Retail Health Clinics' Care Passes Limited Test

BY ALICIA AULT

Retail clinics appear to offer cost-effective, high-quality care, at least for three common conditions: urinary tract infections, otitis media, and pharyngitis, according to a recent study.

For insured patients, the cost of caring for these three illnesses was 30%-40% less at retail clinics than in physician offices and urgent care centers, and a whopping 80% less than in emergency departments, according to researchers at the RAND Corp., the University of Pittsburgh, and HealthPartners Research Foundation of Minneapolis.

Care cost less at the retail clinics because they are reimbursed at a lower rate for evaluation and management and they order fewer tests and imaging studies, the authors wrote (Ann. Intern. Med. 2009;151:321-9). They analyzed claims data from enrollees at HealthPartners, a Minneapolis-based health plan that covers care at retail clinics.

The study showed "that patients can feel safe in going to these retail health clinics for fairly limited, minor problems," Dr. Ted Epperly, president of the American Academy of Family Physicians, said in an interview. But the analysis did not show that retail clinics are appropriate for older patients who may have more complex problems and a host of comorbidities, he said.

The study predominately covered enrollees who were aged 2-44 years, with a small percentage aged 45-64. There were only three enrollees over age 65 in the database. The authors compared the cost and quality of care and delivery of services for the three acute conditions in retail clinics with the cost and quality of care received in physician offices, urgent care centers, and emergency departments.

Dr. Yul D. Ejnes, a member of the American College of Physicians' board of regents and chair of the ACP's medical service committee, said he wasn't surprised by the findings for this population and for these three conditions.

But he said he did not think the findings would translate to older patients or even similar age groups at retail clinics elsewhere in the United States. Retail clinics began in Minnesota and are well-established there, according to the study authors.

The study is reassuring, Dr. Ejnes said in an interview, but "I don't think it puts

STATEMENT OF OWNERSHIP, MANAGEMENT and CIRCULATION (Required by 39 U.S.C. 3685). 1. Publication title: OB. GYN NEWS. 2. Publication No. 0029-7437. 3. Filing date: October 01, 2009. 4. Issue frequency: Monthly. 5. No. of issues published annually: 14. 6. Annual subscription price: $103.00. 7. Complete mailing address of known office of publication: International Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 8. Complete mailing address of headquarters or general business office of publisher: International Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 9. Full names and complete mailing addresses of Publisher, Editor, and Managing Editor: President, Alan J. Imhoff, IMNG, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960, Editor, Mary Jo M. Dales, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, Managing Editor, Catherine Cooper Nellist, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852. 10. Owner: Elsevier Inc., 360 Park Ave. South, New York, NY 10010. 11. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None. 12. Tax Status: Not applicable. 13. Publication title: OB. GYN NEWS. 14. Issue date for circulation data below: September 2009. 15. Extent and nature of circulation; Average no. copies each issue during preceding 12 months. a. Total number of copies: 38,146. b. Legitimate paid and/or requested distribution. (1) Individual Paid/Requested Mail subscriptions stated on PS Form 3541: 19,148. (2) Copies requested by employers for distribution to employees by name or position stated on PS Form 3541: 170. (3) Sales through dealers and carriers, street vendors, counter sales, and other paid distribution outside USPS: 0. (4) Requested copies distributed by other mail classes through the USPS: 98. c. Total paid and/or requested circulation: 19,416. d. Nonrequested distribution. (1) Nonrequested mail subscriptions stated on PS Form 3541: 18,689. (2) Nonrequested copies distributed through the USPS by other classes of mail: 0. (3) Nonrequested copies distributed outside the mail: 12. e. Total nonrequested distribution: 18,701. f. Total distribution: 38,117. g. Copies not distributed: 199. h. Total: 38,317. i. Percent paid and/or requested circulation: 50.94%. No. copies of single issue published nearest to filing date. a. Total numbers of copies: 37,504. b. Legitimate paid and/or requested distribution. (1) Individual Paid/requested mail subscriptions stated PS Form 3541: 17,487. (2) Copies requested by employers for distribution to employees by name or position stated on PS Form 3541: 253. (3) Sales through dealers and carriers, street vendors, counter sales, and other paid distribution outside USPS: 0. (4) Requested copies distributed by other mail classes through the USPS: 133. c. Total paid and/or requested circulation: 17,873. d. Nonrequested distribution (1) Nonrequested mail subscriptions stated on PS Form 3541: 19,481. (2) Nonrequested copies distributed through the USPS by other classes of mail: 0. (3) Nonrequested copies distributed outside the mail: 0. e. Total nonrequested distribution: 19,481. f. Total distribution: 37,354. g. Copies not distributed: 150. h. Total: 37,504. i. Percent paid and/or requested circulation: 47.66%. 16. Publication of Statement of Ownership for a requestor publication is required and will be printed in the November 2009 issue of this publication. 17. Signature and title of Editor, Publisher, Business Manager, or Owner: Alan J. Imhoff, President, IMNG.

to rest the other issues and concerns."

One concern is that the retail clinics may usurp or interrupt a patient's relationship with his or her primary care physician. Both Dr. Ejnes and Dr. Epperly said that an acute care visit for a UTI, for example, provides an occasion for the physician to delve into other health issues, including chronic conditions. That would not occur at a retail clinic, they said.

Lead author Dr. Ateev Mehrotra of the University of Pittsburgh said the potential for undermining the patient's relationship with the primary care physician is a valid concern. He hopes to look at this aspect of retail clinics in future studies, Dr. Mehrotra said in an interview.

For this study, the costs were calculated by aggregating claims into episodes of care. Episodes were categorized according to where the first visit occurred. Retail clinic episodes were matched with episodes in the other settings. Overall, there were 15,170 episodes of care, with 2,100 occurring in retail settings, 6,211 in physician offices, 5,880 in urgent care centers, and 979 in emergency departments. The cost included the health plan reimbursement plus copayments.

To measure quality, the researchers created 14 indicators, derived from various sources. Aggregate quality scores were calculated by dividing all instances in which recommended care was delivered by the number of times patients were eligible to receive care in each setting.

The authors found that women and high-income individuals accounted for the greatest number of retail clinic episodes.

The cost of care was "substantially" lower in retail clinics, at $110, compared with $166 in a physician's office, $156 in an urgent care center, and $570 in an emergency department. Total costs over 12 months were $1,236 for the retail clinic, $1,435 for the physician office, and $2,157 for the emergency department. The largest portion of the cost was for evaluation and management. Follow-up visits were similar across settings. Lab and imaging costs were lower in retail clinics, primarily because they weren't ordered as often.

Of the total 15,170 episodes, there were only 11 hospitalizations; two of the hospitalized patients had first gone to a retail clinic.

The quality scores were almost the same for retail clinics, physician offices, and urgent care centers, with clinics meeting 63% of the measures, physicians 61%, and urgent care centers 63%. Aggregate quality scores were lower for emergency departments, at 55%.

Dr. Mehrotra acknowledged that the study had many limitations, including that the patients who were randomly selected happened to be healthier than the average HealthPartners enrollee. Also, there are no data indicating that the cost and quality findings for these conditions are true for other conditions. But Dr. Mehrotra said he had no reason to believe that the data could not be extrapolated to other simple, acute conditions.

The study was funded by the California HealthCare Foundation, an independent philanthropic organization. Dr. Mehrotra's research is also supported by a National Institutes of Health career development grant. ■

INDEX OF ADVERTISERS