

Physicians set principles for fast-growing urgent-care sector

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Driven by the public's desire for prompt and convenient care, urgent care centers (UCCs) are proliferating, but their role in the U.S. health system is not clearly defined. Establishing a set of guiding operating principles could guard against UCCs potential to increase costs and exacerbate care fragmentation, according to an AMA Council on Medical Service report adopted at the June 2021 AMA Special Meeting.

"The design and use of UCCs, just like retail clinics, should serve as a complement to, rather than a substitute for, the primary care physician or usual source of care," says the report.

To ensure that urgent care centers play a role in meeting the goals of high-quality, efficient care, the AMA House of Delegates adopted policy calling on entities that establish or operate UCCs to follow the principles outlined below.

Urgent care centers must:

- Help patients who do not have a primary care physician or usual source of care to identify one in the community.
- Transfer a patient's medical records to his or her primary care physician and to other health care providers, with the patient's consent, including offering transfer in an electronic format if the receiving physician is capable of receiving it.
- Produce patient visit summaries that are transferred to the appropriate physicians and other health care providers in a meaningful format that prominently highlight salient patient information.

UCCs also should:

- Work with primary care physicians and medical homes to support continuity of care and ensure provisions for appropriate follow-up care are made.
- Use local physicians as medical directors or supervisors and they should be clearly

identified and posted.

- | Have a well-defined scope of clinical services, communicate the scope of services to the patient prior to evaluation, provide a list of services provided by the center, provide the qualifications of the on-site health care providers prior to services being rendered, describe the degree of physician supervision of any non-physician practitioners, and include in any marketing materials the qualifications of the on-site health care providers.

Be prohibited from using the word “emergency” or “ED” in their name, any of their advertisements, or to describe the type of care provided.

Delegates also adopted policy to:

- | Work with interested stakeholders to improve attribution methods such that a physician is not attributed to spending for services that a patient receives at an UCC if the physician could not reasonably control or influence that spending.
- | Support patient education including notifying patients if their physicians are providing extended hours care, including weekends, informing patients what to do in urgent situations when their physician may be unavailable, informing patients of the differences between a UCC and an emergency department, and asking for their patients to notify their physician or usual source of care before seeking UCC services, and encourage patients to familiarize themselves with their anticipated out-of-pocket financial responsibility for UCC services.

Read about the other highlights from the June 2021 AMA Special Meeting.