The Role of Dedicated Musculoskeletal Urgent Care Centers in Reducing Cost and Improving Access to Orthopaedic Care

Peter L. Althausen, MD, MBA; Justin Walker, MD; Austin McPhillamy, MD Reno Orthopaedic Clinic, Reno, Nevada, USA

Purpose: Over the past few years the United States has seen the rapid growth of dedicated musculoskeletal urgent care centers owned and operated by individual orthopaedic practices. Our hypothesis is that such centers can safely improve orthopaedic care for ambulatory orthopaedic injuries, decrease volume for overburdened emergency rooms (ERs), reduce wait times, and significantly decrease the cost of care while improving access to orthopaedic specialists.

Methods: In June of 2014, our practice opened the first dedicated orthopaedic urgent care in the region staffed by physician assistants and supervised by orthopaedic surgeons. Data were collected during the first year of operation from both our center and the local trauma center ER to assess a variety of clinical and economic outcomes. Data on patient wait times, time to an appointment with an orthopaedic specialist, and cost of visit were recorded. Basic demographic information, payer status, and diagnosis were also obtained. The effect on total ER and hospital surgical volume was recorded and the economic effect on our practice was calculated.

Results: During the 12 months of study, 12,722 patients were treated in our urgent care. The average urgent care wait time was 23 minutes compared to 194 minutes in hospital ER. Total visit time was 43 minutes in the urgent care and 318 minutes in the hospital ER. Time to being seen by an orthopaedic specialist was 1.2 days for urgent care patients compared to 5.2 days for ER patients. The average cost of an urgent care visit was \$210 compared to a \$3200 ER charge. Overall wait times for nonorthopaedic patients in the ER decreased 73 minutes. Hospital surgical case volume did not change over the period of study and the orthopaedic census remained stable. Urgent care start-up, marketing, administration, and supply costs totaled \$1,654,242. Revenue from E&M (evaluation and management), imaging, DME (durable medical equipment), and casting totaled \$2,577,707.

Conclusion: Dedicated musculoskeletal urgent care clinics operated by orthopaedic surgery practices can be extremely beneficial to patients, physicians, and the health-care system. They clearly improve access to care while decreasing overall health-care costs. In addition, they can be financially beneficial to both patients and orthopaedic surgeons alike without cannibalizing local hospital surgical volumes.