



## Mayor, Tear Down This Wall

### Why Boston's Ban on Convenient Care Clinics Is Costing Taxpayers Millions

by Josh Archambault and Lucy Hicks

#### Introduction

As convenient care clinics (also known as walk-in clinics or limited service clinics) grow in popularity across the nation, Boston remains empty of these clinics due to mayoral opposition. Convenient care clinics, a relatively new development in the world of health care, first emerged just 12 years ago. Since their establishment, these smaller clinics have spread rapidly throughout the United States, largely due to their convenient locations and hours. Convenient care clinics are defined as small health care clinics located in retail environments. They serve as lower-cost and quick-fix solutions to common minor illnesses and conditions, such as ear infections, bronchitis, congestion, and allergy symptoms. Nurse Practitioners often staff these walk-in clinics, which lowers the cost of care per visit when compared to a visit to a physician's office or the emergency room. Each clinic is supervised by one or multiple physicians, depending on the size of the clinic and the specific regulations from the state. Typically, these clinics are open for more hours per week than an average primary care practice and often operate during off-hours as well as weekends.<sup>1</sup> The wait times for these clinics are also much shorter; a patient with no appointment is generally seen within fifteen to twenty minutes.<sup>2</sup>

MinuteClinic, acquired by CVS in 2006, is the most successful of these clinics.<sup>3</sup> Other popular clinics include Walgreens' Healthcare Clinic, Kroger's The Little Clinic, and HEB's RediClinic.<sup>3</sup> MinuteClinic is currently the only form of these walk-in clinics that can be found in Massachusetts, specifically in the suburbs outside of Boston and scattered throughout the eastern part of the state.

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Recent state legislation, Chapter 224 of the Acts of 2012, provides an opportunity for the city to reexamine its relationship with walk-in clinics as the regulations on the clinics themselves as well as scope of practice rules are being reexamined.

The next mayor of Boston should enable the development of clinics that will better serve the 30% of the city's population on Medicaid. Currently taxpayers are subsidizing higher-cost care, often in the emergency room, for Medicaid patients due to the current administration's opposition to walk-in clinics. In addition, walk-in clinics can provide lower-cost care for all residents who live in the city and the hundreds of thousands who work in the city, and the city could reap the benefit of an increase in its tax base.

### **National Growth of Clinics**

The convenience and lower cost of walk-in clinics have driven a national expansion. The number of clinics in the United States grew from approximately 200 in 2006 to over 1,300 in 2012.<sup>4</sup> Growth across the nation is disproportionate, however, with most convenient care clinics present in just five states: Florida, California, Texas, Minnesota, and Illinois.<sup>5</sup> Experts predict that the number of these clinics will continue to grow over the next couple of years, accelerated by the anticipated increase in costs due to health care policy changes. Accenture research predicts that this sector could grow by 25-30% a year, reaching 2,800 total clinics by 2015.<sup>6</sup>

### **Growth of Convenient Care Clinics in Massachusetts Slowed by Regulation and Politics**

As mentioned, not every state has experienced this rapid expansion. Other states, including Massachusetts, have seen slow and even stagnant growth. Massachusetts' government first allowed these convenient care clinics into the state in early 2008 after passing restrictive legislation governing the scope of procedures performed, the extent of physician oversight, and communication between the clinics and patients' primary care providers. While

medical staff in other states' walk-in clinics can perform yearly physicals and treat a variety of minor illnesses and conditions, clinics in Massachusetts have been more limited in the services they can provide.

Beyond the regulations imposed by the state, these clinics have faced substantial political opposition from Boston's retiring Mayor, Thomas Menino, who believes that these in-store clinics would negatively affect the health care system in Boston. "Limited service medical clinics run by merchants in for-profits corporations will seriously compromise quality of care and hygiene," he said in a statement to *The Boston Globe* in 2008. "Allowing retailers to make money off sick people is wrong."<sup>7</sup> Consequently, no convenient care clinics exist directly in Boston, resulting in a ring of clinics near the city line.

These convenient care clinics still avoid the Boston city limits, even as Massachusetts experiences a further increase in the number of visits to emergency rooms and the cost of each visit. A government study found that the total cost of outpatient emergency department visits in Massachusetts had increased 35.6% between 2006 and 2010. During the same time period, the total number of outpatient emergency department visits increased by a total of 6%.<sup>8</sup> Interestingly, nearly half of visits to emergency departments in the Commonwealth are classified as "preventable" or "avoidable," and nearly 63% of those preventable visits occur during off-hours or the weekend, when physicians' offices are normally closed.<sup>9</sup> A Massachusetts Division of Health Care and Finance Policy report suggested that expanding accessibility of primary care services could help reduce the total number of non-emergent emergency department visits and streamline the emergency care delivery system. Additional evidence suggests that alternative health care sites, such as convenient care clinics, could help alleviate the burden on emergency departments and decrease total hospital spending.<sup>10</sup>

## **Potential Benefits and Concerns of Clinics**

Since their emergence, convenient care clinics have received both praise and criticism. Supporters view these clinics as a market-based solution to increasing health care prices and wait times. A 2010 article in the *American Journal of Medical Quality* stated that with increasing budgeting concerns from hospitals as well as other public health facilities, these clinics “may offer a market-based solution to provide health care at a price that is sensitive to patients’ willingness and ability to pay.”<sup>11</sup> Supporters argue that the nurse practitioners are well-trained in the conditions that they treat and will refer a patient to a physician if his or her needs exceed the resources of the clinic.<sup>12</sup>

Although universally considered a less-expensive health care option, some physicians believe these clinics will interfere with the continuity and quality of primary care. In 2007 testimony, Dr. Bruce Auerbach, President of the Massachusetts Medical Society, stated, “[Care] provided by limited service clinics for acute and episodic visits for minor problems will not solve the problem of the shortage of primary care providers and will not contribute to the comprehensive longitudinal care that patients require.”<sup>13</sup> There are also concerns that health providers at these clinics (mainly NPs) may overlook certain symptoms and misdiagnose conditions that physicians could have identified with their additional training.

Generally, most study findings shed a positive light on these newly emerging clinics. In a RAND quality of care survey in 2009, convenient care clinics received an almost identical quality score to physicians’ offices and urgent care centers, and scored significantly above emergency departments.<sup>14</sup> Patient satisfaction ratings regardless of company affiliation are consistently above 90 percent.<sup>15</sup> These positive reviews are coupled with lower costs for care when compared to emergency care centers and physicians’ offices, which helps the uninsured and lower-income families gain access to more affordable care in an efficient manner. On average, a non-emergency outpatient visit to an emergency department in

Massachusetts costs \$474,<sup>16</sup> while an average illness visit to a primary care physician in Massachusetts costs over \$150.<sup>17</sup> In contrast, a MinuteClinic visit costs an average of \$84.<sup>18</sup>

Introducing more walk-in clinics would also increase cost-effective access to the city’s health care system. Although Massachusetts has the largest doctor per capita ratio in the United States,<sup>19</sup> it suffers a primary care shortage. Many practices are closed to new patients, which increases wait times for individuals seeking a new primary care physician. In Suffolk County, only half of family practice physicians are accepting new patients, with a 23-day average wait time for a first appointment. The situation is similar in both pediatrics and internal medicine: 62% of pediatricians and 35% of internists in Suffolk County are accepting new patients, and the average wait for a first appointment is 29 and 64 days, respectively.<sup>20</sup> With an average outpatient emergency department visit lasting about 3 hours in a Boston hospital,<sup>21</sup> convenient care clinics offer fast and efficient care that many Boston residents might not have access to otherwise.

These impressive facts form supporters’ principal arguments for the expansion of convenient care clinics, but medical practitioners as well as legislators caution the public on these clinics’ developing role in the country’s medical field. One of the main concerns of the medical community is that increased use of these clinics will fragment care. Although these “limited service clinics” in Massachusetts are required to fax a record of the clinic visit to the patient’s primary care physician with the patient’s consent, different electronic medical record systems are not necessarily compatible. Additionally, physicians fear that these clinics would deter patients from seeking out a primary care physician if their acute medical needs are already being met elsewhere.

Some studies have shown evidence that supports these claims. A Minnesota study found that 54.5% of clinic users made no visit to their primary care providers during the year, while 31% of non-users failed to visit their primary care provider that same year.<sup>22</sup> A study published in the *Journal of Internal*

Medicine also found that patients who sought treatment for an acute condition (a.k.a. first contact care) at a convenient care clinic were less likely to see a primary care physician for similar conditions and continuity of care in the future. Additionally, the study found a relative reduction (9.2%) in patients seeing their primary care provider one or more times after visiting a retail clinic.<sup>23</sup>

**Addressing Concerns**

Although there are concerns that these convenient care clinics may disrupt care, one JAMA Pediatrics study suggested that both primary care and walk-in clinics can exist in a patient’s routine care. It found that about 1 in 4 parents with an established pediatrician took their children to convenient care clinics for minor injuries or health problems. 74% of parents surveyed who utilized convenient care clinics originally considered seeking out their pediatrician for care. Ultimately, 37% of parents surveyed decided on the walk-in clinics due to convenience.<sup>24</sup>

Medical societies such as the American Academy of Pediatrics continue to oppose these clinics on the grounds that they may interfere with a patient’s “medical home” – a team-based comprehensive and coordinated approach to primary care; however, partnerships between these clinics and hospitals, such as Cleveland Clinics affiliation with MinuteClinic in Ohio, could help expand a patient’s medical home and streamline care, allowing doctors to easily obtain medical records from the convenient care clinic visits.<sup>25</sup> Streamlining electronic records could also allow affiliated walk-in clinics to access medical history and avoid possible miscommunication and misdiagnosis. Massachusetts has already implemented legislation that requires all limited service clinics, with the patient’s consent, to provide the patient’s primary care physician with a record of the clinic visit.

Not all complaints, however, can be assuaged by better communication between these clinics and primary care providers. Additional concerns arise from conflicts of interest: these clinics could overprescribe medications and those medicines can easily be filled at the host store’s pharmacy. In

fact, four out of five convenient care clinic users fill their prescriptions at the same pharmacy where the clinic is located, although users are notified that they can fill prescriptions elsewhere if they choose.<sup>26,27</sup> In general, however, a RAND study found that total prescription rates for antibiotics at retail clinics are similar to those of medical offices and emergency rooms.<sup>28</sup>

**Boston Should Promote Clinics for All**

The introduction of convenient care clinics into Boston would be a practical and cost-saving initiative for the city. It could potentially limit the number of avoidable emergency department (ED) visits as well as provide a means for primary care for those who do not readily have access. One of these populations is residents enrolled in Medicaid and MassHealth. In FY2010 the state reported that there were 1,178,065 preventable/avoidable ED visits in the state. Patients on Medicaid accounted for 32% of those visits (376,981). On average, a non-complicated visit to the ED costs \$390 more when compared to a visit to a convenient care clinic; the potential savings for the state budget are large if more patients seek care first at a walk-in clinic.

**Table 1: Potential Statewide Medicaid Savings if Preventable/Avoidable ED Visits Are Reduced**

	<b>1-Yr Savings</b>	<b>10-Yr Savings</b>
25% Diversion Rate	\$36,755,648	\$367,556,476
50% Diversion Rate	\$73,511,295	\$735,112,950
75% Diversion Rate	\$110,266,943	\$1,102,669,425

Roughly 14% (186,923) of the Massachusetts Medicaid population lives in Boston. If one assumes those in Boston also show up at the ED at the same rate as those on Medicaid in the rest of the state, then the policy choices of the city of Boston are costing state taxpayers millions a year in extra health care costs.<sup>29</sup>

RAND health reports higher potential savings with their predictions for utilization of walk-in clinics for the entire state. They estimate that the growth

of convenient care clinics alone could save up to \$6 billion in Massachusetts between 2010 and 2020.<sup>30</sup>

**Table 2: Potential Taxpayer Money Saved on Medicaid Patients if There Were Convenient Care Clinics in Boston**

	1-Yr Savings	10-Yr Savings
25% Diversion Rate	\$5,145,757	\$10,291,515
50% Diversion Rate	\$10,291,515	\$102,915,150
75% Diversion Rate	\$15,437,273	\$154,372,725

It is important to note, however, that not all forecasts are this positive. Less optimistic estimates forecast no savings from increasing use of convenient care clinics, assuming the clinics do not succeed as a business model. Though the walk-in clinic business may have appeared somewhat stagnant when the report was created in 2010, data now suggests that the industry continues to grow rapidly. Even with continued expansion, however, a 2008 Minnesota study found that even though convenient care clinics had lower overall out-of-pocket costs for patients in a three-year period from 2003-2006, they failed to curtail increasing health costs.<sup>31</sup> This study was conducted before CVS bought MinuteClinic, and the authors themselves call for further research and longer study times to fully understand the impact of convenient care clinics on national health care cost trends.

Additionally, recent research from the RWJF Scholars program shows that the uninsured and those on Medicaid may prefer hospital visits to preventative care at doctors’ offices or clinics. They emphasized the importance of no appointments, no co-pay, and more aggressive manner of treatment as primary motivators for this preference.<sup>32</sup> While minute clinics also require no appointments, these walk-in clinics generally require insurance co-pays. One insurance company, blue cross blue shield of Minnesota, addressed this concern by waiving co-pays for visits to convenient care clinics, controlling health care costs for both members and employers.<sup>33</sup> This could incentivize members to seek more care

at these walk-in clinics, and draw traffic away from emergency rooms.

There is also an issue with the location of these walk-in clinics. Studies have shown that convenient care clinics tend to be in higher-income areas or are utilized by families with higher incomes.<sup>34,35</sup> A 2013 Kalorama survey found that 59% of surveyed convenient care clinic users reported an annual income above \$50,000. 41% of users reported an income below \$50,000 and just 16% of clinic users reported an income under \$25,000.<sup>36</sup> In order for lower-income families and Medicaid patients to utilize these clinics, expansion into lower-income neighbors, such as those in the Greater Boston Area, could facilitate predicted positive trends in the next five years.

### **Changing Legislation for Limited Service Clinics**

The main opposition to allowing these “limited service clinics” (LSCs) in Boston cannot be ascribed to demand for further research but rather to strong opposition from retiring Boston Mayor Thomas Menino and stiff regulation of the clinics. Massachusetts is the only state that has implemented regulations to explicitly fit convenient care clinics or limited service clinics into the state’s health care delivery system. When the clinics were first allowed in Massachusetts in 2008, legislation addressed potential fragmentation of care and limited the scope of services available at these clinics. For example, clinics were not permitted to administer vaccinations beyond the flu vaccine to children, treat infants under 24 months, conduct physicals, or monitor chronic health conditions. In fact, legislation required that LSCs discourage multiple visits per one individual by referring to open primary care practices. Legislation also required that a clinic provide an extensive list of all the treatments and services it will provide on its licensing application.<sup>37</sup>

More recent legislation (Chapter 224 of the Acts of 2012), however, may open more doors for convenient care clinics in Massachusetts. Amendments to the original limited service clinic regulations (150 CMR

140,000) allow nurse practitioners to practice within the scope of their license. The legislation states that the nurse practitioner's scope of practice consists of "diagnosis, treatment, management and monitoring of acute and chronic disease, wellness and preventive services."<sup>38</sup> Conducting physical exams and providing health-management care, services already provided at MinuteClinics in other states, also falls under the scope of practice of a nurse practitioner. The amendments also allow for point-of-care testing, which allows for the analysis of clinical tests results (i.e., blood glucose, urine strip) on site. In terms of licensure, the amendments stipulate that clinics must provide a description of the type of services offered in a license application, rather than a list of specific procedures offered at the clinic.<sup>39</sup>

These revisions in health care law bring the state closer to similar standards found in other states' regulation. For instance, Florida, which has the most convenient care clinics in the country, allows clinics such as CVS's MinuteClinic to conduct routine physicals, oversee weight loss programs, and diagnose and treat more complicated medical conditions such as urinary tract infections. Florida's MinuteClinics advertise treatments for over 38 medical conditions and illnesses, while Massachusetts' clinics lagged behind with only 23 authorized procedures.<sup>40</sup> Additionally, Florida does not tailor specific legislation to regulate convenient care clinics, but rather licenses these clinics as any other health care facility. Although physicians still must oversee these clinics, a nurse practitioner can own their own practice.

Other states have implemented more innovative legislation that helps promote growth of convenient care clinics. For example, Illinois and New Jersey loosened physician oversight of nurse practitioners and physician assistants, therefore lowering the expenses of running these clinics. Other states have eliminated physician oversight completely: eighteen states currently allow for nurse practitioners' "full practice," which includes independence from physician oversight and exclusive licensure authority of the state board of nursing.<sup>41</sup> There are an array of options, from loosening physician oversight to allowing for out-of-state physician oversight to that

would allow for national companies with walk-in clinics to more easily move into Massachusetts and Boston.

## **Opposition to New Regulations**

In Massachusetts, the newer legislation has been met with strong opposition from incumbent health care providers in the state. Physician groups such as the Massachusetts Medical Society, American Academy of Pediatrics, and the Massachusetts Academy of Family Physicians have already testified against the loosening of regulations on these limited service clinics. The MMS, for example, claims in its July 23 written testimony that the changes in current limited service clinics "appear to envision access to care in a manner inconsistent with the goals of increased efficiency, accountable care, patient-centered medical homes, and team-based comprehensive preventive services which were the main goals of Chapter 224."<sup>42</sup> Pioneer Institute joined leaders from Associated Industries of Massachusetts, National Federation of Independent Businesses, and the Retailers Association of Massachusetts in submitting testimony to support the proposed regulations to allow more flexibility at walk in clinics.

The same physician and medical groups were cautious in 2008 when Massachusetts first passed legislation that allowed walk-in clinics like CVS's MinuteClinic to open in the state. Doctors understood the appeal of shorter wait times as well as the need to de-crowd emergency departments with non-urgent conditions, but some doctors cautioned against the use of the phrase "non-urgent." "They [convenient care clinics] are not staffed by physicians; they are staffed by nurse practitioners, so it's for people who have non-urgent conditions—but how do they know they have non-urgent conditions?" asked Leonard Morse in an interview with Modernphysician.com. "It's like the definition of 'minor surgery' is surgery done on someone else. It's hard for me to categorize patients going to a MinuteClinic as having non-urgent conditions because no patient should be considered casually."<sup>43</sup>

Policymakers, conversely, support the expansion of these clinics. They believe that these clinics

provide the opportunity to increase access to health care and complement primary care by a physician. “The bottom line is that retail medical clinics provide quality medical care at a reasonable cost with the potential to increase access to basic health services in underserved populations,” wrote Kristen E Schleiter, J.D., LL.M in a paper on medical convenient care clinics.<sup>44</sup> Nurse practitioners also rally behind the convenient care clinic movement. The American Nurses Association (ANA) and the American Academy of Nurse Practitioners (AANP) see convenient care clinics as an opportunity for nurse practitioners to play an important role in the development of walk-in clinics as a health care option.<sup>45,46</sup> These clinics also fuel their argument that nurse practitioners should be able to practice within their scope of care without inefficient physician oversight. Donna Shalala, former Secretary for Health and Human Services and current president of the University of Miami, argues that allowing nurse practitioners more freedom will allow them to help fill the void in primary care and preventive services.<sup>47</sup>

## **Conclusion**

The convenient care clinic debate is one that has expanded across fields, beyond medicine into economic and public policy domains, and shows no signs of slowing. While reports indicate that these clinics have a lower cost per patient visit and high patient satisfaction, physicians worry that the industry’s expansion could fragment patients’ care and result in miscommunication between providers. Doctors also caution that nurse practitioners employed at walk-in clinics could potentially overlook or misdiagnose a medical condition that a doctor would not with their additional training; however, as the primary care shortage continues to grow, along with patient wait times, the medical community will need additional personnel. And with fewer doctors going into primary care specialties – less than 25% of new doctors according to a study in Academic Medicine – collaboration between several different medical professionals will be necessary, according to experts.<sup>48,49</sup>

We recommend that Boston strongly reconsider its position against convenient care clinics in the city, as it would be an efficient means to steer patients away from emergency rooms, as well as a cost-effective opportunity to provide more accessible acute care for many families. With potential savings at \$6 billion over 10 years, encouraging the growth of these convenient care clinics throughout Boston and the Bay State is an innovative option for curbing health care costs for the average Massachusetts consumer. We hope that the issue of convenient care clinics in Boston will be a topic for the mayoral race, as the candidates propose cost-saving initiatives for the city.

Additionally, Massachusetts should set up a regular review of its health care regulations to more efficiently and effectively serve the Commonwealth in lower-cost settings. This could include total cost per episode for convenient care clinics compared to the emergency room, measures of quality, and comparison of prescription rates.

A comprehensive review of other states’ laws regarding walk-in clinics and scope of practice laws should be the next step. Innovative policies like streamlining oversight of nurse practitioners and allowing out-of-state physician oversight of clinics could save additional money by eliminating unnecessary regulations on a nurse practitioner’s scope of practice. Finally, we urge Massachusetts lawmakers to revisit this topic frequently to revise and update relevant legislation to assure that health care in Massachusetts remains superior in not only quality but also efficiency and affordability.

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