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[Letter]

Urgent Care Physicians Filling the Void

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Editor:

For the past several years, descriptions of emergency and acute care medicine in the United States have been punctuated with phrases like "serious emergency department overcrowding," "unraveling safety net," and "emergency medicine in crisis." The root causes are increased patient volume, increased complexity and level of illness, decreased emergency department capacity, ED closures, decreased hospital bed capacity, nursing shortages, EMTALA and other regulations, and decreased access to timely appointments with primary care providers.

Whatever the reasons, there has been a steadily increasing need for acute and emergency care services in this country. The problem is complex, and there is disagreement about the causative factors. It is reasonable to conclude that at least part of the crisis is due to patients seeking care in EDs who could be cared-for in a clinic setting. ("Retail Store Clinics: Threat to Emergency Care?" *EMN 2006;28*[6]:1.)

At the heart of the crisis is an imbalance between the supply and demand for acute and emergency care in the United States. On the demand side, it is unlikely that people will change their preferences for receiving prompt care for acute problems. Patients with anxiety-provoking or uncomfortable problems, even if they aren't emergencies, cannot and should not have to wait for appointments with their primary care physicians. With demand expected to increase, the balance must be restored from the supply side. There are two basic solutions: adding capacity and increasing efficiency. Adding beds to existing EDs has helped somewhat, but adding more beds or medical staff does not proportionally increase capacity because of ancillary service and infrastructure constraints. The system of EDs has effectively become maxed out.

A practice which would increase the efficiency of our health care system would redirect those who could be cared for in a different setting such as an urgent care facility. The result would improve quality of care for both groups: those who remain in the ED and those re-directed to the more appropriate urgent care setting. This strategy would provide cost advantages as well because the price of care in the ED is relatively higher on average compared with the same care in an urgent clinic setting.

Urgent care medicine is the evaluation and care of patients with acute illnesses and injuries but with non-emergent medical needs. It involves diagnosis primarily through history and physical exam, occasionally supplemented by simple office-based laboratory tests or x-rays. Patients who come to an urgent care center with more severe problems are stabilized and transferred directly to the ED. The broad scope of urgent care medicine is similar to family practice and emergency medicine, though there are important differences which characterize each specialty. Urgent care medicine differs from family practice due to its dedicated focus on the rapid diagnosis and treatment of acute medical conditions, and it differs from emergency medicine due to its focus on the non-life-threatening portion of the spectrum of acute illness and injury.

Urgent care medicine offers patients quality medical care, improved efficiency, lower cost, and more accessibility. Waiting times and overall treatment times are on average significantly less than that for comparable evaluation and treatment in the ED. Because there are no hospital facility charges and because urgent care medicine practitioners have expertise in evaluating and treating most common complaints, the cost of comparable care and treatment is lower in the clinic than in the ED. In many communities, urgent care clinics are filling the acute care void, giving patients an alternative to waiting for appointments with their physicians or using the emergency department.

Currently there are approximately 25,000 physicians practicing urgent care medicine, and there are more than 10,000 dedicated urgent care clinics in the U.S. As with other medical specialties, a standardization of the specialty must take place to ensure quality patient care. Founded in 1997, the American Academy of Urgent Care Medicine (www.urgentcaremedicine.org) is an organization dedicated to standardizing and advancing the practice of urgent care medicine. Through professional development, continuing medical education, and board certification through the American Board of Urgent Care Medicine, the goal is to ensure excellence among practitioners of urgent care medicine. The AAUCM is working with the American Medical Association, academic medical centers, and other groups to have the new specialty recognized and to develop residency training programs. The academy also developed a program to inspect urgent care centers for criteria that reflect quality patient care. The ultimate goal is to improve the quality of urgent care medicine so that patients and other physicians can rely on the safety net that urgent care medicine provides.

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