

Retail Clinics

Retail clinics are privately owned clinics typically staffed solely by nurse practitioners and found inside retail stores such as Target, Wal-mart, and CVS Pharmacy. Since the first retail clinic was established in 2000, over 1,000 sites have opened in thirty-seven states across the country [4]. Some reports estimate that by 2012, over 6,000 retail clinics will operate in the US [3]. Despite their growing popularity, retail clinics have sparked much debate.

Why Retail Clinics?

Retail clinics are designed for one-time care of a limited number of minor illnesses and injuries. They are usually staffed by nurse practitioners or physician assistants, almost never doctors, who provide standardized interventions that do not generally emphasize follow-up care. Despite this, retail clinics have had success because they stay open evenings and weekends, offer relatively low prices, provide short wait times and do not require an appointment. In fact, the costs of care at retail clinics are sometimes 30-40% lower than at physician offices and 80% lower than emergency departments [3]. Convenience and affordability are the hallmarks of retail clinics' business model.

Do they work?

Given that retail clinics are a relatively new healthcare concept, few studies have examined the effectiveness of retail clinics. However, in a comparison of the cost and quality of treatment of three common illnesses at retail clinics and other traditional healthcare centers, patients at retail clinics were found to have received similar quality of care and preventive services, and incurred similar prescription costs as patients at physician offices and urgent care centers. The emergency room had lower quality and higher prescription costs [2].

Another study found that retail clinics do not increase the chances that patients will have to seek any kind of medical care two weeks after receiving treatment [1]. Although these studies suggest retail clinics are an effective new healthcare model, these and other studies acknowledge the need for further research on the topic [1,2,4].

What are some debates around retail clinics?

The American Medical Association and the American Academy of Pediatrics have expressed fear that conflicts of interest would cause retail clinics to overprescribe medicine, especially if retail clinics are located in pharmacies [5]. However, research suggests that patients' prescription costs are similar at retail clinics, urgent care departments, and primary care physician offices [2].

Because retail clinics offer relatively low prices and serve a population that is younger and more likely to be uninsured [3], they have been offered as an option to increase access to care for low-income patients [7,8]. However, few retail clinics operate in healthcare provider shortage areas and populations living near retail clinics tend to be more affluent [7,8]. Sixty percent of retail clinics accept Medicaid while 97% accept private insurance [9]. This suggests that retail clinics are not necessarily improving access to care for the poorest people.

Critics have also questioned whether retail clinics disrupt continuity of care and patient-physician relationships [6,9]. They fear that not having a regular primary care physician could cause underlying medical conditions to go undetected. However, 39% of retail clinic patients reported having a

primary care physician, compared to 80% of patients nationally who reported having a usual source of care [9]. Although these findings do not answer whether patients' health is harmed by fragmented care, they suggest that very few retail clinic patients actually have continuous care or patient-physician relationships for retail clinics to disrupt.

Retail clinics can also absorb the short, lucrative appointments for simple cases from traditional healthcare centers and leave them with more time-consuming appointments for complex cases, potentially threatening their revenue [6]. In fact, visits to primary care provider (PCP) offices for the issues seen in retail clinics are 25% shorter than other kinds of visits [10] and about one in five cases treated at physician offices can be treated at a retail clinic [9]. This suggests that retail clinics can extract substantial business from other healthcare providers. Pediatric PCPs could lose the most visits to retail clinics with 30% of pediatric PCP cases treatable at retail clinics [10]. Fears that PCPs would compensate for these revenue losses by raising prices have added to concerns. However, some see retail clinics as an opportunity for PCPs and other healthcare centers to free up their busy waiting rooms and spend more time on appointments for complex cases, potentially improving care [6].

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