Convenient Care Association

fact sheet

Convenient Care Clinics: Addressing Unmet Needs

The demand for affordable, accessible health care is why convenient care clinics (CCCs), based in high-traffic retail outlets with adjacent pharmacy services, have flourished. An extension to primary care, CCCs have provided more than 3.5 million patients with assistance related to common ailments, physicals, health screenings, vaccinations and preventive care.

PUBLIC HEALTH BENEFITS

Accessibility

- CCCs complement traditional healthcare delivery systems by serving as an entry point for care; they take pressure off of overburdened physician practices and emergency rooms
- Nearly 1,000 locations exist in retail-based businesses
- CCCs are a critical public health ally for the 30-40 percent of the American population that does not have a primary care provider or insurance
- Most clinics are open every day, including extended weekday and weekend hours
- Appointments are not necessary
- CCCs treat a limited list of conditions - strep throat, pink eye, ear infections, mononucleosis - and provide vaccinations, keeping visits to about 15 minutes

Affordability

- A national study says retail-based clinics are 30-80 percent less expensive than other providers (ER, Urgent Care, Community Health Clinics)
- Clinics generally accept many insurance plans
- Prices are intended to be affordable for patients without health insurance
- Pricing is prominently displayed so patients can review costs before receiving services

Quality

- CCCs comply with all state and local health regulations
- Practitioners are fully credentialed
- Nurse practitioners, the main providers of CCC care, have a Master's-level degree
- Practitioners adhere to evidence-based guidelines to diagnose and treat patients
- CCA members' guidelines incorporate AMA and AAFP requirements
- CCCs follow applicable OSHA, CLIA, HIPAA, ADA and CDC requirements and guidelines
- CCCs use electronic medical records to help improve patients' long-term quality of care

Continuity of Care

- CCCs have local referral networks of healthcare providers for patients
- With a patient's consent, CCCs forward electronic or printed records of his/her visit to their primary care provider, if they have one, or help them find one if they do not

About the CCA: CCA is a national non-profit organization comprised of leaders of the convenient care industry. CCA members, who represent more than 95 percent of the industry, operate more than 950 CCCs in 28 states.

www.convenientcareassociation.org | 260 S. Broad St., 18th Floor | Philadelphia, PA 19102 | P 215.731.7140 | F 215.731.2400

Convenient Care Association

fact sheet
Convenient Care Clinics: Increasing Access

QUESTION: ***How do convenient care clinics (CCCs) increase access to health care?***

ANSWER:

There are now nearly 1,000 CCCs located in high-traffic retail outlets with pharmacies. CCCs are generally open seven days a week, with extended weekday hours, no appointments are necessary, and visits generally take 15-20 minutes due to the limited scope of services that are offered.

THE FACTS:

• CCCs are growing rapidly to meet high consumer demand for easy access to high-quality, affordable health care. The number of CCCs operating in the United States is projected to grow from 1,000 to around 1,250 by the end of 2008.

—For consumers who have established physician relationships, clinics are a more convenient option than waiting for an appointment or spending hours in an emergency room for a minor complaint.[1]

—For consumers who do not have established physician relationships, including many of the 47 million uninsured and 30 million underinsured Americans, CCCs offer a critical access point for care. [2]

o Approximately 30 percent of CCC patients report that they do not have a regular source of primary care.

CLINIC OPENING TRAJECTORY:

Expected increases[3] in CCC locations means patients will have additional access to care.

• Consumers report a high rate of satisfaction with both the convenience (93 percent) and quality of care (90 percent) received in CCCs.[4]

• CCCs connect patients who have out-of-scope conditions and those who need ongoing care with local primary care physicians or other specialty providers as needed, making retail-based clinics an important portal for connecting patients into the health care delivery system.

• The need for CCCs is expected to grow dramatically in light of the increasing shortage of primary care physicians and the growing interest in near-universal health care coverage.

[1] *American Academy of Physician Assistants. The Role of In-Store or Retail Health Clinics (adopted 2007).*
[2] *CCA Fact Sheet: Policy and Practice Education*
[3] *2007 Scott and Co as presented in "Investigating the ROI: Are CCCs a Sound Decision for Your Pharmacy?," October 14, 2007.*
[4] *Wall Street Journal Online/Harris Interactive Health-Care Poll, July 2008.*

www.convenientcareassociation.org | 260 S. Broad St., 18th Floor | Philadelphia, PA 19102 | P 215.731.7140 | F 215.731.2400

Convenient Care Association

fact sheet
Convenient Care Clinics: Physician Oversight

QUESTION: *What is the benefit of physician oversight in the emerging convenient care clinic industry?*

ANSWER:

Collaborative physician relationships play a valuable role in ensuring quality care at CCCs. However, while physician oversight of physician assistants—or the nurse practitioners (NPs) who generally staff CCCs—may be helpful, there is no evidence that requiring an on-site presence by collaborating physicians or restricting the number of mid-level practitioners or CCCs they can supervise produces higher quality care than remote supervision with regular chart review. Physician oversight should be part of the practice to the extent that it adds value but not unnecessary costs.

THE FACTS:

- CCCs have a limited scope of practice that focuses only on managing common illnesses and preventive care. Consumers with non-routine needs, or who need chronic care, are connected with a primary care provider (PCP) or other medical specialist.
- Offsite physicians conduct regular chart review for optimized balance of quality assurance and minimized cost. Experience from 42 states suggests a single physician can effectively support clinic practitioners through collaborative agreements that call for remote chart review without an on-site presence.
- NPs are highly qualified to deliver patient care at CCCs without the onsite presence of a PCP. NPs are board certified with master's degrees in the science of nursing and research has shown that they provide care comparable in quality to that provided by PCPs. [1]
- The Convenient Care Association (CCA) has worked with PCPs and others to establish and adhere to quality and safety standards that are more stringent than those recommended by the American Medical Association, American Academy of Family Practitioners and American Academy of Pediatrics.
- CCA members are committed to promoting and monitoring quality and safety on an ongoing basis, including the use of evidence-based clinical practice guidelines, NP peer review, collaborating physician review, and outcomes studies.
- Since member CCCs use electronic medical records, information from a CCC visit can be shared with a PCP at the patient's request.

TOP TREATMENTS AT CCCs

(Source: 2008 Market Strategies International report)

1. Sore throat
2. Common Colds/Cold Symptoms
3. Flu Symptoms
4. Cough
5. Sinus Infection
6. Allergies
7. Immunizations
8. Blood Pressure Testing

[1] *Four sources: (1) The Health Lawyer, The Primary Care Paradigm Shift: An Overview of the State-Level Legal Framework Governing Nurse Practitioner Practice, Ritter & Hansen-Turton, April 4, 2008. (2) U.S. Congress, Office of Technology Assessment, Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis 19 (1986), available at http://www.princeton.edu/~ota/disk2/1986/8615/8615/pdf. (3) Mary Mundinger et al., Primary care outcomes in patients treated by nurse practitioners or physicians, 283 JAMA 59 (2000). (4) E. Lenz et al., Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up, 61 Med. Care Res. Rev. 332 (2004).*

Convenient Care Association

fact sheet

Convenient Care Clinics: Reducing Costs For Consumers and Third-Party Payers

QUESTION: ***Are convenient care clinics (CCCs) more affordable than other health care delivery outlets?***

ANSWER:

Research has shown that CCCs are less expensive than physicians' offices, urgent care clinics and emergency rooms because of the limited scope of services they offer. This is possible because CCCs provide high-quality care with certified physician assistants or nurse practitioners rather than physicians, and because their limited service offering enables CCCs to maximize efficiency. This model of care means CCCs are affordable to the insured, underinsured and uninsured alike.

THE FACTS:

• CCCs accept most insurance co-payments, and patients without insurance typically pay $40 to $75 for a clinic visit, which is far less than they would be billed for emergency room care.

• Lower CCC costs also take the pressure off of overburdened emergency rooms by offering significantly less expensive treatment for basic medical needs.

—New England Health Care Institute: Approximately 25% of all ER visits were for non-urgent issues and another 25% could have been addressed by a visit to the doctor's office. Convenient Care Clinics offer a quick, affordable alternative for patients with pressing, non-emergency medical needs.

• CCCs prominently display their healthcare services and pricing, so patients know costs up-front.

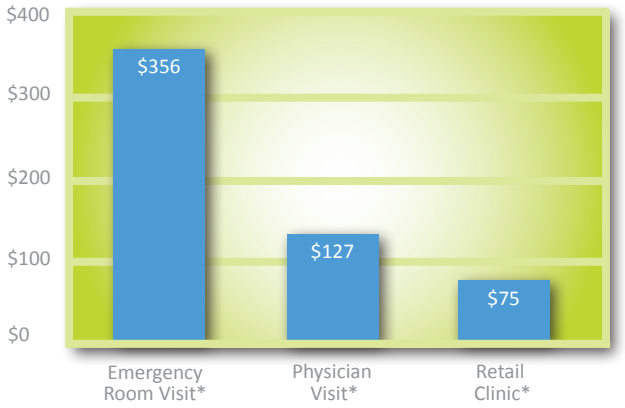
• CCCs may reduce health care costs by providing preventive care (e.g., flu shots) and facilitating earlier access to care.

• CCCs demonstrate significant cost savings for both consumers and third-party payers.

—Total treatment costs for a CCC operator were found to be $281 less than emergency departments, according to a new analysis conducted by HealthPartners, the largest consumer-governed, non-profit healthcare organization in the United States.[1]

—In another study conducted by Blue Cross and Blue Shield of Minnesota, CCC visits were found to cost consumers half as much as doctors' appointments for similar conditions.[2]

—Average costs for treatment:



** Health Partners, September 2008: "Use and Costs of Care in Retail Clinics Versus Traditional Care Sites."*

[1] TIME Magazine. "Get a Checkup In Aisle 3…" Unmesh Kher, March 12, 2006.

[2] Medicare Patient Management. "Just Walk In – Convenient Care Has Arrived." Jennifer Maybin, July/August 2007.

www.convenientcareassociation.org | 260 S. Broad St., 18th Floor | Philadelphia, PA 19102 | P 215.731.7140 | F 215.731.2400

Convenient Care Association

fact sheet
Convenient Care Clinics: High Quality Care

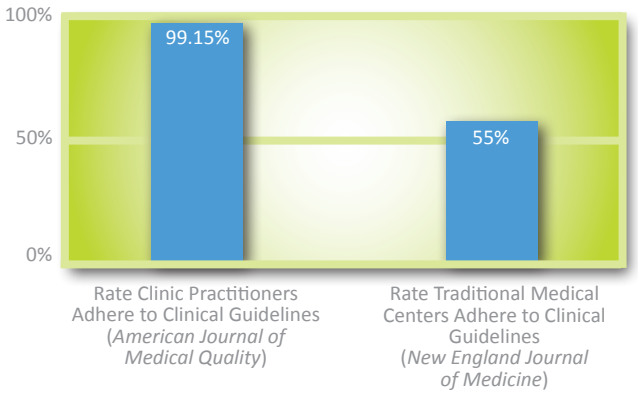
QUESTION: *How good is the care at convenient care clinics (CCCs)?*

ANSWER:

The quality of care provided at CCCs is high because it is typically administered by board certified, highly-trained physician assistants or nurse practitioners (NPs) who treat a limited range of common illnesses and provide preventive care using evidence-based protocols. They are generally supported by an electronic medical record system and supervised by local physicians. More than 3.5 million people have received routine medical care at CCCs.

THE FACTS:

- The Nurse practitioners (NPs) who generally staff CCCs are registered nurses with master's degrees or comparable training. They are board certified to diagnose, treat and prescribe medications for common medical conditions, as well as administer preventive care, usually under supervision from local physicians.
- Research consistently shows that NPs provide care that is comparable to physician care. [1]
- CCC health care professionals use evidence-based protocols that adhere to established clinical practice guidelines and regulations.
  - —A study related to prescribing antibiotics for negative strep tests of 57,000 CCC patients, shows CCC practitioners adhere to evidence-based protocols almost twice as often as practitioners in traditional medical centers. [2,3]
- CCCs use electronic medical records, and at the patient's request, these can be shared with a patient's Primary Care Practitioner in order to facilitate continuity of care.
- Many CCC companies utilize chief medical officers who are tasked with tracking nurse diagnostic patterns.
- CCA's Quality and Safety Standards were developed with input from leading medical, nursing and quality organizations and are more stringent than those recommended by the American Medical Association, American Academy of Family Practitioners and American Academy of Pediatrics. CCA members follow OSHA, CLIA, HIPAA, ADA and CDC requirements and guidelines.
- CCA members are committed to monitoring quality and safety on an ongoing basis including:
  - —Peer review and collaborating physician review;
  - —Aggregating, collecting and reporting data on quality and safety outcomes; and
  - —Monitoring patient satisfaction, which generally exceeds 90 percent.



[1] *Four sources: (1) The Health Lawyer, The Primary Care Paradigm Shift: An Overview of the State-Level Legal Framework Governing Nurse Practitioner Practice, Ritter & Hansen-Turton, April 4, 2008. (2) U.S. Congress, Office of Technology Assessment, Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis 19 (1986), available at http://www.princeton.edu/~ota/disk2/1986/8615/8615/pdf. (3) Mary Mundinger et al., Primary care outcomes in patients treated by nurse practitioners or physicians, 283 JAMA 59 (2000). (4) E. Lenz et al., Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up, 61 Med. Care Res. Rev. 332 (2004).*

[2] *American Journal of Medical Quality, Vol. 22, No. 6, 457-462 (2007), Quality of Care in the Retail Health Care Setting Using National Clinical Guidelines for Acute Pharyngitis, James D. Woodburn, MD, MS, Kevin L. Smith, RNC, FNP, MSN and Glen D. Nelson, MD, MinuteClinic, Minneapolis, Minnesota.*

[3] *Asch, Steven M.; Kerr, Eve; Keesey, Joan; Adams, John L.; Setodji, Claude M.; Malik, Shaista; and. McGlynn, Elizabeth A. (2006). "Who Is at Greatest Risk for Receiving Poor-Quality Health Care?" New England Journal of Medicine. March 16, 354(11):1147-56.*