Commission to Study
Primary Care Medical Practice

INFORMATION ON RETAIL CLINICS

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Health Care in the Express Lane: Retail Clinics Go Mainstream

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CALIFORNIA HEALTHCARE FOUNDATION

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For a complete copy of the report go to http://www.chcf.org/publications/.

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I. Executive Summary

RETAIL CLINICS—STILL A SMALL PLAYER IN THE HEALTH care industry—are stimulating a debate about the best way to meet consumer demand for convenient, timely, and affordable medical services. This report updates the findings of *Health Care in the Express Lane: The Emergence of Retail Clinics:* It explores the evolving retail clinic environment and describes the current status of clinic operators, retailer perspectives, emerging business models, consumer reactions, physician responses, and payer relationships. It also probes the legislative forces that are shaping the national supply of clinics, paying special attention to the opportunities and challenges that will determine California's ability to host retail clinics.

Since they came on the scene a few years ago, retail-based health clinics have attracted a great deal of attention from the media, the public, the medical establishment, and investors. The model is straightforward: retail clinics offer a limited menu of medical services on a walk-in basis. They are typically staffed with nurse practitioners (NPs), who provide diagnoses and prescriptions in about fifteen minutes, and are located inside retail stores, including drug and grocery stores, and mass merchandisers.

Retail clinics have proliferated rapidly—from 62 clinics in January, 2006, to more than 500 today. They have also evolved from an interesting experiment to what may become an alternative model for providing routine medical services. Consumers across all socioeconomic groups are increasing their use of clinics and reporting high levels of satisfaction. Retailers are expanding the space allotted to clinics, and insurance carriers are offering co-payments at many clinics. Demand is likely to keep growing as consumers accept the model and payers offer incentives to use clinics as a way to reduce costs. This trend may also be driven by large payers (particularly governments) that are seeking affordable ways to increase access to basic services.

Health care providers are taking notice, with some entering the market as clinic operators, a few others providing co-branding for clinic operators, and many watching from the sidelines to learn how they might deliver health care in new and more streamlined ways. Physician response has been mixed; while the American Academy of Family Physicians (AAFP) has created a working

partnership with retail clinic operators, other provider groups have voiced concerns about quality and the erosion of the "medical home" model of delivering primary care that emphasizes a stable patient-physician relationship.

Clinic services are likely to expand as new medical device technologies enable rapid, accurate, binary diagnoses. Communications technologies may also expand the use of clinics by making consumers' clinic records available to their physicians, allowing for an extended medical home. While the physician community is probing clinics on quality of care issues, clinic operators are pushing the health care industry on other quality issues, including the adoption of electronic medical records, electronic chart review, and protocols grounded in evidence-based medicine.

Regulators will play a significant role in enabling or limiting clinics. Each state has a great deal of latitude in deciding how hospitable to be toward retail health clinics. There is health care legislation currently under debate in several states concerning the scope of practice for nurse practitioners, including potential changes to their prescribing authority and physician oversight requirements. Corporate-practice-of-medicine laws also control who can own and operate medical practices, and interpretations of such statutes can foster or inhibit the expansion of clinics in different states.

Table 1. Clinic Operators

Clinic Operator	Headquarters	Locations and Expansion Plans	Retailers	The Consumer Pitch	Notes	Website/URL
AtlantiCare HealthRite	Egg Harbor Township, NJ	4 in NJ 6 additional locations planned	ShopRite	"Taking You Well into the Future"	Opened August 2006; associated with AtlantiCare.	atlanticare.org
Aurora QuickCare	Milwaukee, WI	20 QuickCare clinics in Aurora Pharmacy locations 2 additional locations planned	Aurora Pharmacy, Piggly Wiggly, Wal-Mart	"No appointment. No waiting. No hassle."	The only major clinic operator with a not-for-profit parent company. Opened March 2004. Associated with Aurora Health Care.	aurorahealthcare.org/services/quickcare/index.asp
Bellin Health Fast Care	WI	3 locations in WI	ShopKo	"Walk in without an appointment. Get help without a wait."	Opened June 2006. Associatd with Bellin Healthcare.	bellinfastcare.com
Corner Care Clinic	IN, OH	14 locations in IL, IN, OH, NY, PA 100 additional locations planned	Medicine Shoppe, Medicap Pharmacy Stores	"Convenient, Compassionate, Cost-Effective" "Walk right in."	Opened November 2006.	cornercareclinic.com
Early Solutions Clinic	Taylor, MI	6 in MI	Meijer	"Where Early Treatment and Prevention are the Cure"	Opened January 2006. Working with National Kidney Foundation on early detection of hypertension. Clinics are 1,000 square feet in size.	earlysolutionsclinic.net
FastER Care	Sumpter, SC	5 locations in CA	Vallarta	"Emergency Care without the Wait."	Opening 2007.	fastercaresumter.com
Geisinger CareWorks Convenient Healthcare	Danville, PA	2 locations in PA 4 planned	Weis Markets	"Healthcare for People on the Go."	Opened April 2006. Associated with Geisinger Health System.	careworkshealth.com
Healthy Access	TX, MD	7 locations in TX, MD 12 additional locations planned	Wal-Mart	"Your Health...Your Clinic..."	Opened October 2006.	healthyaccess.net
Lindora Medical Clinics	Costa Mesa, CA	1 location in CA 2 additional locations planned	Rite Aid	"The Most Convenient Way to Look and Feel Better."	35 independent locations for supervised weight management only. Opened October 2006.	lindorahealthclinics.com
MedBasics	Irving, TX	2 in TX 15 additional locations planned in Kansas City, MO	Ball's Food Stores: Price Chopper and Hen House Markets	"Convenient, Affordable, Quality Healthcare"	First in-store clinic late summer 2007.	med-basics.com

Table 1. Clinic Operators (Continued)

Clinic Operator	Headquarters	Locations and Expansion Plans	Retailers	The Consumer Pitch	Notes	Website/URL
MediMin	Phoenix, AZ	3 locations in AZ 20 additional locations planned in the next 4 years	Bashas, Food City	"Convenient Medical Care."	Opened March 2006.	medimin.net
MedPoint Express	South Bend, IN	3 locations in IN 2 more Wal-Mart clinics planned	Wal-Mart	"Get Well Sooner."	Affiliate of Memorial Health System, Inc.	medpointexpress.com
MinuteClinic	Minneapolis, MN	168 locations in AZ, CT, FL, GA, IN, KS, MD, MI, MN, MO, NC, NJ, NV, NY, OH, TN, TX, WA 300 additional locations planned	QPC, CVS, Cub Foods, U of MN Campus, Shopping Centers/Office Space in MN, Eden Prairie Center & Southdale Shopping Center, Target	"You're Sick, We're Quick!"	Formerly known as QuickMedx. The first mover and current leader in national retail clinic market share. Backed by Bain Capital; CEO Michael Howe is former CEO of Arby's.	minuteclinic.com
Pronto Clinics	FL	At least 4 were promised in 2006—one each in Tampa, St. Petersburg, Bradenton and Sarasota 8–10 additional locations planned		"Check in. Check up. Check out."	Summer 2006	prontoclinic.com
Quick Quality Care [Now called CheckUps]	Tampa, FL	23 locations in FL, MS, AL, LA Plans to expand to 28 clinics.	Wal-Mart	"Your health is our priority." "Healthcare when you need it."	Clinics are set up for diagnostic imaging (including x-rays) but not yet offering these tests.	checkupsusa.com
QuickClinic	Akron, OH	6 locations in OH 9 additional locations planned	Acme Fresh Market, Ritzman's Pharmacy	"On the spot relief."	2005	quickclinic.com
QuickHealth	San Francisco, CA	8 locations in CA, 1 in Idaho operating under their license 18 additional locations planned 250 by 2010	Wal-Mart, Farmacia Remedios, Longs Drugs (pending)	"We make quality medical care affordable and convenient."	2004	quickhealth.com
RediClinic	Houston, TX	46 locations in AR, GA, OK, TX, VA Plans to open 70 more clinics in 2006. The majority will be in Wal-Mart stores.	HEB, Wal-Mart, Duane Reade	"Get well. Stay well ... Fast!"	Division of Interfit Health (Revolution Health Group); General Manager Sandra Kinsey was formerly head of marketing for Wal-Mart's pharmacies. Partnership with Memorial Hermann.	rediclinic.com

Table 1. Clinic Operators (Continued)

Clinic Operator	Headquarters	Locations and Expansion Plans	Retailers	The Consumer Pitch	Notes	Website/URL
SmartCare Family Centers	CO	15 locations in CO, 4 in GA, pending in AZ, NV, WA, NC, SC	Wal-Mart; Kerr Drug pending	"Convenient Healthcare for Everyday Needs."	2004	smartcarecenters.com
Solantic	Jacksonville, FL	13 locations in FL Plans to open 500 more clinics.	Wal-Mart and free-standing	"Great care. Fast and fair."	Opened 2002. The only major clinic operator that staffs with board-certified physicians in all locations.	solantic.com
Sutter Express Care	Sacramento, CA	6 in CA	Rite Aid	The Care You Need is Just Around the Corner	Opened January 2007. Associated with Sutter.	sutterexpresscare.com
Take Care Health Systems	Consho-hocken, PA	50 locations in KS, MO, PA, IL Plans to open 200 clinics in next 12 mos., 1,400 clinics by the end of 2008. Contract in place with Brooks Eckerd Pharmacy. Walgreens is planning to open more than 20 this summer, and Osco (Albertson's Inc.) locations are expected to close and staff to move to the new facilities.	Walgreens, Eckerd	"Professional Care. Always There." "We're here to take care of you."	Just secured $77 million in financing (led by Beeken Petty). Chairman of the Board Hal Rosenbluth was the founder of a large travel company that he sold to American Express.	takecarehealth.com
The Little Clinic	Louisville, KY	24 locations in SE FL, OH, IN, KY, GA	Publix, Krogers	"Convenient neighborhood medical care."	Opened 2003. Formerly known as Fast Care.	thelittleclinic.com
Trinity MedXPress	IA	1 location in IA	Hy-Vee		Opened December 2005.	trinityqc.com
Wellness Express	No longer in operation. All clinics closed November 16, 2006.					

VII. The Health Care System: Concerns, Regulatory Factors, and Integration

Quality of Care

Critics of retail clinics have repeatedly raised concerns about quality of care. Clinics respond to these concerns by claiming that they consistently practice high-quality evidence-based medicine. According to a recent study conducted by RAND, Americans receive evidence-based care only 55 percent of the time at other kinds of health providers.[15] By contrast, Minute Clinic's internal recent analysis of 58,000 sore throat cases seen at their clinic indicated that 99.15 percent of the time, the diagnosis and treatment conformed to evidence-based guidelines.[16] MN Community Measurement, an independent agency, determined that Minute Clinic was the best-performing provider in the state in the treatment of strep throat, with a guideline compliance rate of 100 percent.[17] In 2006, Take Care reported that its performance in delivering appropriate antibiotic treatment for adults with acute bronchitis is approximately 50 percent better than national standards.

Critics contend that the proliferation of retail clinics may lead to overprescribing, particularly when it comes to antibiotics. Some insurance companies have been able to track pharmacy claims that originate at in-store clinics. According to Ken Patric, M.D., chief medical officer at BlueCross BlueShield of Tennessee, which has contracted with MinuteClinic, "One might think, 'If these clinics are in a pharmacy, they might write more prescriptions,'" he says. "That actually isn't what we've seen. We've tended to see—it's only been six months so far—fewer prescriptions." Clinics explain the reduction of prescriptions by noting that they adhere to evidence-based guidelines.

To date there have been no independent studies of this issue of quality of care. The California HealthCare Foundation has commissioned RAND to collect information from retail clinics across the country on patient demographics and the reason for their visit. In addition they are interviewing patients at the California retail clinics of Quick Health, WellnessExpress (now defunct), and Sutter Express to provide a qualitative view of why patients chose the retail clinic as a site of care. Lastly, they are using claims data from a large health plan to compare the quality and costs of care at retail clinics versus primary care offices or urgent care centers.

Regulatory Forces and Changes

Clinics are regulated by the states, and each state has wide leeway through legislation and regulation to encourage or discourage the growth of retail health clinics.[18] Licensure requirements for retail clinics and the clinicians who practice within them vary. In many states, clinics are licensed as physician practices, and are regulated by the state's Medical Board. In some states (for example, Arizona), each site must be licensed, and in others the clinic is licensed at the corporate level and the license covers multiple sites. Some states require an in-state supervising physician, while others permit out-of-state oversight through a corporate office. Clinics who accept Medicare or Medicaid patients also require a license from the federal or state government.

Regulations on the scope of services, non-physician licensing, nurse practitioner oversight, and physician-ownership requirements are major considerations for the future of retail clinics in any given state. Spurred by consumer demand, concern over the need to reduce health care costs and increase access to care, and a shortage of physicians, some states are writing legislation to encourage retail clinics by addressing regulatory barriers.[19]

To keep labor costs low, most clinics depend on employing nurse practitioners rather than physicians. According to the American College of Nurse Practitioners, 22 states and the District of Columbia allow NPs to treat patients without physician involvement, while 28 require documented physician involvement in the form of a doctor's presence some or all of the time, availability for consultations by phone, or written protocol agreements. States vary in whether they require supervising physicians to reside within the same state as the clinic they oversee.

The NP's scope of practice is under scrutiny in every state. Some, such as Pennsylvania and California, are trying to increase the use of these clinicians by expanding their scope of services and prescribing authority. Pennsylvania Governor Edward Rendell has proposed a health plan that, among other things, calls for insurer reimbursement of Certified Registered Nurse Practitioner services for primary care, confirms their prescribing authority for medications and durable medical equipment, and enables them to "practice to the fullest extent of their education, skills, and training to provide care," says Barbara Holland, legal counsel to the Office of Health Care Reform in the Office of the Governor of Pennsylvania.[20] Texas is considering lowering its requirement for on-site physician oversight of nurse practitioners from 20 percent of the time to 10 percent, using a combination of remote and on-site supervision.

Other states have debated legislation to limit the use of NPs and other "mid-level" providers. Florida enacted a bill (Florida HB 669, June, 2006) that could restrict clinics' growth by limiting the number of clinic sites that a primary-care physician may supervise to four. Missouri debated but failed to pass a similar measure that would have restricted the number of physician assistants that a physician could supervise to three, and Georgia considered legislation that would have barred NPs from writing prescriptions at clinics located within retail establishments that house a pharmacy.[21] In March, Illinois introduced a bill that would require retail health clinics to have more physician supervision (doctors could supervise no more than two advance practice nurses) and limit their ability to advertise.

Physician-ownership requirements—referred to as "the corporate practice of medicine"—regulate who can own health provider facilities. States vary in their requirements for physician versus non-physician ownership as well as in-state residency. Expanding or contracting ownership opportunities—as dictated by corporate practice regulations—will either enable or inhibit retail clinic openings within each state. Several clinic operators commented that the laws make it fundamentally untenable to do business, as they can't employ the NP directly and thus control their ability to provide consistent high-quality standardized care, and they can't own equity in

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these operations—significant detractors given the investment required. Many operators observed that states without these ownership laws are much higher priorities for clinic expansion.

Clinic Integration into the Wider Health Care System

Retail clinics got their start by positioning themselves as separate and distinct from the traditional health care world, and by resisting partnerships with insurance carriers, hospitals, and local physicians. With their slick storefronts, catchy slogans, and cash-and-carry approach to health, the clinics seemed more like an extension of the retail world than like a part of the long-established order of doctors, pharmacists, and insurance companies. For its part, the wider health care community initially distanced itself from the clinics and their operators, raising concerns about quality of care rather than evaluating them either as potential partners, or as an alternative model that might offer valuable lessons about low-cost care delivery.

In the past twelve months, however, clinics have begun to find a place within the traditional health care delivery system. Clinic operators have invested in creating close relationships with all players in the health care community, including local physicians, hospitals, payers, and health advocacy groups. In turn, health care leaders have engaged with clinics, worked to create referral networks for clinic customers who don't have a family doctor, encouraged physicians to refer patients to retail clinics for after-hours service, and created co-branding relationships. For example, RediClinic's 50/50 partnership with Memorial Hermann Houston calls for the hospital to provide physician oversight, clinical quality initiatives, and co-marketing—one of several innovative arrangements that illustrates how this new relationship with traditional health care providers is evolving. In fact, Take Care claims that up to 20 percent of its Chicago-area patients have been referred to a primary care physician or specialist for follow-up care.[22]

Clinics are adamant that they do not wish to play—nor can they perform—the role of the primary care physician. In 2006, the American Academy of Family Physicians (AAFP) published guidelines for retail clinics,[23] and in February, 2007, the three largest clinic operators signed an agreement in support of the Academy's list of desired attributes. The AAFP investigated the impact of clinics on their members and concluded that the longer the clinics were in a city and the more active their connections with local physicians, the more supportive members were likely to be. Rick Kellerman, M.D., president of the board of directors of the AAFP echoes the sentiments of many physicians, saying, "Clinics are one more attack on primary care physicians, but we do appreciate that they keep patients out of the ED—that is the worst place for primary care. We advocate that retail clinics accept our guidelines for clinics and we encourage our members—especially those who don't like the retail clinics—to look at the convenience they are providing and consider how they might incorporate (the lessons from retail clinics) into their own practices."

As noted in CHCF's 2006 report, the market will dictate the clinics' survival—the market being consumers, operators, insurers, retailers, and regulators. Some will thrive by reaping the benefits of appropriate capitalization, business models, locations, and management. Others will not. In some ways, retail clinics challenge consumers, clinicians, governments, employers, and carriers to address the shortcomings of the traditional health care system by investing in primary care and integrating the lessons they offer for providing better, faster, easier, and cheaper care.

Meanwhile, the clinic industry has formed the Convenient Care Association to create and disseminate policies and guidelines to ensure appropriate, high-quality health care through retail clinics. Their agenda appears focused on quality-of-care issues and legislative reform to enable the proliferation of retail clinics, with some debate among the members as to the role of the association in ensuring the supply of qualified nurse practitioners and consumer education efforts.

On a technological level, clinic operators have been working with the established players in the health care system to coordinate patient medical records. Clinics all use electronic medical records, and many operators envision a day when patients can automatically have their clinic visit record and results sent to their primary care physicians. Consumer surveys confirm that 78 percent of clinic customers would like a record of their clinic visit sent to their doctors.

IX. Areas and Issues to Watch

THE YEAR SINCE THE RELEASE OF CHCF'S 2006 RETAIL clinics report has seen rapid growth in both the number of clinics in operation and media attention. Consumers across the country have become familiar with the concept and are curious about and largely receptive to using clinics for some conditions or ailments. Clinic proponents have projected continued rapid growth, and interest in additional regulation and oversight has increased, driven by concerns from medical organizations and associations. New players are getting into the business of operating clinics, and government payers, many of which are struggling to expand access to care, are beginning to explore the role that clinics might play. In short, the retail clinic has begun to enter the mainstream, and the convenience clinic model, with its positive attributes and its limitations, is drawing predictable attention and scrutiny from the medical and regulatory communities.

Many of the issues raised in *Health Care in the Express Lane: The Emergence of Retail Clinics* are now key focal points for the industry. Consumer experience, profitability, and the relationship of clinics to the rest of the health care system are fundamental to how the clinic landscape has taken shape. With more than 500 clinics now up and running, here are some areas to watch as the next phase unfolds:

Will the expansion of retail clinics proceed at the ambitious pace projected by their operators?
Clinic operators project that they will open more than 700 sites by the end of the year. An analysis of the pace of expansion, customer demand, density of available locations, and other market factors suggests that the total number of retail clinics will reach 6,000 by 2012. The influx of capital into the industry is continuing at a level sufficient to support rapid growth. But to hit their targets, clinic operators will need to aggressively recruit providers—primarily nurse practitioners and physicians' assistants. These provider groups are already in high demand in the broader health care system, so competition will likely be fierce, with potential ramifications for salaries. Operators will also need to meet extremely aggressive construction schedules. The influx of capital into the industry is continuing at a level sufficient to support rapid growth.

Other Resources

Convenient Care Association
www.convenientcareassociation.org

This group represents retail clinic operators and is involved in sharing resources, developing quality standards, and forging ties with the mainstream medical practitioners.

Merchant Medicine
www.merchantmedicine.com

This organization, which specializes in tracking trends in retail medicine, maintains a continuously updated database of retail clinics in the United States.

How will the business model evolve?

The original CHCF report asked how clinic operators would develop their businesses—which services, partners, and consumer segments they would target and how they would expand, contract, or consolidate their businesses. Fundamentally, the business model has not changed—clinics are still a fixed cost model that requires at least three years to reach the break even point and produce a reasonable return on investment. What is not known is whether investors (and most investors in clinics are not traditional health care investors) have the patience to remain in the game as stand-alone clinics, or if they will seek shorter-term lucrative alternatives such as merging with larger retail or health care entities. Clinics have not yet experienced real competition, and have not come close to finishing their expansion phase. Clinics have also not solved the challenge of finding an adequate supply of talented nurse practitioners.

How will organized medicine respond to clinics?

Several organizations representing physicians have come out with opinions on retail clinics. The American Academy of Family Physicians (AAFP) issued their "desired attributes of retail clinics" in June of 2006. After significant internal debate, the American Medical Association (AMA) followed the AAFP, calling for retail health clinics to:

- Offer a well-defined and limited scope of practice;
- Follow protocols derived from evidence-based guidelines to ensure quality of care;
- Ensure supervision by a physician;
- Establish a formal connection with community physicians to ensure continuity of care and encourage use of medical homes;
- Use electronic health records that can gather and communicate a patient's information with his or her medical home;
- Inform patients, in advance, of the qualifications of the practitioners providing care; and
- Establish appropriate sanitation and hygiene guidelines.

In June of 2007, the AMA membership voted to adopt the following directive:

- Ask the appropriate state and federal agencies to investigate ventures between retail clinics and pharmacy chains with an emphasis on inherent conflicts of interest in such relationships, patients' welfare and risk, and professional liability concerns.
- Continue to work with interested state and specialty medical societies in developing guidelines for model legislation that regulates the operation of store-based health clinics.
- Oppose waiving any state or federal regulations for store-based health clinics that do not comply with existing standards of medical practice facilities.

The most vocal group on the topic of convenient care clinics has been the American Academy of Pediatrics (AAP). The organization states that it "opposes retail-based clinics (RBCs) as an appropriate source of medical care for infants, children, and adolescents and strongly discourages

their use, because the AAP is committed to the medical home model." They further state that "The AAP acknowledges that the shifting economic and organizational dynamics of the current health care system will likely support the continued existence and expansion of RBCs. However, the aforementioned concerns and the overall effects these clinics will have on pediatric practice have led the AAP to respond with principles related to communication, the medical home model, evidence based medicine, contagious diseases, and financial incentives."

How are state regulators responding to retail clinics?

As of this publication of this report, New York, New Jersey, Rhode Island, Massachusetts, Illinois, and California are all considering additional regulation of retail clinics. In New York the primary area of focus is the relationship between clinics and the pharmacies in which they operate. Other states are considering or have considered whether the space, facilities, and hygiene regulations for physician's offices should apply to clinics and whether the licensure restrictions of a pharmacy should apply to a clinic operating within it. Some states are considering restrictions on advertising, limiting the number of visits consumers can use within a year, and requiring annual licensing including site specific, versus corporate licenses. To date, the response from retail clinic operators has indicated some concern about the impact of these discussions on the viability of the model for states where restrictions become cost prohibitive.

Will integrated health systems and others continue to develop convenient care options of their own?

Several health systems, including Sutter in California, have developed "express care" sites to extend the convenience of the retail clinic model to their customers under their own brands. Public systems and community clinics in California have expressed an interest in considering how opening their own express care options might help them more effectively meet patients needs while encouraging preventive, primary, and basic acute care in settings other than the emergency department.

Only a few other systems across the country are currently taking this approach, but many predict that we will see additional system-branded convenient care or express clinics. Centene, a multi-line health plan based in St. Louis with a significant Medicaid population is slated to open its first two convenient care pilot clinics with Federally Qualified Health Center partners by 2008.

What role will technology play?

Affordable, compact, rapid diagnostic devices and evidence based clinical software are keys to the viability of retail clinics. Medical device manufacturers continue to develop devices with CLIA wavers[26] that expand the potential services and productivity of retail clinics. For example, new optical devices could deliver faster, less-invasive testing of blood pressure and glucose with data feeds directly into electronic records. Digital otoscopes, audiology testing devices and other digital equipment that capture and transmit data have similar potential. Swabs with nanosensors are being developed to provide rapid detection of influenza A (H5N1) and E. coli. Imaging devices may one day be small, quick, cost effective, and simple enough to use in retail clinics.

The addition of digital devices and high-speed data transmission may also enable retail clinics to become part of the telemedicine delivery network to better manage chronic conditions. The retail clinic might create a digital data stream of critical vital signs to a patient's primary care physician. While retail clinics are not structured to manage chronic disease, there may be an option to use clinics as one of several monitors of patient health. Primary care physicians will continue to provide a holistic health care management perspective for a person which may also include aggregating the patient's information, using additional data points, trend analysis, and pattern recognition to provide more comprehensive health care. Retail clinics may be used as an extension of the primary doctor to provide more capacity into the health care system. A key to this scenario is the

clinics' capacity (and reimbursement) for receiving, integrating, and interpreting data. This would require a standard electronic medical record system and the ability for multiple integrated data feeds. The clinics may then becomes one of many points of data in a robust, detailed, multi-component picture of a patient's health using several health care providers linked through telemedicine.

Will clinics working with insurers be able to keep administrative costs down?

Many of the clinic companies are now accepting insurance from multiple carriers, and insurers have responded quite favorably to the clinics. To provide this service, the clinic corporations have incurred additional overhead in the form of staff to process claims. Though they indicate that they are able to simplify the claims process with insurers, it remains to be seen how much additional cost this will add to the model. Several clinic operators report positive experiences with insurers who are testing new systems and procedures to streamline the payment process with clinic operators.

Will retail-based clinics move into chronic disease management, diagnostic testing, wellness, and other consumer health services, and how will this affect other providers?

While some clinic companies—notably Minute Clinic—have indicated that they intend to keep a narrow, tightly focused array of services, others have begun to introduce or have plans for broader service menus, including disease management and "wellness" services. In the "disruptive innovation" paradigm, innovators often move upstream, taking on more functions and capabilities from established players. The growth of the clinic sector and the moves of some players into activities beyond the initial narrow scope of services pioneered by Minute Clinic has begun to spark a debate about the role clinics should play—or should not play—in delivering primary care. Several clinics are expanding their wellness offers including school physicals, diabetes screening programs, nutrition counseling, hearing tests, and asthma medication therapy programs. New technologies that allow for rapid screening of chronic conditions are being tested by clinic operators. And new therapies, such as an osteoporosis drug administered annually through a 15-minute infusion, are being considered by several clinic chains.

X. Conclusion

THE 2006 *HEAH CRE N HE EXES LN* POSED several questions about how consumers, providers, payers, and policymakers would respond to the emergence of retail clinics. The last year has seen a rapid response from each of these groups, and the pace of expansion is such that a forecast of 6,000 clinics by 2012 seems a reasonable projection. If retailers' plans prove out, within five years it will be the norm to have a local retail clinic in the neighborhood drug, grocery, or mass merchandise store. Furthermore, if 6,000 clinics were to operate at 50 percent of their capacity, they would draw 10,000 patient visits per clinic per year—or 60 million visits in total.

Given the volume of patients that may go through the doors of these clinics, it will be vital to monitor quality of care, prescribing habits, and consumer use in order to understand the overall health impact of clinics as consumers receive care from multiple providers and multiple points of care. Will electronic medical records be rapidly diffused to ensure a coordinated medical home? Will the wider health care system integrate with these clinics? Will the clinics extend their services to become a data collection point for the primary care physician? Will clinics be a driving force for greater cost transparency to the consumer and put further pressure on primary care physicians?

It seems clear that clinics have an opportunity to change the game for each of the stakeholders. They are likely to provide consumers with greater convenience and lower prices, challenge primary care physicians to reinvent their practices for more complex care, enable payers to reduce the cost of routine care, and allow retailers to enhance their positions as health and wellness destinations.

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COMMENTARY

Health Care When You Want It

By WEB GOLINKIN
August 2, 2007

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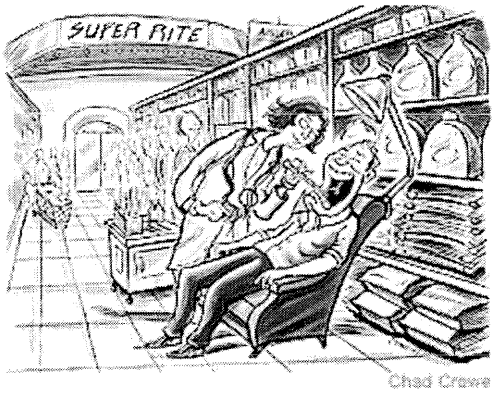
Much of the recent debate about how to reform our inefficient, two trillion-dollar health-care system has revolved around who should pay, but the problem will not be fixed until we find ways to increase access and reduce costs that have been rising for many years at more than twice the rate of inflation.



Chad Crowe

One of the most promising developments is the emergence of retail-based "convenient care" clinics that are providing consumers with easier access to high-quality, routine health care at affordable prices. There are about 400 such clinics today and could be several thousand more in the next few years, but their growth is being threatened by burdensome regulations in some states and opposition from some corners of organized medicine.

Convenient care clinics are small health-care facilities with new brand names like RediClinic, MinuteClinic, and Take Care Health Clinics. Most are located in high-traffic retail outlets with pharmacies, such as Wal-Mart, CVS and Walgreen stores. Regional health-care systems have also opened retail-based clinics in their service areas, either directly or in partnerships with independent operators. These clinics generally are staffed by certified nurse practitioners who diagnose, treat and prescribe medications for a limited set of common ailments, such as strep throat and ear infections. They also administer health screenings, medical tests, immunizations, basic physical exams and other preventive care.

Convenient care clinics have been embraced by consumers, who give them consistently high marks for patient satisfaction: 97% of the more than 4,000 RediClinic patients surveyed this year said they would recommend RediClinic to their relatives and friends. This is because the clinics are delivering something that is all too rare in our system -- convenient and affordable health care.

The quality of care at convenient care clinics stems from their use of nationally certified nurse practitioners, who are registered nurses with master's degrees or comparable advanced training. Research over the past 30 years has consistently shown that the primary care provided by nurse practitioners is comparable in quality to that provided by physicians, though nurse practitioners are still required to collaborate with local physicians in most states.

Patients who have conditions that are outside of convenient care clinics' limited scope of practice,

or who need ongoing care, are referred to local physicians, and nurse practitioners use evidence-based treatment protocols and electronic medical-record systems to standardize care and facilitate continuity of care when other clinicians are involved. According to a recent study conducted by the RAND Corporation, Americans receive evidence-based care only 55% of the time at conventional health-care delivery outlets. MinuteClinic's recent analysis of 58,000 sore-throat cases seen at their clinics showed that the diagnosis and treatment conformed to evidence-based guidelines 99.15% of the time.

Convenience is assured through the location of the sites and the fact that they are open seven days a week, including extended hours on weekdays. No appointments are necessary, and visits take only about 15 minutes due to the clinics' limited set of services. The clinics' location in stores with pharmacies provides additional convenience because patients can go across the aisle to get their prescriptions filled rather than having to make separate trips for this purpose.

Treatment for most common ailments ranges from $40 to $70 and preventive services start as low as $15, significantly less than what most physicians, urgent care clinics or emergency rooms charge. Indeed, research shows that as many as 50% of the people who seek care at overburdened emergency rooms could be treated much less expensively in convenient care clinics. Prices are prominently displayed so patients know what they will pay before they are treated, and visits are covered by a growing number of insurance plans, including Medicare.

Applicable regulations vary by state. In some states they are already compatible with the goals of convenient care clinics to increase health-care access and affordability, or there are legislative efforts underway to make them more so. In other states, however, regulations discourage convenient care growth. They may prohibit the "corporate practice of medicine," which prevents non-professional operators from employing nurse practitioners or owning equity in the clinics, or unreasonably restrict the number of nurse practitioners that can be supervised by a physician.

In Texas, for example, a physician can supervise a maximum of only three nurse practitioners and the physician has to be on-site for 20% of the time a clinic is open, even though he or she is not treating patients. This needlessly increases the clinics' cost structure, which creates higher prices for consumers and third-party payers. Moreover, it unproductively ties up physicians who are in short supply and could be attending to patients with more serious conditions.

Although the medical community was suspicious of convenient care in the beginning, many physicians and professional organizations changed their view when they saw how rapidly consumers embraced the concept and how operators provide high-quality care within a limited scope of practice, treat many patients who do not have established physician relationships (an estimated 30% of all convenient care patients to date), and refer many others. The American Academy of Family Physicians, which represents more than 94,000 family practitioners, recognized that convenient care clinics were filling a need. Rather than opposing the clinics, it published standards of care that it suggested convenient care operators should follow. Operators gladly complied because they had been meeting or exceeding these standards. The Convenient Care Association, which represents more than 20 of the largest operators, subsequently published more stringent standards that their members are now required to meet.

Some physician organizations, however, including ones in Illinois and Massachusetts, are pushing for new regulations that would impede the growth of convenient care clinics through expensive permitting requirements (which physician practices do not have to face), further limitations on the number of nurse practitioners that an individual physician can supervise, and prohibitions against advertising that compares the fees of convenient care clinics with those of physicians. This is

exactly the kind of price transparency our health-care system needs. In addition, the American Medical Association passed resolutions at its recent annual meeting that push for government intervention, legislation and other measures that could curtail the expansion of convenient care clinics.

Opposition to convenient care from some parts of the medical community is made under the pretext of wanting to ensure quality and continuity of care, which is a legitimate but thus far unfounded concern. But the opposition is also about wanting to maintain the status quo even in the face of rapidly escalating costs and a growing shortage of primary-care physicians.

While resistance to disruptive change is understandable, it does not diminish the fact that the status quo in health care is not working for millions of consumers and that it is economically unsustainable even if it were. Instead of opposing convenient care, physicians should be working collaboratively with operators -- as many physicians are today -- to fill the critical need that all Americans share for easier access to high-quality, affordable health care.

Mr. Golinkin is the president and CEO of RediClinic, LLC, one of the nation's largest convenient care providers, and is a director and co-founder of the Convenient Care Association.

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BUSINESS

New retail health clinic model puts doctors out front

Some companies are betting they can stand out from the in-store clinic market by having physicians on hand to treat patients.

By Pamela Lewis Dolan, *AMNews* staff. Oct. 8, 2007.

While retail-based health clinics generally rely on nurse practitioners and physician assistants to see patients, another model is emerging that staffs entirely with physicians.

Despite the increase in overhead, that new model works, say clinic operators, because of its expanded scope and greater marketing potential. And some big names and deep pockets are jumping behind the concept.

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One of the model's early adopters is Jacksonville, Fla.-based Solantic, which recently expanded its stand-alone clinic chain to include clinics located inside Wal-Mart stores.

Solantic's chief medical officer, Nathan Newman, MD, said because physicians are present, Solantic can offer x-ray services and suturing. It's also a good marketing strategy to say each patient will be treated by a board-certified physician, he said.

Solantic is also gaining attention because of one of the names behind it. Richard Scott, who founded Solantic in 2002, gained notoriety for taking two struggling Texas hospitals and creating, through mergers and acquisitions, the Columbia/HCA Healthcare Corp., which became the largest for-profit hospital chain in the world.

However, a massive Medicare fraud investigation cost Scott his job as Columbia/HCA's CEO and president. Scott was never charged

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with wrongdoing, though other executives were, and HCA -- which dropped the Columbia name -- agreed to pay $1.7 billion in civil penalties and damages to settle the case, without admitting wrongdoing. In 2003, upon the finalization of the settlement, the Justice Dept. called it the largest Medicare fraud settlement ever.

A New York private equity firm recently backed up its belief in Scott and the Solantic business model to the tune of $100 million. That's the amount Welsh, Carson, Anderson & Stowe invested to help Solantic open more than 40 clinics in Florida by the end of 2009.

Meanwhile, a former board member with MinuteClinic, the company often credited with establishing the NP/PA-staffed retail clinic model, is also putting physicians into in-store clinics.

James A. D'Orta, MD, chair of New York-based Consumer Health Services, said his idea for a physician-centric retail clinic model was spawned from his experience with Minneapolis-based MinuteClinic. Dr. D'Orta said before MinuteClinic was bought by CVS Caremark Corp. in 2006, he started to see challenges with a physician-assistant staffed model -- mainly, if you have to pay physicians to oversee the extenders in the clinic, why not just pay physicians to be there?

Dr. D'Orta launched Consumer Health Services last year. It manages four clinics inside Duane Reade pharmacies in the New York area, and is building out 12 additional clinics set to open in November. While CHS provides the management for the Duane Reade clinics and secures the leases, the businesses themselves are owned by private practices, which are responsible for their own hiring. But they must stick to the physician-centric business model.

The company also recently partnered with Continuum Health Partners of New York, the parent company of Beth Israel Medical Center and St. Luke's-Roosevelt Hospital Center, to give clinic doctors admitting privileges and allow referrals to Continuum's specialists.

CHS plans to have 68 clinics in the next two years, just in Duane Reade stores. CHS also added former Health and Human Services Secretary Louis W. Sullivan, MD, to its board in July.

"The market takes a concept, bundles it up and tosses it back for restructuring. I believe [Consumer Health Services] is the restructuring of the nurse-based model," Dr. D'Orta said.

A spokesman for MinuteClinic said that while the company did not have a particular viewpoint on which model is better, "The nurse practitioner model works well for us."

While the physician model is still small compared with the nurse practitioner model, which is expected to grow to more than 1,500 clinics by the end of 2008, there is evidence the physician-staffed

concept is gaining traction.

For example, another company, Las Vegas-based Medical Mart, a physician-staffed clinic chain that has been around for three years, says it plans to have 400 clinics by the end of 2009.

Tine Hansen-Turton, the executive director of the Convenient Care Assn., a trade group for retail-clinic operators, confirms more physician groups are exploring the option of retail-based care. Some individual groups have already opened physician-staffed retail clinics.

In response to the interest, the CCA has changed its structure and is supporting both models of retail-based care. It has one physician-staffed model, Burlingame, Calif.-based QwikHealth, as a member.

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The Providence Journal projo.com

Rhode Island news

Local doctors oppose MinuteClinics coming to R.I.

01:00 AM EDT on Thursday, October 25, 2007

By Felice J. Freyer

Journal Medical Writer

Customers leave a CVS Minute Clinic inside a CVS in West Hartford, Conn. MinuteClinics provide quick care for minor health problems. A nurse practitioner makes the diagnosis and writes a prescription, if needed.

The Providence Journal / Steve Szydlowski

If clinics that treat minor problems open up in local stores, one thing seems certain: people will go to them. Lots of people.

But whether that's a good thing remains open to debate. And that debate is heating up again in Rhode Island.

Last week, the two top officials of MinuteClinic, the biggest company offering the store-based, nurse-provided care that has become popular around the country, went head-to-head with the folks who helped fight them off in Rhode Island two years ago: the doctors.

Michael C. Howe, chief executive officer, and Dr. Glen D. Nelson, chairman, made the case for MinuteClinic to the Health Department's Primary Care Physician Advisory Committee. If the executives' purpose was to win over the primary-care doctors, they did not succeed. But they don't need the doctors' approval — just a license from the Health Department — and the discussion that ensued provided a glimpse of what MinuteClinic would mean for Rhode Island.

"MinuteClinic provides access to health care seven days a week in convenient locations," Howe explained. Typically

this location is a CVS drugstore; CVS bought MinuteClinic last year.

Staffed by nurse practitioners, the clinics are open seven days a week, till 8 on weeknights. They require no appointments, and waits are brief. The nurse practitioner, guided by a checklist, diagnoses and treats a limited menu of simple health problems, such as sore throats, urinary tract infections, ear infections, and rashes, typically for $59 a visit. Most health insurers will cover these visits, and uninsured people often find them affordable.

If the problem looks serious or complicated, the patient is referred elsewhere. Otherwise, the patient gets a prescription if needed, a diagnostic record, educational materials, a bill, and a toll-free number for after-hours questions. If the patient has a primary-care provider, a record of the visit is immediately sent to that provider. If not, MinuteClinic refers the patient to a local doctor.

Dr. Elizabeth B. Lange, vice president of the Rhode Island chapter of American Academy of Pediatrics, spoke in rebuttal. No medical visit is simple, she declared. When a child has a bladder infection, for example, that could indicate anything from sexual abuse to a need for circumcision. And even if the infection is uncomplicated, these visits provide an invaluable opportunity to review the medical chart, see whether vaccines are up to date, and ask how the child is doing in school.

"Medicine is a relationship," Lange said. "It is not a business transaction."

She also accused MinuteClinic of "frank conflict of interest" when its nurses prescribe medications that can be purchased in the same store.

Lange acknowledged that the doctors' objections are financial as well. The kind of quick, easy care provided at MinuteClinics is the bread and butter of primary-care practices, which in Rhode Island are reimbursed at lower rates than in most other states. Pay is so low in Rhode Island that many primary care practices report difficulty recruiting new doctors. If MinuteClinic "skims off" those services, doctors are left doing the harder, slower work that pays little, such as managing chronic illnesses or interacting with schools. "We need the reimbursement to keep our doors open," she said.

Responding to the accusation of conflict of interest, Nelson, the MinuteClinic chairman, said that MinuteClinic has documented that its nurse practitioners do not prescribe antibiotics when they're not needed; in fact they do a better job at that than doctors. "Physicians overprescribe because the mother insists," Nelson said.

Furthermore, Nelson said, doctors can't deny that MinuteClinic fills a need. "There isn't access to care. The primary-care system is not addressing the needs of patients," he said. "You need to take a look at yourselves and ask 'Is MinuteClinic the problem or is it what we're providing?' "

Howe said that in other states MinuteClinics have had little financial effect on doctors. The clinics don't compete with the doctor's office, but serve as an adjunct to it, he said.

Doctors at the meeting said that just means more fragmentation of care, giving doctors new responsibilities while draining away their income.

MinuteClinic, said Dr. Albert J. Puerini, a Cranston family doctor, "provides something that McDonald's and Burger King provide. Patients don't see that. They don't understand that's not the way to get medical care, just like going to McDonald's is not the way to eat."

Donald C. Williams, the Health Department's chief of health services regulation, told the doctors that some of their comments were "fairly paternalistic" and that patients often do know what they need. He noted that the MinuteClinic faces "no legal impediment" to opening as long as it meets the terms of a Health Department license. "There's a demand for this service," Williams said. "It's not going to work to put blinders on."

Indeed, MinuteClinic may be unstoppable. Launched in Minnesota in 2000, the company has recently been growing at an astounding rate. In the middle of last year, it had 86 clinics in 10 states; today there are 321 in 25 states, with plans to raise the number to 450 before year's end.

Slower to get a foothold in the more heavily regulated Northeast, MinuteClinic now has 15 clinics in Connecticut. The Massachusetts Department of Public Health is considering its proposal to open 20 to 30 MinuteClinics in the Boston area. The department is first drafting regulations that may include such requirements as limiting the number of repeat visits by a patient, establishing policies to ensure the clinics "do not promote the use of services provided by the host retail location" and posting a sign alerting patients that they can fill prescriptions anywhere, not just at the host store.

MinuteClinic first approached Rhode Island regulators in 2005, seeking a license to open clinics in CVS stores in five upper-middle-class communities. But doctors raised objections, the Health Department showed reluctance to waive its requirements for sinks and toilets in the clinics, and it became clear that the regulatory process would be lengthy. MinuteClinic withdrew its application, promising to return.

The company has not yet reapplied for a Rhode Island license, and Howe would not say when that application would be filed. But his appearance at the Health Department last week suggests it will be soon.

While doctors worry about MinuteClinic, another group remains sanguine: nurses.

"This is all about power and control. This is not about access," Donna Policastro, executive director of the Rhode Island State Nurses Association, said in a phone interview. "This is about the doctors not being in direct control of MinuteClinics. This is a nurse-driven model. I don't think they like that."

Policastro predicted that parents would continue to take children to their pediatricians, would use the MinuteClinic only when their doctor isn't available, and would then go back to the doctor.

"We're a team," Policastro said. "This should be a team effort."

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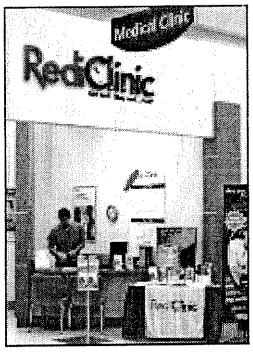
States Begin Regulating In-Store Health Clinics Amid Safety Concerns

American Medical Association initiated concern says WSJ



Aug. 9, 2007 - More states are looking into the quality of care offered by clinics in retail locations in response to a campaign by the American Medical Association and physician groups that asked states to investigate in-store clinics, the Wall Street Journal reports.

Daily Reports
KaiserNetwork.org

Despite arguments from retail clinics that AMA's criticisms "are overblown and motivated by financial concerns," some states that once gave the clinics "extensive waivers from hygiene and safety restrictions" are beginning to crack down as the facilities grow in number nationwide, according to the Journal.

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Medical Association Decides Against a Ban on Retail Health Clinics but Wants Governments to Investigate
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There are more than 730 retail clinics throughout the U.S., and CVS Caremark, Wal-Mart Stores, Walgreen and Target all have plans to expand their number of clinics this year. Some have established new restrictions on in-store clinics, while others ban them altogether.

Rhode Island has refused to let CVS Caremark open clinics in the state; Florida requires clinics to post a sign stating whether a physician is present and disclose staffers' credentials to

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patients; and California has mandated that retail clinics be owned by a physician. Meanwhile, some states, such as Texas and Wyoming, have reduced restrictions on the treatments that nurse practitioners can administer in the clinics, the Journal reports.

In the debate over regulations, CVS Caremark has been working to demonstrate that its clinics adequately administer the appropriate treatments within the scope of services provided. Company officials cite a study to be released later this year in the American Journal of Medical Quality finding that for sore throats -- the most common condition treated at in-store clinics -- the facilities gave proper treatment 99.15% of the time, according to the Journal.

Forrester Research found that patients at retail clinics use them because of convenience, not quality, with 7% of respondents to a survey saying they thought the care they received was better than that at a typical visit to a physician office, the Journal reports.

Massachusetts Retail Clinic Hearing

After reviewing a CVS Caremark proposal to open its MinuteClinics as the state's first retail clinics, health regulators in Massachusetts on Wednesday proposed regulations that now are under consideration by the state's Public Health Council, the Journal reports (Seward, Wall Street Journal, 8/9).

During a hearing, council members expressed concerns that patients would not receive adequate care if they go to retail clinics and that patients may use the clinics to obtain prescription drugs that their regular physicians would not prescribe, the Boston Globe reports. Paul Dreyer, director of the Massachusetts Division of Health Care Quality, said that such abuse would not be a problem because the clinics will not "be prescribing drugs of interest to drug abusers."

Physician groups, hospitals and community health centers also expressed concerns about how patient safety and infection control would be monitored at the clinics, according to the Globe. The Massachusetts Department of Public Health will hold a public hearing Sept. 5. If Massachusetts allows retail clinics, CVS Caremark's clinics each would need individual states' approval to operate, the Globe reports (Smith/Kowalczyk, Boston Globe, 8/9).

Bruce Auerbach, president-elect of the Massachusetts Medical Society and chief of emergency medicine at Sturdy Memorial Hospital, said, "You're crowding people who may be sick, not to mention potentially exposing someone who's just trying to buy Doritos" (Wall

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Street Journal, 8/9).

Michael Howe, CEO of CVS Caremark's MinuteClinic, in an e-mail said, "MinuteClinic can serve a critical health care need by providing convenient, affordable access to quality health care for common medical conditions. As Massachusetts expands access to health insurance to hundreds of thousands of people, we know that demand for basic health care services will increase" (Boston Globe, 8/9).

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H-160.921 Store-Based Health Clinics

1. It is AMA policy that any individual, company, or other entity that establishes and/or operates store-based health clinics should adhere to the following principles: a.Store-based health clinics must have a well-defined and limited scope of clinical services, consistent with state scope of practice laws. b. Store-based health clinics must use standardized medical protocols derived from evidence-based practice guidelines to insure patient safety and quality of care. c. Store-based health clinics must establish arrangements by which their health care practitioners have direct access to and supervision by MD/DOs, as consistent with state laws. d. Store-based health clinics must establish protocols for ensuring continuity of care with practicing physicians within the local community. e. Store-based health clinics must establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the **clinic**. f. Store-based health clinics must clearly inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as the limitation in the types of illnesses that can be diagnosed and treated. g. Store-based health clinics must establish appropriate sanitation and hygienic guidelines and facilities to insure the safety of patients. h. Store-based health clinics should be encouraged to use electronic health records as a means of communicating patient information and facilitating continuity of care. i. Store-based health clinics should encourage patients to establish care with a primary care physician to ensure continuity of care.

2. Our AMA will continue to monitor the effects of store-based health clinics on the health care marketplace, and report back to the House of Delegates.

3. Health insurers and other third-party payers should be prohibited from waiving and/or lowering co-payments only for patients that receive services at store-based health clinics. (CMS Rep. 7, A-06; CMS Rep. 5, A-07)

Walk-in care

New clinic opening in SoPo
2007-05-30
It's Friday afternoon at 4 p.m. and daycare informs you that your child has a fever of 101 degrees. You know your pediatrician's office is closed for the weekend and the emergency room, with its high co-pay and long wait, isn't how you want to spend your evening.

The new ASAP Medical Clinic in South Portland, a walk-in health care facility, is now an option. Medical issues such as cuts that need stitches, sprains, eye, ear, nose or throat problems, respiratory illnesses, skin, digestive and urinary tract infections, muscle and skeletal problems and other acute medical needs can all be taken care of quickly and most visits are just $45.

ASAP Medical Clinic is part of the growing nationwide trend of retail health clinics. They don't take the place of PCPs, but provide services after-hours or when the PCP can not see the patient immediately. Most prescription medications needed for the acute illness can be purchased on-site at the clinic and most cost just $12.50.

The clinic will hold an Open House on June 2 from 10 a.m.-5 p.m. There will be on-going tours of the brand new facility, as well as informational discussions on Lyme disease, ticks and other warm weather ailments. Refreshments will be available and the first 100 visitors will receive a coupon for $10 off their first visit to the clinic.

ASAP Medical Clinic is located at — Western Avenue. Visit www.asapmedicalclinics.com or call 553-9071 for more information.

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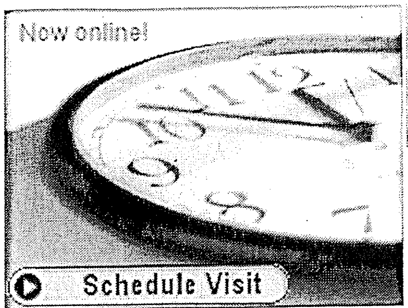

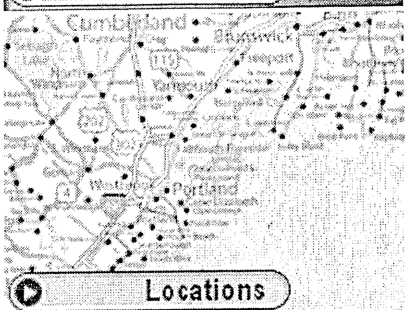

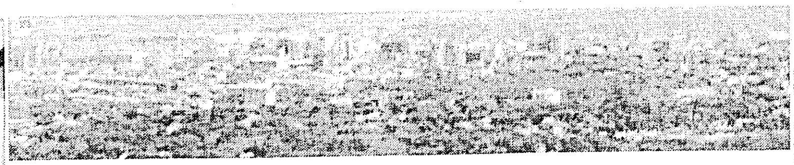

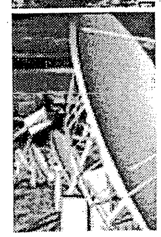

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When the inconvenience of illness hits, ASAP Medical Clinic is your fast, convenient and affordable alternative.

Visits are just $45!
Reasonably priced medication available on-site.
Walk in for professional evaluation and treatment.

Leave with the medicine you need, and your wallet intact.

Care and cost with a conscience.

When you're sick, the last thing you want to do is go shopping.

At ASAP Medical Clinics will you experience top quality professional medical care, but you will also discover no need to go to a pharmacy or other stores to complete your treatment. At ASAP Medical Clinics, we carry a large selection of full-course prescription medications and over-the-counter medications available right on site. We have complete therapies required to treat most all acute illnesses.

You can walk out of the clinic with your filled prescription in hand, as well as any OTC products you may need for your illness, and go straight home.

ASAP Medical Clinic is convenient. We are open expanded hours, 7 days a week.

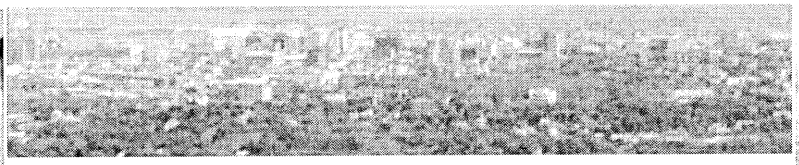
Wait time is minimal. At ASAP Medical Clinic, YOU are our priority.

ASAP Medical Clinic is a free-standing, privately-owned acute care walk-in clinic for minor illness. Established in 2006 by two Maine Family Physicians, we opened our first clinic in March 2007.

ASAP Medical Clinic is convenient, cost effective, one-stop care for minor illnesses. Most visits are just $45*.

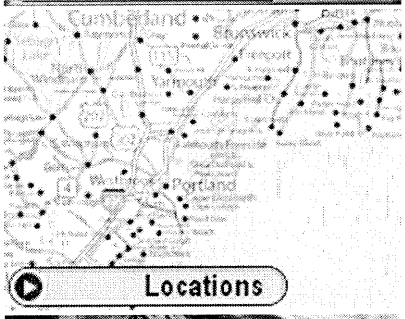
You can register for an appointment online at your convenience, or just walk in. You will be seen promptly by a member of our team of caring medical professionals who will diagnose and treat you using the latest medical technology.

*additional charges may apply, depending on presenting problem or problems, and any other products purchased



Current Wait

South Portland: Open with less than 5 min. wait



A brief message about our fees:

At ASAP Medical Clinics, we do not take insurance and we do not send bills to patients after the visit. Full payment is due immediately upon the completion of your visit. We take cash, checks, Visa, MasterCard and Debit or Check cards. We do this to reduce our costs, so we may pass the savings directly to our patients. If you do have insurance, our services may be reimbursable, in part. You will receive a receipt at the end of your visit to submit to your insurance company, if desired.

Fees, Payment & Insurance | Treatments | Additional Services
What we **do not** Treat

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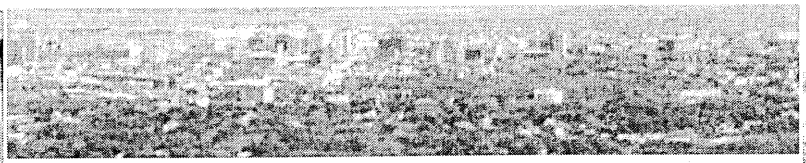
ASAP



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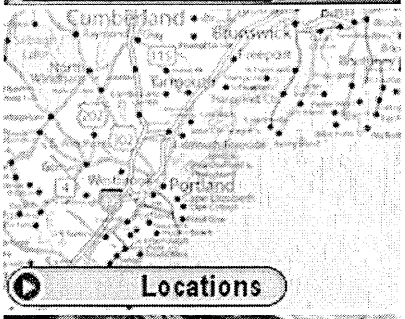

Below is an expanded, but not comprehensive, list of illnesses treated.

Head: allergies, sinus infections, conjunctivitis (pink eye), outer or middle ear infections
Throat: strep throat, sore throat
Chest: bronchitis, cough (may incur additional treatment costs)
GI: heartburn,
Urinary Tract: bladder infections
Musculoskeletal: sprains, strains. (Additional charges for any splints, etc)
Skin: allergic rashes (poison ivy), athlete's foot, cold sores and impetigo, tick bites (may incur additional lab costs), minor burns, scrapes, minor rashes, minor skin infections, minor cuts (may incur additional treatment fees), scalp conditions, minor sunburn, ringworm, warts

All above conditions $45. Additional charges may apply if other testing or treatment required.

Fees, Payment & Insurance | Treatments | Additional Services
What we **do not** Treat

Additional Services:

pregnancy testing
seasonal immunizations (flu)
other immunizations (tetanus, etc.)
Sports Physicals $45
Camp Physicals $45
School physical (under 18 yrs of age) $45
College physical (18 yrs and older) $55

Fees, Payment & Insurance | Treatments | Additional Services
What we **do not** Treat

What we don't treat:

severe headache
chest pain
shortness of breath
chronic or acute abdominal pain
weakness
severe pain of any type
fractures
sexually transmitted diseases

ASAP Medical Clinic healthcare providers do not under any circumstances prescribe or dispense any narcotic or controlled substance.

ASAP Medical Clinic is not an ER or Urgent Care Facility. If you think you will require more urgent or comprehensive care, or have severe illness or a condition that may be threatening to life or limb, go to the nearest ER immediately.