

Spotlight: Urgent Care Centers

*Current Landscape and Use of Health
Information Technology to Support Care Delivery*

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INTRODUCTION

Digitization of health care provides opportunities for improving quality, increasing efficiencies, enhancing patient safety, and achieving equitable health for all.¹ Use of health information technology (health IT) plays a prominent role in managing patient care, including the way care teams collaborate across the continuum; it also helps monitor and address consumers' health and wellness needs within and outside of clinical settings. Key elements of health IT include electronic health records (EHRs), health information exchange (HIE), and telehealth. Urgent care centers (UCCs) leverage health IT to support the delivery of on-demand care in ways that meet the needs of patients and communities. The Maryland Health Care Commission (MHCC) conducted an environmental scan of UCCs. A Health IT Questionnaire (questionnaire) was distributed to 27 UCCs with more than one location in Maryland (multi-site UCCs) accounting for about 223 sites combined statewide. UCCs that are owned by or collaborate with a health system with at least one acute care hospital in the State were included.² A total of 20 UCCs (74 percent) representing 198 sites (89 percent) in Maryland completed the questionnaire (see Appendix A), which inquired about UCC operations and use of EHRs, HIE, and telehealth.

This spotlight highlights the UCC landscape and notable observations from an analysis of UCCs responses to the questionnaire. Information is categorized by ownership structure: *health system* includes UCCs solely owned by a health system that operates one or more acute care hospitals in Maryland; *collaboration with health system* includes UCCs that are a joint venture or partially owned by a health system that operates one or more acute care hospitals in Maryland; and *independent* includes UCCs not fully or partially owned by a health system (e.g., corporate, private equity, physician owned) (Table 1). One major retail clinic with about 36 sites in Maryland (i.e., MinuteClinic in CVS and Target stores) was included and is grouped with independents unless otherwise noted.³ Adaptability and accessibility are key characteristics of UCCs. Patient volume can fluctuate at different times during the year (e.g., cold and flu season) (see Table 2 for patient volume at Maryland UCCs in a twelve-month period).

Table 1: Urgent Care Centers – Maryland Number of Sites by Ownership Type <i>June 2023</i>			
Health System n=8	Collaboration with Health System n=4	Independent n=8	Total N=20
#	#	#	#
78	41	79	198
The 79 independent sites include 36 MinuteClinics in Target and CVS stores. See Appendix A for information on UCCs operating in Maryland and other states.			

Table 2: Urgent Care Centers – Maryland Patient Volume by Unique Patient Counts and Ownership Type <i>July 1, 2022 – June 30, 2023</i>			
Health System n=8	Collaboration with Health System n=4	Independent n=8	Total N=20
#	#	#	#
966,550	874,161	496,330	2,337,041
Unique patient counts represent individual patients seen in a 12-month period. Patient volume for independents includes 151,500 patients for MinuteClinics.			

The number of UCC sites in Maryland that are fully owned by a health system⁴ has increased threefold (26 sites in 2020 to 78 sites in 2023) and now accounts for 35 percent⁵ of UCC sites statewide.⁶ Some health systems have acquired independent UCCs since 2020 and more than doubled their UCC sites. The University of Maryland Medical System (UMMS) has about 10 sites after fully acquiring nine ChoiceOne sites in 2020.⁷ That same year, MedStar Health expanded from roughly 11 to 30 sites after acquiring Righttime Medical Care, a local UCC that had been operating in the State for over 30 years.⁸ LifeBridge fully acquired 28 ExpressCare sites in 2022, which include two sites within walking distance of Sinai and Northwest hospitals.^{9,10} Other health systems have expanded their UCC sites and changed ownership structure over the last three years (see Appendix B).¹¹

NATIONAL LANDSCAPE

More than a decade ago, UCCs had largely been a physician group strategy with nearly half (54 percent) being physician-owned in 2008.¹² Since then, physician ownership has decreased to 27 percent (as of 2022) with more investor ownership, including hospitals/health systems that increasingly integrate urgent care into their objectives for delivering cost-effective and accessible care.¹³ Growth of UCCs with hospital/health system ownership has increased from 25 percent to 53 percent (2008-2022).¹⁴ Hospitals/health systems collaborate with or acquire UCCs to enable an alternative to hospital emergency department (ED) visits, improve patient satisfaction, and refer patients to specialty care.¹⁵

Use of the ED for conditions that can be treated in other settings (e.g., sprains, urinary tract infections, upper respiratory symptoms) strains capacity and increases costs.¹⁶ Studies suggest that access to a UCC within a zip code can reduce hospital ED visits by roughly 17 percent.¹⁷

As a growing segment of the health care delivery system, health care consumers' use of UCCs surged by approximately 70 percent between 2017 to 2022.¹⁸ During that same period, the number of UCCs saw a marked increase by almost 5,000 locations (from 9,553 in 2017 to 14,075 in 2022).¹⁹ Growth is attributed to changes in consumer preferences (e.g., convenience) and strategic interest among health systems and payers to treat non-emergent conditions outside of a hospital ED, which is about ten times more expensive than the cost of a UCC visit.^{20,21} Use of UCCs continued to increase during the COVID-19 Public Health Emergency (PHE)²² from 35 percent (89 million adults) in 2020 to 37 percent (96 million adults) in 2022 in part due to greater demand for tests and treatments.²³

Walk-in appointments and extended hours are key attributes of UCCs making access almost ubiquitous in most metropolitan areas. Nearly 78 percent of the U.S. population lives within proximity to a UCC (about a ten-minute drive).²⁴ In general, UCCs treat a range of non-life-threatening illnesses and injuries,²⁵ including minor burns, scrapes, insect bites, lacerations, allergic reactions, upper respiratory infections, ear infections, and strep throat. On-site diagnostics, such as imaging and laboratory tests, are common. Some UCCs offer preventative care, such as physical examinations and vaccinations; others offer occupational health, school-based health, and behavioral health services.²⁶ UCCs are primarily staffed by advance practice providers (i.e., nurse practitioners and physician assistants); others have physicians trained in specialties like emergency medicine and family practice.²⁷

A Closer Look at Urgent Care

UCCs generally serve as the middle ground between a primary care provider and the hospital ED. Various ambulatory care settings, including, but not limited to, primary care practices and retail clinics, offer urgent care services. For this reason, the number of UCCs nationally varies due to definitions that differ among payers, providers, trade organizations, and state regulations. For purposes of this spotlight, UCC refers to a facility dedicated to the delivery of unscheduled, walk-in care and excludes hospitals and freestanding EDs or traditional primary care practices that may offer extended hours.

UCC growth (70 percent) is outpaced by retail clinics²⁸ (200 percent),²⁹ a segment of the health care delivery system that became a key part of the federal government's COVID-19 vaccination strategy.³⁰ Unlike UCCs that operate as their own location, retail clinics are located inside pharmacies, grocery stores, big box stores, and other retail settings. About 30 percent of consumers (80 million adults) received care at a retail clinic in 2022, up from 24 percent (62 million adults) in 2021.³¹ Adults under the age of 43 are more likely to seek care in a UCC or retail clinic setting compared to other age groups.^{32, 33}

NOTABLE OBSERVATIONS

EHR Vendor Distribution is Greater Among Independents

Maryland UCCs have implemented ten different EHR solutions with two vendors being most common among half of UCCs (Experity, 30 percent and Epic, 20 percent). Nearly all independents use a different EHR vendor (Table 3). Vendor selection is driven by a range of needs, such as 24-hour technical support when in-house IT staff is limited or the ability to share information with affiliated hospitals and ambulatory care clinics.³⁴ Experity is designed for UCC-specific needs and is used by roughly 50 percent of UCCs nationally.³⁵ UCCs in Maryland using Experity are mostly owned by³⁶ or collaborate with health systems that have recently partnered with or acquired an independent UCC that was already using the solution. Ambulatory and inpatient EHRs are used most by health system-owned UCCs that operate acute care hospitals using the same vendor;³⁷ this includes Epic,³⁸ Oracle/Cerner, Altera (formerly Allscripts), and Meditech (Table 3). These vendors are capable of exchanging data with other EHR users of the same or different platform.

EHR Vendor	Health System n=8		Collaboration with Health System n=4		Independent n=8		Total N=20	
	#	%	#	%	#	%	#	%
Altera	1	13	0	0	1	13	2	10
athenahealth	0	0	0	0	2	25	2	10
eClinicalWorks	0	0	0	0	1	13	1	5
Epic	3	38	0	0	1	13	4	20
Experity	2	25	3	75	1	13	6	30
InSync	0	0	0	0	1	13	1	5
MEDITECH	1	13	0	0	0	0	1	5
Oracle Cerner	1	13	0	0	0	0	1	5
PAS (Proprietary)	0	0	1	25	0	0	1	5
Practice Fusion	0	0	0	0	1	13	1	5

Note: All Maryland multi-site UCCs are using Certified EHR Technology (or CEHRT), which has met criteria established by the Office of the National Coordinator for Health Information Technology. CEHRT demonstrates an EHR system is secure, maintains data confidentially, and can work with other systems to share information.

Increasing Electronic Exchange of Patient Data

Communication between providers across the care continuum is essential as the health care industry transitions to value-based care.³⁹ Delivery of episodic care in UCCs requires timely access to a patient's health information and the ability to communicate information about the encounter back to other providers that are part of a patient's care team.⁴⁰ About 30 percent of all multi-site UCCs operating in the State use the Encounter Notification Service (ENS) available through the State-Designated Health Information Exchange (CRISP). ENS provides information on recent hospital encounters, including

event type (i.e., admit, discharge, transfer) and other information, such as prior admissions.⁴¹ Use of ENS is highest among UCCs that collaborate with a health system (50 percent) followed by health system-owned UCCs (38 percent) and independents (20 percent). ENS alerts are generated based on a list of patients who have received care at a UCC (typically within the last 12 months); UCCs submission of patient panels generally ranges from weekly to every 90 days. UCCs rely on their EHR system to send electronic faxes and direct messages regarding a patient’s UCC encounter with their primary care provider.

Tele-Urgent Care Options Support Access to Care

Consumers' growing expectation for health care extends beyond the walls of a UCC with options to receive services virtually. Use of virtual care for patient-to-provider interactions supports the time-sensitive nature of services, especially in rural areas where issues of access to care are more prevalent.⁴² Telehealth was a pivotal tool to ensure access to care during the COVID-19 PHE, particularly for behavioral health treatment. Today, demand for telehealth has declined, but its use remains elevated above pre-pandemic levels largely due to expanded coverage among government and private payers.⁴³ As of 2022, about 94 percent of UCCs nationally provided telehealth services, a significant increase from less than two percent of UCCs that offered telehealth prior to 2020.^{44, 45} Locally, nearly all independent UCCs offer telehealth (88 percent). Telehealth use is slightly lower among UCCs that are owned by (63 percent) or collaborate with (75 percent) a health system (Table 4).⁴⁶ Health systems are considering telehealth implementation strategies in ways that benefit their patient population most. Some UCCs located in more rural areas of the State note that a lack of high-speed, broadband internet is an issue for some patients.⁴⁷

Table 4: Urgent Care Centers – Maryland Use of Telehealth by Ownership Type							
Health System n=8		Collaboration with Health System n=4		Independent n=8		Total N=20	
#	%	#	%	#	%	#	%
5	63	3	75	7	88	15	75

In general telehealth represents a small proportion of services delivered across the health care ecosystem (as a percentage of total claims). As of June 2023, telehealth accounted for about five percent of claims nationally and six percent of claims in Maryland.⁴⁸ Current Procedural Terminology (CPT)[®] codes⁴⁹ 99213,⁵⁰ 99203,⁵¹ and 99214⁵² are the top three procedures at UCCs nationally.⁵³ Medical decision making for these procedures tends to be less complex. In Maryland, telehealth claims with these three CPT codes account for less than two percent of total claims billed by UCCs (Table 5).

**Table 5: Urgent Care Centers – Maryland
Telehealth Claims – Count and Percentage of Total Claims for Select CPT Codes
by Ownership Type
July 1, 2022 – June 30, 2023**

Ownership Type (# UCCs)	99213 Established patient Low* 20-29 min	99203 New patient Low* 30-44 min	99214 Established patient Moderate* 30-39 min
# of Telehealth Claims	45,773	17,356	7,945
Health System (5)	11,713	7,574	5,588
Collaboration w/ Health System (3)	18,736	5,510	0
Independent (3)	15,324	4,272	2,357
% of Total Claims (includes in-person visits)	1.78%	0.67%	0.01%
Counts and percentages are based on paid claims data reported by 11 UCCs in Maryland. Total claims volume was 2,571,550.			
*Indicates level of medical decision making based needed (straightforward, low, moderate, and high) based on complexity of the problem and a patient's risk for complications. More information is available at: www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf .			

Addressing Community Needs Beyond Physical Health

Health Related Social Needs

Population health strategies are increasingly focused on non-medical factors that impact access to care and health outcomes, particularly among underserved and marginalized populations.⁵⁴ EHRs are used to record information on patients' health-related social needs (HRSNs); HRSNs include employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities.⁵⁵ Understanding HRSNs that affect patient health and well-being informs diagnoses and treatment plans. In general, approaches to integrate medical and social needs data are evolving; use of certain data depends on the setting and related workflows.⁵⁶

Around half of UCCs in Maryland screen for HRSNs, all of which use electronic screening tools.⁵⁷ Most UCCs owned by a health system screen all patients; independents tend to screen select patients (Table 6). Targeted screening can be based on certain triggers like visual observations, insurance status, or specific health conditions.⁵⁸ The role of hospitals/health systems as anchor institutions within communities are bringing UCCs into enterprise-wide initiatives (e.g., referring patients that frequently use the ED to available resources within their community).^{59, 60} These initiatives aim to address conditions that can have a significant impact on community health and wellness.⁶¹ Screening for HRSNs is beneficial for nearly a third of Americans that lack access to a usual source of primary care.⁶² In Maryland, about 9.4 percent of adults report not having a personal health care provider; Hispanic adults surpass this percentage more than threefold (36.5 percent).⁶³

Table 6: Urgent Care Centers – Maryland Health Related Social Needs Screening by Ownership Type								
Screening Approach	Health System n=8		Collaboration with Health System n=4		Independent n=8		Total N=20	
	#	%	#	%	#	%	#	%
Select Patients	1	13	1	25	3	38	5	25
All Patients	3	38	1	25	1	13	5	25
Total	4	50	2	50	4	50	10	50

Behavioral Health

Many UCCs are broadening their scope of services to include preventive measures and interventions aimed at addressing behavioral health conditions.⁶⁴ The flexibility of telehealth helps address disparities in access to care, especially in underserved areas.⁶⁵ Notably, about half of the U.S. population and 30 percent of Maryland’s population live in areas experiencing a shortage of behavioral health professionals.^{66, 67} Behavioral health conditions, which may include mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms, are the reason one in eight adults visit a hospital ED.⁶⁸ UCCs provide an alternative to patients who may otherwise seek treatment for behavioral health conditions in the ED and can help stabilize patients or prevent avoidable inpatient behavioral health stays based on acuity level.⁶⁹

In Maryland, availability of behavioral health services varies by ownership type. Independent UCCs, nearly all of which offer telehealth, provide behavioral health services more than other ownership types, with more than half (63 percent) conducting risk assessments (e.g., screening for depression/suicidality) to identify and guide intervention and treatment (Table 7).^{70, 71} A large share of UCCs (80 percent) refer patients to additional resources, which is higher among UCCs owned by a health system (88 percent) that has existing resources, programs, and relationships to identify patient needs and develop care/safety plans. Referrals to community providers for specialized care or ongoing support services include counseling and patient education and are integral to helping patients manage behavioral health conditions through coping strategies and other available resources.⁷² Behavioral health urgent care clinics dedicated to delivering walk-in care for non-emergent conditions are becoming more prevalent;⁷³ Sheppard Pratt, Luminus, Meritus, TidalHealth, and UMMS operate these types of clinics in Maryland.⁷⁴

**Table 7. Urgent Care Centers – Maryland
Behavioral Health Services by Ownership Type**

Service	Health System n=8		Collaboration with Health System n=4		Independent n=8		Total N=20	
	#	%	#	%	#	%	#	%
Behavioral health crisis/risk assessment	3	38	1	25	5	63	9	45
Initiation of medication for mild to moderate behavioral health symptoms	0	0	1	25	3	38	4	20
Behavioral health clinical evaluation	0	0	0	0	2	25	2	10
Referral to behavioral health services	7	88	3	75	6	75	16	80

CONCLUSION

UCCs are a growing component of the care continuum. The nimble and evolving model of UCCs positions them to address the needs of patients and communities, helping to bridge gaps between traditional primary care and the hospital ED. Use of health IT is essential to improve efficiency, accuracy, care coordination, patient engagement, and data-driven decision-making in ways that advance health equity.

APPENDIX A

Multi-Site Urgent Care Centers Operating in Maryland				
Note: 20 out of 27 UCCs responded to MHCC's questionnaire; number of sites in the nation includes Maryland counts As of July 2023				
Count	UCC Name	Ownership Type	# sites Maryland	# sites Nation
1	Atlantic ImmediCare	Health System	1	1
2	Frederick Health	Health System	4	4
3	ExpressCare (LifeBridge Health)	Health System	28	28
4	MedStar Health	Health System	30	33
5	Meritus Health	Health System	1	1
6	University of Maryland Urgent Care	Health System	10	10
7	UPMC Western Maryland	Health System	3	3
8	WVU Medicine	Health System	1	10
9	ChristianaCare/GoHealth	Collaboration w/ Health System	2	12
10	Patient First	Collaboration w/ Health System	24	77
11	Patriot Urgent Care	Collaboration w/ Health System	9	9
12	Your Doc's In	Collaboration w/ Health System	6	6
13	All Day Medical	Independent	5	5
14	AllCare	Independent	8	30
15	Concentra	Independent	12	538
16	CVS	Independent	36	1126
17	Express Healthcare	Independent	3	3
18	MD Immediate Care	Independent	4	4
19	Medical Access (TruHealth Now)	Independent	1	3
20	PM Pediatrics	Independent	10	78
Non-Responders				
21	FirstCall	Independent	4	
22	Fast Track	Independent	2	
23	MedExpress	Independent	5	
24	Priority Care	Independent	4	
25	Quality First	Independent	2	
26	U.N.I.	Independent	6	
27	WiseCare	Independent	2	
Total Maryland Sites			223	
UCC ownership types: <ul style="list-style-type: none"> Health system includes UCCs solely owned by a health system that operates one or more acute care hospitals in Maryland Collaboration with health system includes UCCs that are a joint venture or partially owned by a health system that operates one or more acute care hospitals in Maryland Independent includes UCCs not fully or partially owned by a health system (e.g., corporate, private equity, physician owned); includes CVS MinuteClinic 				



APPENDIX B

Maryland Urgent Care Centers – Growth Health System <i>Changes in number of sites and ownership structure</i>			
Count	Health System Name	2020 # Maryland Sites <i>Ownership Structure</i>	2023 # Maryland Sites <i>Ownership Structure</i>
1	Adventist HealthCare	4 <i>Solely-Owned</i>	4 <i>Collaboration w/Patriot Urgent Care</i>
2	Atlantic General Hospital	2 <i>Solely-Owned</i>	1 <i>Solely-Owned</i>
3	CalvertHealth	0	3 <i>Collaboration w/Patriot Urgent Care</i>
4	ChristianaCare	2 <i>Solely-Owned</i>	3 <i>Collaboration w/GoHealth</i>
5	Frederick Health	2 <i>Solely-Owned</i>	4 <i>Solely-Owned</i>
6	LifeBridge Health	0	28 <i>Solely-Owned (ExpressCare)</i>
7	MedStar Health	11 <i>Solely-Owned</i>	30 <i>Solely-Owned</i>
8	Meritus Health	1 <i>Solely-Owned</i>	1 <i>Solely-Owned</i>
9	University of Maryland Medical System	2 <i>Solely-Owned</i>	10 <i>Solely-Owned</i>
10	TidalHealth	0	6 <i>Collaboration w/Your Doc's In</i>
11	UMPC Western Maryland	3 <i>Solely-Owned</i>	3 <i>Solely-Owned</i>
12	WVU Medicine	2 <i>Solely-Owned</i>	2 <i>Solely-Owned</i>
Totals		29	95
Growth Rate		49%	



ENDNOTES

¹ Abernethy A, Adams L, Barrett M, Bechtel C, Brennan P, Butte A, Faulkner J, Fontaine E, Friedhoff S, Halamka J, Howell M, Johnson K, Long P, McGraw D, Miller R, Lee P, Perlin J, Rucker D, Sandy L, Savage L, Stump L, Tang P, Topol E, Tuckson R, Valdes K. *The Promise of Digital Health: Then, Now, and the Future*. NAM Perspect. 2022 Jun 27; 2022:10.31478/202206e. doi: [10.31478/202206e](https://doi.org/10.31478/202206e). PMID: 36177208; PMCID: [PMC9499383](https://pubmed.ncbi.nlm.nih.gov/PMC9499383/).

² The questionnaire was distributed during July through August 2023.

³ CVS MinuteClinic owns 63 percent of retail clinics in the nation and is the only major retailer operating clinics in Maryland. Other major retailers operating clinics in the U.S. (but not currently in Maryland) include Kroger (Little Clinic) - 12 percent; Walgreens (Village Medical) - 8 percent; Advocate Health Care -3 percent; Kaiser Permanente of Southern California (joint venture with Target); Walmart – 2 percent. The southeast and Midwest regions of the U.S. have the highest concentration of retail clinics, accounting for 62 percent of retail clinics nationwide. More information is available at:

www.definitivehc.com/sites/default/files/resources/pdfs/Retailers-in-healthcare_A-catalyst-for-provider-evolution.pdf

⁴ Some UCCs collaborate with multiple health systems within the State (e.g., Patriot Urgent Care has locations affiliated with CalvertHealth and Adventist) and nationwide (e.g., Go-Health is affiliated with ChristianaCare, Mercy, Dignity, Hartford HealthCare, Northwell, Henry Ford, Legacy, Novant, INOVA, and Memorial Hermann).

⁵ Percent calculated based on total multi-site UCC sites in the State (223) which includes nonresponders (see appendix A).

⁶ Journal of Urgent Care Medicine, *Urgent Care's Top Hospital-Affiliated Urgent Care Operators — By Number of Locations*, July 2023. Available at: www.jucm.com/urgent-cares-top-hospital-affiliated-urgent-care-operators-by-number-of-locations/

⁷ UMMS had been operating under a joint venture agreement at the ChoiceOne sites since 2015.

⁸ MedstarHealth, *Expanding Much-Needed Urgent Care Services to Communities in Maryland*, 2021. Available at: www.medstarhealth.org/news-and-publications/community-health-reports/2021-report-to-the-community/expanding-much-needed-urgent-care-services-to-communities-in-maryland.

⁹ LifeBridge Health, *ExpressCare Expansion Continues*, April 2023. Available at: fliphtml5.com/pcxgn/rmsa/23_MKTG_TheBridge_April/.

¹⁰ LifeBridge formed a strategic partnership with ExpressCare in 2013 before fully acquiring 29 sites from the company in 2022, which included one site dedicated to telemedicine and three Children's Urgent Care Centers.

¹¹ PR Newswire, *Patriot Urgent Care to launch centers and COVID-19 testing sites throughout Maryland*, November 2020. Available at: www.prnewswire.com/news-releases/patriot-urgent-care-to-launch-centers-and-covid-19-testing-sites-throughout-maryland-301172507.html.

¹² The Urgent Care Association, *The Essential Nature of Urgent Care in the Healthcare Ecosystem Post-COVID-19*, August 2023. Available at: urgentcareassociation.org/wp-content/uploads/2023-Urgent-Care-Industry-White-Paper.pdf.

¹³ Forbes, *Urgent Care Centers Eclipse 9,200 Driven by Optum and Hospital Systems*, November 2019. Available at: www.forbes.com/sites/brucejapsen/2019/12/12/urgent-care-centers-eclipse-9200-thanks-to-optum-and-hospitals/?sh=3655d51984c1

¹⁴ See n. 12, *Supra*.

¹⁵ Healthcare Finance, *Health systems partnering with urgent care clinics can strengthen brand, attract new revenue*, June 2019. Available at: www.healthcarefinancenews.com/news/health-systems-partnering-urgent-care-clinics-can-strengthen-brand-attract-new-revenue

¹⁶ McKenna P, Heslin SM, Viccellio P, Mallon WK, Hernandez C, Morley EJ. *Emergency department and hospital crowding: causes, consequences, and cures*. Clin Exp Emerg Med. 2019 Sep;6(3):189-195. doi: [10.15441/ceem.18.022](https://doi.org/10.15441/ceem.18.022). Epub 2019 Jul 12. PMID: 31295991; PMCID: PMC6774012.

¹⁷ Academy Health, *Research Suggests Urgent Care Centers Reduce Health Care Costs by Providing Alternative to Emergency Department*, July 2021. Available at: academyhealth.org/blog/2021-07/research-suggests-urgent-care-centers-reduce-health-care-costs-providing-alternative-emergency-department#:~:text=Across%20the%20six%20states%20studied,save%20about%20%243.3%20billion%20annually.

¹⁸ Based on claims volume. More information is available at:

www.definitivehc.com/sites/default/files/resources/pdfs/Retailers-in-healthcare_A-catalyst-for-provider-evolution.pdf.

¹⁹ See n. 12, *Supra*.

²⁰ UCCs across the nation could prevent an estimated 24.5 million emergency room visits annually. In 2022, UCCs treated roughly 206 million non-emergent cases; in contrast, emergency departments have about 131 million visits annually.

²¹ CNN, *Why Urgent Care Centers Are Popping up Everywhere*, January 2023, Available at: www.cnn.com/2023/01/28/business/urgent-care-centers-growth-health-care/index.html.

²² See n. 12, *Supra*.

²³ Use of a UCC is projected to increase to 37 percent (98 million adults) in 2024. More information is available at: www.amnhealthcare.com/siteassets/amn-insights/blog/physician/2023physicianincentivereview.pdf.

²⁴ See n. 12, *Supra*.

²⁵ See n. 12, *Supra*.



- ²⁶ See n. 12, *Supra*.
- ²⁷ See n. 12, *Supra*.
- ²⁸ Retail clinics provide non-emergency care to patients in a convenient retail setting (grocery store, pharmacy, etc.). Like UCCs, retail clinics accept walk-in appointments and offer extended hours on evenings and weekends; most have fixed pricing for services and self-pay options.
- ²⁹ Growth calculated based on claims volume from 2017-2022. More information is available at: www.definitivehc.com/sites/default/files/resources/pdfs/Retailers-in-healthcare_A-catalyst-for-provider-evolution.pdf.
- ³⁰ Definitive Healthcare, *Retailers in Healthcare: A Catalyst for Provider Evolution*, May 2023. Available at: www.definitivehc.com/sites/default/files/resources/pdfs/Retailers-in-healthcare_A-catalyst-for-provider-evolution.pdf
- ³¹ AMN Healthcare, *2023 Review of Physician and Advanced Practitioner Recruiting Incentives*. Available at: www.amnhealthcare.com/siteassets/amn-insights/blog/physician/2023physicianincentivereview.pdf.
- ³² Marso A. *What Millennials Want Out of Primary Care, and How to Deliver It*. *Fam Pract Manag*. 2021 May-Jun;28(3):29-33. PMID: [33973754](https://pubmed.ncbi.nlm.nih.gov/33973754/).
- ³³ *Journal of Urgent Care Medicine*. *Urgent Care Looks to Find Its Identity Through Gen Z and Millennials*, October 21, 2019. Available at: www.jucm.com/urgent-care-looks-to-find-its-identity-through-gen-z-and-millennials/.
- ³⁴ Fierce Healthcare, *EHR Market for Urgent Care Centers Wide Open*, April 2012. Available at: www.fiercehealthcare.com/ehr/ehr-market-for-urgent-care-centers-wide-open.
- ³⁵ HIMSS Healthcare IT News, *Urgent Care's Impact During the Pandemic and the Future of On-Demand Care*, August 2021. Available at: www.healthcareitnews.com/news/urgent-cares-impact-during-pandemic-and-future-demand-care
- ³⁶ UMMS and Lifebridge both acquired UCCs that were using Experity's EHR system.
- ³⁷ Fierce Healthcare, *EHR Market for Urgent Care Centers Wide Open*, April 2012. Available at: www.fiercehealthcare.com/ehr/ehr-market-for-urgent-care-centers-wide-open.
- ³⁸ Epic is the leading EHR vendor for hospitals nationally (36 percent) and in Maryland (53 percent).
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- ⁴⁴ See n. 12, *Supra*.
- ⁴⁵ See n. 12, *Supra*.
- ⁴⁶ Five UCCs do not offer telehealth: Atlantic ImmediCare, UPMC Western Maryland Urgent Care, Meritus Urgent Care, Your Doc's In, and Concentra.
- ⁴⁷ Based on an interview with a health system representative serving several counties on the Eastern Shore.
- ⁴⁸ Prior to the COVID-19 PHE, telehealth claims were less than one percent. Represents monthly percentages; data is obtained from 75 health plans, insurance carriers, and third-party administrators through the FAIR Health Data Contribution Program. More information is available at: www.fairhealth.org/fh-trackers/telehealth.
- ⁴⁹ The American Medical Association created CPT® to describe health care procedures and services.
- ⁵⁰ 20-29 minutes
- ⁵¹ 30-44 minutes
- ⁵² 30-39 minutes
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- ⁵⁷ Eight UCCs use the EHR to screen for HRSNs; one UCC uses a third-party solution that integrates with the EHR, and one UCC uses a third-party solution that does not integrate with the EHR.



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