2012 Urgent Care Benchmarking Survey Results

Includes select comparative information from 2010 and 2008 surveys
Urgent Care Association of America
2012 Industry Benchmarking Survey
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Introduction, Methodology & Sample

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Introduction

Urgent Care Association of America’s (UCAOA) Mission Statement:
“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.”

Its biennial benchmarking survey is one of the most important activities it pursues in support of the industry. UCAOA fully funds these surveys through volunteer and staff hours developing, writing, and vetting questions and answers, and through direct payment for survey administration and report writing to independent external organizations and individuals.

Methodology & Sample

Anderson, Niebuhr and Associates, Inc. was engaged by UCAOA to conduct an online market research study of urgent care centers.

- The sample was comprised of 1,732 sites. These records were confined to the US and only one invitation was sent to a single location, though may have been sent to more than one location under a single ownership. Invitations were sent via email so only organizations with known emails were included, skewing the sample toward UCAOA members. There were 585 non-member organizations included in the sample. Invitees were incentivized to complete the report by entry into a cash drawing and discounts to purchase the final report. 95.2% of final respondents were from UCAOA member centers.

Anderson-Niebuhr sent 5 sequential email invitations (one initial invitation and four reminder invitations). Prior to accessing the study questions, organizations were required to pass several qualifying questions to ensure all respondents were fully-fledged urgent care centers. Qualifications included:

- A licensed provider onsite at all times
- Advertisement and acceptance of walk-in patients during all open hours
- X-ray services onsite
- Lab services (CLIA-waived or higher) onsite
- Ability to administer PO, IM, and IV fluids/medications onsite
- Ability to perform minor procedures onsite
- Oxygen, ambu-bag/oral airway onsite
- Two or more exam rooms
- Typically open 7 days/week, 4 hours/day, at least 3000 hours/year
- Treats patients of all ages (unless specifically a pediatric urgent care)

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Of the 1,732 sampling records, a total of 227 qualified for the survey AND completed or provided some responses to the survey. 72 centers attempted to complete the survey but did not qualify (were screened out by one of the above criteria). Not all questions were answered by all respondents. The number of respondents (“n”) for each question is noted in that question. Unless otherwise noted, the averages reported are the mean.

Responding urgent care centers cover the nation, with a concentration of respondents on the eastern side of the country. 2012 was the first year this distribution was measured. In general, survey respondents represent a regional distribution similar to that of the entire US, with exceptions being somewhat heavier respondent representation in the Northeast and slightly lighter representation in the West and Southwest. It is uncertain if this materially influenced the survey results.

Data collection occurred from 7/13/2012 – 8/26/2012. Data was reported to UCAOA by Anderson Niebuhr September 24th and compiled into the following report in September and October, 2012. Comparisons from past surveys were drawn from data in the 2008 Urgent Care Benchmarking Survey administered by Drs. Robin Weinick and Catherine DesRoches of the Institute for Health Policy of Massachusetts General Hospital based in Boston, Massachusetts, published by UCAOA, and the 2010 Urgent Care Benchmarking Survey administered by Professional Research Consultants based in Omaha, Nebraska, also published by UCAOA. Other comparisons are referenced as they appear.
Executive Summary

Note: except where indicated, all responses relate to a SINGLE LOCATION/SITE, even when the site may be owned by a multi-site organization. All results refer to the time period of January-December 2011 and all respondents proved basic urgent care services including 7-day open hours, onsite provider at all times, x-ray and lab services, and acceptance of walk-ins at all times.

STRUCTURE

The latest merger and acquisition wave that began in 2010 has influenced the number of multi-site centers, but single locations still dominate the industry by more than half, increasing since the last survey report in 2010. However, there was a significant increase in the number of corporately-owned centers over the previous survey. Center locations are still focused in suburban areas, and mostly freestanding buildings. About forty percent (40%) of centers are nine years or older. Size of the centers has increased as well, in both square footage and number of exam rooms. The vast majority of centers report providing exclusively urgent care (vs. a combination of urgent and ongoing primary care) and bill under place of service 20 (POS 20).

SERVICES

In addition to the basic services described in the Note above, urgent care centers often provide durable medical equipment, more complex laboratory services, pre-operative testing, travel medicine and more. Most centers also provide blood draws for a wide variety of tests that are sent to an outside laboratory. Urgent care centers continue to be a “one stop shop” for many healthcare services.

MARKETING

The most popular marketing tactics (engaged in by almost all of the respondents) are still event sponsorship and print ads. There has been a significant increase in the use of search engine optimization (SEO) as well as social media as the internet continues to be pervasive in American life. The mean annual budget for a single center’s marketing was reported at a little over $35,000.

VISITS

Urgent care center patients continue to be split almost 50/50 by gender. The greatest number of patients continue to come from the 23-49 year age groups. Average patients per day showed a slight increase (3 per day) over the 2010 averages. March and October remain peak months for visits, but overall visit flow showed a leveling out across year rather than large swings between high and low periods. For the first time, the average size of a center’s target population dipped below 20,000 people. The top diagnoses continue to be upper respiratory conditions and top procedures involve wound repairs. A review of evaluation and management codes frequently used is also included.

STAFFING

Physicians continue to dominate as urgent care providers, but respondents show wide variety in provider models overall, often including physician assistants and nurse practitioners. Compensation rates have remained steady in the midranges, but the higher end of compensation has expanded since 2010. The majority of centers utilize medical assistants and radiologic technicians as clinical support staff, and there is a mix of approaches to the decision about when to add a clinical staff member. In
addition to provider compensation, the survey covers compensation for medical assistants, radiologic technicians, registered nurses, licensed practical nurses and all administrative positions.

FINANCIALS

The average annual revenue among survey respondents was little over $2.5 million, with the majority of that revenue coming from patients with commercial/private insurance. There was little change in reported reimbursement per visit since the 2010 survey, though this survey also looked at comparative visit charges. Total annual expenses were reported to be a little under $2.3 million, with the majority of expenses going to provide salaries and benefits for center employees.

INTEGRATION

Urgent care continues to appear fairly well-understood by patients using their services, with still less than 4% of patients needing transfer to an emergency room. Centers report that about 60% of their patients seen already have a primary care physician outside the center, and centers formally communicate back to that primary care physician about the visit approximately 75% of the time. In addition, because of their expansive scope of available testing, less than 15% of urgent care patients have to be sent outside the center for diagnostic testing.

QUALITY

Over 90% of physicians practicing in urgent care are board certified in a primary specialty. The vast majority of those physicians continue to be boarded in family medicine and emergency medicine as in previous studies. The majority of imaging studies are performed by certified technologists, and there is an increase in centers using national measures to monitor and improve their quality since the 2010 survey. Many centers also perform patient satisfaction evaluations, and over 70% make follow-up calls to their patients after a visit to the center.

TECHNOLOGY

Urgent care centers continue to expand their use of technology. While almost all centers in 2010 reported having electronic practice management systems, now over half of centers also provide online registration prior to arrival for their patients. Eighty percent (80%) of centers use technology for clinical systems, and the remaining twenty percent (20%) plan to convert in next 12 months or less. Most centers are also pursuing “meaningful use” criteria, with 75% planning to meet the upcoming deadline.

FUTURE

Overall, urgent care is expanding and the expectation remains that it will continue to do so in the coming year. More than 85% of centers report expecting growth, primarily in their numbers of visits; however, almost 40% of those expect growth to the extent that they will expand their existing location or add another site.
Survey Results

The following results were reported by survey respondents representing 227 US urgent care center sites (or fewer where indicated). Some respondents may have been from sites owned by the same entity.

Survey respondents were instructed to provide data for the time period of January through December, 2011.

Since questions were answered in isolation from one another, and not always by the same centers, readers are discouraged from making general assumptions and connections across data points.

Responding centers may also represent the “best of the industry”; therefore, direct correlations to state of the industry as a whole should be drawn cautiously.

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