Patient First, an urgent care chain, opens a new center this morning on the campus of Johns Hopkins Bayview Medical Center -- its first facility on the grounds of a hospital and its first in Baltimore City. Bayview sought out Patient First, seeing it not as competition but as a mechanism to unclog its crowded emergency department.

The Bayview opening heralds a new burst of growth for Patient First, which opened five urgent care centers in the Baltimore area a decade ago but had not built any since. Within the next year, it plans to open four more Maryland centers, in White Marsh, Glen Burnie, Pasadena and Waldorf.

The expansion comes at a time when urgent care centers are facing new competition from quick clinics in retail stores and pharmacies. There are now more than 800 retail clinics in the country, up from barely 100 less than two years ago, according to Merchant Medicine, a consulting firm that advises potential retail clinic operators.

Urgent care centers grew up about a quarter-century ago as a more convenient and less expensive alternative to emergency room treatment.

Originally derided as a "doc-in-a-box," the urgent care centers offer a staff of a half-dozen or so, typically a doctor, a nurse, lab and X-ray technicians and a receptionist.

The centers treat a variety of non-life-threatening injuries and diseases, taking X-rays and basic lab tests, stitching up cuts, setting broken bones, filling some prescriptions. They also provide immunizations and routine physicals. In more serious cases -- someone with chest pains or life-threatening wounds -- they stabilize the patient and call an ambulance.

The retail clinics are a much more stripped-down model: a nurse practitioner in a bedroom-sized space treating a dozen or so common problems, such as throat and sinus infections and poison ivy.

Those common infections can constitute a fair chunk of the business of urgent care centers. Retail clinics are "having more of a negative impact than a positive impact" on the urgent care centers, said Tom Charland, Merchant Medicine's chief executive.

Charland has seen both sides of the retail clinic/urgent care divide. He once was executive director of the National Association for Ambulatory Care, an urgent care trade association. He is also a former executive with MinuteClinic, the largest chain of retail clinics.
"If I were an operator [of an urgent care center], I wouldn't choose Baltimore, given the presence of the retail clinics there," Charland said. His company counts 29 retail clinics in Maryland, including 23 MinuteClinics, all in CVS pharmacies.

Others in the urgent care field, however, see the retail clinics as a potential boost.

"It might be helping people to recognize they don't need to go to the emergency department to get their care," said Dr. Franz Ritucci, who operates an urgent care center in Orlando, Fla., and is president of the American Academy of Urgent Care Medicine, an organization that accredits urgent care centers.

Retail clinics and urgent care centers are seeing patients who could generally be treated in a doctor's office, but have picked up business because doctors generally don't offer evening and weekend hours, and patients don't need appointments. Patient First centers are open from 8 a.m. to 10 p.m., 365 days a year.

So far, the retail clinics have not affected Patient First's patient volumes or the types of cases seen, said Dr. Pete Sowers, chief executive officer, adding that most patients have a consultation within a few minutes.

A former emergency room doctor who founded Patient First in 1981, Sowers said the chain is expanding, despite the retail clinic growth, for a simple reason -- its centers are busy. He declined to discuss specific volume or revenue data, saying that is proprietary information for the privately held company.

The Bayview center, a free-standing building tucked into a corner of Bayview's campus off Eastern Avenue, is Patient First's sixth in the Baltimore area -- others are in Bel Air, Perry Hall, Laurel, Owings Mills and in Hopkins' medical complex at Greenspring Station -- and 21st overall. Patient First began in Richmond, Va., and also has centers in Tidewater Virginia.

"The Patient First concept is a throwback to the old-timey doctor's office, where you went in for anything at any time without an appointment," Sowers said. What is different is more structure, a set of protocols to guide doctors in dealing with various symptoms and diagnoses, he said.

Patient First participates with all health insurers, he said. Many insurers, seeking to give patients an incentive to avoid expensive and unnecessary emergency room care, set lower co-payments for urgent care.

As for the uninsured, Sowers said Patient First will treat and bill them, working out payment plans as necessary. He said the proportion of the uninsured in the general population is the same as that of patients handled by Patient First.

Just as he is not deterred by retail clinics, he is not daunted by the prospect of opening up on the same campus as a busy hospital emergency room. Sowers said Hopkins asked his company to put the center at Bayview.

Already, he said, Patient First has two centers across the street from hospitals -- one in Virginia and one near Upper Chesapeake Medical Center in Bel Air. In both cases,
Sowers said, the Patient First centers and the nearby emergency rooms have plenty of business.

Gregory F. Schaffer, president of Hopkins Bayview, said he expects the hospital to get referrals from Patient First for high-end imaging, such as magnetic resonance imaging (MRI) exams, complex lab work and specialty care.

But he sees the main benefit as reducing a bottleneck at his hospital. "The thing that gets me excited about it," Schaffer said, "is that we have problems in the emergency department with nonemergency patients." The emergency department had 56,000 visits in the fiscal year that ended June 30, and is on a pace for 60,000 this year, he said.

The emergency room also is not convenient for those with nonemergency problems, he continued. "If you've been there three or four hours with a problem with your finger, and heart attacks or trauma cases come in, you keep getting triaged to the bottom of the list."

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Credit: Sun reporter