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Prevalence, Characteristics, and Costs of Urgent Care Center Membership Programs

Demand for urgent care centers (UCCs) has increased significantly over the last decade as patients seek timely and affordable health care.[1] Some UCCs have begun membership programs that offer access to discounted visits for recurrent fees. We examined the prevalence, characteristics, and costs of UCCs offering membership programs in the United States.

Supplemental content

Methods | This study received institutional review board exemption from the Yale School of Medicine. Five UCCs (defined as walk-in clinics in an ambulatory medical facility outside of a hospital-based or freestanding emergency department) from each of the 50 states were randomly selected from the Solv Health Directory, a community-sourced listing of approximately 11 000 UCCs. Although Solv Health is a commercial directory, UCCs are not required to pay to be listed in the directory. Affiliation with a hospital or health system, association with a large national urgent care network (eg, Concentra and NextCare), and accreditation status were obtained from the directory and the UCCs' websites. Median household income in each UCC's zip code was obtained from the 2017 American Community Survey.[2]

Trained investigators posing as uninsured patients used a standardized script (eAppendix in the Supplement) to ask UCC receptionists about individual membership programs. Calls were made in August 2019, during which information about program eligibility and cost of an urgent care visit was collected.

Statistical analysis was performed using JMP Pro version 13. Characteristics between membership and nonmembership UCCs were compared using χ^2 tests and unpaired *t* tests. A 2-sided $P < .05$ was considered statistically significant.

Results | Of 250 UCCs contacted, 15 (6%) offered membership programs. Membership programs were offered in 10 states, with 2 or 3 UCCs of the 5 contacted in 3 states offering such programs. **Table 1** compares characteristics and differences between membership and nonmembership UCCs. Membership UCCs were significantly less likely to be affiliated with a hospital or health system compared with nonmembership UCCs and significantly more likely to belong to large nationwide networks. No significant differences in Joint Commission accreditation, Urgent Care Association accreditation, or income quartile of the UCC's community were observed.

Respondents from all 15 membership programs reported that any patient, regardless of insurance status, could enroll. Membership fees ranged from $50 per year to $800 per year (mean, $373 [SD, $225]), discounted visit fees for members from $0 to $125 per year (mean, $47 [SD, $38]), and full-price visit fees for nonmembers from $90 to $275 per year (mean, $149 [SD, $43]). Visit fees for members were statistically significantly less for members vs nonmembers (difference, $102; 95% CI, $72-$132; $P < .001$) (**Table 2**).

Discussion | A small number of UCCs in 10 states offered membership programs. Similar programs have been observed in other practice settings, such as the direct primary care model, in which a primary care practice charges periodic and per-visit fees for its services.[3] Compared with nonmembership UCCs, those offering memberships were more often unaffiliated with hospitals and associated with large national urgent care networks.

These membership programs may offer convenience and improve access to care for uninsured and underinsured patients. However, there are serious disadvantages, including limited continuity of care and additional fees for imaging and laboratory services. These programs are unlikely to save most people money. Membership fees do not contribute to insurance deductibles and cannot be paid using health savings accounts or flexible spending accounts, possibly increasing patient out-of-pocket costs. Given an estimated mean cost savings

Table 1. Characteristics of Membership and Nonmembership UCCs

Characteristics of UCC	UCCs, No. (%)			
	Overall (N = 250)[a]	Membership (n = 15)	Nonmembership (n = 235)	*P* value[b]
Affiliation with hospital or health network	117 (47)	2 (13)	115 (49)	.01
Association with large national urgent care network	30 (12)	7 (47)	23 (10)	<.001
Joint Commission accredited	24 (10)	0	24 (10)	.37
Urgent Care Association accredited	21 (8)	1 (7)	20 (9)	.80
Income quartile of UCC zip code relative to the state				.90
Lowest	30 (12)	1 (7)	29 (12)	
Second	47 (19)	3 (20)	44 (19)	
Third	72 (29)	4 (27)	68 (29)	
Highest	101 (40)	7 (47)	94 (40)	

Abbreviation: UCC, urgent care center.

[a] Indicates all UCCs included in this study.

[b] *P* values reflect the comparison between membership UCCs and nonmembership UCCs using the Fisher exact test (for comparisons with frequency <5) and the χ^2 test.

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Table 2. Costs, Benefits, and Services of Individual Membership Programs at 15 UCCs

State[a]	Individual membership fees, $		Visit price, $		Included membership benefits and services
	Per month	Per year[b]	Member	Nonmember	
Arizona	39[c,d]	468	39	170	Excludes preventive services, motor vehicle crash injuries, durable medical equipment, prescription medications, and outside laboratory testing or imaging
Arizona	NR	65[d]	125		
Arizona	NR	50[d]	79	129	Most procedures $159-$299; discounts for x-rays, laboratory tests, and electrocardiograms; additional costs for medications, durable medical equipment, and vaccinations
California[e]	20[d]	240	68	200	10%-60% Discount on services
Colorado	39[c,d]	468	39	145	Excludes preventive services, motor vehicle crash injuries, durable medical equipment, prescription medications, and outside laboratory testing or imaging
Colorado[e]	20[d]	240	68	140	10%-60% Discount on services
Connecticut	50[d]	600	0	135	Unlimited visits; discounted in-house services including laboratory testing, x-rays, and procedures
Florida[f]	50[d]	600	10	120	All in-house services included, plus discounted bloodwork
Georgia	39[c,d]	468	25	129	Includes examination, laboratory testing, and some injectable medicines
Georgia	NR	399[d]			
Illinois	NR	800[d]	0	90	Includes 6 visits per year, bloodwork, x-rays, Papanicolaou test, and electrocardiogram; discounts available for computed tomography or magnetic resonance imaging
Nevada[e]	20[d]	240	68	145	10%-60% Discount on services
Texas[e,f]	20[d]	240	68	160	10%-60% Discount on services
Texas[e,f]	50[d]	600	0	275	One well visit per year; unlimited urgent care visits, blood pressure check, venipuncture, and vaccination
Texas	18[d]	216	79	129	Unlimited urgent care visits; discounted nonurgent care health benefits such as dental, vision, and pharmacy
Utah[f]	50[d]	600	10	129	Unlimited primary care and urgent care visits; includes any in-clinic procedures and offers discounted blood tests, telemedicine, and virtual monitoring

Abbreviations: NR, not reported; UCC, urgent care center.

[a] Some UCCs (shown by state) are listed more than once because they offer more than 1 plan.

[b] Unless otherwise indicated, values show the calculated annual fee determined by multiplying the quoted monthly fee by 12.

[c] Two individual membership options were presented. The short-term $39-per-month option was excluded from the cost analysis.

[d] Indicates fee as directly quoted by the UCC.

[e] These UCCs all belonged to the same national urgent care network.

[f] Four UCCs quoted new member fees: $135 for Connecticut, $50 for Florida, $135 for Texas, and $20 for Utah.

of $100 per visit and a mean annual membership fee of $400, approximately 4 UCC visits per year would be needed to offset the membership fee.

Limitations include the small number of UCCs contacted per state, which may not be representative. Concentration of such programs in 3 states may suggest geographic localization of membership programs or sampling bias. The fixed sampling of UCCs per state may also overrepresent smaller states. Additionally, several membership UCCs in the sample belonged to the same national urgent care network. Therefore, any conclusions regarding the breadth of policies at the company level should consider the skewed overrepresentation of larger networks. Additionally, the cost analysis did not account for possible reimbursement by insurance.

Future research should examine changes in the prevalence of UCC membership programs and the effect of membership programs on accessibility, quality, and value of care.

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Accepted for Publication: April 20, 2020.

Author Contributions: Mr Hsiang had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.
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Statistical analysis: Hsiang, Jin, Forman.
Obtained funding: Wiznia.
Administrative, technical, or material support: Hsiang, Jin, Wiznia.
Supervision: Hsiang, Forman, Wiznia.

Conflict of Interest Disclosures: None reported.

Additional Contributions: We thank Michael Najem, BS, Laurie Yousman, BS, Alison Mosier-Mills, BS, Siddarth Jain, BS, and Akshay Khunte, BS (all from Yale School of Medicine), in assisting with data collection, as well as Kevin Schuster, MD, MPH, and Michael Leapman, MD (both from Yale School of Medicine), in assisting with the study design. No compensation was received by any of these parties.

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