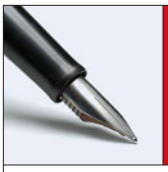



# Urgent Care in the Hospital System—*One and Done, or Done and Won?*

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Over the past couple of decades, urgent care has secured its place in healthcare and become a household name, sought after by patients seeking care, providers seeking careers, entrepreneurs seeking opportunity, and investors seeking returns.In the mix since close to the beginning, hospitals and healthcare systems are now increasingly viewing the specialty and business model as a viable, profitable, and even necessary part of their missions. Further, on a process basis, logistics can be simplified when the urgent care center is owned by the hospital if patients need to access multiple points of care.

The advantages include a relatively efficient means of geographic expansion and ready mechanism to increase market share and referrals back to the hospital system. Depending on their philosophy and goals, some systems may not strive to optimize their urgent care practices and business, seeing more value just from the increases in advanced imaging and surgeries for those patients first seen in urgent care. As medicine continues to evolve, however, the most successful healthcare systems will deploy urgent care in the most elegant and adaptable ways. Of course, the business concerns of budgets and finance, avoiding market saturation, and finding a suitable location and qualified staff will always be essential, but careful consideration of scope-of-services and overall health system integration needs to be at the core of any vision for urgent care in a larger system of healthcare.

As a discipline, urgent care specializes in the care of acute illness and injury in those who are healthy at baseline, as well as those who have chronic illnesses. As advances in other specialties allow patients to live longer with increasing multimorbidity, urgent care clinicians must be capable of navigating that burgeoning complexity—treating acute conditions superimposed on an increasing number of chronic diseases, as well as acute disease related to exacerbations of those underlying conditions. Such evolution of practice is inevitable if the "urgentcarist" is to thrive and serve patients and systems.

Hospitals have plenty of experience with emergency medicine, but this urgent care "cousin" differs enough in capability, capacity, cost, and efficiency that applying an EM or ED paradigm to UC can misguide expectations and derail business and even patient-care outcomes. As a discipline, urgent care is unique in its flexibility.

Current UC practice capacities range from those that care for patients using plain radiography and a few basic lab tests (and still providing valuable care to many, many patients) to "mini-ERs" with intravenous therapy and CT and ultrasound imaging. Where and how any UC practice along that scope continuum fits into an overall health system model will depend on the role it needs to serve—and it can serve any of them.

Major challenges predicted for hospitals and healthcare systems in the future revolve around momentum away from fee-for-service reimbursement. In addition to preventing and best managing chronic disease, cornerstones of population health success must involve caring for patients' illnesses and injuries (what we do now) as economically as possible, safely sparing higher-cost hospital admission (daily outpatient re-evaluations and treatment for appropriate conditions) and, when possible, intervening to prevent readmissions (assessing patients after hospital-based treatment for any worsening as soon as possible). Who better to do this than those whose expertise, involves most efficiently evaluating and treating those with acute illness and injury?

Systems that are successful in terms of health outcomes *and* profitability will have to place urgent care prominently alongside primary care, hospitalist, and emergency medicine; that will require making diagnoses and caring for all those patients which it can, deciding on the location of best care, and helping fill the gaps left by the fragmentation within every system. Rather than "one and done," we may need to be poised to provide a more comprehensive "done and won." That win will be for healthcare systems, our patients, and our specialty. ■

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