

Letters

Health Care at Your Convenience

In the July/August issue of *MPM* we published an article titled *Just Walk-in—Convenient Care Has Arrived* (www.medicarepatientmanagement.com/issue_02-4.php). Webster Golinkin, President and CEO of RediClinic LLC, responds.

Much of the recent debate about how to reform our inefficient, \$2 trillion healthcare system has revolved around who should pay, but the problem will not be fixed until we find ways to increase access and reduce costs that have been rising for many years at more than twice the rate of inflation.

One of the most promising developments is the emergence of retail-based “convenient care” clinics that are providing consumers with easier access to high-quality, routine health care at affordable prices. There are about 400 such clinics today and could be several thousand more in the next few years, but their growth is being threatened by burdensome regulations in some states and opposition from some corners of organized medicine.

Convenient care clinics are small healthcare facilities with new brand names like RediClinic, MinuteClinic, and Take Care Health Clinics. Most are located in high-traffic retail outlets with pharmacies, such as Wal-Mart, CVS, and Walgreen stores. Regional healthcare systems have also opened retail-based clinics in their service areas, either directly or in partnerships with independent operators. These clinics generally are staffed by certified nurse practitioners who diagnose, treat, and prescribe medications for a limited set of common ailments, such as strep throat and ear infections. They also administer health screenings, medical tests, immunizations, basic

physical exams, and other preventive care.

Convenient care clinics have been embraced by consumers, who give them consistently high marks for patient satisfaction: 97% of the more than 4000 RediClinic patients surveyed this year said they would recommend RediClinic to their relatives and friends. This is because the clinics are delivering something that is all too rare in our system—convenient and affordable health care.

The quality of care at convenient care clinics stems from their use of nationally certified nurse practitioners, who are registered nurses with master’s degrees or comparable advanced training. Research over the past 30 years has consistently shown that the primary care provided by nurse practitioners is comparable in quality to that provided by physicians, though nurse practitioners are still required to collaborate with local physicians in most states.

Patients who have conditions that are outside of convenient care clinics’ limited scope of practice, or who need ongoing care, are referred to local physicians, and nurse practitioners use evidence-based treatment protocols and electronic medical record (EMR) systems to standardize care and facilitate continuity of care when other clinicians are involved. According to a recent study conducted by the RAND Corporation, Americans receive evidence-based care only 55% of the time at conventional healthcare delivery outlets. MinuteClinic’s recent analysis of 58,000 sore-throat cases seen at their clinics showed that the diagnosis and treatment conformed to evidence-based guidelines 99.15% of the time.

Convenience is ensured through the location of the sites and the fact that they are open 7 days a week, including extended hours on weekdays. No appointments are necessary, and visits take only about 15 minutes because of the clinics’ limited set of services. The clinics’ location in stores with pharmacies provides additional convenience because patients can go across the aisle to get their prescriptions filled rather than having to make separate trips for this purpose.

Treatment for most common ailments ranges from \$40 to \$70 and preventive services start as low as \$15, significantly less than what most physicians, urgent care clinics, or emergency departments (EDs) charge. Indeed, research shows that as many as 50% of the people who seek care

at overburdened EDs could be treated much less expensively in convenient care clinics. Prices are prominently displayed so patients know what they will pay before they are treated, and visits are covered by a growing number of insurance plans, including Medicare.

Applicable regulations vary by state. In some states they are already compatible with the goals of convenient care clinics to increase healthcare access and affordability, or there are legislative efforts underway to make them more so. In other states, however, regulations discourage convenient care growth. They may prohibit the “corporate practice of medicine,” which prevents nonprofessional operators from employing nurse practitioners or owning equity in the clinics, or unreasonably restrict the number of nurse practitioners that can be supervised by a physician.

In Texas, for example, a physician can supervise a maximum of only 3 nurse practitioners and the physician has to be on site for 20% of the time a clinic is open, even though he or she is not treating patients. This needlessly increases the clinics’ cost structure, which creates higher prices for consumers and third-party payers. Moreover, it unproductively ties up physicians who are in short supply and could be attending to patients with more serious conditions.

Although the medical community was suspicious of convenient care in the beginning, many physicians and professional organizations changed their view when they saw how rapidly consumers embraced the concept and how operators provide high-quality care within a limited scope of practice, treat many patients who do not have established physician relationships (an estimated 30% of all convenient care patients to date), and refer many others. The American Academy of Family Physicians (AAFP), which represents more than 91,000 family practitioners, which represents more than 91,000 family practitioners, recognized that convenient care clinics were filling a need. Rather than opposing the clinics, it published standards of care that it suggested convenient care operators should follow. Operators gladly complied because they had been meeting or exceeding these standards. The Convenient Care Association, which represents more than 20 of the largest operators, subsequently published more stringent standards that their members are now required to meet.

Some physician organizations, however, including ones in Illinois and Massachusetts, are pushing for new regulations that would impede the growth of con-

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venient care clinics through expensive permitting requirements (which physician practices do not have to face), further limitations on the number of nurse practitioners that an individual physician can supervise, and prohibitions against advertising that compares the fees of convenient care clinics with those of physicians. This is exactly the kind of price transparency our healthcare system needs. In addition, the American Medical Association (AMA) passed resolutions at its recent annual meeting that push for government intervention, legislation, and other measures that could curtail the expansion of convenient care clinics.

Opposition to convenient care from some parts of the medical community is made under the pretext of wanting to ensure quality and continuity of care, which is a legitimate but thus far unfounded concern. But the opposition is also about wanting to maintain the status quo even in the face of rapidly escalating costs and a growing shortage of primary care physicians.

While resistance to disruptive change is understandable, it does not diminish the fact that the status quo in health care is not working for millions of consumers and that it is economically unsustainable even if it were. Instead of opposing convenient care, physicians should be working collaboratively with operators—as many physicians are today—to fill the critical need that all Americans share for easier access to high-quality, affordable health care.

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