
Just Walk In—Convenient Care Has Arrived

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Consumers in the US can get walk-in haircuts, pick up drive-through dinners, and chat real-time online with customer service representatives for computer and appliance troubleshooting. We're a nation accustomed to just-in-time services. So why shouldn't we also have access to just-in-time health care?

Accessibility and Affordability

Accessibility and affordability of healthcare services are problematic for many US consumers, especially if they do not have adequate health insurance or live in rural areas where few practitioners are available. Consumers are pushing healthcare providers to offer weekend and evening hours and to provide walk-in appointments, especially for basic healthcare needs. At the same time, the number of physicians offering primary care services is decreasing as more and more of them train for specialty practices and fewer and fewer students enter medical school (see “Most Children Will Never See a Geriatrician” in the March/April issue of *MPM* at: http://www.medicarepatientmanagement.com/issues/02-02/MPM02-02_Geriatrician.pdf).

This supply and demand imbalance in basic healthcare services has opened the door to a new type of healthcare provider—convenient care clinics (CCCs), also called “walk-in” or “retail-based” clinics—many of which are located in pharmacies, grocery stores, and

even airports (Liberty National in Newark, NJ, has the first).¹ Most are staffed by advanced practice nurses (including nurse practitioners [NPs]) or physician assistants (PAs); some are staffed by physicians. Many in health care embrace CCCs—including managed care organizations, physician associations, physicians, and consumers. However, many of these same groups oppose the trend. At issue are concerns about the quality and continuity of care. A less transparent concern may be the effect these clinics will have on physician practices.

The Convenient Care Industry

According to the Convenient Care Association (CCA; www.convenientcareassociation.org/), CCCs “are small healthcare facilities located in convenient settings accessible to the public. They provide nonemergency services to walk-in patients, regardless of insurance status, at affordable prices 7 days a week.”² The organization contends that CCCs provide an outlet for the overflow of patients from physician practices, who need care for

common ailments such as ear aches, immunizations, or school physicals. Some of these patients would otherwise seek treatment in emergency departments (EDs), using healthcare resources that are needed by those with serious, life-threatening problems.

Growth of the CCC Model

The first in-store CCCs opened in 2000 in Minneapolis-St. Paul and were operated by QuickMedx.² Today there more than 20 companies operating more than 475 clinics (Table 1). The number could soon reach several thousand. In fact, CVS Caremark, the second largest pharmacy chain in the US, recently purchased the MinuteClinic chain and plans to double the number of clinics in its stores to perhaps 300 this year. That number could reach 2500 once CVS Caremark opens clinics in almost all of its locations.¹ With its acquisition of retail clinic provider Take Care Health Systems, Walgreen Co. expects to open 400 clinics within its stores by the end of 2008.³

CCC Ownership, Staffing, and Technology

According to the CCA, the ownership of CCCs varies from privately held enterprises to those run by health systems or nonprofit organizations. Increasingly, retail giants are purchasing more and more of the clinic chains. A medical direc-

tor is almost always part of the leadership team as are nurse practitioners. Medical directors usually oversee the scope of the practice.⁴

Most CCCs are staffed by family nurse practitioners (FNPs). Care services are limited to treatment and diagnosis of episodic, common family ailments such as sore throats, immunizations, treatment of strains and sprains, and preven-

tive healthcare screenings.⁴ The CCA promotes these clinics as entry points into the healthcare system for those who do not have primary care physicians (PCPs) or who reside in rural areas. The association also points out that these clinics allow patients earlier access to treatment for disorders that are contagious—strep throat, for example.² These clinics have not

caused an increased demand for services, a threat that has worried some healthcare insurers.⁵

The clinics comprise 1 or several examination rooms and are equipped similarly to other types of outpatient healthcare offices. According to some researchers, the average set-up costs are approximately \$75,000.⁴ This cost does not, of course, include salaries or

Table 1.

Convenient Care Clinics

Convenient care walk-in clinics are planning aggressive growth and will soon become a powerful agent for change in healthcare delivery. There are currently more than 475 clinics in operation. That number is projected to exceed 575 by the end of 2007. At least 500 more are planned for 2008, 600 more for 2009, and by the end of 2010 conservative estimates project more than 2100 clinics in operation.

Most convenient care clinics are located in retail locations. Among MinuteClinic's 188 locations there are also several unique settings in corporate and government offices as well as university locations including:

- Boston Scientific Corporate Headquarters, Minneapolis-St. Paul (limited to employees)
- Best Buy Corporate Headquarters, Minneapolis-St. Paul (limited to employees)
- Carlson Center (Carlson Companies), Minnetonka, MN (open to the public)
- CVS Caremark/Pharmacy Corporate Headquarters, Woonsocket, RI, (limited to employees)

- Capitol Complex, St. Paul, Centennial Office Building (open to the public)
- Minneapolis, University of Minnesota, Coffman Union (open to the public but primarily serving faculty and staff)

These clinics push the technology envelope in new and unexpected ways. In some locations patients swipe their driver's license to download personal information into the system. Some locations offer fingerprint scanners to link patients to their electronic health record (EHR) on a return visit. E-prescribing is the norm in these clinics, and at MinuteClinic NPs use a software program that generates educational material, an invoice, a prescription if appropriate, and a diagnostic record of the patient's visit, which is automatically sent to the patient's primary care provider's office.

The table below provides an overview of convenient care companies.

Clinic Name	Number of Locations	Type of location	Corporate	Web site
AtlantiCare urgent care centers (non life-threatening emergencies and illnesses with x-ray capability)	4 locations in NJ	Urgent care centers are freestanding locations.	AtlantiCare, Egg Harbor Township, NJ, is a not-for-profit hospital and healthcare organization.	www.atlanticare.org/locations/urgent_care.php
AtlantiCare HealthRite	1 location in NJ. Additional sites are planned.	HealthRite locations are within grocery stores.	AtlantiCare, Egg Harbor Township, NJ, is a not-for-profit hospital and healthcare organization.	www.atlanticare.org/locations/urgent_care.php

(continued)

Table 1. Convenient Care Clinics (continued)

Clinic Name	Number of Locations	Type of location	Corporate	Web site
Aurora Quick Care	20 locations in Wisconsin	Wal-Mart, Piggly Wiggly, pharmacies	Part of Aurora Health Care, Milwaukee, WI	www.aurorahealthcare.org/services/quickcare/index.asp
Affordable Basic Healthcare Clinics	18 locations in Michigan and Indiana	Meijer grocery stores	Operated by CareClinic Inc., a division of Arcadia Resources, Inc., Southfield, MI	www.meijer.com/pharmacy/abc_clinics.asp www.arcadiareourcesinc.com/html/news/122906.htm
CheckUps	23 locations in 4 states	Wal-Mart	CheckUps, New York, NY	www.checkupsusa.com
CuraQuick Clinic	10 locations, 3 states: IA, NE, SD; plan to add 20 locations by end of 2008	Hy-Vee grocery stores	Curaquick Clinics, Sioux City, IA	www.curaquick.com
EarlySolutions Clinic, LLC	6 locations in MI	Meijer grocery stores	EarlySolutions, LLC, Michigan	www.earlysolutionsclinic.net/pages/aboutus.htm
Geisinger CareWorks	3 locations in PA; 2 additional locations will open this summer	Grocery stores	Geisinger Health System, Danville, PA	www.careworkshealth.com
The Little Clinic	30 locations in 5 states. Nationwide expansion plans—an additional 85 planned by end of 2007; 100 planned for 2008	Kroger and Publix grocery stores	The Little Clinic, Brentwood, TN	www.medimin.net/about.html
MEDBASICS	2 locations in TX; 110 locations under contract to open by 2009 in TX, KS, OK, MO, AR, and TN; 500 locations planned by 2010.	Current locations in grocery stores. Contracted locations in grocery and pharmacy locations.	MEDBASICS, Irving, TX	www.med-basics.com/index.html
MediMin	3 locations in AZ; 6 locations under construction	Grocery stores	Privately held company based in Goodyear, AZ	www.medimin.net
MEDPOINT express	6 locations in IN; 3 additional planned by September 2007; 6-12 additional in 2008	Wal-Mart Supercenter	Affiliate of Memorial Health System, South Bend, IN	www.medpointexpress.com
Minute Clinic	188 locations in 20 states	CVS, standalone retail, some grocery stores and corporate locations	Subsidiary of CVS/Caremark Corporation, Woonsocket, RI	www.minuteclinic.com/en/USA
My Healthy Access	6 locations in TX 1 location in MD	Wal-Mart	Intrepid Holdings, Inc., Houston, TX	www.healthyaccess.net/index.html
QuickClinic	4 locations in OH	Pharmacy and grocery locations	QuickClinic, LLC, Akron, OH	www.quickclinic.com
QuickHealth	9 locations in CA; 18-20 additional locations planned in the next 12 months	Wal-Mart and pharmacy locations	QuickHealth Medical Corporation, Burlingame, CA	www.quickhealth.com/index.htm

Table 1. Convenient Care Clinics (continued)

Clinic Name	Number of Locations	Type of location	Corporate	Web site
RediClinic	50+ locations in 5 states with plans to open 500 new locations by 2009	Wal-Mart, Walgreens, HEB grocery, and other locations	RediClinic LLC. The company's largest investor, Revolution Health Group, AOL Co-founder Steve Case's company, is providing the capital for expansion.	www.rediclinic.com www.revolutionhealth.com
SmartCare	15 locations in CO	Wal-Mart	SmartCare Family Medical Centers HealthStop, Dallas, TX, and Englewood, CO	www.smartcarecenters.com
Solantic	13 locations in FL	Wal-Mart and freestanding locations	Privately held company based in Jacksonville, FL	www.solantic.com
Sutter Express Care	6 locations in CA	Rite Aid	Sutter Health, Sacramento, CA	www.sutterexpresscare.com
Take Care Health Systems	51 locations in 5 states; plans 400 clinics by the end of 2008	Walgreens and Eckerds	Recently purchased by Walgreens; based in Conshohocken, PA	www.takecarehealth.com
Target Clinic	12 locations in MN	Target stores	Target Clinic	www.target.com

ongoing overhead expenses. Most clinics are open 7 days a week—12 hours a day during the workweek and 8 hours on Saturday and Sunday.⁴ Patients range across all age group. In fact, 1 in 10 US children have visited a retail health clinic, according to a survey of 2076 US adults, conducted by Knowledge Networks.⁶

Interestingly, most CCCs (and all of those that belong to the CCA) use proprietary software systems, electronic health records (EHRs), and other technology to enhance the patient experience and continuity of care within the medical community.² When patients arrive at a CCC, they register—oftentimes using a touchscreen computer terminal that transmits their demographic information and reason for the visit to the NP in the treatment room. These data are the start of the patient's EHR. The treating practitioner validates the information and then enters

additional medical data as the examination and treatment continues.⁴ Prescriptions can be transmitted directly to the pharmacy, and records of the appointment can be sent to the patient's PCP electronically (if the physician has EHR capability) or by fax. Patients are not required to use the pharmacy that may be connected to the clinic and can request paper prescriptions. The clinics also provide patients with paper records of the treatments they have received to keep for their own records or to take to their family physician.

The CCA mandates that its member clinics are fully HIPAA compliant and follow all governing laws and regulations regarding provider certification, clinical facilities, and infection control (including CLIA, OSHA, and ADA standards).²

The basic cash cost for a visit to a CCC is \$40 to \$70 (not counting diagnostic tests and other costs

that would be extra in a physician's office as well), and many insurance plans cover the costs, leaving patients to pay just their copays.⁴ In October 2006, Humana chose MinuteClinic as a provider in its network, giving members access to the clinic for the same copay as an office visit with their own physician. According to Steven Goldberg, MD, Humana's corporate medical director of clinical policy, "Our members want choices when accessing healthcare services, and we believe that includes access to retail-based clinics. But there's an inherent challenge there because retail clinics presently have a focus on a narrow range of issues and not longitudinal primary care. It is important to support the relationship between our members and their primary care physicians."⁷

Humana is not the only insurer on board. Last September Take Care Health announced that it had been

added to UnitedHealthcare's roster of national network providers. As of November 2006, about 40% of the CCCs were contracted as service providers with managed-care organizations.² What's more, NPs who work in these clinics are eligible for direct Medicaid reimbursement in all states and direct reimbursement for Medicare Part B services as part of the 1997 Balanced Budget Act.⁴

Cost effectiveness is also a factor in the success of CCCs. After a review of 2 years' worth of Minute-Clinic claims, Bloomington, MN-based HealthPartners found that the total costs of the clinics' services was 25% less than it would have been if conducted in a physician's office or urgent care facility.⁷

Physician Organizations Curb Their Enthusiasm

Many physicians across the nation have partnered with CCCs to provide a collaborative referral network for patients who come to the clinics. However, some medical associations are less enthusiastic. To date, the American Academy of Family Physicians (AAFP), American Medical Association (AMA), and American Academy of Pediatrics (AAP) have responded to the formation of the CCCs by calling for increased regulation of the practice, industry, and NP providers (see *Physician Groups Push for More Regulation*.) They have published principles and guidelines in an attempt to regulate CCC operations and to address the quality of care delivered.⁸ Most recently, physician organizations in some states are rallying to increase regulations. Illinois introduced legislation to impose stricter regulation on CCCs, but it was voted down.

NPs who work in the CCC setting are in a position to reach patients who might not have sought traditional health care.

Massachusetts is also considering whether and how to license the state's first retail clinics, operated by CVS's MinuteClinics unit.⁹

Is NP Quality Care an Issue?

Outspoken on the issue of NP quality care are organizations to which NPs belong. In response to a January 16, 2007, opinion piece in the *Washington Post* ("Is 'Quick' Enough? Store Clinics Tap a Public Need, but Many Doctors Call the Care Inferior" at: www.washingtonpost.com/wpdyn/content/article/2007/01/12/AR2007011201858.html?sub=AR), Susan Apold, president of the American College of Nurse Practitioners (ACNP), issued this statement:

"In a healthcare system which is neither about health nor a system, consumers are responding to a market need that is being met. Care that is convenient, available and affordable...and in the local drug-store. "Is 'Quick' Enough" (January 16, 2007) presents a variety of positions on this new model of care delivery, from organized medicine's admonition to be afraid, be very afraid, to the industry's presentation of a system of careful and quality care which is limited to common, acute and nonemergency

intervention. While the industry's data support the safety and efficacy of this care delivery system, both organized medicine, organized nursing and the convenient care industry all agree on one essential reality—the system as it currently exists does not meet consumer need.

"With 46 million Americans uninsured, and an alarming disparity in care between the "have's" and the "have not's", something has to happen. The convenient care industry is one solution that relies on nurse practitioners to meet consumer need. Over 110,000 strong, and growing annually, the number of these qualified and dedicated healthcare professionals continues to grow. We are eager and ready to step up to the healthcare table and take a seat. Already making our mark among patients and their families, it is time for the nursing approach, talent and skill to be recognized as the enormous part of the healthcare solution that we are. The convenient care industry realizes this. Now it's time for the rest of the nation to embrace it as well."¹⁰

The CCA Issues Quality Standards

Following that printed volley of opinions, the CCA issued industry-wide quality and safety standards in March 2007. "While many in the greater medical community, including the AMA, AAFP, and AAP, have issued guidelines for the convenient care industry to aspire to, the Board of the Convenient Care Association has adopted 10 official standards, thereby moving beyond guidelines, to ensure high-quality care and safety for all patients," said Hal F.

Rosenbluth, president of the CCA.¹¹ The guidelines ensure credentialing of providers; collaboration with physician review; use of evidence-based guidelines; collection of aggregate data on selected quality and safety outcomes; and collection of patient satisfaction data. The standards also pledge to encourage CCC patients to establish relationships with a PCP for continuity of care, provide health promotion and disease prevention education to patients, and establish emergency response procedures. The full guidelines are available at: www.convenientcareassociation.org/QSS.htm.¹²

The issue of the scope of NP practice, which may be lodged at the crux of this quality-care argument, has long been a thorn in the side of many healthcare providers and legislators. State regulation of NP practice is uneven at best. Twenty-three states have no requirement for physician involvement in NP practice. Four states require physician involvement but do not require written documentation of the relationship. Twenty-four states require written documentation of physician involvement.¹³ Furthermore, some states enact legislation defining NP scope of practice, whereas in other states, the state boards of nursing defines the scope of practice.⁴

The American Academy of Nurse Practitioners (AANP) issued a position statement this year on the role of NPs in retail-based clinics, in which it states: "Multiple studies have demonstrated that NPs provide health care that is equal to, or superior to that of physicians providing the same care for the same problems. Likewise, patient satisfaction ratings for NPs

Physician Groups Push for More Regulation

CCCs have a direct impact on physicians, some of whom take a skeptical view. In at least 7 states, physicians and lawmakers are exploring legislation aimed at ensuring patient safety and continuity of care.¹

The Illinois State Medical Society (ISMS) is pushing for a state House bill that would force clinics to pay \$2500 per location for permits from the state health department. As part of the permit process, the CCCs would have to notify patients' physicians about retail visits and outcomes, guarantee 1 physician supervisor for every 2 NPs, and allow patients to fill their prescriptions at pharmacies of their choosing. CCCs would be blocked from advertising their fees in comparison with physicians' fees or misleading insured patients about the out-of-pocket costs of convenient care services.¹

Dr. Rodney Osborn, president of the ISMS, states, "[These CCCs are] a brand new animal. That's why we believe legislation is important to guarantee patient safety ... They're not putting these things in to provide health care; these people are businessmen."²

Others, such as Arnold Milstein, MD, chief physician at Mercer health consultancy, says doctors are playing on patient fears to thwart change. "[Physicians] wrap themselves in the holy garb of quality ... completely ignoring the facts that all the research shows current care stinks," Dr Milstein says. "The weaknesses that are endemic in the current healthcare system are being trotted out to block innovation and change."²

But ISMS has also proposed 2 resolutions for consideration at the AMA House of Delegates' Annual Meeting. One calls for opposition to retail clinics, and another calls on the AMA to lobby for tighter regulation.¹ For more information on other states' proposed legislation, see *AMNews* at: www.ama-assn.org/amednews/site/free/topnews.htm.

The AMA previously adopted guidelines on CCCs in 2006, calling for well-defined and limited scope of clinical services, standardized medical protocols, referral systems, protocols for ensuring continuity of care and more (for more information, see: www.ama-assn.org/ama/pub/category/16463.html). Likewise the American Association of Family Practitioners (AAFP) has developed a collection of online resources, *FPM's Retail Clinic Resources*, which can be accessed by AAFP members from www.aafp.org. The information is divided into 3 subject areas: competition, cooperation, and AAFP's response to retail clinics.

Rick Kellerman, president of the AAFP, concedes, "The retail clinics are sending physicians a message that our current model of care is not always easy to access." In fact, some physicians are expanding their hours and holding an hour open to accommodate same-day appointments.³

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Safety Tips for Seniors Considering Visits to Retail Medical Clinics

With the number of retail walk-in clinics in the US expected to double by the end of this year, consumers may be unsure when and if these clinics are a safe bet. Since these “one-stop” clinics sometimes offer services that may be used by older people, it’s important for older adults to know when it’s most appropriate to use these clinics and when it’s probably best to just walk on by.

“Store-based clinics can be convenient, but I have concerns about older patients relying on these clinics for care,” says Jane Potter, MD, President of the American Geriatrics Society (AGS) and Professor and Chief of the Section of Geriatrics at the University of Nebraska Medical Center. “Older adults have unique healthcare needs, and I’m concerned that staff at these clinics may not always have the training or experience necessary to meet these needs on a regular basis.”

Since older adults will undoubtedly be customers of the growing number of clinics opening in grocery and drug stores, AGS’s Foundation for Health in Aging offers this advice to help older people determine when it’s likely safe to visit, and when it’s best to call your doctor or visit the nearest ED instead.

Do.....

- Tell the clinic’s healthcare professional about all of your medical conditions and any allergies or problems you have had with medications.
- Bring a complete list of your current medications and ask the healthcare provider to check this list to ensure these drugs won’t interact with any new medications that may be prescribed.
- Get a report from the clinic that includes your diagnosis and follow-up instructions and take that report with you on your next visit to your geriatrician or primary care doctor.

Don’t.....

- Visit a retail medical clinic if you have a new major symptom such as chest pain, shortness of breath, or swelling in your legs. These symptoms need the immediate attention of your own geriatrician or primary care doctor or ED staff.
- Visit one of these clinics if you notice a change with a medical problem that you have had for a long time, which your doctor is already treating. You should see your own doctor for this problem.
- Go to a retail medical clinic if you have a cough that has lasted for 3 or more weeks. This requires special medical attention that most of these smaller clinics cannot handle.
- Depend on a retail medical clinic for most of your health care. These clinics are only able to provide a few basic tests and treatments. You need to visit a geriatrician or primary care doctor that you know and trust for the majority of your healthcare needs.

The downloadable PDF patient handout is available from the AGS at: www.healthinaging.org/public_education/adding_health_checkups.pdf.

are found to be very high.”^{14,15} The position statement further calls for proper credentialing of NPs, adherence to standards of care in retail-based clinics, adequately equipped facilities, and full participation of NPs in clinic management and development of clinic policies and guidelines.

Reaching Out to Other Providers

In an effort to provide information about CCCs and to promote collaboration with physician groups, insurers, and other healthcare providers, the CCA convened a summit in late 2006, bringing together clinic owners and other stakeholders. From the summit proceedings, a White Paper was prepared that outlines the scope of practice of NPs and discusses issues such as quality standards and protocols that govern CCCs. Copies of the White Paper are available from the CCA at: www.convenientcare-association.org and from the National Nursing Centers Consortium at <http://nncc.us/>.⁴

Beyond Providers: What do Consumers Think?

According to a 2005 *Wall Street Journal* online interactive healthcare poll, 83% of adults strongly or somewhat agree that companies can provide onsite health services at retail stores, and 78% of people felt strongly that retail-based clinics provide a convenient way for people to get basic medical services.¹⁶

But consumers are also worried about their health records. Will they be shared with their PCPs? The answer is yes. Can they use CCCs on a regular basis? Yes, for

PROVIDER ACTION

Impact to You

Convenient care clinics (CCCs) will likely decrease consumer demand for urgent care services while providing more opportunities for referrals to primary care physicians and increased partnering opportunities.

What You Need to Know

CCCs have shown tremendous potential in providing affordable, accessible, and quality health care to consumers. Just as assisted living was a market response to consumer demands for more home-like long-term care options, CCCs are now developing in response to similar demands for convenient primary care. This new model of care will change the way primary care is delivered.

What You Need to Do

Many physicians across the nation have partnered with CCCs to provide a collaborative referral network for their patients. Identifying partnering opportunities with local CCCs could improve patient care as well as provide an additional source of revenue.

common episodic complaints, but their PCPs remain at the center of their health care (see *Safety Tips for Seniors Considering Visits to Retail Medical Clinics*).

The burgeoning CCC industry is still young. It remains to be seen how consumers will react. Affordability, accessibility, and continuity of care will be key issues guiding consumer use and satisfaction with CCCs. Studies show that more and more patients are seeing nonphysician providers, which bodes well for CCCs. Between 1987 and 1997, the percentage of patients who saw a nonphysician provider rose from 30.6% to 36.1%.¹⁷ Consumers may very well accept the CCCs, but the future of this healthcare entity may lie in greater acceptance of NPs as primary care providers, greater collaboration between patients' primary care providers and CCC NPs, and more experience that proves equal or greater quality of care is received by patients from retail-based clinics.

Conclusion

The exploding growth of CCCs is a response to consumer need. This new type of healthcare provider may very well reduce ED visits and save precious healthcare resources for those with true emergencies, improve access to basic preventive health care, speed the transition to universal EHRs, and improve access to physicians for patients with chronic life-threatening illnesses. Further collaboration among physicians, insurers, and the convenient care industry may help fill the gap in unmet healthcare needs of many US consumers. **MPM**

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