




# Educating Healthcare Providers about Retail and Primary Care Clinic Collaboration

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This program is approved for  
2.0 contact hours of continuing  
education by the American  
Association of Nurse  
Practitioners.

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# Disclosures

I have no disclosures



# Accreditation Statement

This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standard

You must always remember...

You are **B**raiver than you believe,

**S**tronger than you seem,

and **S**marter than you think.



-Christopher Robin

# Learning Objectives

1. Describe the skills and training required of a retail clinician
2. Services offered by a RC, but not on the “menu”
3. Discuss laws of Limited Services Clinics relating to collaboration
4. Identify examples of collaborative care between retail clinics and primary care
5. Identify appropriate management of “special” retail clinic patients

# Abbreviations

- NP = nurse practitioner
- RC = Retail Clinic
- MD = Physician
- ED or ER = Emergency department/room
- PC = Primary care
- PCP = Primary care provider (NP/PA/MD)
- UCC = Urgent care center

Good???? Bad????

Future????

- ❖ Expansion of clinics is happening
- ❖ If you can't beat 'em, join 'em
- ❖ Partnerships are prevalent
- ❖ Increased services occurring
- ❖ Chronic management of diabetes, hypertension, obesity, smoking and general preventive practices=current practice



# The negative..



- Healthcare providers lack understanding of retail clinics
- Disrupt medical home?
- Sub-standard care?
- Just trying to make money?
- Retail clinicians and primary care providers utilize all resources?

# Background issues....



- Misconceptions about retail clinics
- Primary care providers oppose retail clinics
- AANP supports NPs and retail clinics
- Perceived conflict between retail and primary care providers
- Retail clinics employ family practice trained NPs and PAs
- 32 million people will gain health insurance by 2014/not enough primary care providers



# Providers in Retail Clinics

## **MUST BE:**

- Board-certified
- Family Practice/Primary Care or both Adult and Pediatric certified
- Nurse Practitioner/Physician's Assistant/Physician
- **NO** Adult/Geriatric/Pediatric/Acute Care certifications solo

# Where are Retail Clinics?

## CVS Minute Clinic

AZ	KS	
MD	CA	
CT	NJ	
DC	NY	
FL		NC
GA	OH	
IL	OK	
MA	IN	
MI	PA	
MN	SC	
MO	TN	
NV	TX	
VA		

## Walgreen's Take Care Clinic

NV	NJ	
AZ	DE	
CO	KY	
KS		TN
TX	GA	
LA	FL	
MO	PA	
MI	OH	
IL	IN	
WI		

## The Little Clinic

OH, KY, TN, AZ, GA, CO

# About Retail Clinics (the positive)...

- Deliver acute care services for outpatient level illnesses
- Preventive /chronic health care (some clinic systems)
- Cost-effective when compared to ER and primary care
  - RCs are 30%-40% less costly than PC
  - RCs are 80% less costly than ED
- **\*open to anyone with/without insurance**
- Transparent pricing
- Convenient locations
- Little or no wait time
- Accept most insurances, including Medicaid and Medicare
- Same **or LOWER** co-pays
  - as primary care office visit (new retail clinic co-pay)

# Retail Clinic Benefits

- Convenient
- Cost-effective
- No appointment needed
- Treat minor illnesses
- **Potential entryway to PC or higher level of care as deemed necessary**
- Preventive Care/Chronic Care/Immunizations
- PC adjunct

# Cost-Savings

- \$4.4 billion savings using RCs and UCCs versus the ED
- 13.7%-27.1% of ED visits could have been treated in RC or urgent care clinics

# Educational Gap?



1. Retail “restrictions” are not as restrictive as we think
2. Providers seem uninformed in and out of retail
3. Lack of education=lack of use/”looking down” on each other=lack of collaboration



# The evidence.....



- Throughout primary care-noticed lack of knowledge, distaste for retail clinics
- Through the literature, noticed a lack of knowledge was addressed in research and writings
- Literature shows that thinking is wrong about retail clinics
  - Not as disruptive as PCP feels
  - Can do more than thought previously
  - Staff Family Practice Nurse Practitioners=greatness😊
  - Retail clinics are going to take on a lot more in the near future, whether like it or not....retail clinicians and PCPs need to know how to help each other

# The evidence continued...

- Dr. Ateev Mehrotra, MD,
- Publications by AANP
- Institute of Medicine-Future of Nursing Report
- Agency for Healthcare Research and Quality
- Systematic Review of Advanced Practice Nurse Outcomes
- Inter-professional Education emphasis on collaboration

# Why talk about retail clinics?

- Education regarding retail clinics may enhance retail and primary care provider collaboration, which improves access to healthcare



# Who is a Primary Care Provider?

- A Nurse Practitioner
- A Physician's Assistant
- A Physician

**\*With Family Practice/Primary Care  
Board Certification**

# Stunning Statistics

- 44% of all RC visits occur outside of PCP hours, therefore are meeting a need (Mehrotra & Lave, 2012).
- RCs have had exponential growth from 1.48 million in 2007 to 5.97 million in 2009 (Mehrotra, et al., 2012).
- 2013-CVS alone reports over 15 million

# Sample “Menu” of Services

## Get Well Services

Acute Bronchitis/Cough  
Allergy and Sinus Symptoms  
Cold and Mouth Sores  
Earache  
Eye problems:

- Pink-eye
- Stye
- Corneal abrasion

Flu-like Symptoms  
Insect Bites and Stings  
Minor Burns and Sunburns  
Minor Skin Infections/Rashes/Wounds  
Minor injuries:

- Cuts/Scrapes
- Animal bites
- Furniture wounds
- Splinters

Nasal congestion  
Sore and Strep Throat  
Sprains and Strains  
Upper Respiratory Infection  
Upset Stomach  
Urinary Tract/Bladder Symptoms

## Procedures

Ear Wax Removal  
Suture Removal  
Wax Removal

## Stay Well Services

Basic Exams:  
Physical Exam  
School/College Physical  
Sports/Camp Physical

Screening/Monitoring  
Blood Pressure  
Cholesterol  
Diabetes/Diabetes  
Weight/BMI

Serum  
Influenza (Flu)  
Mono Spot  
Pregnancy Test  
Strep Test  
TB (T) test  
Uric Acid

Vaccinations:  
DTaP/Tdap  
Flu/Influenza  
Meningococcal  
Pneumonia  
Polio  
Tetanus

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## The Clinic at Walmart

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# What do they offer that's not on the "menu"????

- Hypertension/Diabetes diagnosis and management
- Diagnostic ordering such as x-rays/lab
- Asthma diagnosis and management
- Outpatient-level treatment for conditions that qualify
- EKGs
- **IM injections of medications** (For example: PCN, Ceftriaxone, variety of steroids, Ketorolac, Diphenhydramine, Promethazine)
- Oral medications

Depending on clinic and provider, may vary

# What don't RCs do?

- Prescribe narcotics
- Give chemotherapy
- Care for <18-month olds
- Manage rheumatoid arthritis
- Diagnose mental health conditions
- Treat sexually transmitted diseases



# Limited Services Clinics Laws: Kentucky 902 KAR 20:400

“Health care services provided by a clinic shall:

a. Be limited to conditions that may be **safely and efficiently treated on an outpatient basis**; and include **assessment, diagnosis, treatment, or counseling** concerning any of the following:.....”

# 902 KAR 20:400 continued

“This administrative regulation shall **not limit** a clinic’s ability to:

- a. **Order a laboratory test** specific to a patient’s presenting symptoms for a condition described in subsection 3 of this section.

Only CLIA-waived testing **ONSITE**

# 902 KAR 20:400 continued

- b. **Provide treatment, testing, screening or monitoring for a patient pursuant to a patient's designated plan of care or order from a practitioner other than the practitioner who is staffing the limited services clinic**

# 902 KAR 20:400 continued

c. Provide episodic treatment for an acute exacerbation of a chronic condition that does not rise to the level of an emergency

# 902 KAR 20:400 continued

- d. Make an **initial diagnosis** of a patient's **chronic illness** and **refer** to an appropriate practitioner, where **interim treatment**, including the **prescribing of medication**, shall not exceed thirty (30) days unless further directed by the patient's appropriate practitioner....”

# How can RC and PC collaborate?

- ❖ Electronic health records
- ❖ Phone conversations
- ❖ E-mail
- ❖ Tele-health
- ❖ Face-to-face meetings
- ❖ Through referral
- ❖ Work in each other's clinics
- ❖ Expand hours/services
- ❖ Correlate pricing between RC and PC

# Management of “special” patients

- They’re all “special”
- All have co-morbidities, multiple medications, multiple complaints
- Really don’t know what’s wrong with them (self-diagnose poorly)
- RC provider must triage through all presenting to clinic

# Sample visit

1. Chief complaint
2. History of present illness
3. Medications
4. Allergies
5. Medical diagnoses
6. Surgeries/Hospitalizations
7. Family History
8. Assessment
9. Treatment
10. Lab
11. Follow up/referrals
12. Billing and coding





# Case Studies.....

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# QUESTIONS

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Further references available upon request

# THANK YOU