
The Emerging Convenient Care Industry: Policy Opportunities and Challenges

Tine Hansen-Turton
Executive Director
Convenient Care Association

Sarah Ratner
Senior Legal Counsel, MinuteClinic

Ann Ritter
Policy Director, Convenient Care Association

Juliet A. Santos
Chief Executive Officer, Early Solutions Clinic LLC
Chair, CCA Health Policy Committee



The Convenient Care Market

Convenient Care is a small but rapidly growing segment of the \$2 trillion U.S. healthcare market

- Retail-based health clinics
- Easy access to health care for consumers
- Limited range of routine, non-emergency medical services
- Affordable and transparent prices

Faster growth than overall healthcare market. Why?

- Increasing shortage of primary care physicians
- 35% of current physicians are nearing retirement
- Fewer than 30% of current medical students say they intend to be primary care physicians
- Significant annual increases in health insurance deductibles and co-pays
- Growing popularity of 'consumer driven' health plans (CDHPs)
- Rapid growth of uninsured population that now includes 47 million people
- Increasing time pressure on consumers, especially women in dual-income families (women generally are the family shoppers and healthcare decisionmakers), who place high value on speed and convenience

A 2007 Harris Poll found that, while only 5% of consumers have already used a Convenient Care Clinic, those who had were satisfied with the care they received.



Industry History and Background

- The first Convenient Care Clinic (CCC) opened in 2000.
- Today there are approximately 500 clinics operated by over twenty companies across America.
- Projections suggest that there will be 700 Convenient Care Clinics in the United States by the end of 2007.
- Following a national summit of convenient care industry leaders and other health care leaders in the summer of 2006, the CCA was founded as a non-profit trade association in October 2006.



Policy Issues and Opportunities

Regulation of CCCs varies significantly from state to state.

- Clinics are already subject to wide range of existing laws applicable to traditional health care providers.
- Existing laws regarding **providers** and **business structure** can have an especially large impact on CCC operation and overhead.
- Changes may also be on the horizon as states consider adopting new, special laws applicable only to CCCs.



Policy Issues and Opportunities

All CCA Members comply with existing laws and guidelines applicable to traditional health care providers, including:

- Laws regarding infection control
- Laws regarding provider licensure
- Laws regarding patient privacy



Policy Issues and Opportunities

Laws regarding **providers**:

- The most common CCC provider, the Nurse Practitioner, is subject to different practice regulations in each state.
- There is a very wide spectrum of regulation. For example, Arizona allows NPs to practice without any physician involvement whatsoever, while Texas requires physicians to provide on-site supervision of NPs 20% of the time.
- Strict physician supervision requirements are unnecessary to ensure safety, and can increase CCC overhead costs drastically.



Policy Issues and Opportunities

Laws regarding **business structure**:

- Commonly known as “corporate practice of medicine” laws.
- These laws prohibit companies that are not owned by health care professionals from employing health care professionals to provide services.
- Not the national norm, but are in place in a number of large states, including California and New York.



Changes on the horizon

CCA expects to see some changes and new proposed legislation/regulation at the state level in the coming months.

One example: Massachusetts Department of Public Health held public hearings this month regarding new regulations for “limited service clinics.”



Changes in Response to:

- Medical Community
- Thought leaders
- Regulators
- Consumers



Medical Community – stated issues

- Economic impact on PCP
- Disruption to concept of medical home
- Ensuring continuity of care with a PCP
- Triage issues
- Quality

→ THESE ARE NOT REALITY



Others

- Positive and necessary
- Consumer survey response
 - Quick access to quality medical care for common illnesses is not always possible often resulting in visits to the emergency room.
 - A lack of access to convenient care results in residents delaying care.
 - Consumers express interest in and support for retail clinics designed to treat common illnesses.



Policy Opportunities

With rising health care costs, many states are looking for ways to increase health care access without increasing burdens on state budgets.

- Now, governors are looking to CCCs and the increased use of NPs as a way to increase access to quality health care and reduce expensive, unnecessary emergency room usage.
- An example: Pennsylvania's state health care reform plan goes beyond insurance issues and:
 - Provides incentives for health care providers that stay open past normal business hours
 - Encourages the practice of advanced practice nurses in a broad range of settings



CCA Executive Board Members



Convenient Care Association

FOR MORE INFORMATION:

**CONVENIENT CARE ASSOCIATION
260 SOUTH BROAD STREET, 18TH FLOOR
PHILADELPHIA, PA 19102
(215) 731-7140**

WWW.CONVENIENTCAREASSOCIATION.ORG

