



# Site of Treatment for Non-Urgent Conditions by Medicare Beneficiaries: Is There a Role for Urgent Care Centers?

Gregory S. Corwin, MPH,<sup>a,b</sup> Devin M. Parker, MS,<sup>a</sup> Jeremiah R. Brown, PhD<sup>a,c</sup>

<sup>a</sup>The Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine, Dartmouth College, Lebanon, NH;

<sup>b</sup>VA National Center for Patient Safety Field Office, White River Junction, VT; <sup>c</sup>Department of Medicine and of Community and Family Medicine, Geisel School of Medicine, Dartmouth College, Lebanon, NH.

## ABSTRACT

**BACKGROUND:** There is limited information on where and how often Medicare beneficiaries seek care for non-urgent conditions when a physician office visit is not available. Emergency departments are often an alternative site of care, and urgent care centers have now also emerged to fill this need. The purpose of the study was to characterize the site of care for Medicare beneficiaries with non-urgent conditions; the relationship between physician office, urgent care center, and emergency department utilization; and specifically the role of urgent care centers.

**METHODS:** The study is a retrospective, cross-sectional study of fee-for-service Medicare beneficiaries for fiscal year 2012. The main outcome was rate and geographic variation of urgent care center, emergency department, or physician office utilization.

**RESULTS:** Care for non-urgent conditions most commonly occurred in physician offices (65.0 per 100 beneficiaries). In contrast, urgent care centers (6.0 per 100 beneficiaries) were a more common site of care than emergency departments (1.0 per 100 beneficiaries). Overall, 83% of non-urgent visits were physician offices, 14% urgent care centers, and 3% emergency departments. There was regional variation in urgent care center, emergency department, and physician office utilization for non-urgent conditions. Areas of higher emergency department utilization correspond to areas of lower urgent care center and physician office utilization, whereas areas of higher urgent care center utilization had lower emergency department utilization.

**CONCLUSIONS:** Urgent care centers are an important site of care for Medicare beneficiaries for non-urgent conditions. There is regional variation in the use of urgent care centers, emergency departments, and physician offices, with areas of low urgent care center utilization having higher emergency department utilization. The utilization of urgent care centers for treatment for non-urgent conditions may decrease emergency department utilization.

Published by Elsevier Inc. • *The American Journal of Medicine* (2016) 129, 966-973

**KEYWORDS:** Emergency department; Medicare beneficiaries; Non-urgent care; Urgent care center

**Funding:** The data set forth was obtained from The Dartmouth Atlas, which is funded by the Robert Wood Johnson Foundation and The Dartmouth Clinical and Translational Science Institute, under award number UL1TR001086 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).

**Conflict of Interest:** None.

**Authorship:** All authors had access to the data and a role in writing the manuscript.

Requests for reprints should be addressed to Gregory S. Corwin, MPH, VA National Center for Patient Safety Field Office, 215 N. Main Street, White River Junction, VT 05009.

E-mail address: [greg.s.corwin@gmail.com](mailto:greg.s.corwin@gmail.com)

In the US health care system, gaps exist in the ability of individuals to access the primary care system in a timely and cost-effective manner, particularly for non-urgent conditions (ie, a condition that is not life-threatening or likely to result in hospitalization).<sup>1</sup> Often individuals either do not have a primary care physician or have trouble scheduling a timely appointment with a primary care physician.<sup>2</sup> As a result, many choose to seek care in emergency departments for non-urgent conditions not requiring emergency care.<sup>3</sup> However, the cost of providing care for non-urgent conditions in the emergency department is significantly higher

than the cost of providing care in other clinical settings.<sup>4,5</sup> If individuals with non-urgent conditions could be shifted to settings other than the emergency department, it is estimated \$4.4 billion in costs to the health care system could be saved.<sup>3</sup> Therefore, providing alternative care locations to emergency departments for individuals with non-urgent illnesses has both cost and quality of care implications.

Since 1980, and particularly over the last 15 years, urgent care centers have emerged to fill the need for non-urgent acute care.<sup>6</sup> Broadly defined, urgent care centers provide services in episodic ambulatory care on a walk-in basis, including off-hours availability.<sup>6,7</sup> There are now almost 9000 urgent care centers across the country.<sup>6</sup> Urgent care centers have more than 70 million patient care visits per year.<sup>6</sup> Urgent care centers have been shown to provide care for non-urgent conditions equivalent in quality to that provided in the emergency department, at a lower cost.<sup>5</sup> Urgent care center use has also been shown to decrease emergency department visits, decreasing the frequency of emergency department visits up to 48% in the 6 months following an initial urgent care center visit.<sup>8</sup>

Medicare beneficiaries account for at least 15% of total emergency department visits and utilize the emergency department at rates twice that of individuals with private insurance.<sup>4,9</sup> Medicare beneficiaries more often seek ambulatory medical care and thus could represent a population that would benefit from easier access to care and lower health care costs if non-urgent emergency department visits could be shifted.<sup>5,10</sup> However, it is not clear that emergency department visits by Medicare beneficiaries are as common for non-urgent conditions as for the general population.<sup>11</sup> In addition, although it has been demonstrated that Medicare beneficiaries have high emergency department utilization rates, no data are currently available regarding urgent care center utilization for Medicare beneficiaries.<sup>2,9,12</sup> The lack of urgent care center utilization data for Medicare beneficiaries represents a gap in our understanding of how Medicare beneficiaries meet their acute health care needs for non-urgent conditions. Therefore, it is important to understand where Medicare beneficiaries obtain care for non-urgent conditions, how they are currently utilizing urgent care centers, and the relationship of urgent care center utilization by Medicare beneficiaries to their overall use of the emergency department and physician office for non-urgent conditions. This information is important in understanding how urgent care centers may merge with other components of the health care system for Medicare beneficiaries. We examined the utilization of urgent care centers, emergency departments, and physician offices by Medicare beneficiaries with predefined non-urgent conditions.

### CLINICAL SIGNIFICANCE

- A physician's office (OV) is the most frequent site of care for Medicare beneficiaries for non-urgent conditions.
- Urgent care centers (UCCs) are utilized more frequently than emergency departments (EDs) as an alternative site of care to OV for non-urgent conditions.
- There is considerable geographic variation in the utilization of OV, UCC, and ED by Medicare beneficiaries for non-urgent conditions.
- The utilization of UCCs may decrease ED utilization for non-urgent conditions.

## METHODS

### Study Population

This was a retrospective, cross-sectional study of fee-for-service Medicare beneficiaries for fiscal year 2012. The specific target population for the analysis was Medicare beneficiaries who were treated for a prespecified non-urgent condition at an urgent care center, emergency department, or physician office during fiscal year 2012. The prespecified non-urgent conditions were adapted from conditions identified in the literature as non-urgent conditions commonly seen in the emergency department.<sup>3</sup> These included upper respiratory infections; musculoskeletal conditions, strains, back pain, arthritis, contusions; urinary tract infection; and bronchitis.<sup>3,10</sup> The prespecified conditions used were identified by principal diagnosis ICD-9 (International Classification of Diseases, Ninth Revision) codes (**Table 1**). Provision of care at an urgent care center, emergency department, or

physician office was identified using the Medicare place of service codes and Current Procedural Terminology codes (**Table 2**).

### Data Collection and Statistical Analysis

Data were extracted from Centers for Medicare & Medicaid Services data files for fiscal year 2012; part B Carrier RIF. The primary outcome was the rate of urgent care center, emergency department, or physician office visits per 100 Medicare beneficiaries. The overall rate for the entire fee-for-service Medicare population was determined. Rates were adjusted by age, sex, and race using a regression model. Additionally, the specific rates for Medicare beneficiaries were stratified by hospital referral regions. Secondary measures used to further characterize urgent care center utilization included ICD-9 diagnosis; gender; race; age <70 years; age 70-74 years; age 75-79 years; age 80-84

**Table 1** ICD-9 Codes for Non-Urgent Conditions

Diagnosis	ICD-9 Code
Urinary tract infection	599.0
Upper respiratory infections	460-461, 463-466
Bronchitis	490-491
Contusions	920-924
Sprains	840-844, 845.1, 848
Back	846, 847
Arthritis	710-719

ICD-9 = International Classification of Diseases, Ninth Revision.

Download English Version:

<https://daneshyari.com/en/article/2718286>

Download Persian Version:

<https://daneshyari.com/article/2718286>

[Daneshyari.com](https://daneshyari.com)