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The Retail Clinics' Place in the Primary Care Shortage and the Need for Collaboration, Communication and Integration as a means of Preventing Fragmented Care

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I. INTRODUCTION

The United States currently faces a serious shortage of primary care physicians.[1] One solution to this epidemic is to place increased responsibility on non-physician primary care practitioners who have the ability to manage acute, non-serious ailments, and alert the physician when more care is required.[2] Partnerships between healthcare systems and retail clinics help to relieve the severe pressure on hospitals and primary care physicians.[3] For the retail clinic model to be successful, non-physician primary care practitioners and physicians must effectively communicate.[4] This paper addresses the need for states to develop retail clinic specific regulations that promote continuity of care through the utilization of formal communication mechanisms with physician practices, and it advocates for the integration of retail clinics with larger healthcare systems to optimize

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1. Marsha Mercer, *How to Beat the Doctor Shortage*, AARP (March 2013), http://www.aarp.org/health/medicare-insurance/info-03-2013/how-to-beat-doctor-shortage.html.

2. Donna Marbury, *There Are No Easy Solutions to the Scope of Practice Debate*, MED. ECON. (Sept. 10, 2013), http://medicaleconomics.modernmedicine.com/print/373212.

3. ACCENTURE, RETAIL MEDICAL CLINICS: FROM FOE TO FRIEND? (2013), *available at* http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture-Retail-Medical-Clinics-From-Foe-to-Friend.pdf.

4. Marbury, s*upra* note 2.

collaboration and ultimately quality of care.[5] Part II provides a brief explanation of the primary care shortage in the United States and the need for an expansion of the scope of practice for non-physician primary care providers. Part III discusses the value of continuity of care and a consistent medical home. Part IV contends that retail clinics may put patient safety and coordinated care at risk by disrupting the patients' continuity of care in a consistent medical home. Part V provides potential solutions to this problem to include a regulatory state approach, as well as an integrated business model.

II. THE UNITED STATES IS FACING A SHORTAGE OF PRIMARY CARE PHYSICIANS

By 2025 there will be fifteen million more patients eligible for Medicare and more than thirty million Americans brought into the healthcare system as a result of the Patient Protection and Affordable Care Act (PPACA).[6] A recent figure reported that the United States will need 51,880 primary care physicians to keep up, a majority of which will be required as soon as 2015.[7] Primary care physicians fear that it will be a strain to absorb all of these new patients into the healthcare system.[8] Thus, as the shortage of primary care physicians relative to demand continues to grow, patients with lower acuity cases can alleviate strain by visiting retail clinics.[9] Patients visiting retail clinics allow primary care physicians more time to attend to more complex cases.[10]

An increasing amount of people are utilizing the retail clinic model as

5. *See infra* Part III, V.
6. Marbury, s*upra* note 2.
7. *Id.*
8. Mercer, *supra* note 1.
9. ACCENTURE, *supra* note 3.
10. ACCENTURE, *supra* note 3.

the concept grows to meet patient demand.[11] As of May 2013, there were 1,423 clinics, and there are expected to be 3,200 by the end of 2014.[12] People often choose retail clinics because they are relatively inexpensive, offer evidence-based care and are easily accessible.[13] Located in drug, grocery, or large merchandise stores, these types of clinics are open evenings and weekends and do not require an appointment or a long waiting times to see a clinician.[14] However, while there is an apparent value in the retail clinic model, there is valid concern that the retail clinic could exacerbate the problems in communication across care settings.[15]

III. THE VALUE OF CONTINUITY OF CARE AND A CONSISTENT MEDICAL HOME

Continuity of care is an ongoing and cooperative process of healthcare management wherein the patient and physician share the common goal of achieving high quality and cost effective care.[16] Through this partnership, the provider gains first-hand knowledge of the patient's medical history to more effectively initiate treatment regimens without extensive examination or review of medical charts and history.[17] This process makes early recognition of health problems possible and allows providers to proceed with cost-effective coordination of care and make referrals to other

11. Stephanie Watson, *More Americans Using Retail Health Clinics*, HARVARD HEALTH PUBL'NS, May 10, 2013, *available at* http://www.health.harvard.edu/blog/more-americans-using-retail-health-clinics-201305106189.

12. *Id.*

13. CAL. HEALTHCARE FOUND., RETAIL CLINICS: SIX STATE APPROACHES TO REGULATION AND LICENSING 1 (2009), *available at* http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/R/PDF%20RetailClinicsSixStateApproaches.pdf.

14. *Id.*

15. Ateev Mehrotra et al., *Retail Clinics, Primary Care Physicians, and Emergency Departments: A Comparison of Patients' Visits,* 27 HEALTH AFF. 1272, 1280 (2008), *available at* http://content.healthaffairs.org/content/27/5/1272.full.pdf+html.

16. *See Continuity of Care, Definition of*, AMERICAN ACAD. OF FAMILY PHYSICIANS (last visited Dec. 9, 2013), http://www.aafp.org/about/policies/all/definition-care.html

17. *Id.*

specialized healthcare professionals.[18] A continuous relationship between patient and provider allows the provider to be a more effective patient advocate, while at the same time enables the patient to have increased confidence in the provider.[19]

It is also valuable for the patient to have a consistent medical home.[20] A medical home seeks to maximize health outcomes throughout a patient's life by providing continuous and coordinated care.[21] Studies demonstrate that patients with a consistent medical home experience improved access to higher quality and lower cost of care with reduced errors and better overall health outcomes.[22] Each switch to a new physician practice leads to more medical tests and longer appointment times as new physicians must reassess the patient's medical history at each visit.[23] A consistent medical home builds familiarity, trust and confidence for the provider and patient, and coordinated care often results in better health for patients.[24] It is thus pertinent that retail clinics coordinate care with each patient's primary care physician.[25] An ideal method for care coordination is through the usage of shared electronic medical record (EMR) networks to improve patient safety, identify larger trends, and ensure optimal preventive and chronic disease care.[26]

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18. *Id.*
19. *Id.*
20. Isabelle Dills, *Study Stresses Value of 'Medical Home',* NAPA VALLEY REGISTER.COM (July 7, 2013), http://napavalleyregister.com/news/local/study-stresses-value-of-medical-home/article_6fc4e502-e772-11e2-8393-001a4bcf887a.html.
21. Craig Pollack, *The Growth of Retail Clinics and the Medical Home: Two Trends in Conflict,* 29 HEALTH AFFS. 998, 998 (2010), *available at* http://content.healthaffairs.org/content/29/5/998.full.pdf+html.
22. Dills, *supra* note 20.
23. *Id.*
24. *Id.*
25. Victoria Stagg Elliott, *Retail Clinics Create Continuity Gap in Patient Care,* AM. MED. NEWS (Nov. 26, 2012), http://www.amednews.com/article/20121126/business/311269958/4/.
26. Pollack, *supra* note 21, at 998.

IV. RETAIL CLINICS OFTEN DO NOT EFFECTIVELY SUPPORT CONTINUITY OF CARE OR THE EXISTENCE OF A CONSISTENT MEDICAL HOME FOR ITS PATIENTS AND THEREFORE PUT PATIENT SAFETY AND COORDINATED, CONTINUOUS CARE AT RISK

Various physician organizations such as the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) question whether retail clinic clinicians make accurate diagnosis and triage decisions and if they have the potential of disrupting the primary care physician-patient relationship and continuity of patient care.[27] Many of the physician organization quality-based concerns are unnecessary as the quality of care scores between retail clinics and more conventional clinics are comparable.[28] A 2009 study found that retail clinics did as well or even better than other places of care in the assessment of fourteen objective measures of quality.[29] The PPACA recognizes the value of advanced practice nurses as providers of primary care as well as potential leaders in integrated care systems.[30] However, retail clinics can lead to increased fragmentation while undermining the patients' connection to their primary medical home and ultimately compromise coordinated and continuous care.[31] The incoming AMA president recently spoke with excitement about the addition of retail clinics to our delivery system; though, he stressed the need for continuity of care and connectivity of retail clinics with primary

27. Mehrotra, *supra* note 15, at 1273.

28. Michelle Andrews, *Retail Health Clinics Expanding*, KAISER HEALTH NEWS (June 25, 2012), http://www.kaiserhealthnews.org/features/insuring-your-health/2012/retail-health-clinics-michelle-andrews-062612.aspx.

29. *Id.*

30. AMERICAN NURSES ASS'N, NEW CARE DELIVERY MODELS IN HEALTH SYSTEM REFORM: OPPORTUNITIES FOR NURSES & THEIR PATIENTS (2010), *available at* http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/Issue-Briefs/Care-Delivery-Models.pdf.

31. *See* Pollack, *supra* note 21, at 998.

care physicians.[32]

Patients who go to retail clinics are more likely to return to them again and less likely to visit a primary care physician for any reason, or to have two or more visits with the same primary care physician.[33] Many people who seek care at a retail clinic do not have a medical home.[34] As a result, some doctor groups worry that the clinics could replace primary care physicians, and thus, people who use clinics may miss out on comprehensive health services.[35]The continual utilization of retail clinics can, incidentally, lead to fragmentation of patient healthcare if it is not coordinated with a primary care physician.[36] The AAFP promotes a healthcare system with strong, team-based primary care.[37]

Retail clinics can provide this type of team-based care, but they must work in coordination with primary care physicians so that the care is not fragmented.[38] According to the AAFP, fragmented care does not serve the individual nor does it improve health outcomes for the society.[39] For retail clinics without an EMR system in place, the burden of communication and record keeping oftentimes falls on the patient.[40] Many clinics can provide patients with an EMR, or it can be sent to patients' physicians with the patients' consent.[41] However, the frequency of this communication is

32. Kym White, *The Retail Health Solution to Cost, Quality and Access*, EDELMAN (Oct. 16, 2013), http://www.edelman.com/post/the-retail-health-solution-to-cost-quality-and-access/.

33. Elliott, *supra* note 25.

34. CAL. HEALTHCARE FOUND., *supra* note 13, at 6.

35. Amy Norton, *Retail Clinics May Cut into Primary Care: Study*, REUTERS, (Nov. 1, 2012), http://www.reuters.com/article/2012/11/02/us-clinics-idUSBRE8A101I20121102.

36. *Retail Clinics Definition*, AMERICAN ACAD. OF FAMILY PHYSICIANS (Dec. 9, 2013), http://www.aafp.org/about/policies/all/retail-clinics.htm.

37. *Id.*

38. *Id.*

39. *Id.*

40. Watson, *supra* note 11.

41. Mehrotra, *supra* note 15, at 1280.

unknown.[42] Lack of communication increases the risk of missing major ailments, drug interaction complications, and the absence of a true physician-patient relationship.[43]

V. COMMUNICATION AND COORDINATION BETWEEN RETAIL CLINIC AND PRIMARY CARE PHYSICIANS IS CRUCIAL TO PROMOTE CONTINUITY OF CARE AND SUPPORT SAFETY AND OVERALL HEALTH

The American College of Physicians (ACP) adopted principles for retail clinics that focus on effective collaboration as the key for their success.[44] The ACP defines collaboration in the context of care as ongoing interdisciplinary communication between primary care physicians and nurse practitioners regarding the care of individuals and populations for the purpose of quality and cost-effective care.[45] As a result, their guidelines encourage the development of referral systems from retail clinics to physician practices as well as mechanisms to alert a patient's primary care provider about more complex cases and medications prescribed to help nurture continuous care for the patient.[46] The ACP supports the utilization of EMR systems to facilitate communication between retail clinics and the patients' other providers, as well as the formation of formal relationships with these providers to support continuity of care for each of its patients.[47]

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42. *Id.*
43. *See* Antoinette Alexander, *Physician-Authored JAMA Article Highlights the Importance of Retail Clinics, Drug Store Medicine*, DRUG STORE NEWS (May 23, 2012), http://drugstorenews.com/article/physician-authored-jama-article-highlights-importance-retail-clinics-drug-store-medicine.
44. AMERICAN COLLEGE OF PHYSICIANS, NURSE PRACTITIONERS IN PRIMARY CARE, A POLICY MONOGRAPH OF THE AMERICAN COLLEGE OF PHYSICIANS 10 (2009), *available at* http://www.acponline.org/advocacy/current_policy_papers/assets/np_pc.pdf.
45. *Id.* at 2.
46. *Id.* at 10.
47. *Id.*

A. State Regulation in Support of Communication: The Massachusetts Model

States have the responsibility for the public health of their residents,[48] and most regulations affecting retail clinics are under the jurisdiction of the state in which the retail clinic is located.[49] States need to regulate and create legislation pertaining to communication and follow-up between retail clinics and primary care providers.[50] To do this task, policymakers must develop regulations requiring retail clinics to assist patients in following-up with primary care physicians for continued care.[51] Today, the majority of states do not explicitly regulate retail clinics, but merely healthcare entities as a whole.[52] An effective management tool is to create regulations expressly for retail clinics so that they may be written as broadly or as narrowly as is necessary to accomplish the specific state policy goals asserted.[53] Massachusetts serves as a model for the development of regulations for retail clinics to avoid fragmentation and instead promote communication and continuous medical care for each patient.[54]

Recognizing the value of communication with primary care physician practices, Massachusetts promulgated regulations explicitly for retail clinics to promote medical homes and mitigate fragmentation of care.[55] Massachusetts' regulations provide that all retail clinics must make referrals to primary care physicians.[56] In doing so, retail clinics and the nurse practitioners that staff them are required to have a list of local primary care

48. CAL. HEALTHCARE FOUND., *supra* note 13, at 2.
49. Margaret Laws & Mary Kate Scott, *The Emergence of Retail-Based Clinics in the United States: Early Observations*, 27 HEALTH AFF. 1293, 1296 (2008), *available at* http://content.healthaffairs.org/content/27/5/1293.full.pdf.
50. CAL. HEALTHCARE FOUND., *supra* note 13, at 6.
51. *Id.*
52. *Id.* at 2, 7.
53. *Id.* at 7.
54. *See id.*
55. *Id.* at 7, 14.
56. *Id.* at 7.

providers that are accepting new patients.[57] To help manage this initiative, retail clinics are required to create a process to track and limit repeat visitors.[58] Each clinic must employ community health workers who are available to help patients with various administrative health-related tasks such as finding a primary care physician to ensure that each patient seeks any necessary follow-up treatment with the recommended primary care physician.[59]

B. The Need for Integration

A retail clinic that is completely independent of any other health system or provider is less likely to effectively support the patient's continuity of care in a medical home.[60] In this scenario, individual retail clinics are not likely to utilize an EMR system or any other formal mechanisms for communicating with primary care physicians.[61] Medical records are typically sent to the primary care provider by fax or printout.[62] This method often proves unsuccessful because many patients fear that their physician may be upset with them for visiting a retail clinic, so they do not provide the retail clinic with their physician's name or contact information.[63] Also, many retail clinic patients do not have a medical home to which they could have the information sent.[64] While many retail clinics have referral systems for patients who do not already have an established primary care physician, there is less incentive for independent clinics to successfully encourage the

57. *Id* at 11.
58. *Id.*
59. *Id.* at 12.
60. *See* Pollack, *supra* note 21, at 1001.
61. *Id.*
62. *Id.*
63. Elliott, *supra* note 25.
64. CAL. HEALTHCARE FOUND., *supra* note 13, at 6.

patient to maintain a relationship with a consistent medical home.[65] A report from the California Academy of Family Physicians said that patients do not always receive any form of record from retail clinics.[66] The patient and the retail clinic are often responsible for continuity of care in that scenario, as most states have very little influence over the communication mechanisms of retail clinics.[67] As a result, the utilization of an EMR system is a strong differentiator that ultimately enables greater continuity of care.[68]

An effective approach to the utilization of an EMR system is through the integration of retail clinics with larger health systems either through ownership or by or a formal partnership.[69] Large health systems such as Allina Health and the Cleveland Clinic already partnered with retail clinics to aid in this integrated care approach.[70] In this scenario, the retail clinic is partnered with a health system and becomes an extension of a larger all-inclusive medical home.[71] The patient can then obtain acute care in the lower-cost, more convenient, setting while at the same time stay connected to a larger healthcare system for chronic issues and ongoing care.[72] When retail clinics are part of a larger integrated system, EMRs are automatically and promptly sent to the patient's primary care physician.[73] This approach improves patient safety and offers a more effective method for providers to

65. *See* Pollack, *supra* note 21, at 1001.

66. MARY TAKACH & KATHY WITGERT, ANALYSIS OF STATE REGULATIONS AND POLICIES GOVERNING THE OPERATION AND LICENSURE OF RETAIL CLINICS 8 (2009), *available at* http://www.nashp.org/sites/default/files/RetailClinics.pdf.

67. *Id.*

68. *See* CAL. HEALTHCARE FOUND., HEALTHCARE IN THE EXPRESS LANE: RETAIL CLINICS GO MAINSTREAM 12 (2006), *available at* http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/H/PDF%20HealthCareInTheExpressLaneRetailClinics2007.pdf. .

69. *See* Pollack, *supra* note 21, at 1000-01.

70. *See Special Feature: Retail Clinics Play Growing Role in Health Care Marketplace*, RAND HEALTH (May 22, 2013), http://www.rand.org/health/feature/retail-clinics.html.

71. *See* Pollack, *supra* note 21, at 1000.

72. Andrews, *supra* note 28.

73. *Id.*

identify larger trends outside of acute illnesses treated at retail clinics to ensure optimal preventive and chronic disease screening and care.[74]

VI. CONCLUSION

Partnerships between healthcare systems and retail clinics help to relieve the severe pressure hospitals face as a result of the primary care shortage in the United States.[75] For this approach to succeed, states must develop regulations, specifically for retail clinics, that promote continuity of care within a consistent medical home through the utilization of formal communication mechanisms with physician practices.[76] States are responsible for the health of their residents and must be vigilant in their regulation of retail clinics so as to promote effective communication with primary care physicians.[77] This communication will support coordinated and continuous care in order to maximize patient safety and effective preventive and chronic disease identification and care.[78]

74. *See generally* Pollack, *supra* note 21 (demonstrating that through the increased levels of assimilation, independent, hybrid, and integration, communication and therefore safety improve as integration level increases).

75. ACCENTURE, *supra* note 3, at 1, 3.

76. *See infra* Part IV.

77. *See infra* Part V.

78. *Id*.