

Between an ER and Urgent Care: Urgency Centers

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By Suzy Frisch



For many Minnesotans, the decision is easy: go to the hospital emergency room and wait for hours, or take their acute health problem to an urgency center. A new health care model that falls between urgent care and the emergency room, urgency centers have been cropping up across the Twin Cities in the past three years.

Urgency centers are similar to urgent care centers, but are staffed by working ER doctors instead of primary care docs as is usual. So Urgency Centers can handle more immediate crises, like broken bones, than urgent care centers. Think of them like a freestanding ER. Some even accept ambulances.

At least four health care systems have gotten in on the action, opening multiple urgency centers staffed by board-certified ER physicians. Most don't accept patients by ambulance. Instead, they focus on efficiently and effectively treating the 70 percent of ER patients who aren't usually admitted to the hospital. That means handling myriad issues, from severe headaches and broken bones to concussions and respiratory problems like asthma.

“We felt that health care needed another avenue where patients could access acute care, one that provides the triple aim of great quality, lower cost care, and an excellent patient experience,” says Kurt Belk, an emergency medicine doctor and medical director of three Urgency Rooms in the Twin Cities. “We’ve delivered on all three in that we are a significantly less expensive alternative to emergency rooms, and we are a lot more efficient in providing care.”

In addition to the Urgency Room—which plans to open two more locations in the next 12 to 18 months—North Memorial Medical Center operates one urgency center and recently broke ground on a second. Two other local health care systems operate stand-alone emergency rooms, which do take ambulances.

Belk and his co-workers at Emergency Physicians Professional Association, which staffs five local hospital ERs, started the Urgency Room in 2010. They wanted to provide physicians with a different work environment and more control over their operations. Open 14-hours a day, 365 days a year, the Urgency Room, and urgency centers in general, don’t have to follow some of the time-consuming regulations as a hospital. Providers also aren’t pulled away for critical traumas, heart attacks, or patients with mental illness or addiction—a culprit for increasing wait times.

Patients like urgency centers, too, because fees are often lower than hospitals. They also offer more mobile, consumer-friendly services, like registering from home to speed up intake time or going online to check on wait times. “Our average time from door to discharge is 77 minutes. For most ERs it’s in the 200s,” Belk says.

Another benefit is that patients’ medical records get sent electronically to their own physicians for follow-up care. To make record-sharing seamless, the Urgency Rooms adopted Epic—the same EHR software as other local health care systems, adds Belk.

Urgency centers aren’t sweeping the nation yet, but they are providing an avenue for ER physicians to enter the market. Historically, urgent cares have been the purview of primary care physicians, notes Alan Ayers, who serves on the board of the Urgent Care Association and is vice president of corporate development for Concentra, a Dallas-based health care provider in 38 states.

“They are reflective of the diversity that we see in urgent care,” Ayers says. “Urgent care is an entrepreneurial, physician-driven industry. In Minnesota, they found a successful model that meets medical needs when patients don’t quite need to go to the ER, but they have more acute concerns than would be treated at urgent care.”

Urgency centers might emerge nationwide as a less expensive model for acute care, which starts by keeping less-critical people out of the ER, says Ayers. They also help ERs function more efficiently so they aren’t bogged down with cases of flu, deep lacerations, or dehydration—all problems urgency centers handle well.