

# VA Urgent Care Delivery: Perspectives from Urgent Care Clinic and Emergency Department Providers

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## Bottom Line Up Front

Both VA Urgent Care Clinics (UCCs) and VA Emergency Departments (EDs) provide urgent care for patients with acute, non-emergency conditions without scheduled appointments. After interviewing four urgent care providers, we found that UCCs often cover patient overflow from primary care while EDs cover patient care outside of UCC operating hours or for services that other nearby facilities cannot provide. Urgent care services benefit from the ED Fast Track and Medical-on-Demand (MOD) provider coverage, while patient complexity and limited medical equipment can be barriers to urgent care.

### Urgent Care Delivery in VA

#### *What is urgent care?*

Urgent care provides patients with immediate care for acute medical and mental health conditions, such as colds and respiratory infections, minor cuts and wounds, sprains and strains, and other non-life-threatening concerns. Patients can walk in for care without scheduling an appointment. Access to urgent care helps to alleviate historically high wait times for emergency care in VA and community care hospitals, allowing patients to receive timely attention for non-emergency conditions.<sup>1</sup>

#### *How does VA deliver urgent care?*

As urgent care can be provided in a variety of locations,<sup>2</sup> VA provides urgent care in its primary care centers, UCCs, and EDs. In addition to VA care, in 2018, the MISSION Act expanded the provision of urgent care services to VA's community care (CC) networks.<sup>3</sup> This allows Veterans to also receive care from private sector urgent care centers.

#### *How does urgent care delivery differ in VA UCCs and EDs?*

Urgent care varies between UCCs and EDs considering that each site differs in their availability of services, capacity, and the types of providers available to care for patients. To better understand the VA urgent care delivery system, PEPReC conducted interviews with two UCC managers and two ED managers to ask their perspectives on the following questions.

- 1. How does your UCC/ED deliver care for patients with urgent care needs?**
- 2. What are the facilitators and barriers to delivering care for patients with urgent care needs?**

### Methods, Data Collection, and Analysis

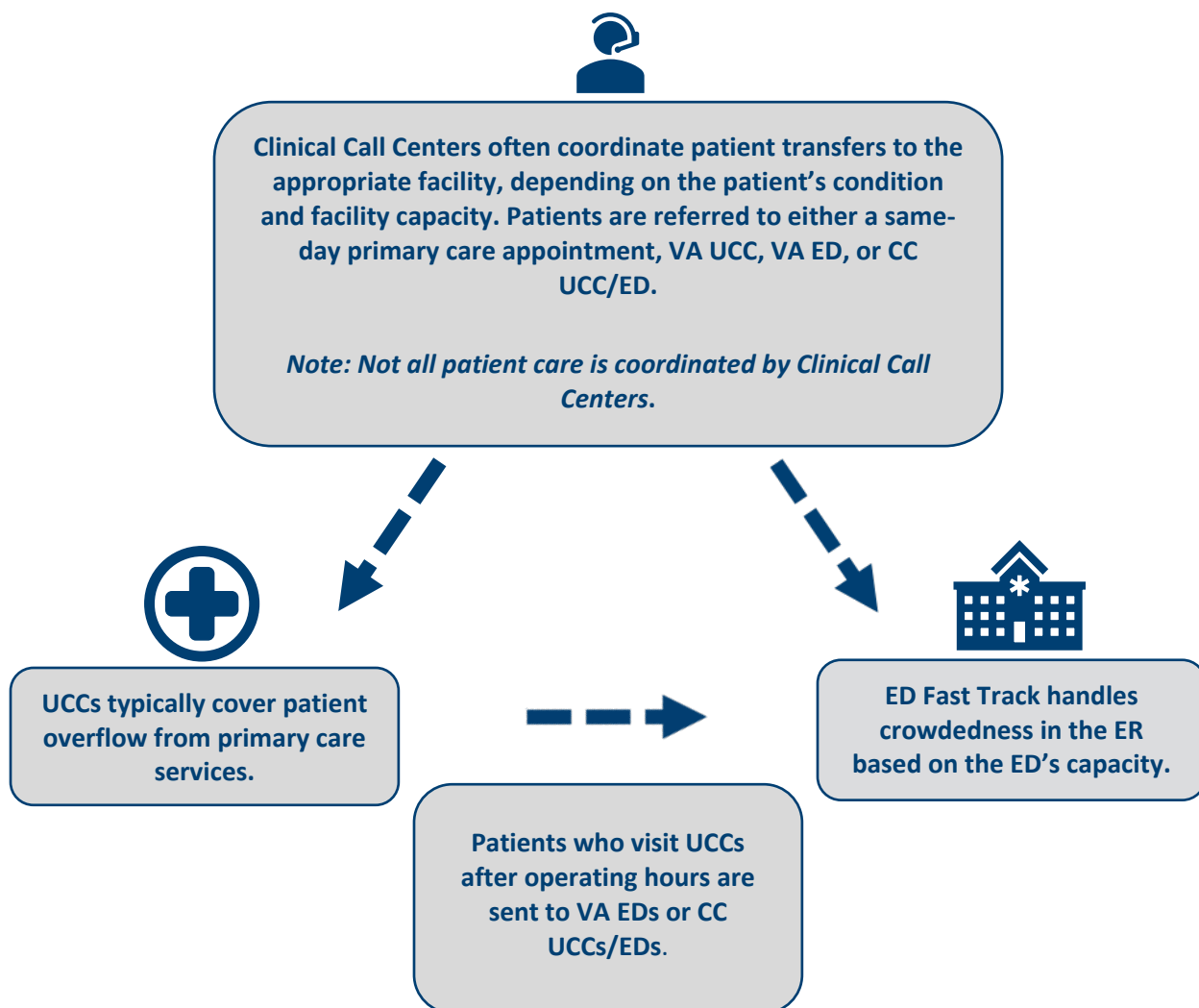
Using qualitative thematic analysis, urgent care provider perspectives were gathered in four semi-structured interviews in February and March 2023. Managers who oversee urgent care services in VA's Veterans Integrated Service Network 1 were interviewed, including two UCC managers and two ED managers. Stratified purposive sampling was used to select for patient severity, facility type (UCC or ED), and rurality to gather a wide range of experiences among health care providers. This preliminary study didn't reach to saturation.

During interviews, each manager was asked how their urgent care facility assesses, cares for, and transfers patients, as well as the availability of resources, potential resource constraints, and how

resources are managed. The interview guide was pilot tested and adjusted to enhance clarity of questions prior to use. The interviews were conducted virtually via Zoom, lasting approximately 30 minutes. With participant consent, all interviews were audio recorded and subsequently transcribed anonymously for analysis. Throughout data collection, PEPReC recorded memos to create an audit trail.<sup>4</sup> Thematic analysis was used by coding interview transcripts to determine initial themes, which were then used to identify larger themes addressing the research question.<sup>5</sup>

## Findings

Patients are often guided to either VA UCCs or VA EDs to receive urgent care services. Clinical Call Centers aid in navigating patients to the appropriate facility depending on their condition and capacity of surrounding UCCs and EDs to provide care. We found that typically UCCs cover patient overflow from primary care clinics that are at capacity and unable to care for the incoming patient's needs. Outside of UCC operating hours, patients will be referred to the ED where they can also receive urgent care services. Within VA EDs, a process known as the ED Fast Track has been developed to treat patients presenting with less critical conditions more quickly, thus discharging them sooner and managing ED crowdedness.



*Note: Some VA facilities operate standalone UCCs if they don't have an ED within the facility. VA facilities with an ED do not operate standalone UCCs.*

Both VA UCCs and EDs have their own set of facilitators and barriers to treating patients with urgent care needs. One UCC manager reported that their clinic provides a smooth transfer process to other departments within the same facility when further patient care is needed. Easy transfers are made possible due to weekly meetings that UCC providers have with care teams from other departments. To tackle varying urgent care demands and limited UCC provider availability, UCCs also have MOD provider coverage available to provide timely medical services for patients seeking urgent care by characterizing walk-in appointments and prompting immediate evaluation and treatment services. However, UCC managers reported that UCCs struggle with higher patient complexity and limited radiology capacity which results in patient transfers to nearby EDs.

Some EDs have dashboard availability that display progress of ancillary services for each patient to coordinate services such as lab and imaging testing. However, a shortage of radiologists prevents 24/7 availability of computed tomography (CT) services.<sup>6</sup> Limited radiology services may cause delayed or missed diagnoses and inadequate treatment planning.<sup>7</sup>

### Facilitators and Barriers to VA Urgent Care

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<b>VA Urgent Care Clinics</b>	<b>Smooth transfer process for further care with specialty departments and MOD provider coverage.</b>	<b>Higher patient complexity and limited radiology capacity.</b>
<b>VA Emergency Departments</b>	<b>Dashboard availability to coordinate ancillary services.</b>	<b>Shortage of radiologists, preventing 24/7 availability of CT services.</b>

### Next Steps

PEPReC's findings document providers' perspectives on how urgent care is delivered in both VA UCCs and EDs. VA UCCs typically cover urgent care patient overflow from primary care services and provide a smooth transfer process to specialty care services within the same facility and MOD provider coverage for more immediate care, while facing challenges with cases of higher patient complexity and limited radiology capacity. VA EDs typically cover urgent care patients who need services outside of UCC operation hours and have dashboard availability to coordinate ancillary services while navigating shortages of radiologists.

To maximize the potential of urgent care delivery, the implications of expanding these services need to be examined, particularly on access to care, care coordination, quality of care, utilization of subsequent specialty care, and spending. Further research is also needed to better understand the relationship between patient use of VA urgent care services with substitute options, such as CC EDs and UCCs, to determine the impact of urgent care service expansion on health outcomes and value.

## References

- <sup>1</sup> Coster, J. E., Turner, J. K., Bradbury, D., & Cantrell, A. (2017). Why do people choose emergency and urgent care services? A rapid review utilizing a systematic literature search and narrative synthesis. *Academic Emergency Medicine*, 24(9), 1137–1149.
- <sup>2</sup> Weinick, R. M., Bristol, S. J., & DesRoches, C. M. (2009). Urgent care centers in the US: findings from a national survey. *BMC Health Services Research*, 9(1), 1–8.
- <sup>3</sup> U.S. Department of Veterans Affairs. (2023). Community Care: Urgent Care. [https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent\\_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent_Care.asp)
- <sup>4</sup> Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. The Guilford Press.
- <sup>5</sup> Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3.
- <sup>6</sup> Georgiou, A., Prgomet, M., Paoloni, R., Creswick, N., Hordern, A., Walter, S., & Westbrook, J. (2013). The effect of computerized provider order entry systems on clinical care and work processes in emergency departments: a systematic review of the quantitative literature. *Annals of Emergency Medicine*, 61(6), 644–653.
- <sup>7</sup> Harding, K. E., Taylor, N. F., & Leggat, S. G. (2011). Do triage systems in healthcare improve patient flow? A systematic review of the literature. *Australian Health Review*, 35(3), 371–383.

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