



# Retail Medical Clinics

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# Retail Medical Clinics are proliferating rapidly in US

- In 2000: 1st Convenient Care Clinic
- In 2006: <100 clinics
- In 11/07: 800 clinics
- By 12/08: 1500 expected

# MinuteClinic (owned by CVS)

## Locations in Connecticut

- Ansonia
- Avon
- Cheshire
- Coventry
- Enfield
- Hamden
- Hartford
- Newtown
- Orange
- Riverside
- Rocky Hill
- Southington
- Southbury
- Stamford
- West Hartford
- Windsor

# MinuteClinic

## Partial Menu of Services

QuickTime™ and a  
TIFF (LZW) decompressor  
are needed to see this picture.

# MedAccess\*

## Locations in Connecticut

### OPEN:

- Putnam (Price Chopper)

### COMING SOON:

- Berlin (Arrow Pharmacy)

### PLANNED:

- Bristol
- Newington
- Southington
- Torrington
- Vernon
- Waterbury
- Windsor

\*MedAccess is a project of ProHealth Physicians, a Farmington-based group of about 200 doctors.

# MedAccess

## Partial Menu of Services

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# What They Are

- Clinics in retail stores (pharmacies, supermarkets)
- Open evenings and weekends
- Modeled for one-time care
- Standardized interventions to limited range of health needs at low cost
- Usually staffed by nurse practitioners

# What They Are Not

- A medical home
- Equipped to diagnose or deal with complex cases
- Doctors\*
- Structured to follow-up on treatment or offer many diagnostic tests

\* Duane Reade in New York City has a retail medical clinic model in which doctors are present in each location and have admitting rights at two area hospitals.

# Impact on Primary Care Infrastructure

- Can serve less-sick patients
  - Improving patients' access to appropriate care, OR
  - Threatening patient balance of existing medical practices
- 78% of clinic patients have insurance
- 5% of US households have used in-store clinics.

# Performance Ratings

- In 2006 MinuteClinics got highest marks from a nonprofit ranking group in MN for treating children 2-18 for sore throats.
- Most adults who used clinics were very or somewhat satisfied:

Quality of care (90%)	Cost (80%)
Qualification of staff (85%)	Convenience (83%)

# Proposed Standards: American Medical Association

- Well-defined and limited scope of clinical services
- Standardized medical protocols...to insure patient safety & quality of care
- Ensure that staff have direct access to and supervision by doctors
- Ensure continuity of care with area physicians
- Establish referral system to physicians for further treatment
- Inform patients of staff credentials and limitations of care
- Establish sanitation & hygienic guidelines & facilities
- Use electronic health records
- Encourage patients to establish relationship with a primary  care physician to ensure continuity of care

# Proposed Standards Convenient Care Association

- All providers will be credentialed.
- Members commit to monitor quality on an ongoing basis.
- Members build relationships with traditional health care providers & hospitals, and work toward electronic health records.
- Encourage patients to establish relationship with primary care physician & make appropriate referrals.
- Comply with various regulations.
- Provide health promotion & disease prevention education.
- Use electronic health records
- Encourage quality patient care & meet standards for infection control.
- Establish emergency response procedures, incl. relationship with emergency services.
- Empower patients to make informed health care choices.

# Recently Passed Regulations in Massachusetts

- Each clinic must be individually licensed by state regulators.
- Providers be qualified to treat special populations (e.g., children).
- Nurse practitioners have prompt telephone access to physicians.
- Hand sanitizers must be available in clinics.
- Restrooms must be adjacent to clinics.

# Areas for Further Study

*Do these clinics address a need or are they simply symptoms of a problem?*

- Actual changes to access, particularly for uninsured or underinsured
- Possible conflict of interest in clinics located in pharmacies
- All relevant existing regulations & regulatory bodies – and holes in regulation

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