

Retail Clinics and Health Systems Coordinate Care

With the anticipated influx of newly insured patients under the *Affordable Care Act* (ACA), retail clinics may offer overburdened hospitals and *primary care providers* (PCPs) much needed relief. Historically, retail clinics were limited to administering vaccines and treating simple injuries or illness.¹ Currently, retail clinics typically offer non-emergency services, e.g., health screenings, vaccinations, and physical exams, to walk-in patients, and manage chronic diseases, such as diabetes, asthma, and heart disease.² Often, these services are provided for set prices, regardless of the patient's insurance status.³ Many of these clinics are located within large retail pharmacies or supermarkets, and are open seven days a week, with evening and holiday hours.⁴ While retail clinics started in retail pharmacies such as CVS and Walgreens, large supermarket chains have recently entered the retail clinic market. For example, Walmart now operates in-store healthcare clinics offering routine health services and screenings,⁵ and Schnucks, a large Midwest grocery store chain, opened its first ambulatory infusion center in September 2013.⁶

Between 2000 and 2008, the number of retail clinics in the U.S. grew between 50% and 442% annually, while the growth rate fell to just one percent and three percent in 2009 and 2010, respectively.⁷ Although "*traditional*" healthcare providers have, historically, been reluctant to partner with retail clinics, the expected increase in demand for health care services may encourage major health systems to enter into affiliation agreements with retail clinics. Affiliations of this type have the potential to reverse the recent trend of sluggish growth seen in the retail clinic industry.⁸

Both physicians and hospitals may benefit from partnering with retail clinics in several ways. For example, retail clinics can increase patient access to primary care by offering convenient locations and hours, as many of these clinics offer extended weekend and evening hours for patients who require medical attention outside of regular business hours.⁹ Retail clinics may also help address the increased patient demand for primary care services, as they are typically staffed by nurses, nurse practitioners, or physician assistants, who provide services similar to PCPs.¹⁰

Although there are many potential benefits of partnering more closely with retail clinics, these partnerships present some challenges for healthcare providers. For example, increased access to retail clinics may steer patients away from their PCPs and, without sufficient integration of patient medical records, fragmentation of patient care might result. A 2012 study published in the *Journal of General Internal Medicine* found that patients who visited retail clinics for common ailments, such as respiratory infection or urinary tract infection, were less likely to visit a PCP the next time they needed similar care during the following year.¹¹ Further, one of the most significant challenges for healthcare providers who collaborate with retail clinics is the integration and sharing of patient medical information. Although some retail clinics have installed their own *electronic health records* (EHR) systems, their systems do not always integrate fully with the EHR systems of other healthcare providers.¹² As a result, patient visits to retail clinics may not always be reported to a patient's PCPs typically resulting in incomplete medical records.¹³ These incomplete medical records may potentially lead to patient care problems, such as missed screenings or duplicate tests.

Recently, some retail clinics have made progress in integrating patient medical records with other healthcare providers. Specifically, CVS Caremark Corporation's MinuteClinic, the largest retail clinic provider in the U.S., has signed more than 30 affiliation agreements with large health systems.¹⁴ These agreements, with institutions such as the Cleveland Clinic and the Detroit-based Henry Ford Health System, allow sharing of patient data electronically, and half of these affiliated organizations have already integrated their EHR systems with CVS, to varying degrees.¹⁵ Further, on February 21, 2014, MinuteClinic announced that it intends to replace its own proprietary EHR system with EpicCare, the most widely used EHR system in the country.¹⁶ The switch to EpicCare marks a significant step toward facilitating connectivity between retail clinics and health systems nationwide, as many health systems, hospital networks, and physician groups affiliated with MinuteClinic currently use EpicCare.¹⁷

The recent collaboration between retail clinics and healthcare providers may help provide necessary relief

to a healthcare system strained by the surge of newly insured patients. The convenient locations, hours, and prices offered by retail clinics may expand access to primary care services, which is expected to reduce more costly hospital and emergency room visits, thereby reducing healthcare expenditures by an estimated \$4.4 billion dollars annually.¹⁸ However, without necessary data sharing and coordination between retail clinics, hospitals, and PCPs, the expansion of retail clinics has the potential to fragment the provision of patient care by creating gaps in patients' medical history. Although substantial progress has been made with the integration of retail clinics and more traditional healthcare providers, (e.g., MinuteClinic's implementation of EpicCare, described above),¹⁹ it has yet to be seen whether other major retail clinic chains will follow suit. In order to maximize the benefits that retail clinics offer the healthcare system, hospitals and other traditional healthcare providers should consider collaborating with retail clinics in an effort to better coordinate the provision of patient care.

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