

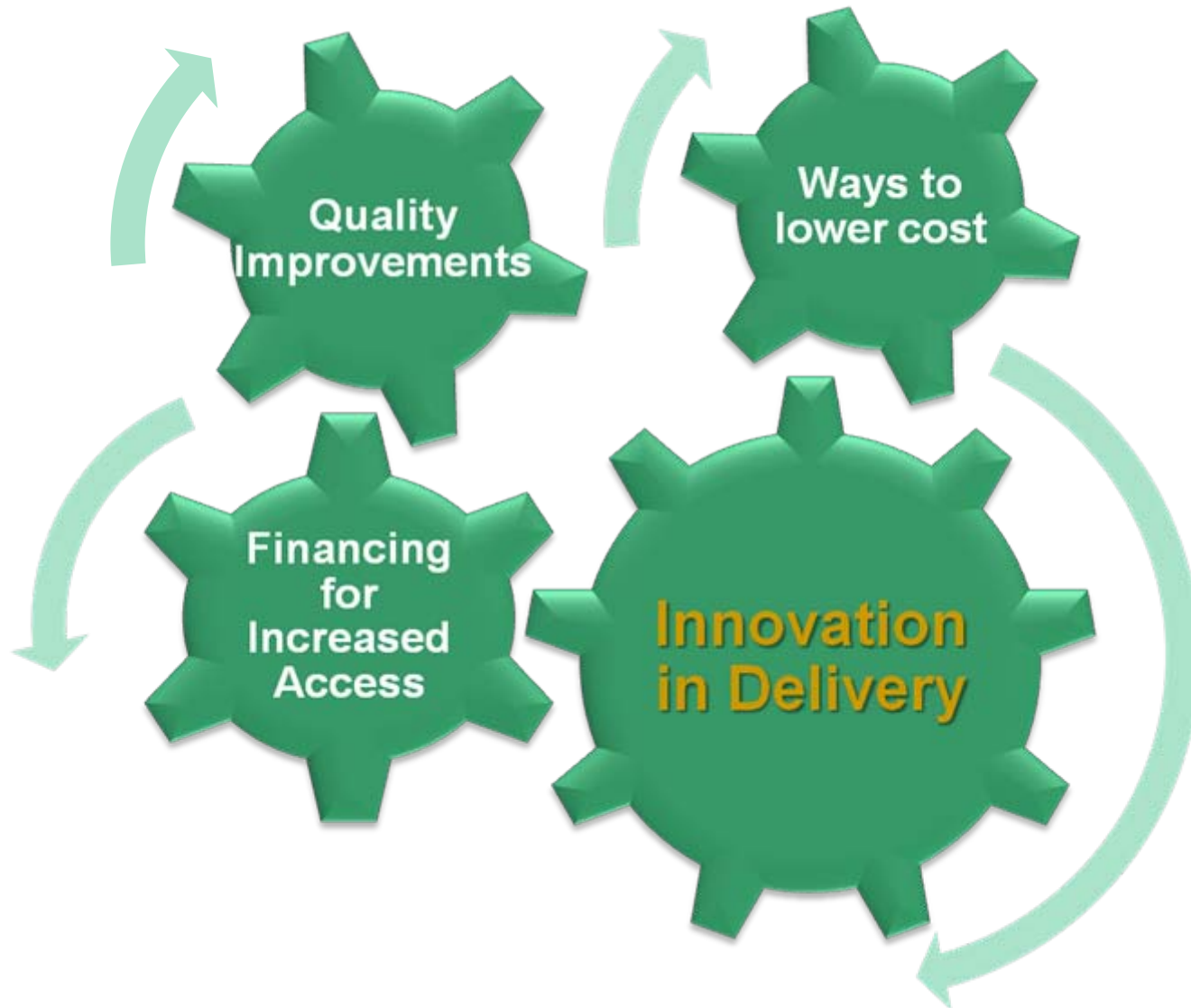
# Healthcare in the Express Lane: Retail Clinics go Mainstream

*September 26, 2007*

*Prepared for Consumer Driven Health Care Summit*

*by Scott & Company, Inc.*

# The shifting health care debate: From Cost, Quality & Access to Delivery Innovation





## Health Care in the Express Lane: The Emergence of Retail Clinics

July 2006



CALIFORNIA  
HEALTHCARE  
FOUNDATION

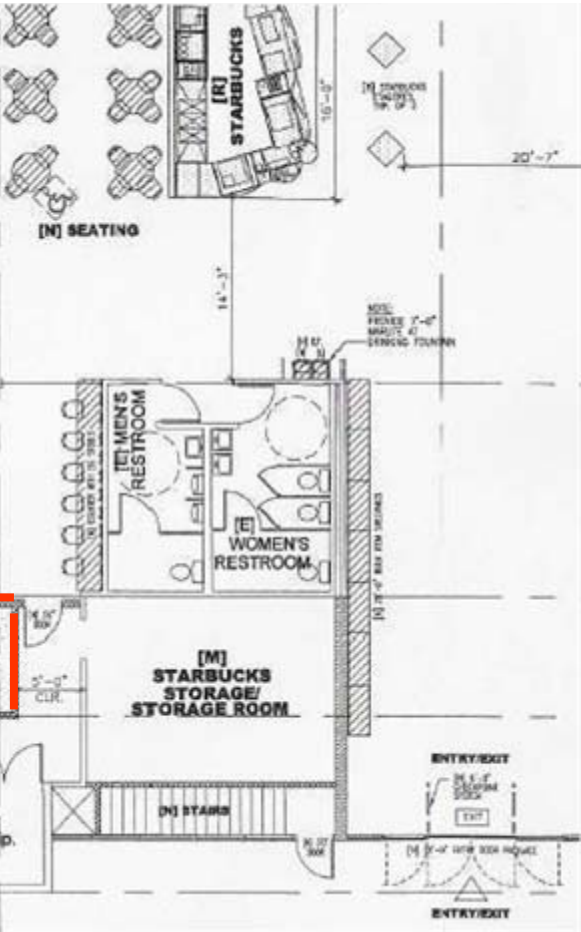
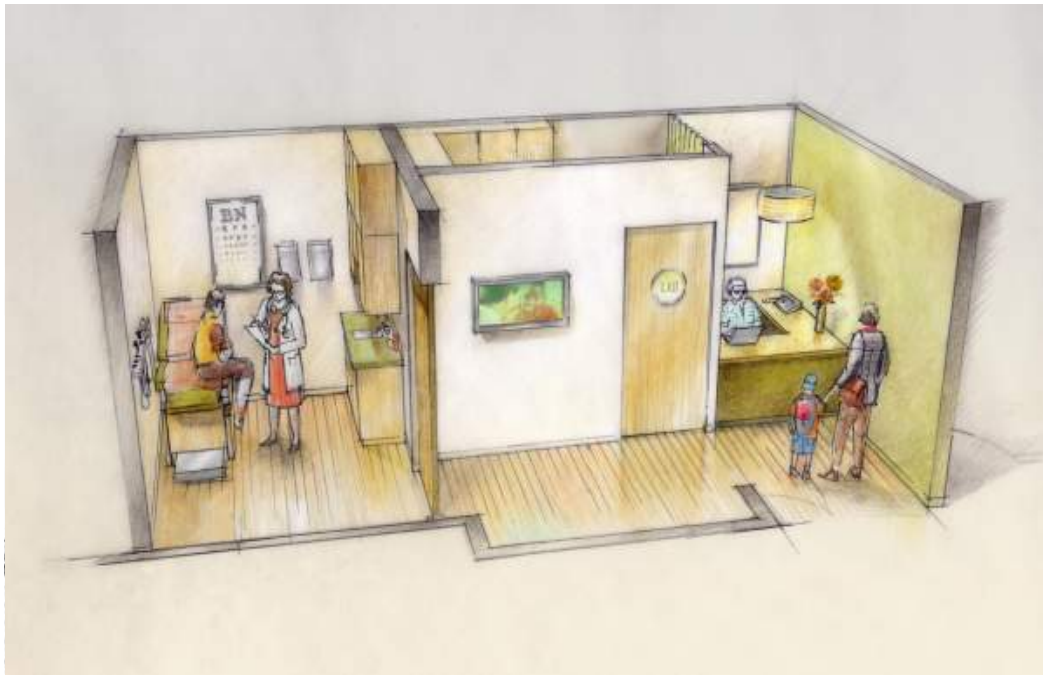


## Health Care in the Express Lane: Retail Clinics Go Mainstream

September 2007

# Retail clinics are **inside a store**, operated by a clinic provider

- Inside a retail store
- Offer routine medical care on an ongoing basis
- Staffed with NPs who can write prescriptions



# Irreversible trends that drive the proliferation of retail clinics

- Acute, long-term **shortage of Primary Care Physicians**
- **Consumers paying** more for health care – out of pocket
- Consumers taking a DIY approach to healthcare and **information sourcing**
- New services and devices for home care create new capacity to **“be your own doctor”**
- Health insurance is getting **unaffordable** for many
- New **HDHP** coverage is gaining traction
- **Technology** enables new care settings, new pace of diagnosis and lower costs
- **Investors** are fueling innovation in healthcare delivery with funding

# Retail clinics in grocery, drug and mass merchandise stores



No Appointment Necessary

MONDAY-FRIDAY 9:00-5:00  
SATURDAY 9:00-4:00  
SUNDAY 11:00-5:00

**MEDPOINT**  
express

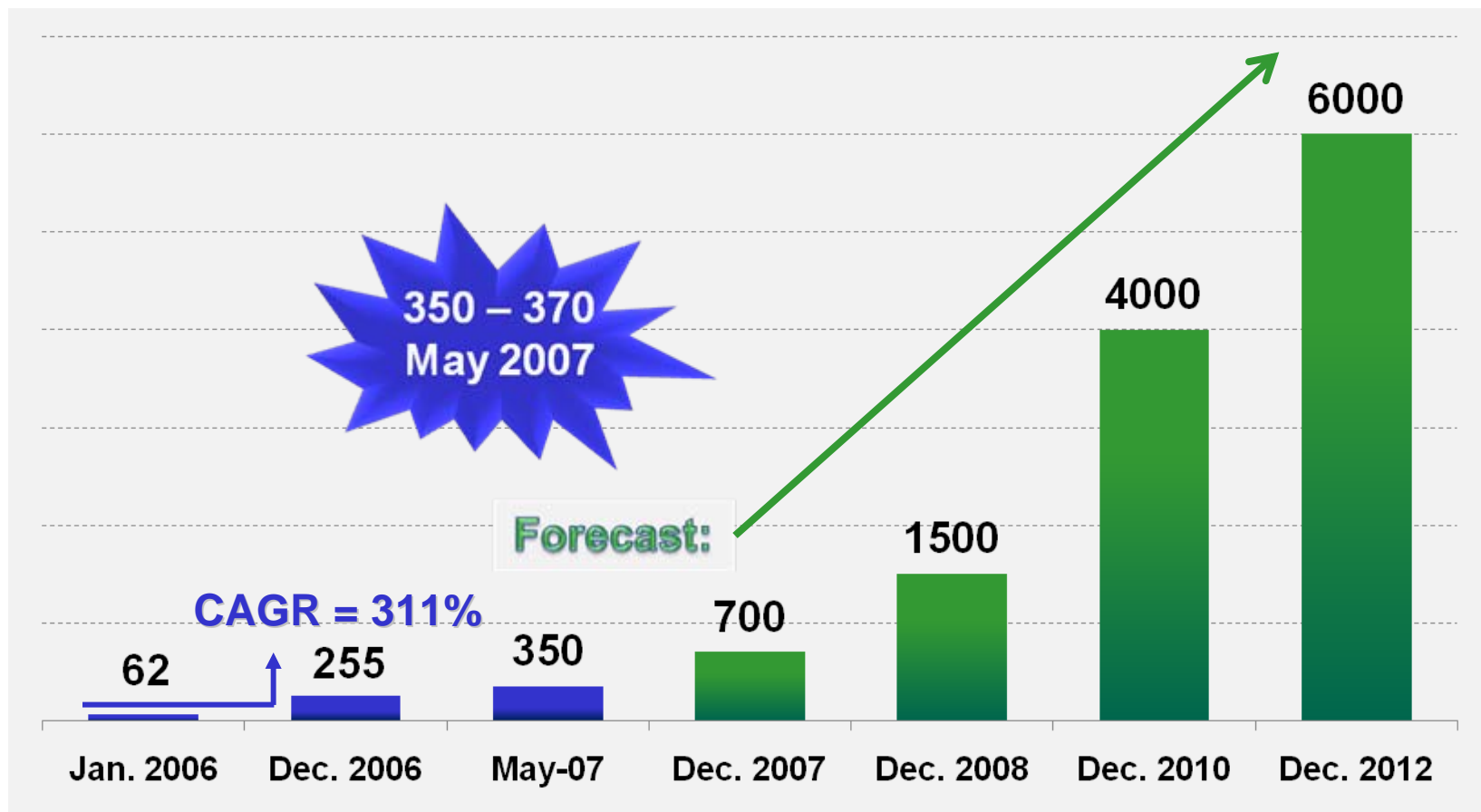
Services Provided	Price	Services Provided	Price
<b>Health Conditions</b>		<b>Immunizations</b>	
Cough/Sore Throat	\$45	Hepatitis B	\$45
Female Urinary Infection	\$45	Influenza (Seasonal)	\$22
Influenza (Flu)	\$45	Mumps/Mumps/Rubella	\$70
Seasonal Allergies	\$45	Meningitis	\$110
Sinus Infection	\$45	Prostatectomy	\$120
Sore Throat/Laryngitis	\$45	Tetanus	\$20
<b>Screenings</b>		<b>Specific Conditions</b>	
Cholesterol	\$12	Admitted Foot	\$30
Diabetes (Hemoglobin A1c)	\$29	Cold Sore	\$30
Influenza (Flu)	\$20	Ear Infections	\$45
Mars	\$20	Hives/Rash	\$45
Pregnancy	\$21	Impetigo	\$45
Temp	\$20	Joint Pain	\$30
Tuberculosis	\$31	Pink Eye	\$45
Urine	\$4	Pollen Allergy	\$45
Weight	\$29	Rings/Injury	\$30
<b>Physical</b>		Stye	
Carotid	\$40	Swimmer's Ear	\$45
Sports	\$40		

Prices listed are for in-store services. In-store services are subject to local pricing. Services are provided by a licensed nurse practitioner.



# Clinics are opening at a rapid pace around the country

Number of clinics





# Main Clinic Players include operators (tenants) and retailer (hosts)

## Clinic Operators

~50+ national regional and local players

85% independent

15% affiliated with hospitals



## Retailers

~25+ national and regional players, local players are emerging



# What's changed in a year: the market has proven an experimental model viable

*The past year has been much more about validation of the model, including consumer validation of the concept*

**Key players have ensured the success of clinics**

- *Operators*
- *Retailers*
- *Payers*
- *Consumers*
- *Wider Health Care System*
- *Regulators*

# Business model for clinics remains fundamentally the same

- Encourage consumer use by offering convenience at fair, transparent price
- Ensure reasonable price with payer coverage
- Limit the scope of services
- Minimize cost through lower cost labor and smaller space
- Maintain quality with technology based protocols, physician oversight

# **Clinics break even at 18-30 months on a per-store basis, but breakeven for clinic companies is more difficult**

- 85% fixed cost business – labor, space, technology
- Spaces getting smaller – now about 220 square feet
- Leases at “fair market value” ~\$60-90 square foot
- Overhead for clinic companies ~\$2m+ per year
  
- ~100+ clinics are necessary for a reasonable long term economic return for the corporate entity

# Clinics make strategic choices on service scope...

*“We believe the initial consumer exposure should be about acute care and educating consumers about how to use the clinics as a complement to their primary care physicians... if we move too quickly to screening and wellness, people may see [the clinics] as a medical home, and that might be confusing.”*

- Michael Howe, CEO,  
MinuteClinic



*“The consumer is proving to be very smart on using retail clinics – they know how and when to use clinics.”*

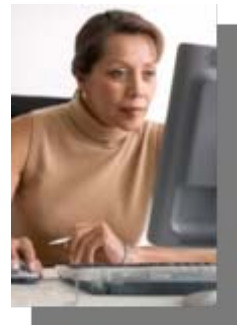
- Dave Mandelkern, CEO,  
 Quickhealth

*“...their need for easy access to affordable preventive care is just as acute as their need for easy access to affordable treatment of routine medical conditions.”*

- Web Golinkin, CEO,  
 RediClinic

# ...and on channel, geography and the customer experience of quality and service...

- Drug, grocery or mass merchandise – or a combination?  
Tradeoff between store traffic, consumers, market position
- Geographic concentration to “own” a market and achieve cost effective marketing, or to target a specific customer segment
- *the NP is critical – as s/he provides the total experience for the consumer including the quality of care and the check –in and out process*
- *clinic operators consider the entire consumer experience – and are piloting several technologies for improved customer service*



**...and strategic choices on payer relationships – in the past 12 months payers have shifted their coverage provisions**



**BlueCross  
BlueShield**



**UnitedHealth Group**

*Harris Poll '07*  
**42% of clinic patients  
were reimbursed for  
some or all clinic fees**

# But, not all clinics pursue relationships with payers

**Quick+Health**<sup>TM</sup>

We Make Quality Medical Care Affordable and Convenient

- Drop In and See a Doctor for \$39
- No Appointment Necessary
- Open Seven Days a Week
- Health Insurance Is Not Required or Accepted

*Harris Poll '07*  
**22% of clinic patients  
did not have health  
insurance**

*“Most of our customers don’t have insurance... if we offered coverage we would have to increase our rates for everyone to reflect the cost of doing business with insurers. We don’t think that the few people who want to use their health insurance at our clinics should burden the majority of our customers who don’t have health insurance.”*

**- Dave Mandelkern, CEO, QuickHealth**

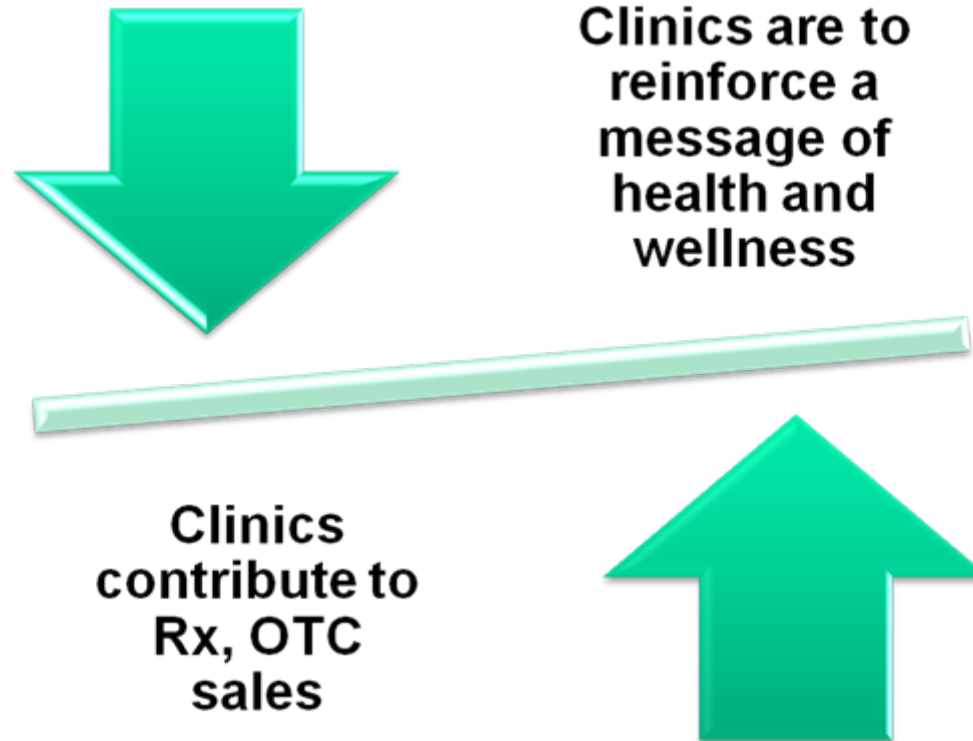


# Why are retailers participating?



- Drive home their consumer offer around health and wellness
- Increase customer visits, time in store
- Drive pharmacy, OTC
  - 30-35% of clinic consumers represent a new Rx to the retailer; cost effective way to get new Rx customers – and fight the mail order and internet pharmacy battle
  - Grocery and general merchandise is low margin ~5%; pharmacy is 16-23% margin
  - 95% of scripts are filled in the clinic's retail store
  - 55% of clinic consumers buy OTC and GM while at the visit

# “Retail clinics are good for business” (Lee Scott, Wal-Mart)



***“The clinics create a halo and a destination for healthcare.”***

**CVS/pharmacy**  
Expect something extra™ - Chris Bodine, CVS

# Clinics as a driver of prescriptions

*If there are 2,500 clinics in 3 years, and assuming that half break even (which is 20 patients a day) and half see 40 patients a day... That translates to **26 million clinic patients**. If half those patients get prescriptions, then...*





**13 million prescriptions could be generated by clinics by 2010**

An alternate 5 year scenario:

if you believe in the projected CVS and Wal-Mart rollouts – **a total of 5000+ clinics** – operating at 40 patients per day; then it's possible **36m Rx could pass through clinics within the next five years**



# Retailers are in “pilot mode” yet are expanding their participation with clinics

- CVS announced 2500 stores in next “several years”  **CVS/pharmacy**  
Expect something extra™
- Walgreens 250 clinics in 2007  **Walgreens**  
The Pharmacy America Trusts
- Wal-Mart plans to put clinics in “as many as 400 in U.S. stores in the next three years” and possibly 2,000 of them within five years -- clinics will be in 55% of Wal-Mart stores by 2012  **WAL★MART**  
ALWAYS LOW PRICES. Always.
- Publix announced 30 clinics along with many other grocery players  **Publix**  
SUPER MARKETS

With 5000+ clinics it will be the norm to have a local retail clinic in your neighborhood

*“This is a pilot. We are still learning.”*

 **WAL★MART**  
ALWAYS LOW PRICES. Always.

**-Alicia Ledlie, Senior Director of Health Business Development, Wal-Mart**

# Retailers experiment with 3 models

## In-house Model



## Exclusive Operator Model



## Multiple Operator Model

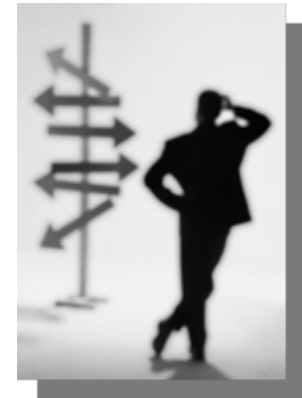


# Assessing the opportunity for your store

1. Will it work for my store?



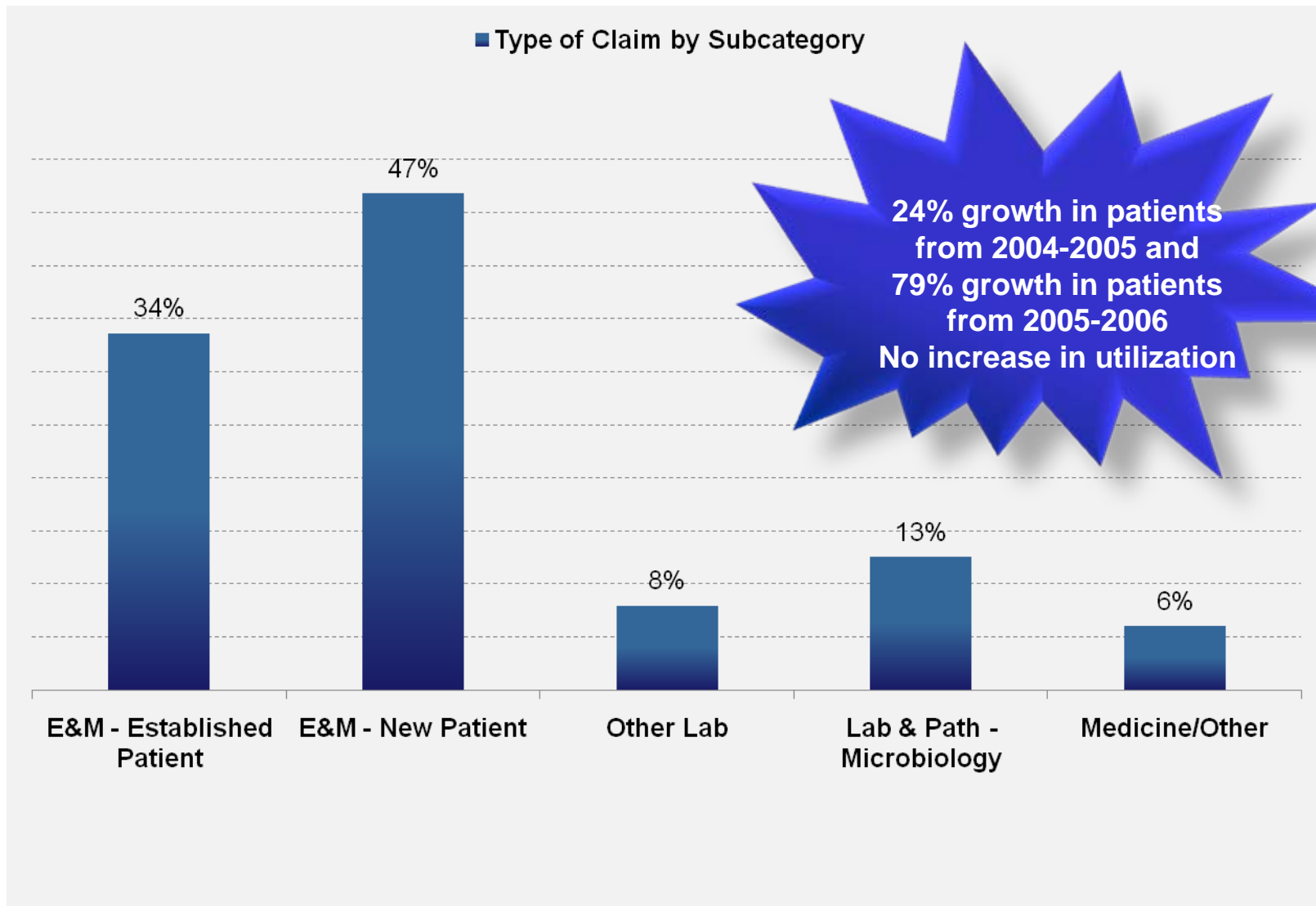
2. If so, how do I select a clinic operator?



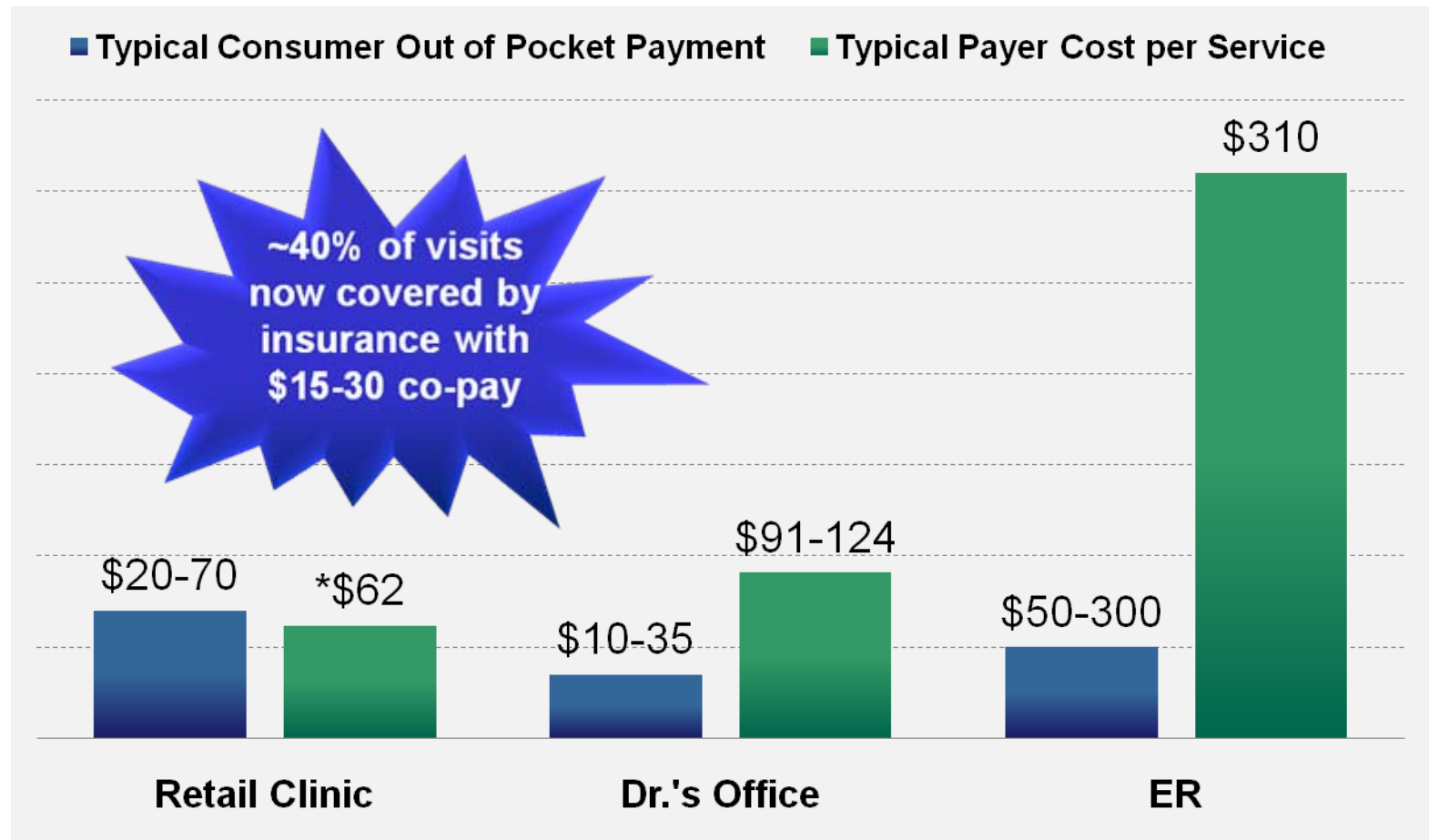
3. How do I ensure success for the clinic in my store?



# Payers are paying... Claims Experience of BCBS - MN

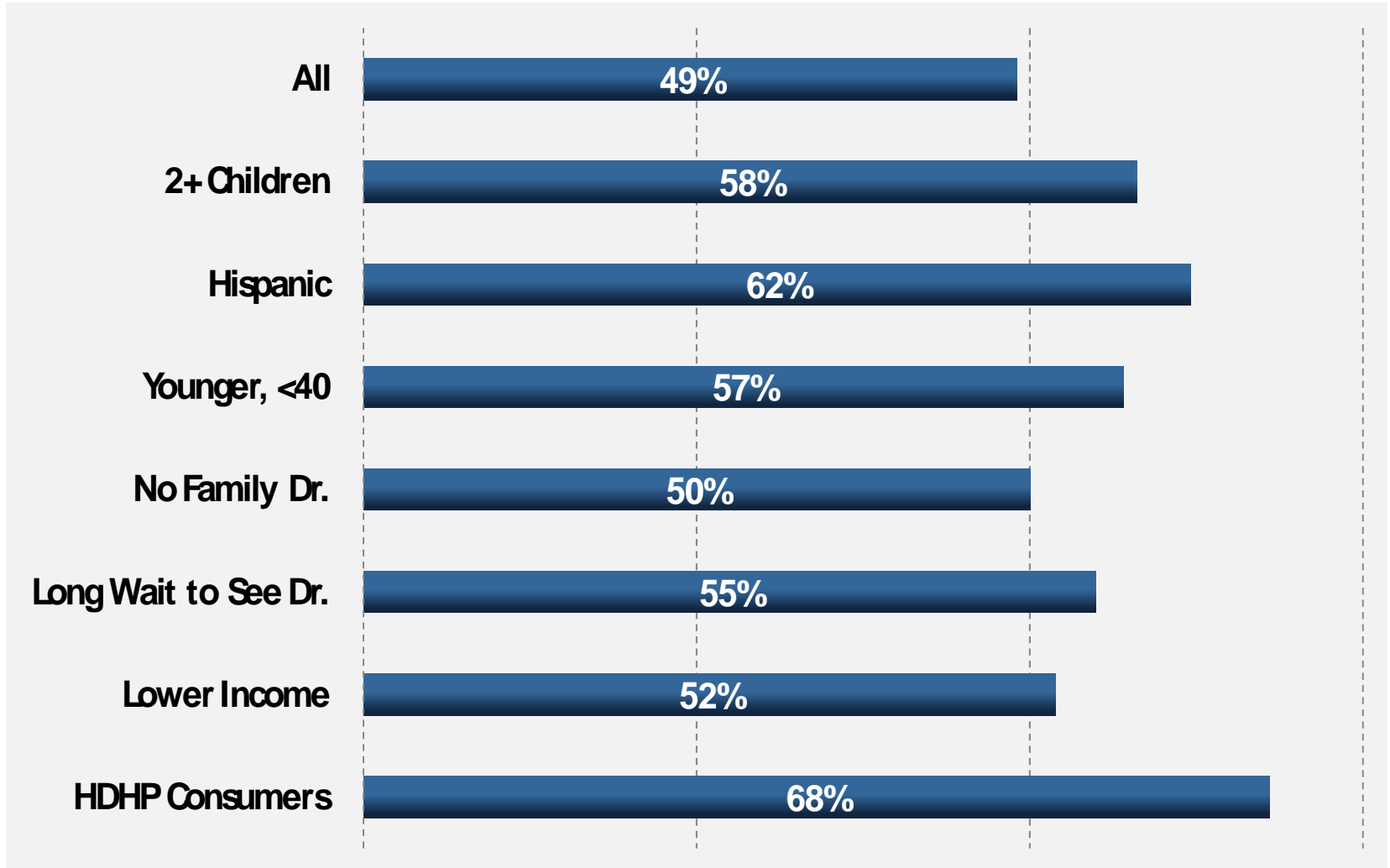


# While clinics are cheaper for the insurer, for many consumers it can be an expensive out-of-pocket option

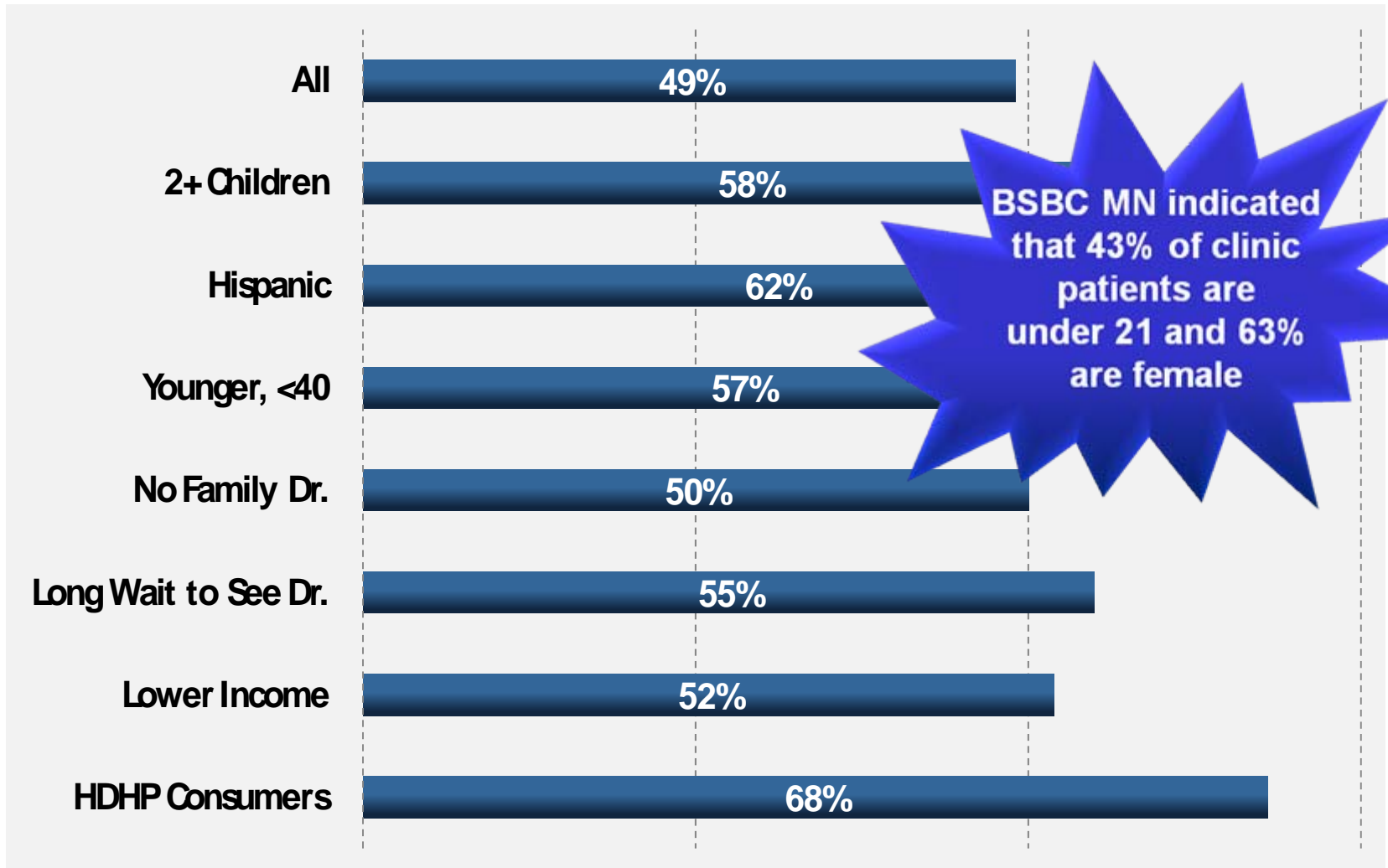




# In consumer surveys, who indicated a likelihood to use retail clinics?

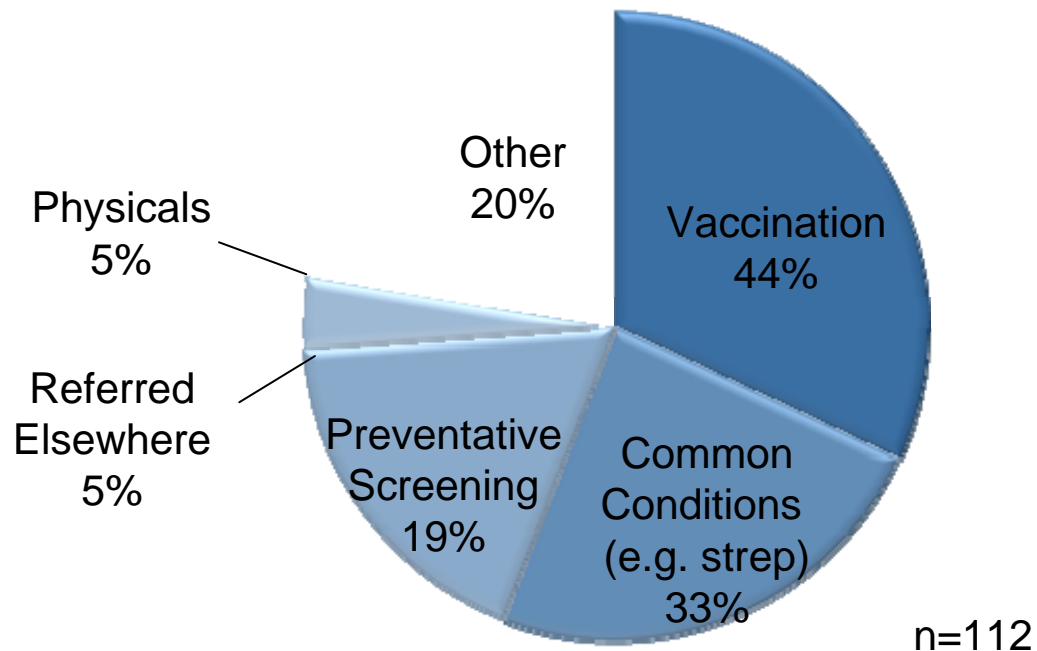


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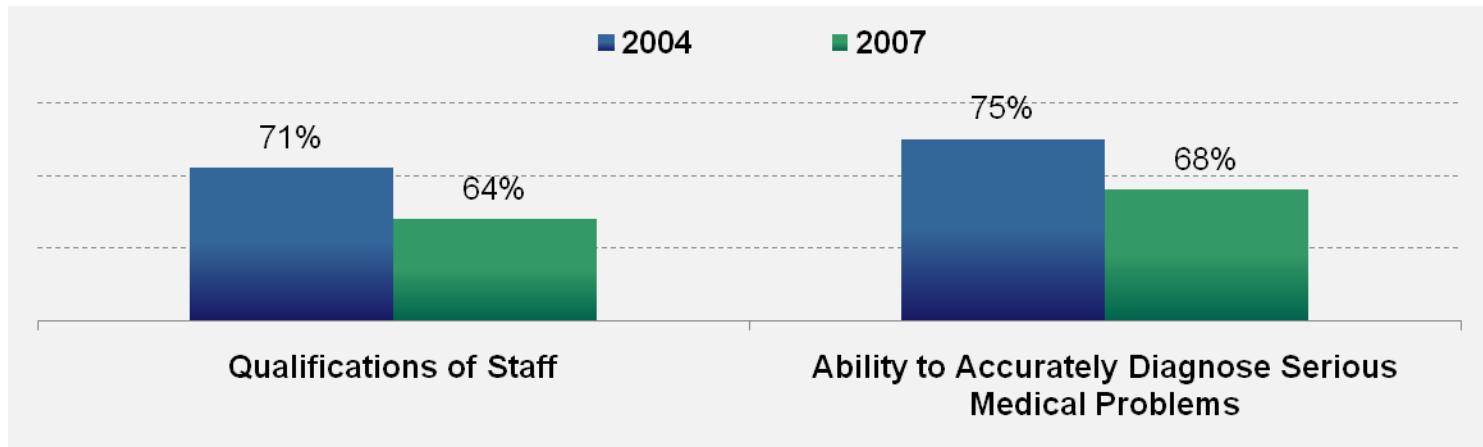


# Acute care and vaccinations drive most clinic visits

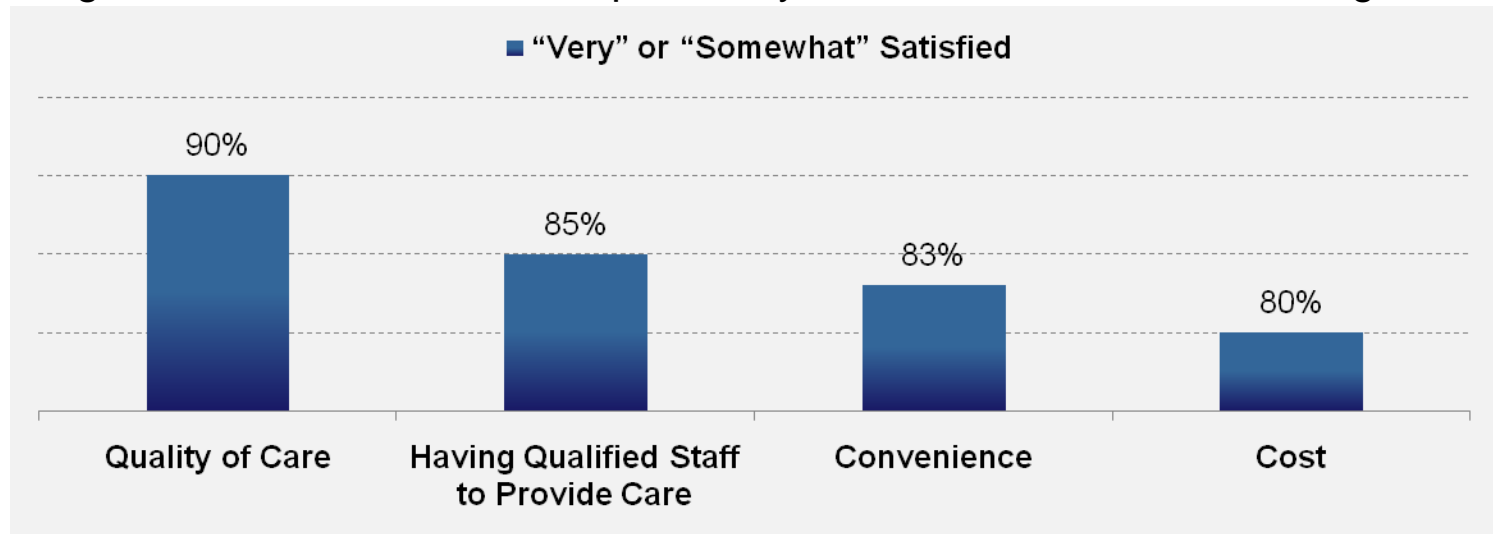
“...the last time that you or an immediate family member visited an onsite health clinic...what type(s) of medical services did you receive?”



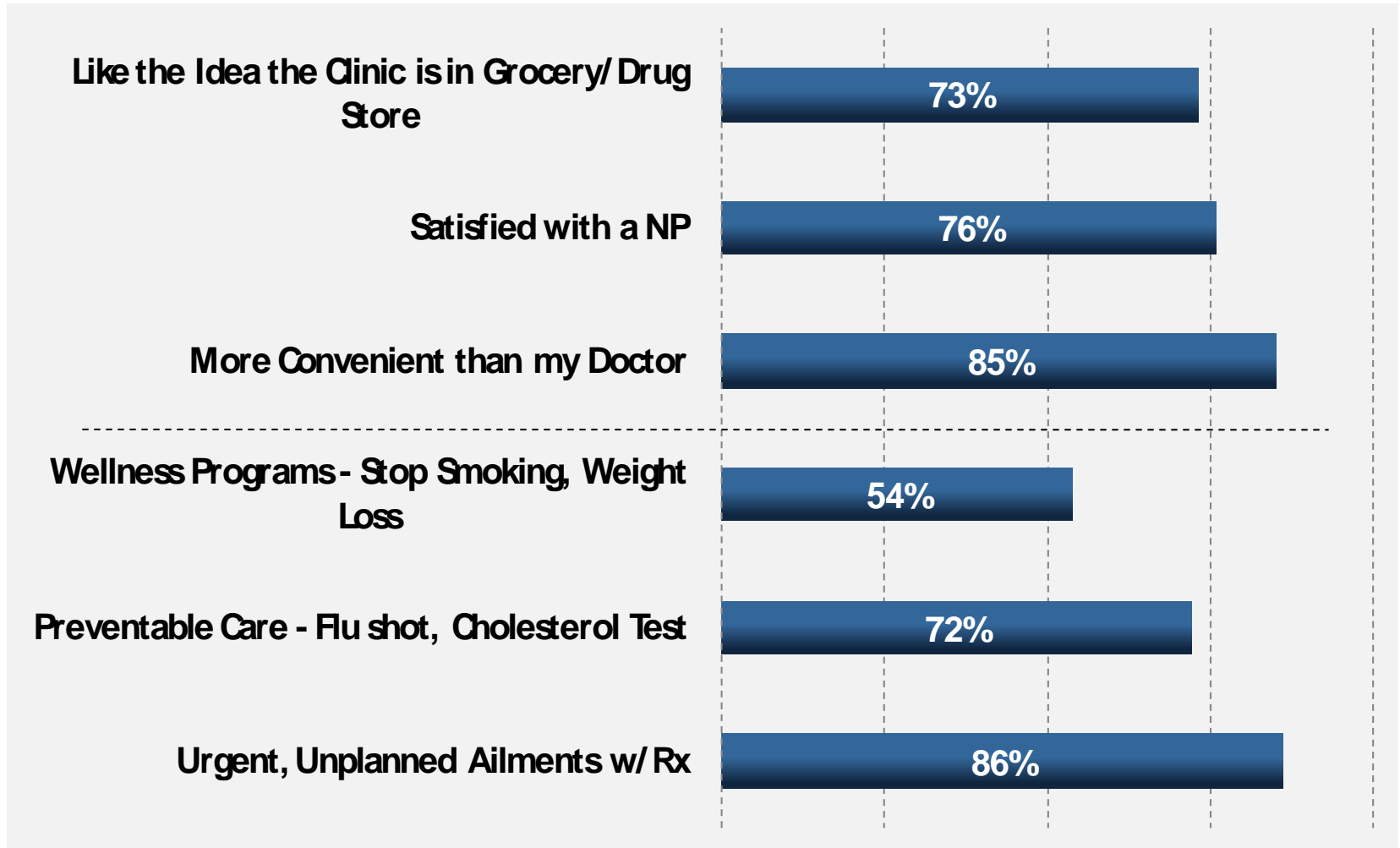
# Consumer concerns about clinics have declined but remain...while satisfaction of users remains high



“Overall, how satisfied were you with your or your family member’s experience using an onsite health clinic in a pharmacy or retail chain on the following items?”



# How might consumers use retail clinics & features they like



\* Filtered for those likely to use the clinic

# Clinics integrate into the healthcare system

## Clinics are developing new relationships with healthcare system

- providers - with referral networks
- payers
- local hospitals
- health advocacy groups

*“Up to 20% of our Chicago-area patients have been referred to a primary care physician or specialist for follow-up care.”*



**- Hal Rosenbluth, Chair, Take Care**

# Healthcare providers are participating in this trend in different ways

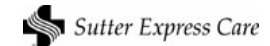
## Work with retail clinic operators

- **Co-brand** with retail clinics to encourage patient use of clinics
- Provide **physician oversight** for clinics



## Create and operate their own retail clinics

- **Integrated systems** see this an opportunity to provide “right care” care by the “right provider” at the “right cost”
- **Hospital systems** want to keep the patient in their network
- Opportunity to integrate into the community, extend brand, understand the “new healthcare consumer”



**Health Services**

AtlantiCare Healthfite

**Our Services**

Healthfite for routine healthcare like the ones listed below. No appointment is necessary, and we will cover Healthfite fees. We also accept several insurance plans, with only a copay required at time of visit.

**List of Services and Fees:**

**Common Illnesses**

- Allergies (ages 6+) \$55
- Bronchitis (ages 10-64) \$55

**When to choose Healthfite**

Refer to the list at left.

**When to choose Family Medicine:**

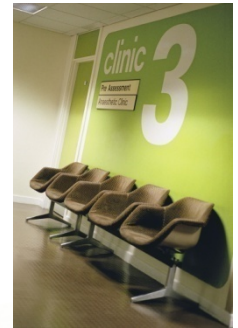
AtlantiCare Family Medicine physicians are highly skilled in preventive care, in diagnosing and treating diseases and in managing your general health and wellness. As your healthcare partner, they can refer you to any of the 400+ care...

# Assessing the opportunity for your hospital

1. How will it fit with my ED and overall system?



2. Do I use a clinic operator or run my own clinic?  
Standalone clinic or in a retail store?



3. What is the economic impact of a clinic?



4. How might my physicians react and respond?





# What about quality of care?

## New retail health clinic industry group meets to discuss quality, safety standards



Healthcare News  
Published: Thursday, 22-Mar-2007

The Convenient Care Association, an organization representing 18 companies that operate retail health clinics, held its first general meeting on Monday at the University of Pennsylvania to discuss quality and safety standards at retail clinics, the Philadelphia Inquirer reports.

The clinics, which treat routine health problems, such as flu and strep throat, typically are staffed by nurse practitioners.

At the meeting, which drew more than 200 industry personnel, the CCA said it would monitor and encourage patients to use retail clinics.

Hal Rosenbluth, CEO of Care Health Services, said that based treatment plans will be submitted to peer reviewers.

Rosenbluth also said that the group will be working on a set of standards for retail clinics.

### Are clinics over prescribing?

*6 months of data collected by BSBC Tennessee*

### Fewer prescriptions

*possibly due to tighter controls on prescribing authority of the NP*

# State regulators have latitude to encourage or inhibit clinics

## Issues:

- scope of services
- prescribing authority
- non-physician licensing
- nurse practitioner oversight
- physician-ownership requirements

*“The Corporate Practice of Medicine laws make it fundamentally untenable to do business...We can’t employ the NP directly and can’t control them to ensure high quality standardized care ...and we can’t own equity ...other states are not as problematic and are more welcoming from an ownership perspective.”*

 - Web Golinkin



Florida



Georgia



Pennsylvania



Texas



California

# This update report outlines the rapid and collaborative responses by all stakeholders

- Major shift in acceptance of the model by all parties
- Significant investment
- Strong consumer response

**Next 5 years ...  
6000+ clinics  
with 60m patient  
visits**



**Publication Date  
September 2007  
Marykatescott.com  
Chcf.org**

# ***The market will decide if clinics survive...***

## **An opinion on the “Next Steps” for retail clinics**

- Monitor quality, prescribing habits and usage of clinics
- Ensure clinics continue to extend access to safety net population
- Pay attention to remote health management opportunities – both wellness and cost
- Learn new models for lower cost, high quality care

# Contact details

Mary Kate Scott

(310) 822-6130

[mks@marykatescott.com](mailto:mks@marykatescott.com)

[www.marykatescott.com](http://www.marykatescott.com)