

ClearChoiceMD founder and CEO
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NO APPOINTMENTS — JUST WALK IN

BY MARCUS HAMPERS, MD,
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PHOTOS BY JIM MAUCHLY/
MOUNTAIN GRAPHICS

understanding Urgent Care

AN INTEGRAL PART OF AN INCREASINGLY COMPLICATED HEALTH CARE LANDSCAPE

AT THE CORE OF ALL HEALTH CARE REFORM INITIATIVES is a desire to improve access for all, to decrease costs, and to improve quality. For a hospital, this can be a seemingly impossible nut to crack when it is expected to provide comprehensive care, with all of its accompanying advanced and expensive services.

While there is ongoing and spirited debate regarding the impact that the Affordable Care Act (ACA) has had on the average American, what is becoming clear is that we must now be cost-conscious consumers of our own health care. The ACA has forced many of us to select high-deductible plans, and as a result, we seek the most value from our health care dollars without having to compromise on quality.

Times have changed dramatically from the days when health insurance covered *everything*, and patients rarely asked, “What’s this going to cost me?” The demand for health care was previously inelastic, or in other words, its cost did not affect the demand. This is the opposite of what normally happens to demand for goods or services when prices rise. A market in which consumers had no incentive to control costs because a third party was footing the bill proved to be unsustainable.

The ED Dilemma

In the course of practicing emergency medicine for 20 years, I have personally witnessed emergency department (ED) overcrowding

and how such overcrowding can cause an entire hospital to cease normal functioning as resources are diverted to the ED. Patient flow throughout the hospital becomes obstructed, and sadly, some of the sickest patients may not be seen as quickly as they should.

Through no fault of their own, patients who do not have a true emergency are coming to the ED because they either do not have a primary care provider (PCP), or if they do, that person is inaccessible or unable to provide the required treatment in a medical office, for example, x-rays or stitches.

Unfortunately, the US is suffering from a shortage of primary care physicians, and there is little hope that this will change anytime soon. Young new doctors today are often saddled with a daunting amount of debt, and consequently, they are understandably selecting specialties that pay two or three times what a primary care physician earns.

The costs associated with unnecessary emergency department visits are staggering, and collectively as a society, we all bear the expense. Typically, an ED visit will cost about ten times what the same diagnosis and treatment in an urgent care center would be. In addition to the cost associated with an unnecessary ED visit, otherwise healthy people who go to the hospital ED unnecessarily place themselves at risk for contracting dangerous drug-resistant super-bacterial infections.



ClearChoiceMD offers on-site digital x-rays at a fraction of the cost of other facilities.



Millennials are choosing urgent care over primary care

Last year, a survey by FAIR Health found that millennials were being drawn into urgent care because of its convenience. The study found that **millennials (ages 18 to 34) and younger Gen Xers (ages 35 to 44) were more likely to rely on urgent care clinics**, while consumers **age 45 and older** were more likely to **depend on primary care**.

Source: www.ajmc.com/newsroom/5-facts-about-urgent-care-clinics

A Better Choice

Urgent care is the treatment of choice for non-life-threatening illnesses and injuries in people of all ages. It is not a substitute for primary care, but it does safely satisfy many of the needs of adult and pediatric patients who visit emergency departments unnecessarily. Urgent care is not intended to replace the ongoing relationship that a person has with his or her primary care provider (PCP); rather, it is intended to treat episodic illness and injury in a timely manner.

While many PCPs will often attempt to carve out time in their busy daily schedules to “add on” patients who call with an acute problem, this can be inconvenient for both the patient and provider. True primary care is focused on health maintenance and the treatment and prevention of chronic health problems like diabetes, emphysema, cancer, and high blood pressure.

Many physicians, myself included, believe that the time a PCP spends with patients counseling them about an existing illness or the prevention of one is invaluable and will result in a better and longer life for the patient. Indeed, many PCPs in the communities we serve have directed their patients who call seeking

a same-day appointment to our urgent care centers when they were either too busy or it was after hours. By doing so, the PCP has more time to spend with scheduled patients.

The relationship between the PCP and the urgent care center works well when information from the urgent care visit, including any x-ray or laboratory result, is shared electronically with the PCP in nearly real time. While some critics of urgent care may argue that it “disrupts” the continuity of care, that has not been our experience if local PCPs have confidence in the quality of the care being provided at the urgent care center and that information is shared in a timely manner.

Urgent care is now an integral part of our increasingly complicated health care landscape because it improves access and quality and decreases costs. Its value to us as cost-conscious consumers of health care will continue despite an uncertain fate for the Affordable Care Act. ❖

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