

# Witness Panel 2

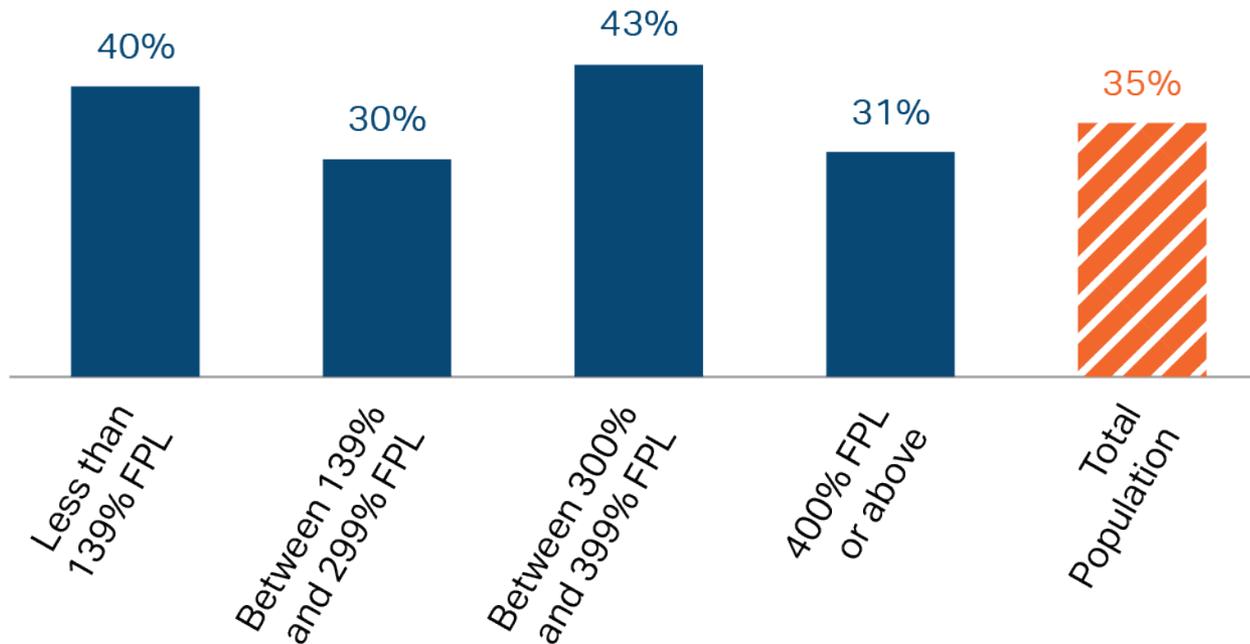
Innovations to Enhance Timely Access  
to Primary and Behavioral Health Care



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

# More than a third of Massachusetts residents reported that their last ED visit was not for an emergency in 2017

Percentage reporting “most recent emergency room visit in past 12 months was for a non-emergency condition” by family income, 2017



Of those with a non-emergent ED visit . . .

**57%**

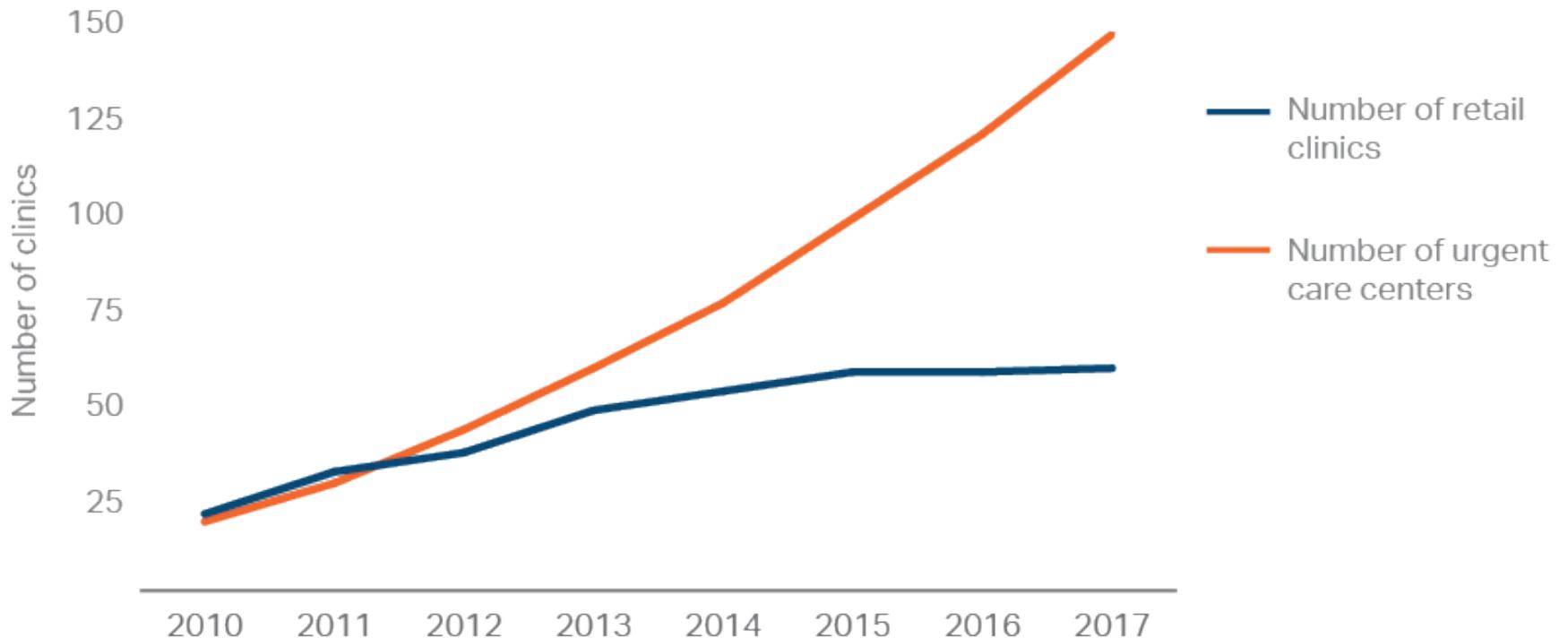
visited because they were unable to get an appointment

**68%**

visited because they were unable to access care after normal operating hours

# The number of urgent care centers and retail clinics serving MA residents has grown strikingly since 2010, although at different rates

*Number of urgent care centers and retail clinics in Massachusetts, 2010 - 2018*

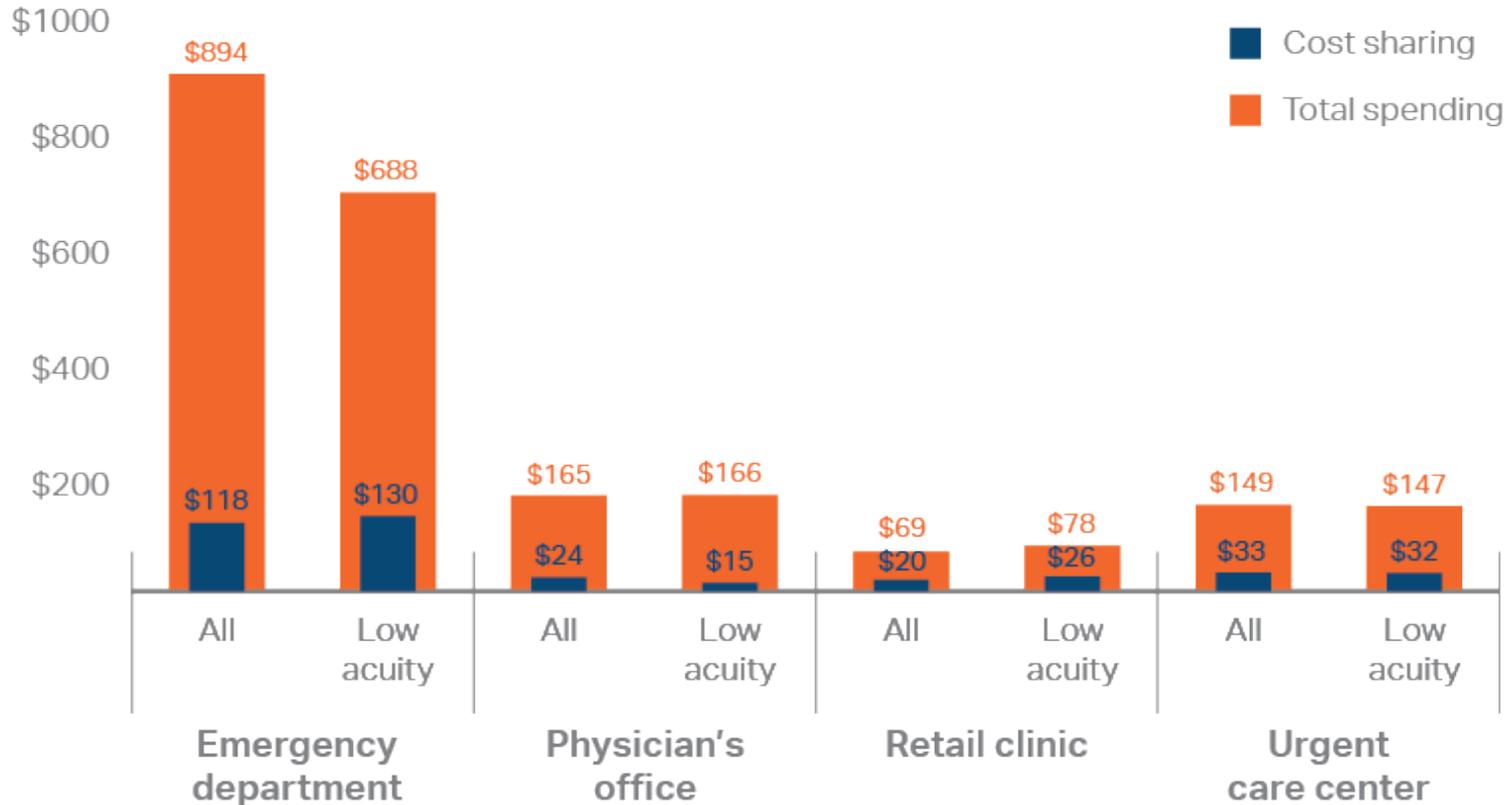


Notes: HPC defines urgent care centers as serving at least all adult patients on a walk-in (non-appointment) basis and having service hours beyond normal weekday business hours.

Sources: HPC identified urgent care centers through sources including licensure data from the Massachusetts Department of Public Health, data from the Centers for Medicare and Medicaid Services, insurers' online directories of providers, and the websites of the clinics and their affiliated organizations. Retail clinics are identified through their licensure as limited service clinics with the Massachusetts Department of Public Health; CVS Minute Clinics are the only retail clinics operating in Massachusetts as of August 2018.

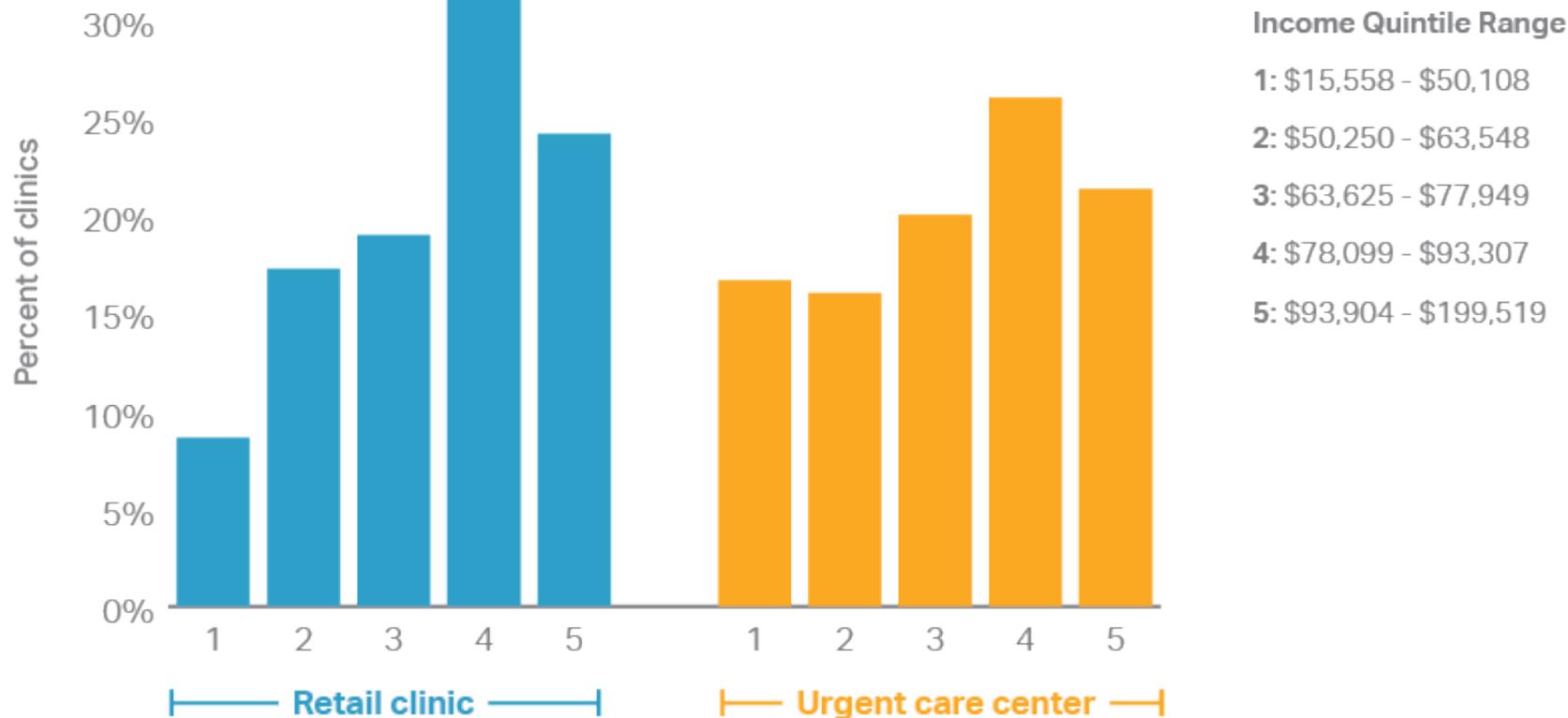
# Visit costs, including patient cost sharing, vary substantially by care site

Average total spending and cost sharing per visit, all conditions vs low acuity conditions, 2015



# Retail clinics and urgent care centers are disproportionately located in higher income areas, although urgent care centers are more broadly distributed

*Distribution of alternative care sites by median income of clinic location zip code*



# Providers reported varied perspectives on the impact of growth in alternative care sites

---

## Impact on the Emergency Department

*Uncertain effect on volume*

*“...it is not clear to us that the proliferation of urgent care centers in our service area has affected overall utilization of emergency departments. Instead, we **continue to see ED utilization increase**, even while urgent care encounters increase as well.”*

## Impact on Primary Care

*May attract routine care versus more complex patients*

*“...we are concerned that for many patients, urgent care services are replacing comprehensive primary care due to the convenience of access to an urgent care center, resulting in **greater fragmentation of primary care**.”*

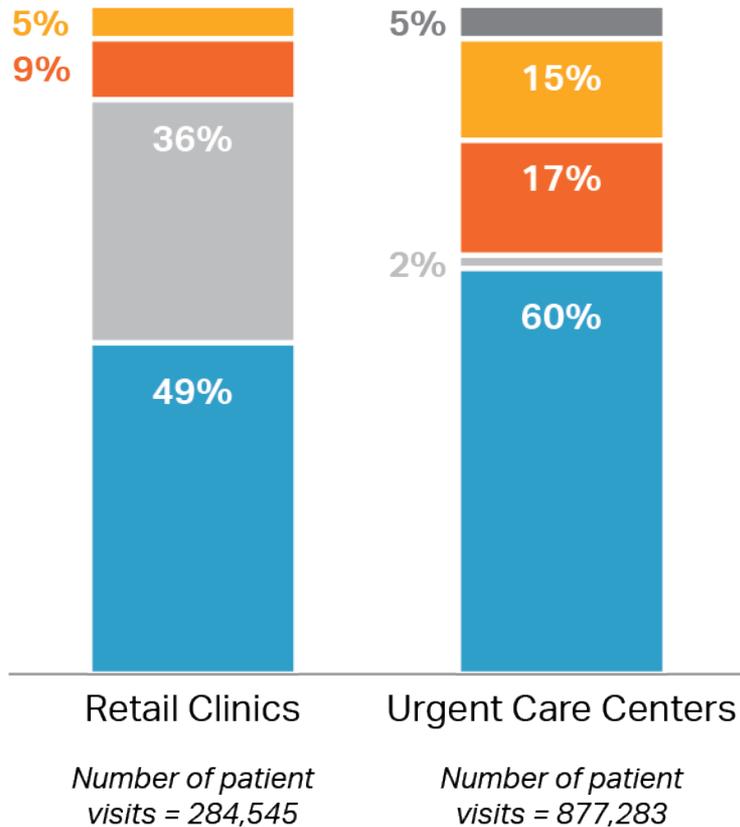
## Impact on Increasing Access to Appropriate Care

*Potential for greater access at lower cost sites*

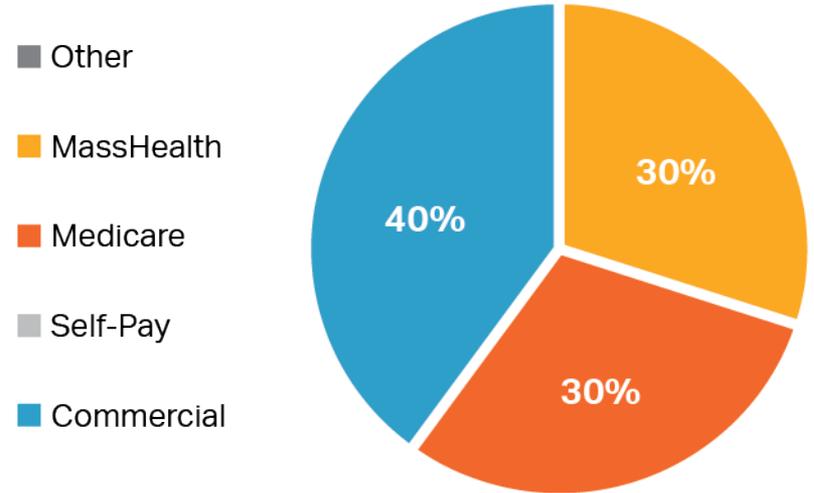
*Alternative care sites may “assist patients with having access to the appropriate level of care.... **hospitals will be able to focus on the higher levels of care** they are intended for. This focus should allow for more **timely access and higher quality outcomes for patients**... During times of physician and advanced provider shortages, they provide a **lower cost alternative than emergency services**.”*

# Commercial payers represent a greater share of revenue for retail clinics and urgent care centers than health care spending overall in MA

Distribution of gross patient service revenue from alternative care sites by payer, 2017



Distribution of total health care spending in MA by payer, 2017



Notes: Data weighted by respondent size, based on volume of unique patient visits. Based on responses received through pre-filed testimony, the number of unique patient visits at retail clinics totaled 284,545. The number of unique patient visits at urgent care centers totaled 1,029,034; however, only 877,283 are included in the graph. Minute Clinic was the respondent for retail clinics. Urgent care center respondents included in the graph are [see above for list]. Care Well and Berkshire Health Systems were not included because they did not provide distribution of revenue by payer.

Sources: HPC analysis of 2017 alternative care site data submitted through pre-filed testimony and 2017 Total Health Care Expenditure data from CHIA Databooks.