

Trends in Retail and Urgent Care Clinics in Nebraska

Jim P. Stimpson and Marlene Deras

SUMMARY

There is considerable interest nationwide in the growth of retail clinics (kiosks located inside a retail store, supermarket, or pharmacy that treat simple illnesses and provide preventive care services) and urgent care clinics (walk-in clinics that treat injuries or illnesses requiring immediate attention). These clinics have the potential to improve access to healthcare by providing more convenient care and transparent prices (compared to a typical physician office visit). This brief describes the trend in the number of retail and urgent care clinics in Nebraska. We found a 40% increase in the number of urgent care clinics from 2008 to 2013, and we found no increase in the number of retail clinics. Currently, 55 retail and urgent care clinics operate in Nebraska, with 71% located in Douglas, Lancaster, or Sarpy County. The demand for primary care will increase next year as more people gain health insurance coverage through the provisions of the Affordable Care Act and are in search of primary care services. State health policy has the potential to address the needs of Nebraskans for convenient and affordable care by identifying and supporting innovative changes in healthcare access.

The United States healthcare industry is witnessing a proliferation of a new model of care provided by retail clinics or urgent care clinics.^{1,2} Approximately 1,450 retail clinics and 9,000 urgent care clinics operate in the United States.^{3,4} As an indicator of growth, CVS/Caremark president and chief executive Larry Merlo recently reported plans to open 150 new retail clinics in 2013, ending the year with almost 800 clinics nationwide.⁵ These new clinics are expected to be a key treatment location for millions of uninsured Americans once they obtain health insurance coverage on January 1, 2014, under the Affordable Care Act. Given the expected increase in the number of these clinics and the potential role they may play in healthcare access, this brief examines the trend in the number of retail and urgent care clinics operating across Nebraska from 2008 to 2013.

Background

Despite the growth and popularity of retail and urgent care clinics, there is an ongoing debate about the potential positive and negative impact these clinics may have on access to care. Retail and urgent care clinics have an economic incentive to extend primary care, generate referrals for

regular clinics and hospitals, and attract regular customers.⁶ Proponents of retail clinics, including clinic operators and nurse practitioner groups, argue that retail and urgent care clinics are an alternative to an emergency room (ER) visit, and therefore provide care at a much lower cost with comparable quality to an ER.^{7,8} Proponents also argue that these clinics have the potential to expand the service delivery area for local hospitals, establish a medical home for patients without a primary care provider, and expand access to quality care that includes rigorous physician oversight.^{2,9,10}

Opponents of these clinics, such as state health agencies, the American Medical Association, and the American Academy of Family Physicians, raise several concerns.¹¹ The most significant concern is that retail and urgent care clinics may fragment care and reduce the likelihood that patients will successfully find a primary care provider and a medical home.¹⁰ In addition, some argue that these clinics may not provide adequate oversight of staff by a physician, that the clinics compete with and threaten the financial viability of community health centers, and that retail clinics may have a conflict of interest by overprescribing medica-

Contributing Organizations



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tions that financially benefit the pharmacy housing the clinic.⁹

The important drivers of the growth in the number of retail and urgent care clinics are patient convenience, after-hours accessibility of the providers, and lower cost.¹ Between 2007-2009, about 44.4% of all retail clinic visits were on weekends or on weekdays during hours when physician offices are closed.¹ This desire for convenience can occur even when patients have an established relationship with a provider. For example, a recent study found that parents who have an established relationship with a pediatrician often take their children to a retail clinic for common upper respiratory tract illnesses and for physical examinations.¹² The most common reasons these parents cited for a retail clinic visit (versus making an appointment with their established physician) included flexible working hours (75%), inability to get an office appointment (25.2%), desire to not bother the pediatrician after hours (15.4%), and the assessment by the parent that the medical condition was not serious enough to warrant an office visit (13%).¹² Finally, there is evidence that patients of retail clinics tend to live in close proximity to the retail clinic, and are more likely to be female, young adults, free of chronic conditions, and have a high income.¹³

Methods

To identify retail and urgent care clinics, we analyzed data from the UNMC Health Professions Tracking Service (HPTS), which is a well-established, authoritative source of information on Nebraska's healthcare workforce.¹⁴ HPTS is a recognized program that maintains up-to-date data regarding the healthcare workforce (providers and facilities) in Nebraska. Healthcare professional and facility data are confirmed and updated continuously throughout the year. We narrowed the list of clinics by identifying descriptors of clinic names such as "urgent," "express," or "quick" care. We then performed a web search of each clinic to verify that the clinic satisfied an established definition—provided below—as either a retail or urgent care clinic. We then analyzed the workforce composition within the clinics by number of clinicians and average

hours worked per week in the clinic. A major limitation of this analysis is that we lacked data on after-hours care at traditional clinics. This lack of data limits our ability to fully understand how retail and urgent care clinics fit within the market of primary care in Nebraska.

Retail clinics are defined as kiosks located inside a retail store, supermarket, or pharmacy that treat simple illnesses and provide preventive care services. These clinics are usually staffed with a physician assistant or a nurse practitioner, but occasionally are staffed by a physician. Retail clinics typically have convenient locations and hours of operation, and offer quick service and transparent pricing.¹⁵

Urgent care clinics treat injuries or illnesses that require immediate attention. Like ERs, these clinics provide care on a walk-in basis; however, unlike ERs, urgent care clinics are not typically open 24 hours a day, and the facilities are not fully equipped to care for patients with serious medical problems.¹⁶ The Urgent Care Association of America established criteria in 2009 to define scope of service, hours of operation, and staffing requirements of an urgent care clinic.¹⁷ Clinics that meet these criteria can apply for certification; there are currently more than 500 certified urgent care clinics operating in the United States.¹⁷

Results

The number of retail clinics in Nebraska has remained steady from 2008 to 2013 (Exhibit 1). Of the 6 retail clinics established since 2008, 2 have closed and 2 more have opened. Although there has been no net increase in the number of retail clinics in Nebraska, there has been a 40% increase in the number of urgent care clinics since 2008. Of the 35 urgent care clinics open in 2008, 5 have closed and 30 are still open in 2013. From 2009 to 2013, 19 additional urgent care clinics opened.

Exhibit 1. Trend in the Number of Retail and Urgent Care Clinics, Nebraska, 2008,2013

Clinic Type	2008	2009	2010	2011	2012	2013
Retail	6	6	5	5	5	6
Urgent Care	35	42	44	44	47	49
Total	41	48	49	49	52	55

Source: Health Professions Tracking Service.

All retail clinics and most urgent care clinics are located in urban areas of Nebraska, with nearly half of all retail and urgent care clinics ($N = 23$) located in Douglas County (Exhibit 2). Seventy-one percent of retail and urgent care clinics are located in Douglas, Lancaster, or Sarpy County ($N = 39$). The remaining 16 clinics are spread throughout 13 counties in Nebraska.

Exhibit 2. Distribution of Retail and Urgent Care Clinics in Nebraska, 2013

County	Number
Douglas	23
Lancaster	11
Sarpy	5
Other	16

Source: Health Professions Tracking Service.

Note: Other includes Adams, Buffalo, Cass, Dakota, Dawson, Dodge, Gage, Hall, Lincoln, Madison, Platte, Scotts Bluff, and Red Willow Counties.

We examined the workforce composition of clinics for 2013. We calculated both the proportion of staff and the average number of hours worked in a week (taking into account the staff size). Among clinicians who reported a retail or urgent care clinic as their primary practice location, physicians accounted for the largest share of the staff composition, and physician assistants accounted for the smallest share (Exhibit 3). However, physicians worked the least number of hours per week, on average, and physician assistants worked the highest number per week.

Exhibit 3. Average Workforce Composition of Retail and Urgent Care Clinics (Primary Practice Location), Nebraska, 2013 (N = 109)

Provider Type	Proportion of Clinic Staff ^a	Average Number of Hours Worked ^b
Physician	37%	26
Physician Assistant	30%	35
Nurse Practitioner	33%	33

Source: Health Professions Tracking Service.

^aProportion of clinic staff = Number of providers in a given category divided by the total number of staff. For example, number of physicians divided by the total number of clinic providers (physicians + PA + NP).

^bAverage number of hours worked = Number of hours worked in a retail or urgent care clinic by provider type in an average week divided by the number of providers in a given category. For example, the average number of hours worked in a given week by physicians divided by the number of physicians.

Many clinicians have duties outside of retail and urgent care clinics. Therefore, we also examined the workforce composition for physicians reporting that a retail or urgent care clinic was not their primary practice location, referred to as a satellite location. For clinicians who reported a retail or urgent care clinic as either their primary or satellite practice location, physicians accounted for the largest share of the staff composition, and nurse practitioners accounted for the smallest share (Exhibit 4). However, of total clinic hours worked by all providers, physicians worked the least number of hours per week, on average, and nurse practitioners worked the highest number per week.

Exhibit 4. Average Workforce Composition of Retail and Urgent Care Clinics (Primary and Satellite Location), Nebraska, 2013 (N = 200)

Provider Type	Proportion of Clinic Staff ^a	Average Number of Hours Worked ^b
Physician	51%	16
Physician Assistant	27%	25
Nurse Practitioner	22%	28

Source: Health Professions Tracking Service.

^aProportion of clinic staff = Number of providers in a given category divided by the total number of staff. For example, number of physicians divided by the total number of clinic providers (physicians + PA + NP).

^bAverage number of hours worked = Number of hours worked in a retail or urgent care clinic by provider type in an average week divided by the number of providers in a given category. For example, the average number of hours worked in a given week by physicians divided by the number of physicians.

Policy Implications

State government plays a critical policy role in this debate.⁹ State health agencies are charged with the responsibility of licensing health care providers, which includes potentially regulating the scope of practice of clinics. There has been recent controversy regarding the scope of practice of retail clinics as they seek to expand their reach beyond preventive services and into chronic disease management. In 2008—two years after a major overhaul of the state healthcare system—Massachusetts created regulations for retail clinics by first renaming them “Limited Services Clinics,” outlining a specific list of services that these clinics could provide, and enforcing this regulation through the state’s Department of Public Health.¹⁸ Other states have proposed or established statutes regulating facility inspection, facility licensing, accreditation, permits, reporting obligations, and medical record obligations, and banning tobacco product sales at all health clinics.¹⁸

Another relevant area of state policy for retail and urgent care clinics is scope of practice regulation for nurse practitioners and physician assistants. In addition to ongoing debates concerning the scope of practice for these professionals, state policymakers have proposed or established regulations on the level of physician supervision required at retail clinics. For example, Florida passed a state law that prohibits primary care physicians from supervising more than 1 office facility, and also limits to 4 the number of healthcare professionals a primary care physician is allowed to supervise.¹⁸

In addition to policies about scope of practice of professionals and facilities, there are many mech-

anisms that could improve access to care, particularly telemedicine and other innovative forms of direct primary care that may be on the horizon. All of these innovative modes of improved access to primary care, including the proliferation of retail and urgent care clinics, will compete for policymakers’ attention, and therefore will require careful study and planning. The Nebraska State Legislature approved a measure last year (LR 22) that will convene stakeholders to develop policy recommendations toward a transformation of Nebraska’s healthcare system.¹⁹ The intent of this resolution is to study state strategies that will improve Nebraskans’ access to healthcare, improve the quality of care provided, and lower the cost of care.

Regardless of where one stands in this debate, retail and urgent care clinics represent a change in the provision of healthcare. Patients are likely to continue to demand more convenient access to care: at locations embedded within their community, at times that do not require them to miss work such as weekends and after 5 p.m., and at affordable (or at least transparent) prices. Improved access after hours is especially important for patients who are employed but do not have paid leave. The demand for primary care will be magnified next year as more people gain health insurance coverage through the provisions of the Affordable Care Act and are in search of primary care services. State health policy has the potential to address these public demands for convenient and affordable care by identifying and supporting innovative changes in healthcare access.

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Conflict of Interest

None.

Disclaimer

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