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Key References

Health Care in The Express Lane: The Emergence of Retail Clinics

<http://www.chcf.org/documents/policy/HealthCareInTheExpressLaneRetailClinics.pdf>

Retail Therapy

http://money.cnn.com/2006/10/10/magazines/business2/health2.0_instoreclinics.biz2/index.htm

Could Walk-in Retail Clinics Help Slow Rising Health Costs?

http://www.redorbit.com/news/health/629792/could_walkin_retail_clinics_help_slow_rising_health_costs/index.html

Many Agree on Potential Benefits of Onsite Clinics in Major Retail Stores

http://www.harrisinteractive.com/news/newsletters/wsjhealthnews/WSJOnline_HI_Health-CarePoll2005vol4_iss21.pdf

Additional Resources

Retail Health Clinics Are Rolling Your Way

<http://www.aafp.org/fpm/20060500/65reta.pdf>

Medical Center to Open Storefront Clinic

<http://www.albertleatribune.com/articles/2006/11/19/news/news5 prt>

The New Force in Walk-in Clinics, The Wall Street Journal, July 26, 2006

Available to subscribers only:

<http://wsj.com>

Overview

A new model for delivering basic health care services is emerging; one that is attracting significant venture capital as well as kindling a media feeding frenzy.

Some see convenient care clinics (CCCs) as an opportunity, a market-driven response to the need for accessible and affordable healthcare. Others see them as a threat, further fragmenting patient care and skimming patients from primary care doctors whose practices are already hobbled by lower reimbursements.

While the industry is still in its infancy (the first CCC opened in 2000), as many as 13 major players have recently entered this niche, offering services in nearly 200 retail outlets nationwide. Nonetheless, industry analysts estimate that there's room for 2000 to 10,000 CCCs in a market expected to be worth \$900 million by 2011. While the services delivered and prices charged vary from operator to operator, most treat between 20 and 30 medical conditions, and charge \$45 to \$75 per visit.



How They Work

- **Services** – Most offer services for allergies, urinary tract infections, bronchitis, ear infections, influenza, pink eye, sinus infections and strep throat. Treatment is generally offered to patients between 18 months and 64 years of age. They are open on evenings and weekends and do not require appointments. Most visits last about 15 minutes. Patients with more complicated problems are referred to local physicians or emergency rooms.
- **Staffing** – Most are staffed by a nurse practitioner who is supervised by an off-site physician. Some CCCs allow patients to check in at a touch screen terminal, while others are staffed by receptionists who greet patients and collect basic demographic information and symptoms.

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- **Cost** – Prices for services are posted so patients know, in advance, what they will pay. HealthPartners, an HMO, analyzed two years of MinuteClinic claims and found that total costs were about 25% less than those in doctors' offices or urgent-care centers.
- **Patient Satisfaction** - Harris Interactive conducted an online survey of 2,245 adults for the Wall Street Journal in late 2005. While only 7% of those surveyed had used a CCC, 92% of those who had were satisfied with their **convenience**, 89% were satisfied with the **quality** of care they had received, and 80% were satisfied with their **cost**.
- **Location** - Most are located in a drug store, a discounter or mass merchandiser (Wal-Mart), or a grocery store. In addition, some health plans and hospitals are also experimenting with these models, positioning them as "an extension of their community presence."

(Please see sidebar for references and additional resources)

Actions to Consider



CCCs believe they are well-positioned to serve the needs of consumers who are increasingly faced with rising deductibles, premiums, and co-payments. The rise in Consumer Driven Health Care (CDHC) and cost-sharing mechanisms like Health Savings Accounts (HSAs) may encourage patients to choose treatment options that are less costly.

Healthcare providers can choose to accept or reject CCCs, but many providers choose to collaborate with them by getting on their referral lists, becoming supervising physicians, or performing quality audits. Other providers decide to offer extended hours themselves, or refer patients with non-complicated issues to CCCs so they can devote their practices to treating patients with more complex conditions. Some hospitals are taking a more aggressive approach by opening CCCs themselves, or by partnering with CCC operators in order to gain a foothold in the convenient care marketplace.

Hospitals should carefully consider all of the options above, taking into account the specific characteristics of their markets. The Medical Executive Committee and key physician groups should be alerted to these changes in the marketplace, and drawn into discussions about the ways in which CCCs have been able to make inroads. CCCs' appeal to consumers lies in their ability to provide convenience, affordable services, and quality care; and healthcare providers should evaluate whether their own service continuum offers the same appeal.