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There's no 'urgent' in an urgent care

Dawn Turner Trice

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A few Sundays ago, my husband fell off a ladder and hit his head. He appeared to be fine and it turns out he was, but to be sure I drove him to the Ingalls Urgent Aid facility in suburban Flossmoor where we've visited before.

You've probably heard of "urgent care" facilities and know they can be a terrific alternative to hospital emergency departments if it's the weekend or after hours and you have an illness or injury that's not worthy of dialing 911. Care tends to cost less compared to an emergency room. And, often, there's very little wait time.

Two things struck me while I was waiting on my injured party. The first is that, although the Ingalls facility has a great big sign out front that says "Urgent Aid," it really isn't an urgent care facility. Inside, there are smaller signs that tell you it's an emergency room.

But if you're dealing with a bump on the noggin or you're, say, feverish, you might miss the smaller signs. And once you realize you're in an emergency room — because you do eventually sign documents that include this information — you may be loath to leave.

The second thing that struck me is that with health care reform looming and high deductibles already here, it's more important now than ever to be an informed consumer. This, in part, means understanding the types of health care facilities in your neighborhood and what they offer long before you need urgent or emergency care.

First things first: Ingalls spokeswoman Susan Fine said that, on occasion, people do confuse the Flossmoor emergency department with an urgent care facility.

But here's something you should know: Illinois law mandates that the only facilities allowed to use "urgent" or similar words in their titles are emergency rooms. Years ago, some nonemergency centers got caught billing at emergency-room prices.

So Illinois is unique in that real urgent care facilities here can't have the word in their name. Instead, they often use phrases like "immediate care" or "convenient care."

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Fine said Ingalls' Urgent Aid facility is a low-level emergency room that doesn't take ambulance traffic.

"It's for non-life threatening illnesses and injuries," she said. "It's a level of care that's unique ... and serves a niche in the community between your minute clinic (that are often in retail stores) and the hospital emergency room."

It's also a bit of an amalgam. Its staff gets you in and out like an urgent care facility. But, like an emergency room, it has high-tech equipment and the emergency room sticker price.

Insurance companies increasingly are directing people away from emergency rooms to urgent care facilities because patients can be treated by physicians after hours and have access to a wide range of services, such as lab tests and X-rays, at a cost savings.

Alan Ayers, who's on the board of the suburban Warrenville-based Urgent Care Association of America, said the current iteration of the urgent care model has been around for about 15 years. There are about 9,000 such facilities around the country, with about 500 new centers opening nationwide annually.

"The growth is phenomenal, and they're making traction now because you have an increasing number of people who don't have a primary doctor," said Ayers, who's also a vice president for Concentra Urgent Care. "They don't have major health concerns like diabetes or a heart condition and they need some place to go if they fall, have a cold, the flu, food poisoning or get a rash."

He said insurance companies have invested in urgent care facilities because of the cost savings, and physicians like them because they can make more money and have greater flexibility compared with working in a primary care office or an emergency room.

It's important to know that urgent care facilities are like walk-in doctors' offices and aren't covered under the law that requires emergency rooms to treat patients in dire need of care.

Dr. Joel Shalowitz is a clinical professor and the director of the health industry management program at Northwestern's Kellogg School of Management. He said that as health care reform takes root, emergency rooms, urgent care facilities and other models — such as the minute clinics you might find in Walgreens or even Wal-Mart — will be in even greater demand.

"You're going to draw tens of millions of people into a system where there's already a shortage of doctors," he said. "You'll also find there will be longer wait times."

Shalowitz, a physician who once worked in urgent care, said each of these models is for health problems that are more episodic in nature. He said people need primary care physicians who know their patient's history and can track his or her care over time. Patients also need to become more knowledgeable about which illnesses and injuries need immediate care and which can wait.

"I review emergency bills and a lot of what I see is issues that aren't urgent," he said. "Someone says, 'I was running and I twisted my ankle and it's a little swollen.' Well, you can elevate it and call your primary care physician the next day. Frankly, if it's broken you need the swelling to go down before casting anyway."

Shalowitz said a lot of people don't realize that if they go to the emergency room, the copay is much higher than a visit to a primary care doctor. And primary care doctors often sign contracts with insurance companies agreeing to be in some way accessible to patients 24/7.

"If you don't have a primary care physician, get one," he said.

That makes sense. But sometimes what you really want is to know that the bump on your head isn't more serious. And even if it's just peace of mind you're seeking, it's still best to know whom to call and where to go for treatment ahead of time.

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