Are Urgent Care Centers Alleviating or Perpetuating the Continued Marginalization of Medically Underserved Patients?

A sociocological analysis of the impact current utilization of UCCs has on the health disparities faced by patients in Washington State residing in designated medically underserved or health care provider shortage areas with the highest needs.

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Introduction

Why:
The cause of health disparities faced by medically underserved populations is a complex dynamic interaction of multiple systems consisting of social, structural, and individual determinants of health. The multifactorial intersexology of these constructs ultimately results in unmet health needs and reflects how social structures and socioeconomic patterns are the major determinants of population health. This is reflected in the health behaviors of patients in medically underserved areas and their utilization of the emergency department (ED). The overutilization of ED results in poorer health outcomes for several reasons, such as limited availability of providers to attend to high acuity diagnoses, further burdening the health care system.

Who and Where:
People residing in areas designated as medically underserved or having health care provider shortage areas with the highest needs who are utilizing Urgent Care Centers (UCCs) in Washington State. Health disparities for these populations are a result of the emergency department (ED) being overutilized. People residing in medically underserved or having health care provider shortage areas with the highest needs who are utilizing Urgent Care Centers (UCCs) in Washington State. Health disparities for these populations are a result of the emergency department (ED) being overutilized.

How:
Urgent Care Centers were developed as a response to the overutilization of EDs. This study aims to utilize a sociological model of medicine to study how the current utilization of UCCs are alleviating or contributing to the continued marginalization of patients residing in medically underserved or healthcare provider shortage areas.

Methods

A visual depiction of a socio-ecological analysis of the impact of UCCs on health disparities among federally designated MUA and HPSA with the most needs in Washington State.

Conclusion

If UCCs can reduce wait times in EDs, then there is a need for better access to care. The utilization of UCCs as a reducing or equalizing health disparity tool may provide a means to alleviate the burden in medically underserved or having health care provider shortage areas with the highest needs. However, UCCs may also contribute to the continued marginalization of patients residing in medically underserved areas.

Visual Discussion

A visual depiction of a socio-ecological analysis of the impact of UCCs on health disparities among federally designated MUA and HPSA with the most needs in Washington State.

Future Implications and Recommendations

a. Policy oversight to encourage the use of UCCs as a reducing or equalizing health disparity tool.
b. Reduced access to emergency care services through UCCs, which may reduce the burden on social services.
c. Enhanced coordination and collaboration between UCCs and other health care providers.
d. Increased awareness of UCCs and their services among the population.

Literature Review

- The utilization of UCCs is influenced by various factors, such as the availability of emergency care services in the area.
- UCCs provide care to a wide range of patients, including those who may not otherwise seek care due to financial constraints or lack of transportation.

Geospatial depictions of location discrimination in current UCCs representing 7 MUA and HPSA counties in Washington state with the highest need.

Visual depiction using the Donabedian Framework to evaluate UCC quality of care in MUA and HPSA.