

Retail Clinics and Data's Role in Preserving and Expanding the Retail Clinic Industry

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Summary

The retail clinic has had a significant impact on the healthcare system writ large since its inception in the early 2000s. From its earliest days, in part to combat strong opposition, the industry established a commitment, and related processes and platforms, to collect and apply data to continuous quality improvement. Data has allowed the industry to illustrate its quality while minimizing concerns about perceived harms. The industry will continue to grow, as a model for the positive utilization of data collection in a healthcare context.

The retail clinic industry is fairly new. Retail clinics, often referred to as convenient care clinics, are healthcare facilities located inside retail locations, such as pharmacies and grocery stores. The care is provided by nurse practitioners and physician assistants, and encompasses basic primary care, preventive and wellness services, and some chronic disease monitoring and treatment. At the time the industry first achieved visibility

in the early 2000s there were around 150 clinics nationwide. Today, that number has ballooned to nearly 3,000. There are a number of reasons why the business model has been able to expand so rapidly even in the face of early opposition, not the least of which is the industry's focus on providing accessible, high-quality, affordable care that is available when and where people need it. Retail clinics are generally open seven days a week, with extended weekday hours, no appointments are necessary, and visits usually take 15-20 minutes. The cost of retail clinic care is 30-40% lower than similar care at a traditional primary care office and 80% lower than a visit to the emergency room.¹ In addition to the benefits of the model, another factor driving the expansion of retail clinics is the industry's ability to demonstrate its value through the use of data.

When one thinks of data in a private sector business context, perhaps the image that most often comes to mind is one of sales executives poring over reports full of information used to analyze spending habits, match consumers with popular products, and build effective marketing strategies; all done with the goal of increasing profits. For retail clinics and other social innovations, the goal is different. Of course maintaining a solid bottom line is important to all businesses, but for social innovations, like retail clinics, the use of data is inextricably tied to the accomplishment of a social mission. For retail clinics, their mission is to increase access to convenient, high-quality,

affordable healthcare. But, unlike other social innovations, retail clinics are, for the most part, an innovation born out of the private sector with a private sector business model. Their connection to business allows retail clinics to bring together the best of both worlds, using private sector data analysis and tools to provide the ideal patient healthcare experience, an experience that offers patients the services they want and need, while ultimately leading to improved health outcomes.

Retail clinic operators realized early on that data was going to be vital to not only the accomplishment of their mission, but also the survival and acceptance of the model, in general. Early opposition to the retail clinics coalesced around the fear that retail clinics would lead to a disruption of the primary care provider relationship and a lower quality of care. To overcome this obstacle, one of the first things clinic operators did was found a trade association, known as the Convenient Care Association (CCA), to give voice to the industry. CCA and its members quickly moved to build connections with top researchers that could produce peer-reviewed, evidence-based studies showing the high quality of retail clinic services. One of the key advantages of the retail clinic business model is that all retail clinics use electronic health records (EHR), which makes data more accessible and easy to transmit. The wealth of data available to retail clinics made, and continues to make, the clinics an attractive option for researchers and government agencies

searching for answers to America's most pressing healthcare problems.

One of the first researchers to recognize the disruptive potential of retail clinics was RAND Health. Researchers analyzing de-identified data from retail clinic EHRs concluded that the quality scores and rates of preventive care offered at retail clinics are similar to the scores and rates in other delivery settings.¹ Other researchers found that retail clinics had a 92.72% compliance with the quality measure for appropriate testing of children with pharyngitis as compared to HEDIS average of 74.7%; they also found that the clinics had an 88.35% compliance score for appropriate testing of children with URI compared to the HEDIS average of 83.5%.² Findings like these coupled with several later studies attesting to the high quality of care at retail clinics have effectively silenced opposition based on the industry's quality of care.

Another key finding to emerge during early research showed that more than half of retail clinic patients reported not having access to a regular source of care.³ This demonstrated that, rather than disrupting the primary care relationship, retail clinics are serving to strengthen access to primary care by connecting patients without a regular source of care to primary care and other critical services. Another watershed moment came when the Blue Cross Blue Shield Association released a study showing that retail clinics had produced a cost savings of \$1.2

million for patients enrolled in Blue Cross and Blue Shield of Minnesota.⁴ The cost savings was so great, in fact, that Blue Cross and Blue Shield of Minnesota decided to lower copays for retail clinic users. Data from the Blues helped to open the door for retail clinics to contract with the nation's major managed care insurers, many of whom had previously been reluctant to contract with the relatively new industry.

Research conducted by government and quazi-government agencies, like the Institute of Medicine (IOM) and the Federal Trade Commission, has served to further emphasize the benefits of the retail clinic model for policymakers seeking to reform healthcare systems. For example, retail clinics are mentioned over 30 times in IOM's report entitled, "The Future of Nursing: Leading Change, Advancing Health," published in 2010. The report especially highlights patient satisfaction with retail clinic services and calls the clinics, "a desirable service-delivery mechanism providing accessible, less costly, evidence-based services."⁵ The report goes on to say, "the Centers for Medicare and Medicaid Services should encourage state Medicaid programs to cover health care services provided by retail or convenient care clinics."⁵

Endorsements from such widely respected agencies, like the IOM, paved the way for greater acceptance and expansion of the model, but such endorsements would not have been possible without the retail clinic industry's emphasis on the collection and use of data.

While data is not the only factor driving retail clinic expansion, it is clear that easy access to data showing the capacity of retail clinics to accomplish the triple aim of increased access, lower costs and improved health outcomes was key in establishing the legitimacy of the industry at a time when opposition could have stopped retail clinics in their tracks. In other words, the timely and effective use of data by retail clinics helped to save an industry that has gone on to change the way healthcare is delivered in this county.

Author bio

Brian has been with NNCC since 2002, when he joined the organization as an AmeriCorps VISTA volunteer. He currently serves as NNCC's Law and Policy Manager, as well as the Law and Policy Director for the Convenient Care Association (CCA). In this role, he is responsible for monitoring and responding to federal and state laws and regulations affecting nurse-led clinics throughout the country. He also educates policymakers at all levels about the importance of nurse-led care by meeting with elected officials, drafting and presenting comments at legislative hearings, as well as creating fact sheets and other informational materials. He engages both NNCC and CCA members in policy initiatives around scope of practice, telehealth, provider credentialing and other issues, while also keeping members informed through monthly policy updates. In addition to his policy work,

Brian is an accomplished grant writer with over 10 years of experience. His work has helped to bring in millions of dollars in support of public health programs serving low-income children and families. Brian has a law degree from Temple University and is licensed to practice law in Pennsylvania and New Jersey.

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