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# National trends in musculoskeletal urgent care centers

## Improved Medicaid access from 2019 to 2023

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### Abstract

Musculoskeletal urgent care centers (MUCCs) are an increasingly common alternative to emergency departments for patients with orthopedic injuries. As there is a lack of longitudinal data regarding MUCCs' impact on the emergency health care system, our study seeks to understand recent trends in MUCC growth and their acceptance of Medicaid insurance. Over the last 6 years, at 2-year intervals (2019, 2021, and 2023), we performed a search to identify all MUCCs in the United States. We determined the affiliation and Medicaid acceptance status of all MUCCs, including those that closed/opened between 2019, 2021, and 2023, to analyze trends in MUCC availability and Medicaid acceptance. In 2019, there were 558 MUCCs, which increased to 596 MUCCs in 2021 and then decreased to 555 MUCCs in 2023, representing a growth and then decline of approximately 7%. Overall, since June 2019, 90 MUCCs have opened and 95 MUCCs have closed. Medicaid acceptance increased nationally between 2019 and 2023, from 58% to 71%. Medicaid acceptance increased for both nonaffiliated and privately affiliated MUCCs. Medicaid acceptance has increased nationally from 2019 to 2023, while MUCC availability has gone through a period of growth and then reversion to 2019 levels. As MUCCs have demonstrated limited Medicaid acceptance previously, it is promising that Medicaid acceptance has improved and MUCCs are providing patients with an additional avenue to access orthopedic care.

**Abbreviations:** ED = emergency department, MUCC = musculoskeletal urgent care center.

**Keywords:** availability, insurance acceptance, musculoskeletal urgent care centers

### 1. Introduction

Musculoskeletal urgent care centers (MUCCs) are an increasingly common alternative to emergency departments (EDs) for patients with orthopedic injuries. MUCCs have been found to improve access to orthopedic specialists, reduce wait times, decrease the burden on emergency departments, and decrease overall costs of care.<sup>[1]</sup> However, prior studies have suggested that MUCCs introduce disparities in access to care with insurance acceptance policies that allow them to preferentially treat patients with private insurance.<sup>[2,3]</sup> Given the potential importance that MUCCs may continue to play in the American health care system, obtaining longitudinal data on the number of operational MUCCs could provide important information for future studies and evaluations. There is currently a significant lack of longitudinal data regarding the number of operational MUCCs. Our study seeks to understand recent trends in MUCC growth and their acceptance of Medicaid insurance over 3 distinct time points over a 6-year period.

### 2. Methods

In June of 2019, June of 2021, and June of 2023, we performed a search to identify all MUCCs in the United States using Google Search and Google Maps (Mountain View, CA). We used the phrases "XX musculoskeletal urgent care," "XX orthopedic urgent care," and "XX MSK urgent care," where XX was replaced with the 2-letter state postal abbreviation. We employed this search strategy as we believed it would most closely replicate how a patient would search for a local MUCC and has been previously employed.<sup>[2]</sup> To better understand the impact of MUCC closures and openings, we determined the affiliation and Medicaid acceptance status (via telephone by posing as a patient with a specific insurance type and asking if the MUCC accepts that insurance type) of each MUCC. MUCC affiliation was determined during phone calls using the definitions by Yousman et al<sup>[2]</sup> including nonaffiliated (without a connection to a hospital or practice), extension (associated with a private practice or nonacademic hospital), or academic practice (associated with a teaching

Level of Evidence: Level III, Retrospective Comparative Study

The authors have no conflicts of interest to disclose.

The datasets generated during and/or analyzed during the current study are not publicly available, but are available from the corresponding author on reasonable request.

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hospital). Additionally, our team investigated reasons for closures by calling MUCCs directly to see if the numbers were still active.

**2.1. Ethics approval**

This study does not involve human subjects and received an institutional review board exemption by the Yale University Institutional Review Board.

**3. Results**

From 2019 to 2021, the number of MUCCs increased nationally by 7%, and the proportion that accepted Medicaid increased from 58% to 69% (Table 1). This growth trend reversed from 2021 to 2023, with the number of MUCCs decreasing by 7% while Medicaid acceptance remained high at 71% (Table 1). Between 2019 and 2021, 71 new MUCCs opened and 39 MUCCs closed (Table 2). Between 2021 and 2023, only 19 new MUCCs opened, while 56 MUCCs closed (Table 2). The majority of MUCCs that closed were affiliated with private practices or nonacademic hospitals. The majority of MUCCs that opened were affiliated with private practices, nonacademic hospitals, or academic hospitals and accepted Medicaid (76%, 2021; 90%, 2023). Nine states experienced a net decrease in MUCCs between 2019 and 2021. The most striking examples are Delaware and Vermont, where the only previously open MUCCs (which had all accepted Medicaid) closed. In 2023, Delaware still had no open MUCC, while Vermont had just 1. Twenty-three states had no net change in MUCC locations, and 18 states demonstrated a net increase in MUCCs. We found that reasons for MUCC closures included physicians transferring to a different location, MUCCs changing to a specialist location or surgical center, closure due to COVID-19, and changes in the physical location of the MUCC.

**4. Discussion**

Our national survey of MUCCs at 3 time points over a 6-year period (2019 to 2021 to 2023) demonstrates a volatile trend in the number of MUCCs nationally. MUCCs went through a period of growth of about 7% between 2019 and 2021 before falling back to approximately 2019 numbers by 2023. Despite the volatility, Medicaid acceptance has only continued to increase from 58% to 71% over the course of the study period. As EDs continue to be overwhelmed by patient visits as evidenced by increased utilization in both rural and urban locations,<sup>[4]</sup> our findings suggest that MUCCs are remaining

a substantial alternative treatment location for nonemergent orthopedic care.<sup>[1,5]</sup> These centers are continuing to mature as access points to orthopedic specialty care, and they may be increasingly serving Medicaid patients. As MUCCs have been previously found to not accept patients insured by Medicaid, it is encouraging that these barriers to urgent orthopedic care are improving.<sup>[2,3]</sup> Unfortunately, the recent trend in MUCC closures may influence access for Medicaid patients to receive musculoskeletal care, especially in more rural areas of the country. Given MUCCs' growing role in providing access to orthopedic care, future research should examine how policy can improve acceptance of Medicaid insurance.

**4.1. Limitations**

Our study has several limitations. First, as no centralized database for MUCCs exists, our search strategy may have missed some MUCC locations between 2019 and 2023. However, we feel that our search was comprehensive and encompassed all MUCCs that could be found on the internet by using multiple search terms to capture MUCCs. Second, as it is possible that all MUCCs were not found in 2019, 2021, and 2023, the number of MUCCs that opened or closed could be incorrect. Again, we believe that our search strategy was comprehensive and minimized this risk.

**5. Conclusion**

MUCC availability increased nationally from 2019 to 2021 before decreasing to 2019 levels in 2023. Medicaid acceptance at MUCCs has continued to increase over the last 6 years. As MUCCs have historically demonstrated limited Medicaid acceptance, it is promising that Medicaid acceptance has improved and MUCCs are providing patients with an additional avenue to access orthopedic care. Further research is warranted to delineate the trajectory of MUCC availability across the United States and elucidate its integration into the broader landscape of musculoskeletal health care provision.

**Table 1**  
Comparison of musculoskeletal urgent care centers: 2019 to 2023.

	2019,* n (%)	2021, n (%)	2023, n (%)
Practice affiliation			
Nonaffiliated	31 (6%)	38 (6%)	37 (7%)
Affiliated with private practice/ nonacademic hospital	479 (86%)	517 (87%)	466 (84%)
Academic	48 (9%)	41 (7%)	52 (9%)
Medicaid acceptance			
Overall	323 (58%)	413 (69%)	395 (71%)
Nonaffiliated	11 (35%)	23 (61%)	29 (78%)
Affiliated with private practice/ nonacademic hospital	270 (56%)	355 (69%)	331 (71%)
Academic	42 (88%)	35 (85%)	35 (67%)
Overall	558	596	555

\*2019 data provided by Yousman et al.<sup>[1]</sup>

**Table 2**  
Comparison of musculoskeletal urgent centers that closed and opened.

2019 vs 2021	MUCCs that closed, n (%)	MUCCs that opened, n (%)
Practice affiliation		
Nonaffiliated	5 (13%)	11 (15%)
Affiliated with private practice/ nonacademic hospital	27 (69%)	52 (73%)
Academic	7 (18%)	8 (11%)
Medicaid acceptance		
Yes	21 (54%)	54 (76%)
No	18 (46%)	17 (24%)
Overall	39	71
<b>2021 vs 2023</b>		
Practice affiliation		
Nonaffiliated	9 (16%)	1 (5%)
Affiliated with private practice/ nonacademic hospital	35 (63%)	13 (68%)
Academic	12 (21%)	5 (27%)
Medicaid acceptance		
Yes	34 (61%)	17 (90%)
No	22 (39%)	2 (10%)
Overall	56	19

MUCC = Musculoskeletal urgent care center.

### Author contributions

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