



What About Retail Health?



There is plenty of posturing going on within organized medicine with regard to the “retail health” revolution. Concerns have been raised regarding continuity of care, the “corporatization” of medicine, kickbacks to pharmacies, and the quality of care provided by nurse practitioners and physician assistants.

American Academy of Family Physicians, the American Medical Association, and the American Academy of Pediatrics have all chimed in. Only the AAP has come out consistently opposed to the idea on all grounds. The AMA and AAFP, while suggesting “guidelines” for retail health, do not clearly object to or support the idea.

In my role as president of the Urgent Care Association of America, I have been asked by many of you to represent the position of “Urgent Care Medicine” on the subject and to comment on how retail health changes the competitive climate for urgent care. Tall order, but here goes:

■ *Is urgent care concerned about quality in retail health?*

Yes. We are concerned about the quality of care delivered at all levels, including care delivered by urgent care physicians, nurse practitioners, and physician assistants. It should be noted that more than half of urgent care centers employ midlevel providers, and these practitioners have become a critical part of our practice landscape. I support improving the training of practitioners in both retail health and urgent care to ensure competency across the spectrum of services offered.

■ *Is there concern over the corporatization of medicine with the retail model? Is urgent care really all that different?*

This one is tricky, because, while retail health is clearly a corporate model, urgent care is really a mixed model. On the one hand, we are a physician-run model of care and ownership. However, corporate interest in urgent care is growing and plenty of venture capital beginning to flow. Some of you find this investment a “just reward” for building your networks of well-managed, profitable centers. Others feel they will be squeezed out by big corporate players with the ability to flood markets.

■ *Should the potential for “kickbacks” to pharmacies be scrutinized?*

Yes! This one’s easy. We all have to play by this rule; so should pharmacies.

■ *Is retail health a competitive industry for urgent care?*

The obvious answer is yes. It is tempting for some to react to this competition with blanket criticism and fear-mongering about quality and safety. Smear campaigns have absolutely no effect in a free market that is already skeptical of the medical establishment. Retail health’s success will be driven by public demand and perception of care, not scare tactics by “big brother.”

■ *So, how do we compete?*

We show the customer that we do it better.

There already exists a physician-run model of ‘convenient care’ that far exceeds the capacity and scope of retail health clinics: urgent care medicine. There are an estimated 15,000 urgent care centers nationwide, far more than the 400 or so retail clinics. The scope of services offered is significantly broader, allowing the practitioner to provide more comprehensive illness and injury care usually without the need for referral to an emergency room or other facility. Wait times are comparable to retail clinics, and patient satisfaction high. With so much discussion about low cost, convenient alternatives to the emergency room, we should not ignore the important role already being played by our nation’s urgent care centers.

UCAOA will continue to work hard to highlight the urgent care model and its contributions at the local, national, and international level. We hope you will join us in that effort to reinforce the message. Send a letter to the editor or an opinion piece to your local paper.

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