

## **Consumerism, costs lend urgency to trend**

Hospitals turn to urgent care to ease ER congestion, expense  
Rob Roberts - Staff Writer

More people are demanding health care, like their fast food, right now.

That trend and ER costs tied to a growing uninsured population are driving a proliferation of urgent-care centers.

Despite the sense of emergency invoked by its name, urgent care is designed for episodic conditions less severe than those requiring immediate care in a hospital emergency room.

But urgent-care centers, such as the one Truman Medical Center plans to open next month, offer something most ERs and doctor's offices can't: quick in-and-out times on demand.

"At an urgent-care center, you can walk in, get your lab work done, your X-rays done. It's quick, one-stop shopping, which is perfectly American and what people want in their health care," said Dr. Robert Schwab, chairman of the department of emergency medicine at TMC-Hospital Hill.

In addition to being patient-friendly, Schwab said, urgent-care centers are being deployed to relieve hospitals' bottom lines and emergency staffs.

Unable to access primary care and knowing that federal law discourages turning them away, uninsured patients long have gone straight to the ER with non-life-threatening problems.

Largely in response to that, Schwab said, TMC is hiring one physician and three nurse practitioners for the new urgent-care center at Hospital Hill.

Once the center is staffed, he said, an ER triage nurse will determine where all incoming patients should go. The busiest trauma center in the city, the TMC-Hospital Hill emergency department last year logged 54,867 patient visits, including 40,000 that could have been diverted to urgent care.

Schwab could not say how much money urgent care will save the department. But consider this: ER patient visits average about 3.2 hours, about triple that of an urgent-care visit, and compensation for urgent-care practitioners is about half that for an ER physician.

Dr. Dennis Allin, director of the emergency department at The University of Kansas Hospital, said it's not just the uninsured who are driving up ER costs and, thus, demand for urgent care.

"More than that, I think we're seeing a lack of access to primary-care providers, even if you have insurance," Allin said. "As a requirement for productivity, a lot of doctors are loading up their schedules and not leaving a lot of spots for walk-ins."

KU Hospital opened its urgent-care center two years ago, after its number of annual ER patients swelled from 27,000 to 40,000 because of the closings of nearby Bethany Medical Center and Trinity Lutheran Hospital.

To deal with the surge, Allin said the emergency department added a small staff of nurse practitioners and physician's assistants who treat about 25 percent -- or 10,000 -- of patients. Waits, even for

nonemergency care, rarely exceed an hour, and patients almost never leave without receiving care.

Although hospital urgent-care centers are finding positive results, there is still demand for private urgent-care centers, said Frank Blanco, a spokesman for Florida-based ER Urgent Care Centers.

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Guided by one of its investors, Kansas Citian Robert Dible, the company will begin opening several urgent-care centers in the Kansas City area in the fall.

"We don't provide uncompensated care," Dible said. "But our rates make us affordable to almost everybody. We charge \$150 for stitches, and we'll have you in and out within the hour, whereas in an ER, you're looking at \$1,200 to \$1,500 and maybe a six- to eight-hour wait."

Dr. David Stern, communications director for the Urgent Care Association of America, said the number of U.S. urgent-care centers has grown to about 15,000 since their inception 20 years ago and should continue to increase by several hundred a year.

About 70 percent of all urgent-care centers are private, he said, and most of the rest are hospital-owned centers in emergency departments and satellite sites, such as KU MedWest in Shawnee and Shawnee Mission Medical Center's urgent-care facility at Oak Park Mall.

But Stern also sees a niche for more urgent-care facilities similar to PromptCare, which opened recently at Swope Health Central, a federally qualified health center (FQHC) at 3801 Blue Parkway in Kansas City.

Dr. Otis Latimer, medical director for Swope Health Services, said one reason PromptCare was started was to keep patients without appointments from clogging up the center's adult medicine, pediatric and other departments.

In addition, offering quick care for walk-in patients experiencing episodic but nonemergent problems, he said, has allowed the health center to increase its total "patient encounters" -- a prerequisite to increased federal financing.

FQHCs receive as much reimbursement for uninsured patients as for insured patients, which has created a potential win-win situation for Swope Health Services and local hospitals that do not yet provide urgent care.

Latimer said Swope Health Services was in discussions with some local hospitals, which want Swope to open PromptCare centers near them.

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