Urgent Health Care In The United States

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Introduction

During the last two decades, emergency care units have emerged all around the state. And the number of urgent care units is rising day by day. The flaws regarding patients' approach to initial and urgent care have broadened. Emergency care units are established and spread out to solve this issue. Faults of primary care suppliers and revolution in initial care services (rare night and holiday availability) are the causes of patients' transfer to emergency caution. The extraordinary charges of emergency health care units for non-urgent matters likewise make the patients search for a substitute with low cost and better health care facilities. Indemnity programs and the companies who reward the gratuities are at an extreme to help patients locate emergency care units instead of guiding them towards urgent care units in the area. Moreover, as much of the charges are tolerated by the patient, a cheap rate choice of emergency care is the definite preference.

Background

At this time, there are more than 9000 urgent care units in the US only; they are going to be prevalent with every passing day. However, the last record of ambulatory care has resulted in a discreet but continuous rise in centers. It is believed that the perception of urgent care came into being at the beginning of the 1970s due to the launching of separate health centers by several doctors to provide facilities to patients for severe but non-urgent health care. This trend became more corporate in the mid-1980s before a quick drop in later years. A lot of reasons have been submitted for this rapid drop. Several of the former substitute care units were supervised by doctors who were not experts in services required for urgent care centers, and excellence matters were also distinguished. But this does not mean that urgent care centers diminish completely, it was just a wrong beginning for this task (Weinick, Bristol, & DesRoches, 2009).

There are several definitions present for explaining ambulatory care such as the delivery of spontaneous medical care, easy to access for anyone at any time, advanced facilities essential for initial care, and very low charges. Urgent care offers real, constant care to spontaneous patients. Some offer arranged schedules and initial care, but such care centers are not available at any time and don't show any difference from the normal emergency care system. Increased availability, when likened to primary care centers, also exemplifies emergency care. On-time x-rays, arterial treatments and solutions, healing of cuts, external body deletion, Elementary fracture treatment, and medications for boil and blisters are common. Further than normal CLIA-waived tests, for example, sore throat, and urine tests, emergency care units normally do blood work. This contributes to

complete blood tests and main metabolic sections. In some urgent care centers, facilities for CT-scan, ultrasound and MRI are also accessible. Some studies have revealed that for similar medical issues, the charges in urgent care are normally between one-third or one-tenth of the expenses of emergency treatment of patients (Sean McNeeley., 2012).

Definition Of Terms

Urgent Care

The care needed by a patient urgently to prevent a serious health-related problem. It is a facility that is provided outside the emergency room of the hospital.

Emergency Care

The care provided to a patient in a life-threatening condition saves the patient's life.

General Problem

A large number of Americans try to get non-urgent care in urgent care centers, where they usually experience several hours'delay. Urgent care units and marketing health care centers have developed as substitutes for emergency care centers for non-urgent care. It was evaluated that 13.7 to 27.1% of all urgent care visits would occur at one of these substitute centers, having a possible cost reserve of about 4.4 million per year. The main situations that could be doctored at such centers comprise severe infection, disorders, anxieties, and fractures. It is proven that patients choose such care centers for their safety. However, more research is mandatory to make sure that the same superior care is delivered at ambulatory care units and marketing health hubs parallel to emergency units (Grumbach, Keane, & Bindman, 1993). Although thousands of urgent care units are present in America, still, there is still a need for more care units that can work as urgent care centers. These centers are important to provide care due to the delivery of spontaneous medical care, ease of access for anyone at any time, advanced facilities essential for initial care, and very low charges. Urgent care offers real, constant care to spontaneous patients, so more care units are required to be arranged by the government according to the needs of the population.

Specific Problem

In the US, centers of urgent care gained fundamental importance in the previous few decades and extremely proliferated in the past few years. Urgent Care Association of America (UCAOA) declared that UC is provided to patients by walk-ins outside the emergency departments of hospitals. The

importance of UC centers increased in Lamar County due to overcrowding in the emergency centers of different hospitals. A criterion was set by UCAOA about the minimum facilities provided at a UC center in the County. It involves:

- Provision of acute periodic care for some common medical disorders
- Unscheduled appointments of patients on a walk-in basis
- Extended working hours
- On-site X-ray amenities
- Provision of some advanced procedures such as casting and stitching of wounds.

Instead of the criteria set by the UCAOA, the quality of health care is extremely poor in Lamar County. On the other hand, patients are unaware of the illness and run to emergency departments of hospitals. Due to a lack of knowledge about illness, the rate of preventable hospital admissions is very high in Lamar County which can be decreased by increasing awareness among patients. Of the total of 1000 enrollments in hospitals, 70 admissions are preventable and can be treated in an urgent care unit or a community clinic. There is a need to improve the facilities in the urgent care units and to increase awareness among patients about using the facility of urgent care centers.

Problem Statement (Purpose Of The Problem)

The launching of separate health centers by several doctors to provide facilities to patients for severe but non-urgent health care is common in the US. Urgent care centers are a facility provided to patients in different areas of America but still, there is a shortage of urgent care centers in the US as compared to the population of the country. Different services are provided by UC to some patients but the need of the hour is to understand the perception of patients about this setting. The factors that affect patient satisfaction in UC need attention and a lot of improvements can be made to improve the health facilities in Lamar County. The cost of treatment in UC affects the quality of care and needs to be studied in detail for better management and improved experiences for patients. The main advantage of UC for patients is the low-cost treatments for their illness on an urgent basis. In several areas, due to awareness, patients visit urgent care units instead of emergency rooms of hospitals and advanced facilities are provided by UC in different cities of the US. However, in Lamar County, the situation of health care is critical due to the increased population and poor health facilities. This study will focus on the reasons for the shortage of urgent care units in America as well as the health care problems of Lamar County. Furthermore, it will discuss the problems faced by patients due to the shortage of urgent care units in rural areas of the County.

Theoretical Framework

The research about health care provisions has mentioned that a patient’s satisfaction with health service affects his decision of future use of the facility. According to previous literature, the provision

of the best service and fulfillment of the demands of a patient in an appropriately professional way increases the chances of patients' visits to healthcare centers (Choi, Lee, Kim, & Lee, 2005). The research design of the study is a quantitative analysis of secondary data along with a survey of 300 patients who visited an urgent care center in the previous six months for treatment. The survey results will be gathered to check the performance of urgent care centers through patient responses. The survey will help to make a comparison of the cost and excellence of health maintenance at ambulatory care hubs and hospitals. The perception of patients regarding facilities provided at health care centers in America, especially in Lamar County, and further improvements will be discussed in detail.

Objectives Of This Study

This study will address the main issues related to ambulatory care centers of Lamar County including the cost and quality of treatment of patients as compared to other health care centers such as hospitals. The satisfaction level of patients will be considered regarding urgent care, and further required improvements in this setting will be discussed in detail. The study will highlight the issues and discrepancies related to ambulatory care in Lamar County and the shortage of urgent care centers in the rural areas of the County.

Research Questions

RQ1: How Urgent Care Facilities are provided in America?

RQ2: What is the level of satisfaction of Urgent Care Facility in rural areas of Lamar County, USA?

RQ3: How can to improve the shortage of urgent care in Lamar County, USA?

Significance Of Study

The determination of the current study is to test the association between urgent health care and patient satisfaction in this setting in Lamar County, America. Along with this, the current study will discuss the effect of ambulatory care on the cost and quality of treatment of patients as compared to other healthcare settings in the county. It will address the issue of the shortage of UC in rural areas of the County and its effects on the patients who need urgent care. The findings of the research will help to improve the amenities of urgent care to upsurge the patient's confidence in these facilities. The study will help ambulatory management to increase the fineness of their provisions to proliferate patient satisfaction.

Literature Review

In the US, centers of urgent care gained ultimate importance in the previous few decades and extremely proliferated in the past few years. These centers can be easily assessed as compared to other health care centers and deliver extended hours' of treatment facilities related to primary care. The services are usually provided from 9.00 am to 9 pm, seven days a week. Some UCs deal with patients throughout the week, 24 hours a day, and they offer medical support to patients whenever out-patients need it. The main reason for patients' choice of UC seems to be extended hours (Qin, Prybutok, & Prybutok, 2016).

The UC center visits are much more inexpensive as compared to emergency rooms of hospitals which charge three to four times more than a UC. The issues related to hospital emergency care units are increasing, and there is a need to solve them by scheming strategies from the health department. This situation can be dealt with several solutions, which include increased funds for emergency care units, a further allocation of beds for patients who need hospitalization, and the establishment of urgent care units neighboring emergency care centers for quick handling of less serious issues. Along with the introduction of cost sharing for patients, rejecting patients' admission to emergency care centers with non-emergent problems (Yee, Lechner, & Boukus, 2013). Grumbach, Keane, & Bindman(1993)stated that it is required to permit substitute care units to train themselves to decide on treatment for the patient by enforcing a great time worth on patients for getting services of emergency care units(Grumbach, Keane, & Bindman, 1993). According to Qin (2009), a definite strategy was required to expand the ease of access to other initial care centers that deliver constant care for all severe and enduring diseases effectively to change the mode noticed by experts and physicians towards emergency care centers. This scheme needed recognition of patients who use the urgent care centers for routine checkups because of the hurdles in the way to use initial care services, sensible recommendations of such patients to the centers having initial care services, and expanding the capability of the initial care system to have room for poor patients(Qin, 2009).

Expected Results

The results of the current study will demonstrate the significance of urgent care for patients and the satisfactory behavior of patients toward ambulatory care units. The results will reveal which areas of urgent care need further improvements. The recommendations of this research will assist the administration of ambulatory care units to develop improved plans for the future urgent care of patients.

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