynn EA. September 1, 2009. *Annals of Internal Medicine.* 151(5):321-8.