



# RETAIL HEALTH CLINICS Here to Stay

## Rising Number of In-store Clinics Brings Concerns, Accolades

BY CASEY L. PENN

**T**hese days, you can have your nails done, your car serviced, and your swollen tonsils examined – all under the roof of one retail store.

In-store health clinics, a growing trend in health care, are quickly moving from novelty to the norm in America. The concept, which started with MinuteClinics, an in-store health clinics company founded in 2000, revolves around treatment of common medical ailments in a convenient setting for the consumer. Today, such clinics are becoming widespread in pharmacy and retail chains across the nation. They're typically staffed by nurse practitioners or physician assistants, with physicians playing a supervisory role; they typically also post a list of conditions that are treated without an appointment — strep throat, mono, ear infection and bladder infection are among commonly treated conditions. Other routine services include pregnancy testing and vaccinations.

Retail clinics are being praised by some as a convenient alternative to appointment-run medical practices. After all, they're long on hours, short on wait time and a short walk from the milk and butter aisle. Some critics worry, though, that added convenience may

equal compromised quality of care.

As debate rolls on about how they're staffed, supervised and housed, retail health centers are popping up about as fast as chicken pox in a 1980s classroom.

The American Medical Association's (AMA) Council on Medical Service recently reported that in 2006 there were more than 200 store-based clinics nationwide, with 1000 more projected by year end 2007. Growth is expected to continue as stores such as USA Drug and Wal-Mart report plans to open thousands of additional clinics. Modern Healthcare (11/19/07, Vesely) reported that Wal-Mart alone plans to roll out as many as 2,000 in-store health clinics over the next five to seven years.

Here in Arkansas, a partnership between growing retail health clinic operator, MedBasics, and USA Drug, the Pine Bluff, Arkansas-based retail corporation, has brought about more new clinics in the state. In 2007, MedBasics opened six clinics in the Dallas-Fort Worth area, which included three Arkansas clinics located inside USA Drug-owned stores.

According to Stephen Jones, COO of MedBasics, the two entities have plans for 60 more USA Drug-housed clinics in Arkansas, Missouri, Oklahoma

and Tennessee over the next three years. Other stores will be added in Minyard Food Stores, Price Choppers and Hen House Stores. "MedBasics expects to have 500 clinics in operation by 2010," said Jones.

### Consumer Reaction

Nationwide, consumers seem to be embracing the idea of retail clinics. An online survey by health care research firm Harris Interactive found that one in 20 U.S. households – both insured and uninsured – has visited an in-store health clinic. (Four in 10 visitors were reimbursed for some or all fees.) According to the survey, most adults who used these clinics said they were "very or somewhat satisfied with the quality of care (90%), having qualified staff to provide care (85%), cost (80%) and convenience (83%)."

Here in Arkansas, retail clinics are still a relatively new commodity. Consumers here expressed a broad range of reactions to the idea. Marshall Hughes, age 28, would rather visit his family doctor than take advantage of what he called a "fast-food" doctor visit. "Equally important to me," said the Little Rock investment banker, "is the fact that if I go to my local doctor, I'm spending money locally, rather than



MedBasics lobby area.

having it end up in Bentonville or any other town or state.”

Robyn Rektor, a 30-something, single professional without children, cares most about ongoing quality service. “I am not interested in quick point-of-service transactions. I would only go to a retail clinic in a pinch and as an alternative to the ER. Right now, I have good insurance; if that changed, I would reconsider.”

Gerry and Morris King, a retired couple from Benton, also saw insurance as a deciding factor, but felt that in-store clinics may be just the thing for younger families with small children. “We have always had insurance and now enjoy plenty of time for doctor visits, but I can remember when I was working and had a sick child. I like the service these clinics provide to working people, especially those with no insurance,” said King. “I have no objection to being seen by a nurse practitioner or physician assistant. Their training is sufficient for simple illnesses and I trust they would recognize when more skilled care was needed.”

Phyllis Sawyer, a retired hospital nurse now working in a medical retail store, wonders about the ability of retail clinics to adequately share medical records and cooperate with family practitioners. “Our health records are fragmented enough now just with specialist referrals. Fragmenting health care records more is not really worth the convenience factor to me,” said Sawyer, who isn’t alone in her concerns.

What do MedBasics customers say? According to Jones, the USA Drug-based clinics are getting a warm reception. “Our customers have taken to this new concept in health care delivery. It

gives them access to quality, affordable care when it’s convenient for them,” said Jones. “They love the fact that they can receive routine, non-emergency health care on a walk-in basis as well as get a prescription written and fill it at the adjoining pharmacy.”

### Reaction of Health Care Providers

As retail health clinics open in community after community, reaction from medical associations and physicians ranges from cautious optimism to heartfelt skepticism. In a May 2006 editorial in *Family Practice Management*, Dr. John Bachman, MD, family physician and professor of primary care at the Mayo Foundation in Rochester, Minn., praised retail clinics for improved access, quality, and decreased costs. While Dr. Bachman admitted to referring a relative to a retail clinic for after-hour medical needs, other physicians would cringe at the thought – feeling that, by doing so, they’re handing over their patients to a less-qualified competitor.

Lyn Kemp, MD, family practice physician at Paragould Doctor’s Clinic, has a bad feeling about retail clinics. “It probably is a sign of the times but I do not like it. It will hurt family practice physicians,” said Dr. Kemp. “A patient needs a doctor all the time, not just to drop in for a Z-Pak. Follow-up will be difficult.

“We doctors, all for not being as available as we want to be, try to accommodate people as best we can. We give patients a medical home, somewhere they’ve been followed, sometimes, since birth. We will know when a patient needs a specialist and

will be more likely to catch abnormalities, drug interaction issues, etc. These retail ‘doctor-in-a-box’ type things don’t provide streamlined, continuous care.”

Kenneth Peelle, MD, 2007 president of the Massachusetts Medical Society (MMS), shared his concerns in a May 2007 MMS web log. “At first glance, these ‘mini-clinics’ may seem a good idea: convenience, extended hours, multiple locations, no long lines .... Not so fast. ... We’re worried that medical care will be delivered without the knowledge of the patient’s primary care physician and without the knowledge or availability of a patient’s medical history,” wrote Peelle, who expressed concern also that retail clinics could “kill our fragile primary care system.”

Peelle’s comments are one small indication of a push by some state medical societies for increased regulation of retail clinics. Illinois’ Medical Society, for instance, is lobbying for more regulation by the Illinois Department of Health. Massachusetts, too, is seeking tougher regulations that would increase standards of cleanliness



MedBasics exam room.

for retail clinics, limit a patient’s number of repeat visits, require sharing of all records with patients and their PCPs, and require referrals to primary care physicians to complex illnesses.

MMS wants retail clinics to stand up to the same regulations that medical practice facilities stand up to. The American Medical Association has a

similar goal. At its 2007 Annual Meeting it resolved to "oppose waiving any state and/or federal regulations for store-based health clinics that do not comply with existing standards of medical practice facilities" and "to ask appropriate state and federal agencies to investigate ventures between retail clinics and pharmacy chains with an emphasis on the inherent conflicts of interest in such relationships." They also resolved to investigate patients' welfare and risk and professional liability concerns."

Dr. Peelle worries that retail health clinics will be harmful to the family practice physician and will likely take patients who need to be in a medical practice, where they can establish a medical home.

Jones of USA Drug argues that his clinics are not there to compete with local physicians, but rather, to complement them. "We see our clinics as an ancillary service to what they do," said Jones. "These clinics open up a health care avenue for those who generally don't have an established relationship with a family practitioner. We expect to facilitate a high number of referrals and to introduce many patients to a more continuous and acute health care option."

The American Academy of Family Physicians shares the concern that retail clinics may interfere with the "medical home" approach to health care delivery. However, while they won't endorse the clinics, they're working to try to influence them in a way that could benefit patients. "Much studying has gone into the issue of retail health clinics with the decision made that the best approach was to try and shape emerging clinics in a way that could benefit patients by trying to improve patient safety and ensure some level of quality in the care provided by the retail clinics," said Carla Coleman, executive vice president of AAFP's Arkansas Chapter. "To that end a list of desired attributes for retail health clinics are meant as a guide to the retail clinics themselves and as an aid to Family Physicians trying to decide how to deal with the new retail clinic that may be across the street." (See sidebar for AAFP list) **AMS**

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