

New York State Department of Health
Public Health and Health Planning Meeting
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Introduction: The Urgent Care Model

- * Serve ambulatory patients with acute illness or minor traumas that are not life-threatening or permanently disabling.
- * Outpatient facilities that primarily run on an unscheduled walk-in basis, serving patients as needed.
- * Typically open during normal business hours plus early and late weekday hours, weekend hours, and are often open on holidays.
- * No expectation of an ongoing physician-patient relationship.

Introduction: The Urgent Care Model

Urgent Care Centers / Clinics

- * Operate as licensed Diagnostic & Treatment Centers or as hospital extension clinics.
- * Subject to licensure and Certificate of Need process.

Urgent Care Practices

- * Operate as private physician practices.
- * Some primary care practices may have an urgent care component, with designated hours for walk-in acute care.
- * Not subject to licensure and Certificate of Need process.

Urgent Care Model: Potential Issues

- * Risks to Quality of Care and Patient Safety
- * Undermining Continuity of Care
- * Destabilizing Safety Net Providers
- * Threatening Low-Income/Medicaid Access to Care
- * Creating Health Care Spending Waste
- * Consumer Confusion/Misperception
- * Lack of Data

Urgent Care Model: Potential Options

- * Define Urgent Care Providers
- * Require Certificate of Need (CON)
- * Require Licensure (Operational Oversight)
- * Require Registration for Urgent Care Providers
- * Require Accreditation for Urgent Care Providers

Urgent Care Model: Potential Options (cont.)

- * Require Primary Care Referral Protocol
- * Require Transfer Protocol for Emergency Cases
- * Create Naming Guidelines for Urgent Care Providers
- * Develop Service Posting/Consumer Protection Requirements
- * Establish Updated Medicaid Reimbursement Model for Urgent Care Providers

