

Justification for Collecting Urgent Care Data to Broaden Syndromic Surveillance

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Objective

Provide justification for the collection and reporting of urgent care (UC) data for public health syndromic surveillance.

Introduction

While UC does not have a standard definition, it can generally be described as the delivery of ambulatory medical care outside of a hospital emergency department (ED) on a walk-in basis, without a scheduled appointment, available at extended hours, and providing an array of services comparable to typical primary care offices.¹ UC facilities represent a growing sector of the United States healthcare industry, doubling in size between 2008 and 2011.¹ The Urgent Care Association of America (UCAOA) estimates that UC facilities had 160 million patient encounters in 2013.² This compares to 130.4 million patient encounters in EDs in 2013, as reported by the National Hospital Ambulatory Medical Care Survey.³ Public Health (PH) is actively working to broaden syndromic surveillance to include urgent care data as more individuals use these services.⁴ PH needs justification when reaching out to healthcare partners to get buy-in for collecting and reporting UC data.

Keywords

Urgent Care; Syndromic Surveillance; data collection

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References

1. Urgent Care Association of America. *Industry FAQs*. Retrieved from <http://bit.ly/2IEZTtK>
2. Urgent Care Association of America. (2014). The Urgent Care Association of America Unveils New Accreditation Program. *PR Newswire*. Retrieved from <http://prn.to/2wPcQXh>
3. Rui P, Kang K, Albert M. *National Hospital Ambulatory Medical Care Survey: 2013 Emergency Department Summary Tables*. Retrieved from: <http://bit.ly/2yhLgoG>
4. Centers for Disease Control and Surveillance. (2015). *The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice*. FOA: CDC-RFA-OE15-1502. Retrieved from <http://bit.ly/2yFXwRa>

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