Dermatology at the Discount Store

During a recent shopping trip to my local supermarket, I was surprised to see a walk-in medical clinic in the store. The clinic was staffed by a professional-looking woman in a long white coat. She was a nurse practitioner, diagnosing common ailments, prescribing medications, and providing medical advice. This particular supermarket chain recently announced that it will give away a 2-week supply of 7 common generic antibiotics for free. Many large discount chains are doing the same. I started to wonder: why have supermarkets gained such an interest in medical care, and what does this mean for dermatologists?

Large discount chains, such as Wal-Mart and Target, offer inexpensive medical care from nurse practitioners. Wal-Mart now has walk-in clinics staffed with nurse practitioners who charge a flat fee of $45. Wal-Mart is in the business of making money for its owners and stock holders; therefore, if customers receive prescriptions from one of these medical clinics and wait in the store for them to be filled, Wal-Mart is providing more opportunities for these customers to shop and buy its products. I imagine these nurse practitioners will see patients with common ailments, such as a sore throat or a rash, and may end up treating quite a number of dermatologic conditions previously diagnosed and managed by physicians. If this continues, a significant portion of routine medical dermatologic care may shift away from physicians to nurse practitioners in discount stores.

Current estimates suggest that there are more than 45 million Americans without health care.[1] It must seem very enticing to legislators that discount chain stores are willing to offer relatively cheap health care, thus alleviating some of the problem. It is likely that legislators will allow nurses to expand their scope of practice since nurses cost less to staff than doctors, especially in discount stores that do not mind using these clinics as a loss leader to drive consumer spending. Some might suggest that there is a conflict of interest when the owner of a prescription-writing medical clinic is also the owner of the pharmacy filling those prescriptions, but apparently that has not been a concern with the large stores.

Since these discount clinics are offering treatment for rashes and sore throats, how much of a leap would it be for them to offer botulinum toxin type A and fillers? Given their volume, if a large discount chain offered discount botulinum toxin type A, it could make a very small profit on each patient and still come out ahead.

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Furthermore, one could easily imagine a large discount chain becoming the largest purchaser of botulinum toxin type A in the country. I imagine these types of stores would demand a discount from the manufacturer, which would allow the chains to sell the injections for even less. It is possible that in the future a significant portion of cosmetic dermatologic care will be provided in discount stores. Who knows, dermatologists may one day find themselves in aisle 7 of the supermarket.

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Reference

1. ASPE Issue Brief. Overview of the uninsured in the United States: an analysis of the 2005 current population survey. Available at: http://aspe.hhs.gov/health/reports/05/uninsured-cps/. Accessed August 17, 2007.