

Can the use of urgent care clinics improve access to care without undermining continuity in primary care?

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Introduction

Urgent care clinics have emerged as both alternate and default sources of healthcare in the United States. We examined relevant literature to determine if urgent care clinic use improves access to care or if its use undermines continuity of primary care.



Nurse practitioners are well positioned to become the predominant providers of primary care in the foreseeable future

- As patient advocates, they can successfully communicate and collaborate across healthcare settings.
- Increased use of nurse practitioners in settings such as patient-centered medical homes and nurse managed clinics can decrease barriers to primary care.
- Nurse practitioners and other healthcare providers can work together to promote health literacy of patients, allowing patients the ability to better navigate the healthcare system appropriately.
- Expansion of clinical programs for nurses such as the doctor of nursing practice (DNP) and partnership with academia better prepares nurses to deal with population health and create innovative methods of care coordination and collaboration.

Goals & Objectives

This presentation highlights responsibilities of nurse practitioners as frontline healthcare providers in both primary and acute care settings.

We identified three themes from the literature related to access to care and continuity of care

- Perceived barriers to primary care, conversely, benefits of using alternate source of care: convenient office hours, appointment not necessary, cost benefit, lack of insurance, absence of immediate services and results in primary care office.
- Deflection of patients with lack of collaboration between alternate sites and primary care provider.
- Insufficient general knowledge of the healthcare system and actual urgency of the medical condition (lack of health literacy).

We identified methods that maximize partnerships between primary care and acute care settings that improve healthcare outcomes

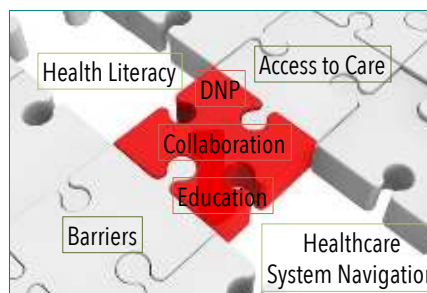
- Collaborative models such as those used in integrated and hybrid modeled retail clinic settings could be utilized.
- Increased access to care with patient-centered medical homes, nurse managed clinics, and urgent care centers that communicate effectively and coordinate care.
- Primary care providers can proactively maintain ownership of their patients by creating relationships with local urgent care clinics, then directing their patients to the clinics with which they have partnered.

We identified opportunities that nurse practitioners have in regard to collaborative efforts across healthcare settings

- Nurse practitioners are frontline providers in both acute and primary care settings.
- Nurse practitioners are currently positioned to develop a predominant role in primary care in the United States.
- Expansion of clinical programs for nurses such as the DNP and partnership with academia better prepares nurses to deal with population health and create innovative methods of care coordination and collaboration.

Methods

Literature databases searched included the Cumulative Index for Nursing and Allied Health (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE). Articles from 2004-2014 were initially searched using keywords-access, barriers, continuity of care, nurse practitioner, urgent care, and primary care. Very few studies had been conducted on this topic with only one involving nurse practitioners, so the key word search was expanded to add retail clinic and emergency.



Results

Three themes surfaced from our analysis of the studies:

1. Patients' perceived barriers to primary care, conversely, benefits of using alternate source of care (convenient office hours, appointment not necessary, cost benefit, lack of insurance, absence of immediate services, and results in PCP office)
2. Provider deflection of services with lack of collaboration between alternate sites and the primary care clinician; and
3. Patients' insufficient general knowledge of the healthcare system and actual urgency of their medical condition.

Conclusion

Urgent care clinics do improve access to care however they also may negatively impact continuity of care, preventative services, and ongoing management of chronic conditions. Barriers to primary care and benefits of urgent care are inversely related. Primary care has become a paradox as clinicians in primary clinics often deflect their own patients, with or without collaborative communication, to other facilities due to inability to see the patient conveniently or promptly. Insufficient patient knowledge regarding navigation of the healthcare system, perceived urgency of medical need, and deflection of care contribute to use of urgent care over primary care.

Implications for Practice

Nurse practitioners are frontline healthcare providers in both primary and acute care settings. They may be essential to developing and maintaining successful communication and collaboration among providers across healthcare settings, in both primary care and urgent care facilities, in helping to ensure continuity of care while decreasing healthcare costs, and optimizing health outcomes for patients. As patient advocates and educators, nurse practitioners can create strategic approaches to improve healthcare literacy. The expansion of educational programs, such as the doctor of nursing practice (DNP) degree, with a focus on managing the health of populations, better prepares nurse practitioners to develop innovative models for healthcare delivery in primary and urgent care settings. Understanding the interplay of these various systems of healthcare services in delivering care to patients is essential, as DNP work collaboratively with other members of the healthcare team along with policy makers to develop creative models that promote high quality primary care to the population.