

BIG RETAIL HEALTH CLINICS AGREE TO AAFP OPERATING GUIDELINES

A newly formed quick-care trade group also aims to collaborate with physician organizations

By Kevin B. O'Reilly, AMNews staff, March 5, 2007

Three firms that account for about 75% of the fast-growing retail health clinic industry last month agreed in writing to the American Academy of Family Physicians' "desired attributes" for such operations.

Minneapolis-based MinuteClinic Inc., Pennsylvania-based Take Care Health Systems Inc. and Houston-based RediClinic agreed to limit the scope of services they offer, practice evidence-based medicine, establish formal connections with physician practices in the local community, set up referral systems and share medical records electronically.

The AAFP set out its attributes in December 2005 in response to physicians' concerns that store-based health clinics could compromise quality, threaten continuity of care and substitute for primary care physicians as a medical home.

"The market is going to tell us whether [retail clinics] succeed," said Rick Kellerman, MD, AAFP president. "The thing we need to be concerned about is patient safety. If they just come in and plop down in a community without thinking about what they are going to do with a patient who has a problem beyond the scope of what they're taking care of, it won't do the patient any good and it won't do the health care system any good."

Most of the country's approximately 250 retail clinics are based in grocery or drug stores, have weekend and evening hours, and are staffed by nurse practitioners or physician assistants who are remotely supervised by a physician. They usually charge less than doctors and treat a limited set of relatively simple conditions, such as ear infections.

Company executives said the agreement with the family physicians merely formalizes what they have been doing all along. "The key from our perspective is that everybody try and find a way to do what's in the best interest of a patient," said Hal Rosenbluth, Take Care Health co-founder and board chair. "We believe very strongly in the medical home and we believe very strongly in the role of physicians."

Mary Kate Scott is a health care technology consultant who prepared a July 2006 report on retail clinics for the California Healthcare Foundation, a nonprofit organization that aims to expand access to health care for the underserved. Scott said the agreement reflects how these firms see themselves fitting into the larger health care system.

"These clinic operators, in reaching out to family physicians, are acknowledging [clinics'] role in consumer-driven health care," she said. "The retail clinics are adamant that they are not a substitute for the family physician. What they are saying is, 'We are a complement.' "

Responding to a new industry

The AAFP is not soliciting other firms to sign similar agreements and will not monitor retail clinics' compliance. The academy does list companies that have agreed to the desired attributes on its Web site. However, the list is not intended as an endorsement.

According to academy guidelines, retail clinics should offer a "well-defined and limited" set of evidence-based services, take a "team-based approach" to provide continuity of care, and operate under the supervision of a practicing, licensed physician. The AAFP also says clinics should have electronic medical records systems and share patient information with the patient's primary care physician.

The AMA, which adopted a similar set of guidelines at its 2006 Annual Meeting, said it was "encouraged" by the move.

"While store-based health clinics can never replace the patient-physician relationship, with guidance from the AMA and AAFP they can offer patients a viable option for routine health care services," said AMA Board of Trustees member William A. Hazel Jr., MD, in a statement.

The American Academy of Pediatrics, in contrast, adopted a policy in September 2006 saying it "opposes retail-based clinics as an appropriate source of medical care for infants, children, and adolescents and strongly discourages their use." The AAP policy statement said retail clinics could further fragment care and that minor ailments often serve as an opportunity for pediatricians to address other health issues, such as immunization catch-ups.

Robert M. Corwin, MD, a co-author of the AAP statement, said that while the AAFP announcement is a step forward, it does not overcome his principal objection to retail clinics.

"Even though retail clinics talk about supporting the concept of the medical home, they are creating a new way to fragment care," Dr. Corwin said.

Dr. Corwin and the AAFP's Dr. Kellerman attended the first formal meeting of the Convenient Care Assn. last month. The group's 17 corporate and hospital members are working to develop common quality-of-care standards and share best practices, said Executive Director Tine Hansen-Turton. She added that the new retail health clinic trade group, formed in October 2006, is building a clinical advisory group that will include physician representatives.

ADDITIONAL INFORMATION:

In-store clinics expected to grow

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| February 2006 | Fewer than 100 |
| July 2006 | More than 150 |
| January 2007 | About 250 |
| January 2010 | 2,000 to 3,000 |

Sources: California HealthCare Foundation; individual companies; Scott & Co.