

Milk, eggs, influenza shot

Clinics based in US supermarkets and chain stores are proving popular with the public because they make primary care as easy to obtain as milk and eggs—but many physicians are not happy that their patients are heading to retail outlets to get their care. Norra MacReady reports.

Taking the notion of “one-stop shopping” to a new level, companies in the USA are installing walk-in clinics in drug stores, supermarkets, and large chain stores such as Wal-Mart, allowing customers to get medical care at the same place they shop for groceries or television sets. And, just as price tags adorn the products of supermarkets and big-box stores, the clinics prominently post the fees for the services they offer.

The concept is known as retail medicine, but the providers themselves describe it as “convenient care” to emphasise their main selling point: convenience. As one company, the Minneapolis, Minnesota-based MinuteClinic, says in its motto: “You’re sick, we’re quick”. Customers also like to know what services are going to cost up-front instead of being hit with a big bill later.

Maryn McKenna would probably agree. Having just moved to Minneapolis, Minnesota, last autumn, she needed an influenza shot but was in the process of changing insurance companies and had not yet found a physician in the area. So “off I toddled to Target”, she recalled. The discount chain has its headquarters in Minneapolis and has established Target Clinics in stores in Minnesota and Maryland. After a 5 minute wait, a physician’s assistant administered McKenna’s vaccination, and she was on her way. “It was great”, she said.

If growth rate is any indication, retail clinics are tapping into an enormous demand. About 12 companies currently operate roughly 400 clinics throughout the USA, but that number should expand to about 700 by the end of this year, said Tine Hansen-Turton, executive director of the Convenient Care Association, the Philadelphia,

Pennsylvania-based trade association for the retail medicine industry.

The clinics provide basic medical services, such as immunisation, screening, and preventive care; treatment of mild ailments and minor emergencies such as sore throats and bladder infections; and management of chronic conditions such as diabetes and hypertension. Nurse practitioners and physicians’ assistants provide the care. Physicians themselves serve in a supervisory capacity.

Clinic hours match those of the establishments in which they are embedded, so they are usually open on evenings and weekends, a godsend for people who cannot, or will not, wait weeks to see a doctor or spend hours sitting in an emergency room. Patients rarely wait more than 15 minutes; with the Target Clinics, anyone with a computer can go to the company’s website to see the next available walk-in appointment. Depending on the clinic and the service provided, prices can range from as little as US\$19 to about \$70.

For most people the price is right. Even the highest rates are less than most doctors would charge, but they could still be a burden for someone who is truly cash-strapped. “The clinics are not free—what they are is convenient”, said McKenna, a journalist who is writing a book about emergency rooms in the USA. In her research she has met people who will gladly wait 8 hours for medical care as long as they do not have to pay for it. “For some people, time is a cheaper currency than money”, she explained.

Some retail medicine providers are now negotiating with employers to care for their workers at a discount, said Webster Golinkin, chief executive officer of RediClinic in Houston, Texas.

Speaking at a panel on retail medicine during the Consumer-Directed HealthCare Conference and Expo held in Las Vegas, Nevada, USA, earlier this year, Golinkin said RediClinic is now talking to local employers about providing “lifestyle management services”. In its promotional material, RediClinic tells employers that “if you are reasonably aggressive about driving your employees to RediClinics”, they can reduce their health-care bills by 5% or more.

The idea was not always such an easy sell. Initially, “most retailers kept the clinics at arms’ length due to fears of legal ramifications”, Golinkin said. That changed in September, 2005, when Wal-Mart announced a pilot programme in which it opened

The printed journal includes an image merely for illustration

Retail clinics let customers know the price of medical services upfront

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No organisation currently measures the quality of care that retail clinics offer

76 walk-in clinics in its stores around the country. Several factors figured in the decision: many of the low-price retailer's customers are uninsured or unable to afford deductibles, so this is a way of providing customer service while adding another revenue stream. Also, Wal-Mart had come under fire for paying its own employees too little for them to afford health insurance, so the clinics offer affordable and accessible health care for them as well as its customers.

The programme must have been a success, because in April, 2007, the company said it would be opening 400 clinics within the next 2–3 years, and could have as many as 2000 clinics in stores within 5–7 years. "The Wal-Mart announcement was a big step forward for convenient care", Brian Jones, chief executive officer of MedBasics, based in Irving, Texas, said during the panel. Many retailers now feel they must set up clinics to keep their customers coming to their stores. "It has become a competitive issue for large grocery retailers", Jones said. MedBasics operates clinics in grocery stores in Texas and Kansas.

Not surprisingly, doctors are eyeing this trend with suspicion. On June 25, the American Medical Association (AMA) announced that it would ask state and federal agencies to investigate potential conflicts of interest posed by joint ventures between store-based health clinics and pharmacy

chains, and to develop legal guidelines to regulate the operation of store-based health clinics. In a press release, neurosurgeon Peter Carmel, a member of the AMA's board of trustees, said that health insurers are placing doctors at a disadvantage by allowing store-based clinics to waive or offer discount copayments, while still requiring physicians to collect those fees.

Primary care physicians stand to lose the most from this trend, and some family physicians have complained that the clinics are already poaching some of their patients. Others worry that the clinics will contribute to the fragmentation of medical care in the USA. Nevertheless, the American Academy of Family Physicians (AAFP) "has tried to take a realistic approach", said Rick Kellerman, president of the AAFP. After all, "patients should not be left stranded in the community with no recourse to medical care". Indeed, MinuteClinic, which operates some of the Wal-Mart establishments, was founded by a family physician. On the other hand, said Kellerman, the clinics and the companies that run them vary widely in their care plans and business models. Currently, no one monitors patients' outcomes or the quality of care that retail clinics offer.

The AAFP "is on board with the [AMA's] position that it is inappropriate to have lower copays for retail clinics", Kellerman said.

He also raised questions about issues such as accessibility for handicapped patients, handwashing standards, and the wisdom of encouraging people who may have an infectious disease to visit a clinic located in a store that sells groceries. Another question involves the pattern of referrals: are patients appropriately directed to physicians when the nature of their complaint falls outside the scope of what these clinics can treat?

In an effort to reconcile these concerns with its pragmatic approach, the AAFP has suggested that any of its members interested in reaching out to local retail clinics should insist

that those establishments have five attributes: a well defined and limited scope of practice; services and treatments that are evidence-based; formal connection with local physician practices; a referral system to local physician and other entities when necessary; and a system of electronic medical records. Essentially, patients should be encouraged to find a medical home where they can find care for ailments more complex than the minor, episodic problems that fall within the purview of the retail clinics, Kellerman said. So far, three companies—MinuteClinic, RediClinic, and Take Care Health Systems—with headquarters in Conshohocken, Pennsylvania—have said they would adopt the AAFP's criteria.

There is evidence that more conventional practices are borrowing some of the features that seem to be making the retail clinics such a hit. Spectrum Health, an integrated health-care system based in Grand Rapids, Michigan, posts its average charges for common services ranging from CT scans, childbirth services, and laboratory analyses, on its website, and in May, HealthCare Partners Medical Group, in Torrance, California, the state's largest private physician practice, starting doing the same. Listed procedures include male and female wellness examinations, chest radiography, adult and paediatric vaccinations, and specialised examinations such as sports physicals. Some insurers, such as Aetna, also post prices for some procedures in parts of the country. The move has been described as a response to the growing popularity of the retail clinics.

The message implicit in all these developments is that "consumers want convenience", Kellerman said. Even more than that, they "show the disarray of primary care in this country. There are some fundamental problems with the way primary care is delivered in the USA".

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