

Urgent Care Centers Outpace Health Policy In The U.S.

By Ashley Rodriguez

When Mandi Patterson, 36, noticed her eight-month-old son Abbott was having trouble breathing, she took him to Oswego Health Urgent Care in Fulton, New York expecting acute care. In January 2010, the infant began wheezing, coughing and making barking sounds, according to a complaint filed in 2012. Physicians diagnosed the boy with asthma and treated him accordingly. Nine months and three visits later, a physician's assistant at the clinic ordered an x-ray on the child, who was still suffering from the symptoms. It showed that Abbott swallowed a quarter that was lodged in his throat.

Abbott underwent surgery at Upstate Golisano Children's Hospital in Syracuse to remove the coin. It was black when they dislodged it. Now six-years-old, Abbott is doing well, said Patterson. Oswego Health Urgent Care did not reply to requests for comment.

More and more medical practices across the country are rebranding themselves as urgent care centers to meet the growing demand for fast, affordable health care. In many states, they are regulated like physicians groups. However, there is a debate brewing among health care policy experts and government officials over whether these centers should have their own regulations. Such oversight could help patients expecting acute care, like the Pattersons, avoid confusion to such a degree that they receive poor treatment from professionals who aren't prepared to offer emergency services, or delayed treatment because they are bounced around from facility to facility.

In Pennsylvania, which also lacks urgent care regulations, a North Huntingdon man died after being misdiagnosed at an urgent care center, according to a complaint reported by the Tribune-Review. In December 2010, William Burkus, 54, visited MedExpress Urgent Care complaining of shoulder and neck pain, and was given pain medications and told to ice and heat the area. He died two days later.

According to the lawsuit, MedExpress was negligent in failing to hire properly trained doctors who were capable of correctly diagnosing and treating Burkus' cardiac condition. The health

care provider cited in the complaint also failed to properly refer Burkus to a hospital emergency room for additional cardiac evaluation and treatment, the lawsuit alleges.

The definition of urgent care varies from state to state and organization to organization. They are typically open seven days per week on a walk-in basis and are set up to diagnose and treat a vast range of medical conditions, including infections, viruses and major injuries. Many are run like physician practices, while others offer a variety of specialties from pediatrics to psychiatry to geriatrics, and are staffed with emergency-trained physicians. Urgent care centers are equipped to offer serious care, but not to the degree that emergency rooms do. They are not designed, for example, to treat severe traumas and life-threatening conditions the way emergency departments do. In those instances, urgent care physicians refer patients to an emergency room, where they can get the care they need.

“Our job is not to be heroes,” said Dr. Marc Salzberg of StatHealth, an urgent care chain in Long Island. “ We don’t take chances with people’s lives.”

Another difference is that urgent care centers can cherry pick their customers. Unlike emergency rooms, there is no regulatory body that requires them to treat every patient that comes their way. Like physician groups, they can refer patients to other doctors or hospitals instead of treating them themselves, according to a [2007 report](#) prepared for the California HealthCare Foundation.

In some instances, urgent care centers turn away patients who don’t have insurance, or if procedures are too costly for the facility.

The changing health-care landscape can be confusing for consumers to navigate. When Samantha Patterson injured her arm moving furniture in her Harlem apartment one February night, the 25-year-old wasn’t sure whom to call. She thought about going to the emergency room. But she spoke to her mother in Florida first, who had another suggestion: go to an urgent care center.

Patterson arrived at the clinic on 23rd Street in Manhattan at 8 p.m. that night and was out the door in 40 minutes, with instructions to ice her arm and see an orthopedic specialist in the morning.

“I realized it wasn’t as urgent as I thought,” said Patterson. “But I still didn’t know if it was fractured, sprained, broken.”

Still, Patterson was thankful to have saved herself a trip to the emergency room. The orthopedic later told her she had a hairline fracture that would heal without a cast.

At least nine states - Arizona, Florida, Maryland, Minnesota, New Hampshire, Utah, Kentucky, Delaware and Illinois - have legislation that define urgent care and one state, Arizona, require special licensure for urgent care facilities. Health departments and lawmakers in other states, like New York, are also considering measures to regulate the rapidly expanding health-care service.

In January 2014, the New York State Department of Health recommended that urgent cares be regulated. An [official paper](#) on the regulations, naming conventions, hours of operation, accountability and scope of services, was released in December 2014. Dr. John Ruge, chair of the committee that made the recommendations, said the recommendations are there to educate government officials, not to be adopted in legislation. The Health Planning Committee’s papers do not have an official role in the legislative process. They just represent the committee’s point of view and serve as a source of information for regulators.

“It’s an attempt to recognize and and smooth out what’s happening to the public,” said Ruge who said the urgent care recommendations are part of a broader initiative to understand ambulatory care. “As we recognize its importance, we ought to gear up and take a closer look... and make sure there’s not an opportunity for abuse.”

Ruge also said there should be a level of reporting for urgent cares, so that the public can be made aware when incidents occur. “Things do happen,” he said. “Wouldn’t it be good to have a registry of those?”

Not everyone believes urgent care centers need their own set of regulations. “[The government] has created a solution to a problem that doesn’t exist,” said Jonathan Halpert, president of the Northeast Regional Urgent Care Association. He recognized that instances of negligence and malpractice exist, but said they are “exceptions to the rule,” and are not indicative of how the majority of urgent care centers operates.

His group opposes New York’s recommendations as they were originally written because they limited the types of patients urgent care centers can treat, like children under three or patients

with mental health problems. They also required patients to have Medicaid. Many urgent cares accept cash from those who are uninsured, and that requirement would prevent them from doing so.

Mostly, Halpert said it would set a dangerous precedent. "That would be the top of a slippery slope," he said. "We are physician practices. We just are open extended practices. It's setting a precedence to regulate all areas out-patient care."

However, the group does have its own definition for urgent care centers that includes have a physician on-site or available for consultation at all times, and requires extended hours. He believes the industry will set its own standard of care because the most successful business models are those that treat patients well. Halpert said that his group, which started in 2013, is not a governing body with the ability to enforce these rules. But he said that those who join the group are aligned with this way of thinking.

"We want to be the beacon," said Halpert. "There are always going to be people out there that have different practice standards, but we feel like we built a better mousetrap. That should be the way that this should go for there to be long-term success."

There are other ways to tackle the confusion surrounding urgent care services, Rugge said, who is looking to England for examples. The country has a growing urgent care system, like the United States. Britain's National Health Service ran a campaign to help patients "chose better" and become more informed about their options for medical care.

"There could be public service placements so people can get the idea," said Rugge, who said this could also help encourage people to use urgent cares and free up space at emergency rooms. "It's trying to recognize that if we have overuse of one facility, we have ways of addressing it."

The Department of Health has been working with Assemblyman Richard Gottfried and Senator Kemp Hannon to get the urgent care regulations to legislation, said Rugge.

But these efforts to tighten rules are not being prioritized in Albany.

The recommendations were removed from the governor's budget bill last year because the legislature said it was an issue of substance rather than a budget concern, said Rugge. The proposal is still under consideration, according to an October 2014 paper by Gottfried.

The growth of urgent care centers has been slower in New York than in other states, like Florida, which have large health-care industries, because of higher operating costs. But it's starting to keep pace with the rest of the country as more patients seek convenient and cost-effective medical care.

An examination of New York State incorporation records collected in December 2014 by the CUNY Graduate School of Journalism showed out of the 198 health-care facilities with "urgent" or "immediate" or "walk-in" in the name that 135, or 68 percent, were incorporated in the last five years. Eighty-five percent of them were in the last ten years.

Growth has been even more rapid across the country. There were about 9,000 urgent care centers as of 2012, according to the Urgent Care Association of America. And two-thirds of today's urgent care centers opened in the last five years, according to data by Concentra, a national health-care group with more than 300 locations that specializes in urgent care. The industry has added about 500 centers per year for the last few years, the data showed.

High patient volume and overcrowding in hospitals make urgent care facilities appealing. They are also expanding because the Affordable Care Act has created a larger volume of patients.

Urgent care centers are becoming more popular, in part, to meet the demands of our society, what Dr. Franz Ritucci of the American Academy of Urgent Care Medicine, calls the "McDonald's society." "You want something, you want it now, and you don't want to wait," he says.

Hospital closures and the shortage of primary care physicians are also driving the demand for other types of medical care, said Halpert of the Northeast Regional Urgent Care Association. He said the profession has been declining for years as doctors turn to speciality fields that offer higher pay.

To establish a standard of care among urgent cares, private non-profits and trade groups like the Joint Commission and the Urgent Care Association of America began offering optional accreditation and certification programs.

The Urgent Care Association of American, which launched its accreditation program earlier this year, accredits facilities based on on-site visits that look at scope of services including, onsite x-ray, laboratory and phlebotomy, or blood work, services, availability seven days a week and over 3,000 hours per year, medical oversight by a licensed physician, and the

ability to stabilize and summon transport for any medical emergencies, as well as quality and safety of care. Organizations that are already accredited by the Joint Commission's Ambulatory Care Accreditation Program are judged separately. Accreditation is valid for three years, and so far no organizations that applied were rejected, the company said.

"The applicants are provided with transparent, clear criteria so they can prepare before formally applying," said Laurel Stoimenoff, vice president of the organization's board of directors. "After submitting their applications, they will demonstrate that they have processes in place to meet the criteria."

One hundred and three centers nationwide have this distinction, according to the Urgent Care Association of America's website search.

While trade groups, health care experts and lawmakers debate the policy around urgent care centers, people like 17-year-old Jessica Erin Hart face the consequences caused by the confusion surrounding these facilities.

On April 4, 2013, Hart's mother took her to MedExpress, an urgent care facility in Roanoke, Virginia, to be treated for a severe sore throat. The girl was given a 4-milligram shot - more than twice the recommended dose - of a painkiller called Dilaudid, and stopped breathing before she arrived home that day, according to case files reported by the Roanoke Times. The case was settled for \$1.5 million in June. The doctor, Joyce Luteyn and the registered nurse, Yevonne Powers, who treated Hart were both publicly reprimanded by the Virginia Department of Health Professions, according to documents.

The Hart family's lawyer, Travis Graham, could not immediately be reached for comment.