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# Convenient Care Clinic Summit

**Tine Hansen-Turton, MGA, JD**  
**Executive Director**  
**Convenient Care Association**



# The Convenient Care Market

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***The More Things Change – The More They Stay the Same ...***

***1983 a young Tom Brokaw opens NBC EVENING NEWS with a story of Health Care 1980 – Doctors OfficeCenter opens***

**-1980 – First urgent care opens**

**-Today – 10,000 UCCs seeing 50 million +**

***Reason for success:***

Less expensive, More Convenient, No Appointment needed

***Does that sound familiar?***

25 years later, the system still suffers from lack of consumer access, lack of affordability and lack convenience

**... Hence, the emergence of the convenient care clinics**



# Why Convenient Care Clinics Now?

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- **No Appointment Needed**
- **Accessible/Extended Hours** - Open on nights and weekends
- **Short visits** – 15 minutes maximum
- **Lower waiting time for appointment**
- **Affordable** – to the patient and operator (low overhead and low start-up costs drive down cost)
- **Basic care** – Limited to 25-30 common treatments (sore throat, cold, flu, rashes, etc.), vaccinations, and physicals
- **Efficient** – Industry-wide use of Electronic Medical Records
- **Transparent pricing** – The consumer knows what the visit will cost before the visit begins
- **Effective Communication** – The consumer leaves with his or her own electronic health record



# What are Convenient Care Clinics *NOT*?

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- **CCCs are NOT full-service medical facilities.** They provide a limited range of services.
- **CCCs are NOT resources for ongoing primary care.** Patients who need follow-up care are referred to primary care providers.

Approximately 30% of patients seen in CCA Member Clinics say they do not have a primary care provider that they usually go to for healthcare. In these cases, clinic staff connect patients with local primary care providers and encourage patients to develop a relationship with a healthcare home.



# Consumers and Convenient Care Clinics

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## CCA Members boast a 98% Consumer Satisfaction Rate

### Real consumer feedback from CCA Members' patient surveys:

“Without having insurance, seeking medical treatment can be very expensive. I was happy that the cost was something I could afford and still get good care.”

“Imagine – a patient-oriented, reasonably priced service! Keep up the innovative thinking!”

“I never knew about this until today. Affordable health care for minor illness is great. I might have waited until I was really sick before I sought help otherwise.”

“As a mother of 5, this service is a godsend! I knew [my son] had strep ... Plus, being a weekend, your service gave me an option to bypass urgent care which would have had a \$250 copay! I am so grateful for this option in health care.”



# Partnerships & Synergies with the Medical Community

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**CCCs benefit the Medical Community in the following ways:**

***Overflow outlet for***

- busy physician practices
- evening/weekend/holiday coverage
- overburdened emergency rooms

**Easier access to health care**

- particularly for those individuals without a PCP, without insurance, and/or in underserved areas
- connects individuals without a PCP to a medical home

**Earlier access to health care**

- reduces illness severity and spreading of infections
- encourages preventive care
- reduces overall health care utilization



# What does the CCA do?

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***With over 500 clinics in the market,  
the industry needs a voice and conscience***

*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 trade association in October 2006*

- **Shares resources, best practices, experiences and ideas among members**
- **Develops common standards of operation to ensure the highest quality of care throughout all Convenient Care Clinics (CCCs)**
- **Provides a united voice for the industry and to educate and promote the concept of Convenient Care Clinics, and to respond to questions about this evolving industry**
- **Reaches out to the existing medical community, expands and creates new partnerships**



# The CCA Priorities in 2007

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**Initially, the CCA will focus on the following three areas:**

- Establish Quality Care Standards***
- Common Policy and Practice Challenges***
- Industry Marketing and Education***





# CCA in 2007- Adopting Standards

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## **CCA Standards Adopted in March 2007 (sample below):**

- All CCA Members are committed to monitoring quality on an ongoing basis, including but not limited to:
  - a) peer review;
  - b) collaborating physician review;
  - c) use of evidence-based guidelines;
  - d) collecting aggregate data on selected quality and safety outcomes; and
  - e) collecting patient satisfaction data.
- All CCA Members build relationships with traditional health care providers and hospitals, and work towards a goal of using EHRs to share patient information and ensure continuity of care.
- All CCA Members support a medical home and are committed to encouraging patients to establish a relationship with a primary care provider, and to making appropriate and careful referrals for follow-on care and for conditions that are outside of the scope of the clinic's services.



# CCA Executive Board Members

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# Convenient Care Association

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## FOR MORE INFORMATION:

TINE HANSEN-TURTON  
EXECUTIVE DIRECTOR  
CONVENIENT CARE ASSOCIATION  
260 SOUTH BROAD STREET, 18<sup>TH</sup> FLOOR  
PHILADELPHIA, PA 19102  
(215) 731-7140

[TINE.HANSEN-TURTON@CONVENIENTCAREASSOCIATION.ORG](mailto:TINE.HANSEN-TURTON@CONVENIENTCAREASSOCIATION.ORG)

[WWW.CONVENIENTCAREASSOCIATION.ORG](http://WWW.CONVENIENTCAREASSOCIATION.ORG)

