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POLICY BRIEF

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Veterans' Urgent Care Use and Subsequent Utilization in the Community

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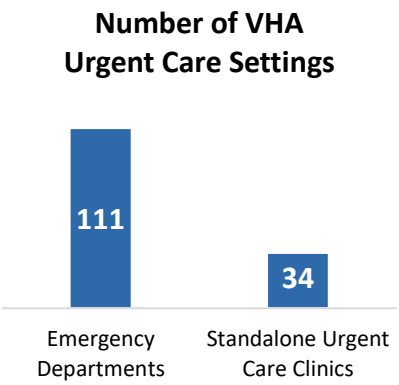
Bottom Line Up Front

The VA MISSION Act of 2018 broadened Veterans' access to in-network, community urgent care without prior authorization. Although earlier research showed that community emergency department use leads to greater community specialty care use, the impact of urgent care on overall health care utilization in the community remained unclear, prompting evaluators at the Partnered Evidence-Based Policy Resource Center (PEPReC) to investigate. PEPReC found that community urgent care use increases subsequent non-VHA specialty care but does not affect emergency care utilization, highlighting potential care coordination challenges despite improved access.

Introduction

The Veterans Health Administration (VHA) provides health care to about nine million enrolled Veterans through both VHA facilities and community providers.[1] Many of these Veterans will seek care in urgent care units, which are housed either in emergency departments or standalone urgent care clinics (UCC).[2] The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 expanded access to urgent care by allowing Veterans to seek care for non-life-threatening conditions at in-network community urgent care centers without prior authorization.[3-6] For most Veterans, the benefit typically includes no copayment for the first three visits each year, followed by a $30 copayment per visit.[4]



Since the enactment of the MISSION Act, use of community urgent care has grown substantially, mirroring the rapid expansion of urgent care nationwide as a convenient, lower-cost alternative to ED care.[7-8] While urgent care can substitute for some nonemergent ED visits, it may also increase overall utilization by generating additional follow-up services and referrals.[9-11] Although prior research shows that community ED use increases subsequent specialty care outside VHA, the effects of community urgent care on further utilization remain unknown.[12] To address this gap, evaluators at the Partnered Evidence-Based Policy Resource Center (PEPReC) examined whether community urgent care use influences the share of subsequent specialty and emergency care occurring outside the VHA system.[13]

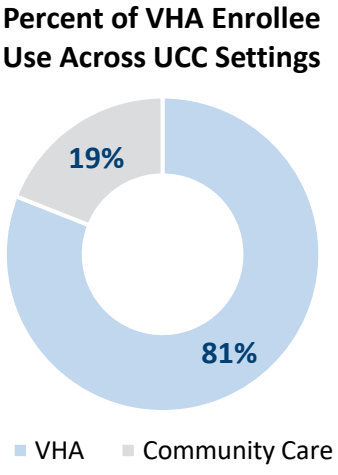
Methods

Data Source and Sample

Evaluators used VHA administrative and community care claims data from 2021 to 2022, obtained from the VHA Corporate Data Warehouse. The sample included 111,898 VHA enrollees with at least one urgent care visit at a VHA or community UCC in 2021.

Study Design

A retrospective cohort study was conducted to analyze urgent care, specialty care, and ED visits. Veterans' first urgent care visit was the index visit, and subsequent utilization was tracked for up to one year. An instrumental variable (IV) approach was used to estimate the effect of community urgent care visits on the proportion of subsequent visits in community clinics.



Results

Subsequent Utilization in Specialty Care

Veterans who use community UCC are more likely to subsequently receive specialty care in community settings than Veterans who use VHA UCC. For example, community urgent care visits were associated with a roughly 32-percentage-point **increase** in the proportion of subsequent specialty care visits received in the community within 30 days after the visit and an over 20-percentage-point increase within 60 to 365 days.

Community UCC patients are **more likely** to receive subsequent specialty care visits in the community than VHA UCC patients.

Subsequent Utilization in Emergency Care

The effect of community urgent care on subsequent ED use outside the VHA system was **insignificant**, suggesting that community UCC use has **no impact** on shifting ED utilization away from VHA facilities. Potential reasons include the nature of ED visits, which are typically driven by acute, unpredictable needs and are less influenced by prior urgent care visits. Also, Veterans who use community urgent care may still prefer VHA EDs for emergencies due to either perceived quality or familiarity with VA care.

Limitations

This evaluation has several limitations. The data included only urgent care at standalone VHA clinics, excluding visits within VHA EDs, which may limit generalizability. Differences in how VHA and community care visits were identified may have missed some observations, though using stop codes is standard practice in VHA analyses.[14] The analysis did not examine specific types of specialty care; thus, results reflect overall specialty care use and may differ by specialty. Finally, findings on care shifts may not generalize to other health systems that differ from VHA in size, scope, or operations.

Policy Implications and Relevance

These findings have important implications for resource allocation and health care policy, highlighting that community urgent care use can increase utilization outside integrated systems like VHA and raise the risk of care fragmentation.[15-17] Although the MISSION Act expanded Veterans' access and choice in community care, it may also have created care coordination challenges that could affect their quality of care and health outcomes. As VHA remains the payor for these services, increased community care use carries financial implications as well, including higher payments to external providers and potential underuse of existing VHA infrastructure. From a policy perspective, expanding VHA urgent care capacity, such as opening additional urgent care centers or extending operational hours, could help reduce costs and limit care fragmentation. By offering more accessible urgent care within VHA, fewer Veterans may seek services in the community, strengthening continuity of care and potentially improving health outcomes.

Expanding VHA urgent care capacity could help reduce costs and limit care fragmentation.

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ABOUT PEPReC POLICY BRIEFS

This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPReC) staff to inform policymakers and Veterans Health Administration (VHA) managers about the evidence regarding important developments in the broader health system and economy. PEPReC is a Quality Enhancement Research Initiative-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs. *The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.*

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