



The Patient Care Continuum

Retail clinics are seizing the opportunity to define continuity of care standards

By Michael Rubenstein

If you are among the skeptics waiting for convenience care clinics to slip up continuity of care, you may be in for an awfully long wait. Because many of these retail health providers function as satellite clinics specializing in acute episodic care for larger hospital systems or referring primary care physicians, much scrutiny has come from physician organizations and community health care groups to make certain they are communicating effectively with one another.

Rather than wait for some kind of response from the federal government as it relates to issues of quality of care and enhanced communication between patients and providers, the convenience care clinic industry and free enterprise have taken a more proactive approach to defining continuity of care standards. Convenience care

clinics are working closely with community physicians and surrounding health systems to apply a team approach to make certain patients' issues are being addressed.

Each of the major clinic operators have specific programs or plans in place that serve as a touch point to the medical community prior to their opening a new clinic in a given area. This lessens the chance that any sort of adversarial relationship might be created and promotes best practices.

"We really are collaborating with the medical community within these markets that we are going into," Christopher Kersey, RediClinic's chief business development officer and chief medical officer, told *Retail Clinician*. "We found that by proactively reaching out to the medical societies and the health care providers and just telling them that we're complimentary to them, it helps build a rapport."

Karen Bowling, chief executive officer from Solantic, feels that they differentiate themselves from other clinic operators by hiring physicians from the local commu-

nity who are already well-networked in the local community.

"We're members of the local medical society," Bowling explained. "We're members of the Florida hospital association. We call on the local physicians and let them know that we're opening up a center."

Setting the expectation for the medical community that convenience care clinics are an adjunct benefit to the patient and the surrounding medical practices is critical for this new health care business model to work efficiently.

"One of our criteria has been to locate centers where there is a need," Bowling said. "Need is based on the number of primary care providers, family physicians, pediatricians [and] internists, as well as areas where folks are seeing a lot of visits in the local emergency room. We have a full-time market research person who looks at the demographics and at how many providers per one thousand [in the] population. You can buy those lists or you can open up the yellow pages and map them."

RediClinic sees itself as an integral component of a patient's overall care. In many cases, it is a patient's first foray into the health care system.

"We're another node, if you will, to the network," Kersey said. "We will see patients [who] aren't going to a primary care physician yet because about half of our patients don't have a doctor, and then we will refer them on to a physician after we've provided them with episodic health care services."

Dan Burrow, co-founder of Curaquick, has a more down-home approach to spreading the word. "We are in some smaller markets," he explained. "The smaller the market, the more hands-on we can be."

Business is slower in Curaquick's markets at the onset because they are independent and do not have a larger health system feeding them. Therefore, it takes the fledgling clinics a bit longer to build up clientele. Currently, Curaquick operates nine clinics, including six in Iowa City and Sioux City, Iowa-area Hy-Vee supermarkets and three more in Pharm Discount Drug stores in Toledo and Oregon, Ohio, and plans to open several more locations with these retailers in the coming months, including a move into Nebraska.

"Our nurse practitioners usually have plenty of spare time on their hands when we first open," Burrow said. "We work with them and we research the community, finding out as much as we can about who is around us. We need to find out what health systems are there, what doctors are there, what specialists are there and then the nurse practitioner literally goes out to knock on doors."

Docs come full circle

Doctors, specialists and family care physicians who once derided the convenience care model now are embracing it. It is expanding their practices and allowing them to provide better care to more patients. The retail health provider is fast becoming a member of the health care team.

"I use it quite a bit as a supplement to my practice," said Dr. Wesley Mills of First Care Family Practice, a referring physician in Florida who works closely with Solantic Centers. "My office is not open in the late evenings or on the weekends and I'll tell my patients that they may have a possible urinary tract infection or a sore



The convenient care clinic industry and the private sector are taking a proactive approach to defining continuity of care standards.

throat or something that can allow them to be evaluated before I see them in my office. I tell them to go to Solantic before they come to see me or before they go to the emergency room."

Physicians and health systems are just starting to recognize the benefit that these retail health providers bring to their practice and the surrounding communities. Retail health providers often diagnose chronic illness for patients who did not know they had an issue and were previously without a primary care physician. Some of these patients are insured and some are not. Either way, with Type-2 diabetes on the rise and not enough education being provided to people, the chronic illness diagnostic services retail health providers offer has proven critical.

"It's a very relevant topic," Kersey described. "The numbers out there read from \$50 billion to \$100 billion of health care costs annually in America are attributable to diabetes or diabetes-related symptoms. It is just a huge problem. Texas, particularly, has a higher diabetic

rate than other states." RediClinic operates eight clinics in Houston, Austin and San Antonio in HEB stores.

Many of these people afflicted with chronic illness are not being diagnosed because it is not convenient for them to make an appointment with a doctor, or their symptoms are put aside because they have been otherwise healthy and without a primary care physician for so long. Even though some of these individuals have been insured, because of scheduling issues or seemingly more important priorities, they have decided not to address their health and wellness issues. However, if a convenience care clinic is located directly where they shop and they can simply walk-in as though they were getting a haircut, the situation becomes more manageable.

"There was a gentleman who recently came into our RediClinic in San Antonio," noted Kersey. "He had had multiple episodes of really high blood glucose levels. When he came in he was sweating. He

CONTINUED ON PAGE 18

CONTINUED FROM PAGE 17

was nauseous. It was a typical symptom presentation for somebody in diabetic ketoacidosis. Who knows where that episode would have taken him? We got that lab result back to him. We referred him to a doctor. We got the lab result to a physician that the patient would otherwise not have gone to. And now he has a physician to take care of this issue before it becomes fulminant and before there were multiple hospital admissions. We probably did save a lot of money in hospital admissions and our \$100 or \$120 visit, plus the labs, is a huge decrease in overall utilization for our health care system. So, multiply that out by a million and you can see how much of an opportunity our business represents in relation to just diabetes.”

As the industry gets stronger and stronger and the convenience care model begins to take hold, there may be a place for these retail health providers to play a role in assisting with chronic care and disease state management. Convenience care clinic operators recognize the necessity of providing timely and meaningful feedback to patients managing chronic conditions. Through early intervention and supportive counseling, clinical and financial outcomes may be improved while fostering the patient engagement in the management of their own health concerns. If this became an accepted practice in the medical community, it might open up another valuable service offering within the convenience care clinic model. It is possible that the retail health provider may one day serve as the liaison between patients’ primary care physicians and patients’ management of their chronic illness.

During a breakout session at the Consumer-Centric Healthcare Congress in Washington, D.C., in November, there was quite a bit of focus on the direction convenience care clinics are taking.

Peter Miller, CEO of Take Care Health Systems, said about the industry, “Speaking about the question of disease management and other offerings, there is clearly a market need and a huge need amongst the diabetic and obese population. Our challenge is doing it in a way that truly is patient-first. The standards around integration are much higher for those patients, so it’s not enough to say, ‘I am going to fax a record. I am going to do what I can.’ There has to be true integration in that patient’s

care. We’re going to do it, but we’re going to do it right in concert with other providers in the marketplace because it is so critical to patient care.”

Miller added that Take Care Health is heeding the advice of one of its leading board members, as it relates to playing a heightened role in chronic care. “Go where the market takes you relative to the offering,” Miller noted.

Burow agrees. “I think that, over time, we can get into some chronic disease management.”

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Rose Higgins, president of iMetrikus, a pioneering interactive health management and remote monitoring vendor, believes that time may have arrived already. The number of individuals being diagnosed with chronic conditions increases daily, she noted.

“Patients with chronic conditions can benefit from the support of retail health providers and community pharmacists who are in an ideal position to counsel the individual on the importance of compliance to all aspects of their treatment plan, including lifestyle management as well as medication management,” she said. “We need to leverage all of the assets available to us to help improve the health of our communities.”

Several of the clinic providers have banded together and formed a trade organization for the industry. The Convenient

Care Association (CCA), which now includes 17 member organizations, debuted in November. Core to CCA’s mission is standardizing the level of care throughout the convenient care industry and ensuring that all retail health providers, primary care providers and health systems are communicating with one another for the benefit of the patient.

“Convenient care clinics are connectors between the hospital systems and the primary care system,” explained Tine Hansen-Turton, executive director for the Convenience Care Association. Hansen-Turton, who is also a vice president at Philadelphia Health Management Corporation, added, “America has never had that before. ... We haven’t had anything that has served as a bridge between the primary care provider and the hospital. It’s a wonderful way to connect care and encourage continuity of care.”

The American Academy of Family Physicians has partnered with industry leaders to help establish continuity of care policy.

Certainly, technology will play a key factor in connecting providers throughout the health care continuum. Given the convenience care provider’s role facilitating chronic health diagnoses and providing acute episodic care day to day, nurse practitioners and physician assistants serve as conduits between patients and primary care physicians. Technology becomes the central hub of communication between various health care providers.

One company, Raintree Systems of Temecula, California, a leading practice management and electronic medical record technology supplier in the retail health provider space, has applied an existing technology to develop a new solution for connecting retail clinics, primary care physicians, specialists and health systems.

“We’ve been able to leverage existing strategies and technologies that Raintree had developed in other industries—specifically, radiology—where there was a very intense requirement to immediately communicate back to the referring physician their radiological report,” explained Richard Welty, CEO of Raintree Systems. “We were able to harness this same technology and apply it to the retail health industry.” ●

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