Retail Clinics: Risky or Reviving Primary Care

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It's that time of the season again, as the sniffs and coughs begin to rapidly spread throughout campus. Despite how hard you try to avoid all who are infected, no doubt you will wake up soon enough with a tickle in your throat and a waterfall running from your nose. As a college student, you can't go all the way back home to your family physician, and the university's clinic is booked for days. So, you drive to the nearest Walgreens and walk into the MinuteClinic. Here, within an hour you're able to check in, get evaluated and diagnosed by a healthcare professional, and walk out the door with a prescription in one hand and a copy of your medical results in the other.

**History**

The MinuteClinic is one of the many branches of retail clinics growing across the US as an alternative for primary care treatment. First opened in 2001, retail clinics began with a Rick Krieger's frustrations when he was put on a long standby, waiting for his son's diagnosis and treatment. Because of this frustration, Krieger became the cofounder of the first MinuteClinic. It wasn't until 2006 that these retail clinics would rapidly expand with CVS Caremark Corporation buying the rights to the MinuteClinic. This led to the establishment of over 1,000 clinics within the next five years. Now in 2019, there are over 2,800 retail clinics throughout the US available for screening and diagnosing patients (Burkle, 2011).

**Why the rise in retail clinics?**

Retail clinics have developed from the one value that our culture holds highest: convenience. For retail clinics, the convenience of widely-accepted insurance, low costs, and flexibility in location and hours acts as a catalyst to their rapid expansion and takeover of the primary care market. Before visiting any provider, insurance is the first concern for any patient. The 2010 Affordable Care Act resulted in an increased number of individuals able to gain insurance. As a result, retail clinics thrive on their ability to accept these, and many more different types of insurance, despite what reimbursement they may receive. This includes private insurances from employers to public ones such as Medicare and Medicaid, which reimburse at lower rates than private. Even after insurance, co-pays can still be an expensive chunk out of any one's pocket. The staff and model employed by retail clinics, however, have shown to cost less than that of other health providers. On average, a visit to any retail clinic costs about $110 versus a range of $150 to $570 for a visit to a physician, urgent care clinic, or the emergency room (ER) (Mehrotra et al, 2009). These low costs, in comparison to other medical providers, are a high incentive for patients who aren't able to afford the high costs of healthcare or whose insurance doesn't completely cover the costs of physician visits.

Lastly, the availability of these retail clinics—both in location and hours. While the number of clinics in each state varies, for 35 percent of Americans a retail clinic is no less than a 10-minute drive away (Marsolf et al, 2016). The close proximity of these locations in combination with extended weekday and weekend hours only widen the range of patients able to be seen. In comparison, physician's office are usually a solo location that have limited hours on the weekend, if any. This facets then severely limit the patients able to be seen in comparison to a retail clinic.

**Are retail clinics helping or hurting?**

Despite all the patients that retail clinics are accessible to, due to their costs and availability, it's important to ask: Are patients getting the quality of care needed by these retail clinic providers? According to studies, it depends. A study done by Shrank and other researchers in 2014 looked at over 20,000 medical cases from 2009 to 2012 to study if a measured and objective standard quality of care was met by these retail clinics. Their results showed that the quality of care was not only competent, but in the case of certain acute conditions, the quality of care was better than other medical providers. In addressing common conditions such as the flu or urinary tract infections (UTIs), retail clinics can be excellent providers in terms of lower costs and availability and an uncompromised quality of care for patients.

**Chronic conditions, on the other hand,** are a different story. Nitin Damle, MD and President of the American College of Physicians (ACP), states, "We don't think there is enough evidence to say that they are able to take care of chronic disease to manage complex problems." Chronic diagnoses can be intricate diagnoses that often require a team of healthcare providers—each specialized to address some aspect of your diagnosis, whether it's a nutritionist or a gastroenterologist. These types of teams can typically only be established in a physician's office or the hospital.

**Future of retail clinics**

What will the role of retail clinics be in the future then? While retail clinics continue to outcompete other primary care providers in terms of convenience, patient safety and quality of care comes first. This has been the basis of rivalry between retail clinics and physicians as physicians strongly believe there is no role for chronic care management in retail clinics. While it may seem like the path ahead would be filled with competition between these two in addressing primary care shortages, another path is being paved. Rather than attempting to outcompete each other, physicians' offices and hospitals have joined in collaboration with retail clinics in order to bridge the gaps in patients. In Ohio, Walgreen's MinuteClinics are now partnering with hospitals like the Cleveland Clinic. Through this partnership, the two can evaluate all the facets of primary care to ensure the delivery of what either system may lack in caring for its patients. With that idea in mind, it's important to note that retail clinics can be an adequate, if not convenient, primary care provider when used properly. However, chronic diagnoses can be intricate diagnoses that often require a team of healthcare providers—each specialized to address some aspect of your diagnosis, whether it's a nutritionist or a gastroenterologist. These types of teams can typically only be established in a physician's office or the hospital.

**References**


