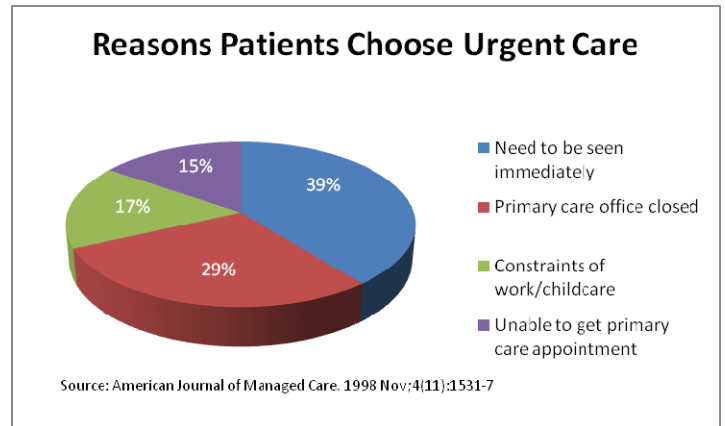


Urgent Care Talking Points

Access:

- Urgent Care is open when **patients** need it – including evenings, weekends and holidays.
- Approximately 2/3 of adult and ¾ of pediatric emergency room visits are outside typical physician/pediatrician office hours.
- Yet, 80%+ of total ER visits are during hours many urgent care centers are open (8am-10pm)



- Urgent Care centers treat patients of ALL ages – including children under 18 months.
- With any additional coverage through health care reform, the number of patients seeking care will only **increase**, further straining the existing primary care and emergency medicine resources.
- Primary care physicians are not increasing in numbers – but there are over 8,700 urgent care centers across the U.S. ready to meet demand.
- Emergency department visits are increasing (by 32% in the past 10 years) across the U.S., but EDs are being forced to close (7% in the last decade according to the Annals of Emergency Medicine), increasing the need to reserve the remaining EDs for serious, life and limb-threatening conditions.
- According to the American College of Emergency Physicians, 90% of emergency departments are at, or over, capacity.
- Urgent care centers take most insurance, and accept self-pay (cash) patients.

Affordability:

- Urgent care offers distinct value – **keeping costs down** – creating a quadruple-win scenario with direct benefit to:
 - **Patients** – lower co-pays over alternative Emergency Room options
 - **Payers** – lower charges than Emergency Room visits
 - **Employers** – savings associated with reduced costs for care that offer leverage on premiums
 - **Employees** – individual savings associated with reduced Employer health care costs
- Urgent Care is a front door for preventive medicine, diagnosing issues at onset before becoming major cost scenarios
- Urgent Care visits cost a fraction of emergency department visits...both the patient and the insurance company save money
- Urgent Care’s broad clinical capabilities often enable one-stop treatment eliminating additional co-pays and claim submissions associated with other models
- Urgent Care can decrease the overutilization of emergency departments with staggering impact: (August 6, 2010 HHS/CDC National Health Statistics Report; Weinick, et. al, *Health Affairs* 2011)

Number of emergency department visits in 2007	116.8M
Percent of emergency department visits that were non-urgent, semi-urgent or urgent in nature	67.4%
<i>Number of emergency department visits that were non-urgent only</i>	<i>9.2M</i>
Average per visit savings for UCC visit vs. ER visit	\$228

Lowest Possible Annual Savings if only the non-urgent visits had been treated in an urgent care center: **\$over 4 billion**

Prevention:

- Urgent Care is the first line of defense for many individuals – sometimes their only medical visit in years.
- Urgent Care physicians are primary care or emergency medicine trained – enabling them to identify chronic or more serious conditions during a more routine visit.
- Urgent Care plays a critical role in immunization and treatment of seasonal flu, H1N1, whooping cough and other communicable diseases that would otherwise spread.
- Urgent Care is integrated with the primary care physician community. 90% of centers provide formal referral lists for patients without a primary care physician.
- Urgent Care services reduce the risk of ED overcrowding – resulting in fewer ambulance diversions, delayed treatment, and possible medical errors.

What You Can Do:

As a health care influencer, you can:

- help keep costs down by **formally recognizing urgent care visits for the treatment of episodic illness and injury.**
- encourage the use of urgent care centers by **changes in policy** to lower co-pays and increase education on urgent care use toward patients
- support efforts for effective legislation to **encourage continued development** of new urgent care centers in areas that are still underserved