



Urgent care centers are an integral part of healthcare delivery in communities across the United States. Urgent care centers provide walk-in, extended-hour access for acute illness and injury care that is either beyond the scope or availability of the typical primary care practice or clinic. Among the most common conditions treated in urgent care centers are fevers, sprains and strains, upper respiratory infections, lacerations, contusions, and back pain. Most centers also treat fractures and provide intravenous fluids, as well as offer onsite X-ray, laboratory and phlebotomy services. Urgent care centers do not care for life (or limb) threatening situations, but will stabilize patients while securing emergency transport. The majority of urgent care centers employ family practice and emergency physicians, as well as licensed healthcare professionals, including registered nurses, radiology technicians, physician assistants, and nurse practitioners.

### **Urgent Care Center Staffing**

The majority of urgent care centers use a “physician-based” staffing model, employing physicians such as those Board Certified as family physicians, internists, pediatricians and emergency physicians. 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 healthcare licenses are all regulated by oversight Boards established at the state levels to protect the public.

According to UCAOA’s 2014 survey of urgent care centers, approximately 80 percent of urgent care centers employ a combination of physicians, physician assistants and nurse practitioners to provide care, while the remaining 20 percent use physicians only.

There are no staffing requirements for urgent care centers because they operate as physician practices and follow the regulations that are in place for any medical office. Urgent care clinics always have a licensed medical professional on the premises to support the scope of service offered.

Most urgent care centers conveniently offer ancillary services, such as on-site lab tests, imaging and pharmacy. Urgent care centers, and the healthcare 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 Amendments).

### **Provider Training and Emergency Response**

Recognition of urgent care medicine as a unique service and specialty has grown. According to 2012 and 2014 benchmarking UCAOA data, most urgent care center providers are clinicians trained in primary care. And, increasingly, physicians Board Certified in family practice are choosing to deliver urgent care medicine. 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 be prepared for a wide range of medical emergencies. Similar to the American Academy of Family Physicians, UCAOA holds the position that urgent care facilities develop practice appropriate protocols and have adequate equipment to deal with office

emergencies, taking into consideration the distance (mileage or time) to definitive care, staff training and experience and the availability of other community emergency medical services.<sup>1</sup> The UCAOA shares this position for urgent care providers. The UCAOA Accreditation program requires a formalized triage process to identify high risk patients and emergency response capability that includes the right equipment, policy, personnel and medications. Even though an only 4 percent of patients are either directed or transferred from an urgent care center to an emergency department<sup>2</sup>, urgent care centers are expected to have well-defined relationships with local emergency departments and knowledge of EMS response times. Urgent care providers and all clinical support staff in urgent care centers should be trained in basic life support to stabilize patients until the arrival of Emergency Medical Support.

### **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. Their medical providers, licensees and ancillary services are regulated by the same agencies and boards as all other outpatient physician practices and should not be encumbered by additional staffing and licensing requirements beyond those of other primary care or specialty practices.

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<sup>1</sup> 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>

<sup>2</sup> UCAOA Benchmarking Survey 2012.

#### Notice and Disclaimer

The Urgent Care Association of America (UCAOA) was founded in 2004 to advance and to distinguish the role of urgent care medicine as a healthcare destination and to support the ongoing success of UCAOA membership through education, advocacy, community awareness, benchmarking and promoting standards of excellence.

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