



# White Paper

## A Quick Look at “Convenient Care Clinics” from a Risk-Quality-Safety (RQS) Perspective

### What Are They?

The next time you are buying a loaf of bread at the grocery store, you might be able to have that nagging cough looked at before you hit the checkout line. You see them now every time you shop: walk-in retail health clinics, or “convenient care clinics,” as they are also called. The first ones entered the market at major national pharmacy chains in the year 2000, with many big-box retailers soon following suit. Their prevalence rose drastically during the economic boom of the early 2000s, and then slowed during the downturn of the last several years. Now, after more than a decade in the marketplace, conditions are ripe for another surge in their growth. According to a January 2013 poll by Harris Interactive/HealthDay, 27% of all adults have used either walk-in retail clinics or work-based clinics to obtain medical care in the past two years. In 2008, that number was only 7%.<sup>1</sup> A recent report from Accenture Research projects growth of 25-30% per year for the next three years, doubling the number of clinics from approximately 1,400 to as many as 2,800 by 2016.<sup>2</sup>

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A variety of factors is contributing to this rapid increase in retail-based clinics. Economic conditions have driven rising deductibles in individual health insurance plans, creating a need for lower up-front-cost healthcare delivery. While insurers were initially wary about working with retail clinics, the insurers are growing increasingly receptive to the idea of lower-cost alternatives for routine healthcare needs. Additionally, due in large part to the Patient Protection and Affordable Care Act (PPACA), many people from low and middle income families who never had a primary care physician before will soon be coming under insurance coverage, and they'll be looking for the most convenient and cost-effective avenues for their basic healthcare needs. Because retail-based clinics are typically staffed by Certified Nurse Practitioners or Physician Assistants, they offer a quality and lower-cost alternative for the treatment of mild complaints such as a cough, a cold or the flu,

and for routine services such as vaccinations and blood pressure screenings. All of these factors, coupled with a shortage of primary care physicians in certain geographical areas, are fostering a climate that is ideal for retail-based clinics.

While these clinics can be a cheaper and more convenient option for people who are seeking minor relief or testing, they raise various possible patient safety exposures. In addition, how we can best ensure that these clinics ultimately improve patient outcomes is still being debated. As these clinics continue to grow and become a fixture in the modern healthcare marketplace, we think it is necessary to look at some of the areas that pose unique challenges or potential pitfalls from a risk-quality-safety (RQS) perspective.

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### **Addressing Concerns**

As the clinics are formed within a retail setting, they signal a change for the parent organization; the purchase of retail products and the access to healthcare services represent a different set of characteristics for both the consumer and retailer. For those involved in the placement or management of convenient care clinics, the following provides some areas that need to be addressed to help ensure quality and to support the safety of the patients served.

#### ➤ **Staffing**

- Is the clinic staffed with licensed and appropriately credentialed clinical staff? How is this vetting process carried out and who oversees the process? Are collaborative working agreements based on the individual state practice laws in place and on file?

#### ➤ **Patient Treatment**

- Is there a triage process in place to determine appropriateness of treating a patient in the clinic? Is there a chain of command established for staff to seek additional consultation as needed?
- Does the clinic have evidence-based guidelines in place? Is there an annual medical review of the current policies and protocols, and the consistent adherence to those policies?

- Does the clinic have guidelines for comprehensive documentation to ensure that patient information and treatment decisions are clearly documented? Is there a system to periodically audit medical records for documentation consistency, completeness and no evident gaps in treatment plan and follow-up?

➤ **Communication**

- Is there a system to make sure that all laboratory tests ordered are tracked? Is there a designated person who has responsibility for informing patients of results in a timely fashion? Is there a tracking mechanism for results sent to primary care physicians to show they were sent and received?
- Is there a system in place to refer the patient to a primary care provider if the patient does not have a primary care provider? Does the clinic have an existing relationship with a primary care organization?
- Are printed discharge instructions provided to the patients at the time of discharge from the clinic that explain plan of care, follow-up deadlines, signs and symptoms to seek further treatment? Is there documentation of the patient verbalizing an understanding of these instructions and that the form was provided to the patient?

➤ **Data Security**

- Does the clinic have data security policies, procedures and systems to ensure the confidentiality of Protected Health Information under HIPAA (The Health Insurance Portability and Accountability Act)? Are all staff trained on HIPAA compliance?

➤ **Managing Emergencies and Untoward Events**

- Is there a written emergency plan to handle emergent issues, beyond calling 9-1-1?

- Are staff fully trained on how to handle and report an untoward event?  
Is this documented and maintained in each employee file?
- Is there a formal incident reporting process in place? Are incidents and untoward events reviewed and investigated in a timely way?
- Does the clinic administer a patient satisfaction survey? Is there a formal plan to handle patient complaints?

➤ **Quality Assurance**

- Is a formal quality assurance program in place? Are Quality Assurance metrics regularly collected and evaluated?

**Partners in the Changing Healthcare Delivery Landscape**

With the right infrastructure and the right processes in place, retail clinics can be a valued *partner* in the healthcare delivery system. Regulations and standards that govern such clinics still vary drastically from state to state, so in order to truly reduce risk, quality and safety exposures, retail clinics can start by focusing on developing protocols that address some of the concerns above. As the growth of retail clinics continues, we would expect to see increased education of patients on the importance of health and wellness, increased communication with primary physicians, increased referrals of patients to a larger community health system when further treatment is needed, and standardized processes for follow-up on things such as laboratory and diagnostic test results.

As we discussed earlier, retail clinics are an increasingly popular choice among consumers looking for routine treatments. They're becoming a sort of "front line" of patient care in this new and evolving healthcare landscape. But just because a treatment may be "routine" does not mean the patient should sit by, as one might when getting an oil change for his or her car, not understanding the larger picture in which his or her health is viewed. Retail clinics have the potential to be ideal places for increasing patient education and awareness on topics of not only health and wellness, but also how to be a better custodian of your overall health picture. They can educate patients on the use of electronic medical records and the importance

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of maintaining records when transitioning from one healthcare provider to another. They can underscore the importance of follow-ups and regular check-ups, and educate patients on subjects of health and wellness. Ultimately, retail clinics would be building a healthier population, thus helping support primary care providers in their joint mission to provide preventive care for the entire community.

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Because a patient will often move from a retail clinic setting into a primary care setting for follow-up and advanced treatments, communication between the two settings is important in improving overall patient care. The old fee-for-service model of healthcare delivery has contributed to a world of fragmented care—with services often coming from multiple mutually exclusive and non-fully-cooperative branches of related and unrelated health systems—leading to escalating healthcare costs and line-item bills, alienating the healthcare consumer and disenfranchising many lower-income patients. The evolving healthcare model spurred by the PPACA makes systems eligible for higher insurance reimbursements based on the quality of the outcomes those systems produce for the patients they serve. The emphasis needs to be on the integrated levels of quality and safety in the system’s overall continuum of care, and not simply the volume of services rendered. So, theoretically, there is a clear benefit for retail clinics to develop integrated levels of communication with the primary care providers in their area, thus increasing transparency and fluidity of data flow between the two and ultimately improving patient safety. We have already seen examples of large health systems adopting technology solutions that allow them to easily transfer EMR data between different branches of their systems, accounting for variations in formatting and streamlining data flow. Potentially, such technology could also be used for communicating EMR data between independent organizations.

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Smaller, more community-oriented retail clinics might consider a partnership or referral program with local primary care providers. For clinics and other ambulatory healthcare settings working to better treat the population as a whole, it could help to consider a partnership with a larger primary care provider in the community. Not only would this strengthen the potential impact of the retail clinics on their communities, but it would also provide the opportunity for retail clinics to receive support in addressing the risk, quality and patient safety concerns inherent in these

settings. For example, a local health system or hospital could provide oversight and support on establishing protocols based on evidence-based guidelines for the clinics. Reciprocally, the clinic could assist the hospital with community outreach and education, thus helping grow its potential base of customers.

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### **Summary**

We are still in the early stages of understanding the impact of retail clinics on healthcare delivery, but it is clear that they can offer a lower-cost alternative to obtaining care for certain conditions. Perhaps more importantly, they are coming to serve as a front line of patient care for an increasing number of people, offering a unique opportunity, not only for healthcare delivery, but also education of the population. By treating a variety of patient conditions, serving as a potential bridge between a patient and a primary care provider, and providing educational services, retail clinics are in a unique position to truly empower people to be custodians of their own health picture.

Heather Annolino, RN, MBA, CPHRM  
Director, RQS Consulting Services  
Clarity Group, Inc.

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### **References**

<sup>1</sup> Harris Interactive/HealthDay poll, January 8, 2013

<sup>2</sup> Accenture Research, "Healthcare Reform and Retail Medical Clinics: From Foe to Friend," March 15, 2013