

Communication with Primary Care Providers after Patient Encounters at an Urgent Care Center

Overview

Urgent Care Centers (UCCs) play an important role in the continuum of care.¹ UCCs are a convenient option to receive immediate treatment for an acute illness and non-emergent injury when a patient's primary care provider (PCP) is unavailable.² They can also serve as the continuation of primary care or a first step in a patient's journey through referrals to specialists (provider).³

Key UCC Characteristics

- Extended hours⁴
- On-demand and unscheduled care
- Affordability, compared to a hospital emergency room⁵
- Wide offering of services (e.g., treatment of wounds, fractures, asthma attacks, and mild concussions)⁶
- Most have X-ray and lab testing (e.g., urinalysis, pregnancy test, rapid strep assay) capabilities
- Some have pharmacies located on-site⁷

Communication

Communication about patient encounters between care settings is critical to improving quality of care and patient health outcomes.⁸ Sometimes, a patient's UCC visit for one concern (e.g., cut on the hand) can uncover an unrelated issue (e.g., high blood pressure) that requires follow-up. Alerting providers involved in the patient's care of a UCC encounter can improve patient satisfaction and ensure appropriate continuation of care, particularly for those with chronic conditions.⁹ More than half of adults (65 percent) assume their PCP is automatically notified about their UCC visit.¹⁰



¹ Healthcare Emergency Preparedness Information Gateway, *Medical Surge and the Role of Urgent Care Centers*, March 2018. Available at: files.asprtracie.hhs.gov/documents/aspr-tracie-medical-surge-and-the-role-of-urgent-care-centers.pdf.

² American Academy of Urgent Care Medicine, *Consumer Reports on Health: How Good is 'Quick Care'?* August 2014. Available at: aacum.org/media/documents/Consumer%20Reports%20OnHealth.pdf.

³ See n. 1, *Supra*.

⁴ About 85 percent of UCCs are open seven days a week; 95 percent close after 7 pm. More information is available at: www.beckershospitalreview.com/lists/25-things-to-know-about-urgent-care.html.

⁵ American Academy of Urgent Care Medicine, *What is Urgent Care Medicine?* Available at: aacum.org/what-is-urgent-care-medicine/.

⁶ Healthgrades, *9 Common Conditions That Can Be Treated at an Urgent Care*, October 2020. Available at: www.healthgrades.com/right-care/urgent-care/9-common-conditions-that-can-be-treated-at-urgent-care.

⁷ Ashton, Leigh Miranda MA, BSN, RN Urgent care, Nursing: July 2017 - Volume 47 - Issue 7 - p 21-24. Available at: journals.lww.com/nursing/Fulltext/2017/07000/Urgent_care_A_growing_healthcare_landscape.8.aspx.

⁸ Patient Safety and Quality Healthcare, *Communication: A Critical Healthcare Competency*, November 2017. Available at: www.psqh.com/analysis/communication-critical-healthcare-competency/.

⁹ Patient Engagement HIT, *Continuity of Care Left Wanting in Retail Health Clinic Access*, August 2019. Available at: patientengagementhit.com/news/continuity-of-care-left-wanting-in-retail-health-clinic-access.

¹⁰ Shamji H, Baier RR, Gravenstein S, Gardner RL. Improving the Quality of Care and Communication During Patient Transitions: Best Practices for Urgent Care Centers. *Jt Comm J Qual Patient Saf.* 2014 Jul; 40(7):319-24. Available at: pubmed.ncbi.nlm.nih.gov/25130015/.

About half of UCCs operating in Maryland¹¹ rely on fax, secure email, or paper discharge summaries to share information with patients' providers. The remaining UCCs use their EHR (41%) or the Encounter Notification Service (ENS)¹² (12%) available through the State-Designated Health Information Exchange (CRISP).¹³ This communication may not occur if provider contact information is missing or invalid in the UCC's EHR system.¹⁴ In some instances, communication about a UCC patient visit is only shared with a provider when requested by the patient; some UCCs instruct patients to follow up with their provider in the discharge summary. Nationally, about a third of adults follow-up with their provider after a UCC visit when advised to in the discharge instructions.¹⁵



Tips for UCCs to Improve Communication with PCPs

- Request or confirm every patient's provider contact information as part of the intake process.
- Instruct patients to follow up with their provider the next business day as part of the discharge process; instructions should be provided to patients in writing.
- Confirm patients' understanding of the provider follow up instructions.
- Ensure there is an established, documented policy and procedure to send discharge summaries to providers post discharge.¹⁶ At a minimum, conduct a quarterly review of the policy and reinforce the policy during staff meetings.
- Send notifications and discharge summaries to providers via the following methods: (1) CRISP ENS, (2) the UCC's EHR system, or (3) auto-fax.

More Information

For more information on the Maryland UCC landscape, visit:

mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_ICC_Health_IT_Summary_20201007.pdf

¹¹ Based on an environmental scan (scan) by MHCC that is generally representative of the Maryland UCC landscape. The scan was not inclusive of all UCCs operating in the State. Certain UCCs were excluded, such as hospital owned UCCs that integrate with CRISP.

¹² CRISP, *Encounter Notification Services*. Available at: www.crisphealth.org/applications/encounter-notification-services-ens/.

¹³ Maryland Health Care Commission, *Insights Brief: Urgent Care – Information Sharing with Primary Care Providers*, March 2021. Available at: mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_ICC_Health_IT_Summary_20201007.pdf.

¹⁴ The Journal of Urgent Care Medicine, *Quality Improvement Report: Improving Telephone Follow-Up in an Urgent Care Setting*. Available at: www.jucm.com/quality-improvement-report-improving-telephone-follow-urgent-care-setting/.

¹⁵ See n. 9, *Supra*.

¹⁶ See n. 10, *Supra*.