Educating Healthcare Providers about Retail and Primary Care Clinic Collaboration

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

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Disclosures

I have no disclosures
Accreditation Statement

This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standard
You must always remember...

You are Braver than you believe,
Stronger than you seem,
and Smarter than you think.

-Christopher Robin
Learning Objectives

1. Describe the skills and training required of a retail clinician

2. Services offered by a RC, but not on the “menu”

3. Discuss laws of Limited Services Clinics relating to collaboration

4. Identify examples of collaborative care between retail clinics and primary care

5. Identify appropriate management of “special” retail clinic patients
Abbreviations

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

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

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

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

MUST BE:

- Board-certified

- Family Practice/Primary Care or both Adult and Pediatric certified

- Nurse Practitioner/Physician’s Assistant/Physician

- **NO** Adult/Geriatric/Pediatric/Acute Care certifications solo
# Where are Retail Clinics?

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<th>Walgreen’s Take Care Clinic</th>
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**The Little Clinic**

OH, KY, TN, AZ, GA, CO
About Retail Clinics (the positive)...

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

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

- $4.4 billion savings using RCs and UCCs versus the ED
- 13.7%–27.1% of ED visits could have been treated in RC or urgent care clinics
1. Retail “restrictions” are not as restrictive as we think
2. Providers seem uninformed in and out of retail
3. Lack of education=lack of use/”looking down” on each other=lack of collaboration
The evidence…..

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

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

- Education regarding retail clinics may enhance retail and primary care provider collaboration, which improves access to healthcare.
Who is a Primary Care Provider?

- A Nurse Practitioner
- A Physician’s Assistant
- A Physician

*With Family Practice/Primary Care Board Certification*
### Stunning Statistics

- 44% of all RC visits occur outside of PCP hours, therefore are meeting a need (Mehrotra & Lave, 2012).

- RCs have had exponential growth from 1.48 million in 2007 to 5.97 million in 2009 (Mehrotra, et al., 2012).

- 2013-CVS alone reports over 15 million
Sample “Menu” of Services

Get Well Services

- Acute Bronchitis/Cough
- Allergy and Sinus Symptoms
- Cold and Mouth Sores
- Earache
- Eye problems:
  - Pink-eye
  - Stye
  - Conjunctival abrasion
- Flu-like Symptoms
- Insect Bites and Stings
- Minor Burns and Sunburn
- Minor Skin Infections/Scratch/Windburn
- Minor Injuries:
  - Cuts/Scrapes
  - Animal Bites
  - Puncture wounds
  - Splinters
- Nasal congestion
- Sore and Swollen Throat
- Sprains and Strains
- Upper Respiratory Infection
- Urinary Infection
- Urinary Tract/Bladder Symptoms

Procedures

- Ear Wax Removal
- Suture Removal
- Wart Removal

Stay Well Services

- Basic Exams:
  - Physical Exam
  - School/College Physical
  - Sports/Camp Physical
- Screening/Monitoring:
  - Blood Pressure
  - Cholesterol
  - Glucose/Diabetes
  - Weight/BMI
- Testing:
  - Influenza (Flu)
  - Mono Spot
  - Pregnancy Test
  - Stress Test
  - TB/Chest X-ray
  - Urinalysis
- Vaccinations:
  - DTaP/IPV
  - Flu/Influenza
  - Meningococcal
  - Pneumococcal
  - Polio
  - Tetanus

CALL: 828-286-9438
157 FIrma Dr., Forest City, NC

The Clinic

Every Day.
Always Here for You.
What do they offer that’s not on the “menu”??

- Hypertension/Diabetes diagnosis and management
- Diagnostic ordering such as x-rays/lab
- Asthma diagnosis and management
- Outpatient-level treatment for conditions that qualify
- EKGs
- IM injections of medications (For example: PCN, Ceftriaxone, variety of steroids, Ketorolac, Diphenhydramine, Promethazine)
- Oral medications
  
  Depending on clinic and provider, may vary
What don’t RCs do?

- Prescribe narcotics
- Give chemotherapy
- Care for <18-month olds
- Manage rheumatoid arthritis
- Diagnose mental health conditions
- Treat sexually transmitted diseases
“Health care services provided by a clinic shall:

a. Be limited to conditions that may be safely and efficiently treated on an outpatient basis; and include assessment, diagnosis, treatment, or counseling concerning any of the following:…..”
“This administrative regulation shall not limit a clinic’s ability to:

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

Only CLIA-waived testing ONSITE
b. **Provide treatment, testing, screening or monitoring** for a patient **pursuant to a patient’s designated plan of care** or order from a practitioner other than the practitioner who is staffing the limited services clinic
c. Provide episodic treatment for an acute exacerbation of a chronic condition that does not rise to the level of an emergency
d. Make an initial diagnosis of a patient’s chronic illness and refer to an appropriate practitioner, where interim treatment, including the prescribing of medication, shall not exceed thirty (30) days unless further directed by the patient’s appropriate practitioner....
How can RC and PC collaborate?

- Electronic health records
- Phone conversations
- E-mail
- Tele-health
- Face-to-face meetings
- Through referral
- Work in each other’s clinics
- Expand hours/services
- Correlate pricing between RC and PC
Management of “special” patients

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

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


QUESTIONS

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Further references available upon request

THANK YOU