



spare the

“Urgent-care” facilities provide an alternative

by Rebecca Sell

“Mommy, I’m sick.”

As a mother of three, Monique Mathes knows those three words have the power to break an afternoon. Emergencies during the week are one thing, but when stumbles and sniffles crop up on Saturdays, it’s a whole other hassle. Those were the times when Mathes would brace herself for a trip to the emergency room, where the long wait sometimes caused her as much agony as the emergency itself.

When an urgent-care center, East Jefferson After Hours, opened on West Esplanade Avenue in Kenner, she decided to give it a try.

“When my oldest child fell and hit her head, we took her in. Another time, my middle child had a 103-degree fever, and her pediatrician’s office had just closed. Then there was the time my husband came home from work with a terrible earache,” she says.

Mathes says that the wait has always been minimal, a half-hour at most. But since even a minute is an eternity to a hurting child, she finds it helpful that the atmosphere is similar to her doctor’s office. Another bonus is that the cost is comparable.

“Actually, with our insurance, we have the same co-pay as

a visit to our primary-care doctor, so it doesn’t hurt us if we have to run in on the weekend,” she says.

Mathes has a \$20 co-pay, vs. the \$250 deductible she would have to pay for emergency services.

Dr. Gerry Cvitanovich is the medical director and owner of East Jefferson After Hours. After 12 years of working in emergency rooms, he has seen his share of patient frustration. There is a constantly shifting hierarchy of priority cases in the ER. While critical patients rightfully receive immediate attention, by default those with minor injuries and illnesses are kept on hold. Many times, once he had seen the patient, he found he was treating things that would have been better suited for a primary-care doctor.

This prompted his decision to offer an alternative. In 2002 he opened East Jefferson After Hours. When he noticed many clients were driving in from Metairie and Lakeview, the idea for a second location was born. That facility is scheduled to open later this year in Metairie.

His three staff doctors are all board-certified in family practice. Other staff includes a triage technician, an X-ray technician and a paramedic.

“Our urgent-care center has the capability to treat minor injuries and illness,” Cvitanovich says. “We have X-ray, limited lab and EKG.”



East Jefferson After Hours participates with most insurance plans, and a high percentage of its patients have coverage. Many patients, though, have higher deductibles in exchange for lower premiums. Therefore, seeking treatment at an urgent care facility becomes an attractive option. The fees for services rendered here are often drastically lower, sometimes as much as 60 percent to 70 percent. For example, the price of stitching a cut in an ER may cost around \$1,000. The same treatment at an urgent-care center will probably fall in the \$200 to \$400 range. The patient co-pay is “tucked between the primary-care physician and ER,” says Cvitanovich. “Patients pay \$35 to \$50 to see us, but the ER co-pay will run upwards to \$150.”

Dr. David Stern, director of communications for the Urgent Care Association of America, says urgent care is a relatively new industry. The first generation of centers appeared in the 1970s; now there are approximately 15,000 operating nationwide.

One factor contributing to their popularity is emergency-room overcrowding. The Centers for Disease Control set the number of hospital emergency-department visits at more than 113 million nationwide in 2003. That’s an increase of 26 percent in the last decade.

“According to the CDC, those visits currently average

around three hours,” Stern says. “But approximately 40 percent are for non-urgent or semi-urgent problems. Many patients could receive treatment in less than an hour in an urgent-care center.”

He says most centers are staffed with a doctor, an X-ray technician, a nursing staff and a reception staff. The medical doctor is key, so a patient visiting for the first time should ask, “Is the physician truly a medical doctor or just a nurse practitioner?” This is especially important here in Louisiana, where urgent care centers are not regulated any differently than a doctor’s office. Stern warns that though some facilities may advertise themselves as urgent care, that does not always mean they are an urgent-care facility.

“A chiropractor could put up a sign that says ‘urgent care,’ but it’s merely a chiropractor’s office. That’s fine if you have back pain, but if you’re coming in with a fever, you’re not going to get the help you need,” he says.

Stern also says that if a center does not participate with managed-care insurance plans, patients should find out why not. Insurance providers often have a list of criteria that must be met before they will work with a facility.

“The private sector is doing a type of informal accreditation this way,” he says. “The Urgent Care Association also does inspections for accreditation, so find out if the center



Urgent-care facilities can handle after-hours illnesses or injuries such as sprains or broken bones, thereby saving patients money and time that would have been spent in the emergency room.

mission of the establishment. If business hours are exclusively weekday mornings and afternoons, chances are something is amiss. "It should be open 365 days a year and be open after hours, when the primary-care doctor's office is closed," Mehaffie says.

Stern sees a growing number of doctors warming to these facilities, with many turning to them as a resource. He says that many primary-care doctors have more than enough work on their hands, so having an outlet like urgent care can be as helpful to them as to their patients.

Dr. Godwin Ogboukiri, medical director of Downman Urgent Healthcare Clinic in eastern New Orleans, often teams up with other doctors.

"Many times a person has gone to [the] ER for stitches," Ogboukiri says. "Then their doctor sends them to us to have them removed. A lot of times that patient leaves here saying, 'I wish I would have known about you first.'"

Ogboukiri sees many workers who have been injured on the job coming through his door. The quick turnaround time gets the employee back to work efficiently, and in the case of a sprain or stitches, any follow-up can be taken care of at the center as

well. Because he provides general checkups, athletes or students in need of physicals also seek him out. In addition, he has a dispensing license that allows him to prescribe basic medications such as allergy pills and creams.

Ogboukiri has 30 years of experience working as a surgeon. For him, the transition to urgent care has provided a source of satisfaction. Because each day allows the opportunity to treat a wide variety of conditions, it is a perfect niche for anyone with surgical interest and skills.

Services rendered at Downman Urgent Healthcare are also covered by most insurance plans. Ogboukiri explains that his fees can be lower than an ER's because the overhead of running such a small facility is lower.

"No one should blame the ER for being so expensive. By the time they pay the hospital, it really adds up," he says. "The urgent care is here to make life easier and cheaper. We save time for the patient, we save money for the insurance companies, and we take the load off of the ER. We offer a place for all the lumps and bumps that may have otherwise ended up getting pushed into the corner." ❀

has been formally accredited by an agency that does inspections. A recommendation from the family doctor is another way to make sure it's a good center."

A good relationship with and close proximity to a hospital are also pluses. East Jefferson After Hours works with East Jefferson General Hospital, where Cvitanovich is still on staff. The relationship is valuable because the occasional patient comes in and discovers that his bellyache is actually appendicitis - or that it isn't indigestion, it's a heart attack.

"These patients are transferred to the hospital's emergency department by ambulance. We can stabilize these serious conditions here and then get them the help they need immediately," Cvitanovich says.

Though his center is independently owned, many hospitals have opened urgent-care departments of their own, like Lakeside Hospital in Metairie. Stern says that hospitals see these departments as valuable, even though they often lose money for the institution because their presence sends a message to the community that the hospital is responsive to their needs. It also serves as a public access point for the institution, bringing in patients who may otherwise go untreated.

Across the river, Dr. Douglas Mehaffie is medical director of Westbank Urgent Care, a year-old facility in Gretna. His staff includes board-certified doctors, an X-ray technician and an emergency medical technician. They participate with national and local managed-care providers and offer discounts to patients who pay outright. In addition, the facility is affiliated with a group of hospitalist physicians - hospital-based doctors - for patients in need of admission to the hospital but without a primary-care doctor.

Mehaffie says that in a recent study of patients using urgent care, 71 percent had a primary-care doctor. The role of these facilities is not to replace primary care but to supplement it. That said, the hours of operation can say a lot about the true

On the job

Common urgent-care services

Suturing, splinting, X-rays, lab work, flu shots, drainage of abscesses, removal of ingrown toenails, breathing treatments, pregnancy testing, wound care, urinalysis, injections, blood-pressure checks, worker's compensation injuries, general/annual checkups.

Common ailments treated

Ear infections, sprains, strains, arthritis, broken bones, common colds, fevers, coughs, asthma, insect bites, allergic reactions, burns, dehydration, lacerations, nausea, urinary-tract infections, rashes.