

How Many Medical Complaints During an Urgent Care Visit?

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It's a fairly frequent occurrence for patients to present in an urgent care center with multiple medical concerns they want a provider to address during their visit. For example, "I have sinusitis and am coughing up phlegm but I've also had this rash on my leg for six weeks and my elbow hurt yesterday when I played tennis."

In addition, sometimes patients who are embarrassed about their medical condition tell the front office and medical assistants they're presenting for one condition but when the doctor arrives, they reveal the "true" reason for their visit. For example, the patient may say he has "sinusitis," but his *more pressing issue* is the "burn down there."

From a medical practice perspective, there is only one "chief complaint" per visit, with all other issues documented through the review of systems. It's up to the urgent care provider to identify the chief complaint (the most potentially serious of all complaints) and to assess whether the additional complaints are related to the chief complaint or are separate, distinct problems that could be treated on a follow-up visit.

The first consideration should be whether the complaints are related. For example, a patient presenting with a headache, rash and sore throat may appear as having unrelated complaints but taking a systemic approach, it could turn out the patient is exhibiting multiple symptoms of a single, more serious condition (i.e. meningitis, onset of multiple sclerosis). The role of urgent care is to stabilize the patient until he/she can follow-up with the appropriate specialist or primary care provider.

In cases in which the various medical complaints are truly unrelated, whether the provider treats all conditions or refers some conditions to a follow-up visit requires balancing considerations that include the provider's time availability, payer contracts, and patient expectations affecting their satisfaction with the center.

Patients expect that the urgent care provider will treat all of their issues in one visit. The public wants "one-stop convenience" and does not concern itself with level of service, throughput, and other operational issues of the urgent care provider. Referring a patient for a return visit may result in a dissatisfied patient who not only doesn't return—but who spreads negative word of mouth damaging the center long-term. From a brand-building and marketing perspective, if the provider has time, it's generally best to "satisfy" the patient and treat all of his or her issues in one visit.

If the provider does not have time to treat all of the patient's complaints, there are diplomatic ways of handling it—perhaps saying "I want to spend adequate time

addressing all of your problems but we're really swamped right now...would you mind coming back at 2:00pm tomorrow when we'll have adequate time to address all of your concerns?" Generally a patient will be more responsive to a provider's sincere desire to provide the patient adequate attention for his problems as opposed to hearing the center's "policies" pertaining to billing or allocations of the provider's time.

From a billing perspective, large national payers tend to contract with urgent care using flat-fee contracts that pay the same amount per visit regardless of the level of service performed. With these contracts, treating multiple issues in one visit can result in greater potential revenue loss than in fee-for-service.

But even with fee-for-service contracts—if a visit bills as a "Level 4" (99214) and multiple issues are addressed—unless those additional issues entail an x-ray, procedures, or lab tests; the E&M level does not change meaning there's no additional reimbursement for the additional time spent.

Requiring a patient to return for subsequent visits should result in higher total reimbursement to the center but, again, a patient who becomes dissatisfied with incurring multiple co-pays and multiple charges against his deductible may damage the center's reputation through negative word-of-mouth.

The "no win" choices of the urgent care operator are thus to forego additional revenue from multiple visits or to spend additional funds on advertising to recruit a new patient to replace the disgruntled patient who refuses to return to the center because its "doctors wouldn't help me."