Anthony Bowman did what any 13-year-old, 5-foot-8-inch boy might do on the basketball court. He tested the limits of his leap.

“I grabbed the rim, and I let go too late,” Anthony recalled as he and his mom, Dawn, sat in the waiting room late Wednesday afternoon at the Hometown Urgent Care Center on Stelzer Road.

He fell, the weight of his body fracturing his left forearm.

When the Columbus teenager’s arm didn’t improve the next day, his mom didn’t consider taking him to a hospital’s emergency department. Urgent care was the obvious choice, she said.

“It’s the waiting time, it’s convenient, it’s close to our house,” Mrs. Bowman said. “It’s the cost.”

Growing consumer demand for immediate, convenient and reasonably priced treatment in a pinch has transformed urgent care into a business in which U.S. revenue is expected to top $15 billion this year, according to investment bank Harris Williams & Co.

In the past decade, investors, hospitals and entrepreneurial physicians have piled into the market, often realizing significant profits.

Research by The Dispatch found more than 45 urgent-care centers in Franklin and neighboring counties, excluding clinics located inside supermarkets, drugstores and other businesses. But without uniform standards for what constitutes urgent care, a complete count is difficult. As in virtually all states, urgent-care centers are not licensed or certified in Ohio.

Many in the industry anticipate a wave of consolidation across the highly fragmented urgent-care market in coming years, with far more emphasis on building identifiable brands that time-pressed consumers will trust, said Dr. Tom Hadley, vice president of medical affairs for U.S. HealthWorks, which has two Columbus urgent-care locations.
“Most urgent-care centers operate somewhat independently. In the future, they will need to be part of a larger, more integrated system of care,” said Alan Ayers, a board member of the Urgent Care Association of America.

Ayers, whose own urgent-care employer, Concentra, was acquired four years ago by the insurance giant Humana, said he expects more hospitals to enter the market as private-equity firms cash out and many urgent-care companies go public.

“Instead of being ‘doc-in-a-box,’ it is now accepted as a segment of the health-care delivery system,” said Manoj Kumar, CEO of Hometown Urgent Care. “Young people have a different perspective. They want care when they need it. They want it fast.”

Two years ago, Hometown Urgent Care moved its headquarters from Dayton to Columbus. At the same time, Kumar and others sold the company to private-equity company Ridgemont Equity Partners.

Kumar described his business of 20 urgent-care clinics — many of which still do business as AccessMD — as the largest such company in Ohio. But Ridgemont encountered problems in growing the business. In March, Kumar and two partners bought back the company and expect its revenue to be $18 million this year.

Competition is far more intense than it was five years ago, Kumar said, describing the current environment as a “gold rush.” Profit margins for urgent-care businesses are lower than in the past but remain strong, he said, often in the range of 15 to 25 percent.

In some cases, rather than build new locations, urgent-care operators are on the prowl for acquisitions. Earlier this month, for example, OhioHealth acquired Polaris Urgent Care, its eighth urgent-care location, said Sean Huffman, president of OhioHealth Neighborhood Care.

Meanwhile, Mount Carmel Health System became the sole owner last year in two urgent-care locations after buying a 60 percent majority stake from a group of emergency doctors.

For hospitals, urgent-care centers can serve as a means to bring new patients into their orbits. An urgent-care patient might go on to have surgery at a hospital, for example, or become a patient of a family doctor employed by the hospital system.

While not all of OhioHealth’s urgent-care centers are profitable, “We think of them as sustaining themselves as far as what they do in the public,” Huffman said.

Along with OhioHealth, Nationwide Children’s Hospital has been among the more aggressive hospitals in expanding urgent-care services into the community, most recently adding a Marysville location in May.

The hospital had 126,086 urgent-care visits in 2013, down 6 percent from the previous year. An official attributed the lower volumes to a less severe flu season, which reduced visits to its urgent-care center on the main hospital campus.

The hospital must compete for its pediatric patients, estimating that children make up 20 percent of the business at other urgent-care centers.

“We believe that children are best served by pediatric experts,” said Patty Mcclimon, senior vice president of strategic and facilities planning at Nationwide Children’s.

Health-care disparities are no secret in Columbus, but they’re especially stark when you look at where central Ohio’s urgent-care centers are located.

Urgent-care centers saturate many suburbs but remain largely absent from less affluent areas. Unlike emergency departments, they can deny treatment to those unable to pay.

Not all do, though. “We see any child regardless of ability to pay,” said Nationwide Children’s Mcclimon. Despite efforts to collect copays upfront, “we are not going to look first at your wallet and second at your child.”
OhioHealth, meanwhile, accepts Medicaid patients and treats all patients regardless of their ability to pay at its Victorian Village location, which moves to Grandview Yard late this month. But that is not the case at its suburban urgent-care locations.

Huffman said its urgent-care business was set up as a potential joint venture with NextCare Urgent Care, which manages OhioHealth’s urgent-care centers. But it will let its contract with NextCare lapse in June after NextCare declined to move forward with the joint venture after evaluating the business proposition.

Huffman said OhioHealth will evaluate its urgent-care payment policies next year, and might even consider locating urgent-care centers alongside occupational-health care centers in underserved parts of Franklin County, such as Obetz.

Mount Carmel declined to say whether it treats all patients regardless of their ability to pay at its urgent-care centers.

Ohio State University’s Wexner Medical Center has been more cautious in opening urgent-care centers, but it has FastCare clinics in Giant Eagle supermarkets and Little Clinics housed inside Kroger supermarkets.

To reduce volumes in the University Hospital emergency department, it opened an after-hours clinic at Martha Morehouse that serves patients on weekday evenings and during the day on weekends. That clinic had more than 7,000 patient visits in the fiscal year that ended on June 30. Ohio State declined to say how much of a surplus or shortfall the clinic had during that fiscal year.

“We need to continue to look at ways to improve our geographic reach,” said Dan Like, Wexner Medical Center’s executive director for ambulatory services.

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JAKE FOLAN (JAKEFOLAN)

The reason Urgent Cares are in demand is because there aren’t, and haven’t been for some time, enough Primary Care doctors. Urgent Cares are also in demand because Obamacare has greatly increased the burden on an already stressed system of insufficient Primary Care doctors. Most Family doctors/health systems do not take Obamacare because it doesn’t reimburse physicians adequately to cover costs, so there are hundreds of thousands of Obamacare patients alone in Ohio with no regular doctor to see! Some Urgent Cares, like Ohio Health don’t even take Obamacare, so any Urgent care that takes Obamacare is in high demand because Obamacare patients can’t get into any...
other doctors! Isn’t government control of the healthcare system wonderful?!
2014-07-20 11:30:34.0

JAKE FOLAN (JAKEFOLAN)

So all that preventative health care Obamacare is supposed to provide can’t even be accessed by Obamacare patients because they have no family doctor to perform the preventative health exams!
2014-07-20 11:32:33.0

JAKE FOLAN (JAKEFOLAN)

Everyone has Obamacare health insurance, but they don’t have access to doctors. Is that the government’s idea of healthcare? Why don’t we just make it a single player system and that way we can even the playing field where no one has access to healthcare, just like the VA. After all, isn’t the VA healthcare system a wonderful single payer run by the government? Obviously we need more government to fix the problems government creates! Progressivism/Socialism is wonderful! I wonder why the USSR collapsed.
2014-07-20 11:36:46.0