

Health Professional Staffing in Urgent Care Centers

Urgent care centers are an integral part of health care delivery in communities across the United States. Urgent care centers provide walk-in, extended-hour access for urgent and primary care services. The top diagnoses seen in an urgent care center are consistently pharyngitis, upper respiratory infections, urinary tract infections, gastrointestinal disorders, lacerations and other illnesses and injuries that are non-emergent. Most centers also care for work and non-work related musculoskeletal injuries, including trauma and fractures, provide intravenous fluids, and provide a comprehensive scope of services that includes onsite X-ray, laboratory and phlebotomy services. Urgent care centers do not care for life (or limb) threatening situations but stabilize patients while securing emergency transport.

Urgent Care Center Staffing

The majority of urgent care centers use a physician-based staffing model, employing physicians who have trained in family medicine, emergency medicine, internal medicine, occupation medicine or pediatrics. This training often leads to being Board Certified/ Board eligible physicians in these specialties. The broad-based staffing and clinical leadership models are a reflection of the diversity of patients served by urgent care centers in their communities. For example, some urgent care centers limit their scope of services to pediatrics, orthopedics or workers' health/ employer services.

Advanced Practice Clinicians (APCs) including nurse practitioners and physician assistants are also key caregivers in many urgent care settings, either alongside the physician or working independently in accordance to their state regulated scope of care. All health care licenses are regulated by oversight Boards established at the state levels to protect the public. UCAOA's certification (scope) and accreditation (scope, safety and quality) programs require the leadership of an osteopathic or allopathic physician as the organization's medical director.

Urgent care centers operate as physician practices and follow the regulations that are in place for any medical office.

Most urgent care centers conveniently offer ancillary services, such as on-site lab tests, imaging and pharmacy. Urgent care centers, and the health care professionals who provide ancillary services, must abide by state regulatory Boards and any other rules and regulations (i.e., Drug Enforcement Agency, the state Radiology Board, and the Clinical Laboratory Improvement Act, or CLIA). Same-day, no appointment required consumer access to the comprehensive services provided in the urgent care center are supported by an on-site licensed medical provider during all hours of operation. These medical providers serve a patient population who are either 1) experiencing difficulty accessing their primary care physician (PCP), 2) geographically displaced from their PCP when needing healthcare, 3) not yet affiliated with a PCP, or 4) seeking cost-effective and convenient urgent or primary care services.

Provider Training and Emergency Response

Recognition of urgent care medicine as a unique service and specialty has grown. According to UCAOA's 2015 Benchmarking Report, most urgent care center providers are clinicians trained in primary care. In response to the growing interest, post-graduate fellowships geared specifically toward the practice of urgent care medicine have been developed.

Urgent care centers must also be prepared for a wide range of medical emergencies. The American Academy of Family Physicians maintains the position that office-based family physicians develop practice appropriate protocols and have adequate equipment to deal with office emergencies, taking into consideration the distance (mileage or time) to the appropriate level of care, staff training and experience, and the availability of other community emergency medical services.¹ The UCAOA shares this position for urgent care providers.

The UCAOA accreditation program requires a formalized triage process to identify potentially high-risk patients and emergency response capability that includes the right equipment, policy, personnel and medications. UCAOA's accreditation program does not, however, require that an urgent care center's medical director be trained in emergency medicine. Urgent care centers are expected to have well-defined relationships with local emergency departments and knowledge of Emergency Medical Services (EMS) response times. Urgent care providers and all clinical support staff in urgent care centers should be trained to provide initial emergency assessment and intervention while awaiting arrival of EMS personnel. If not otherwise qualified by virtue of medical education, this could include training in Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS). According to UCAOA's benchmarking survey, two to four percent of patients presenting to the urgent care center are either directed or transported to the Emergency Department for further evaluation or treatment.

UCAOA Position on Health Professional Staffing in Urgent Care Centers

Urgent care centers are outpatient physician practices offering walk-in medical care for non-emergent conditions. They provide urgent and primary care services in an ambulatory care setting. Their medical providers, licensees and ancillary services are regulated by the same agencies and boards as all other ambulatory medical practices, and should not be encumbered by additional staffing and licensure requirements not customarily encountered in other office-based ambulatory medical practice settings.

¹ American Academy of Family Physicians Emergency Medical Care Policy. Accessed online 11.15.14 at <http://www.aafp.org/about/policies/all/emergency-care.html>