

Retail Clinics: State Regulatory Issues

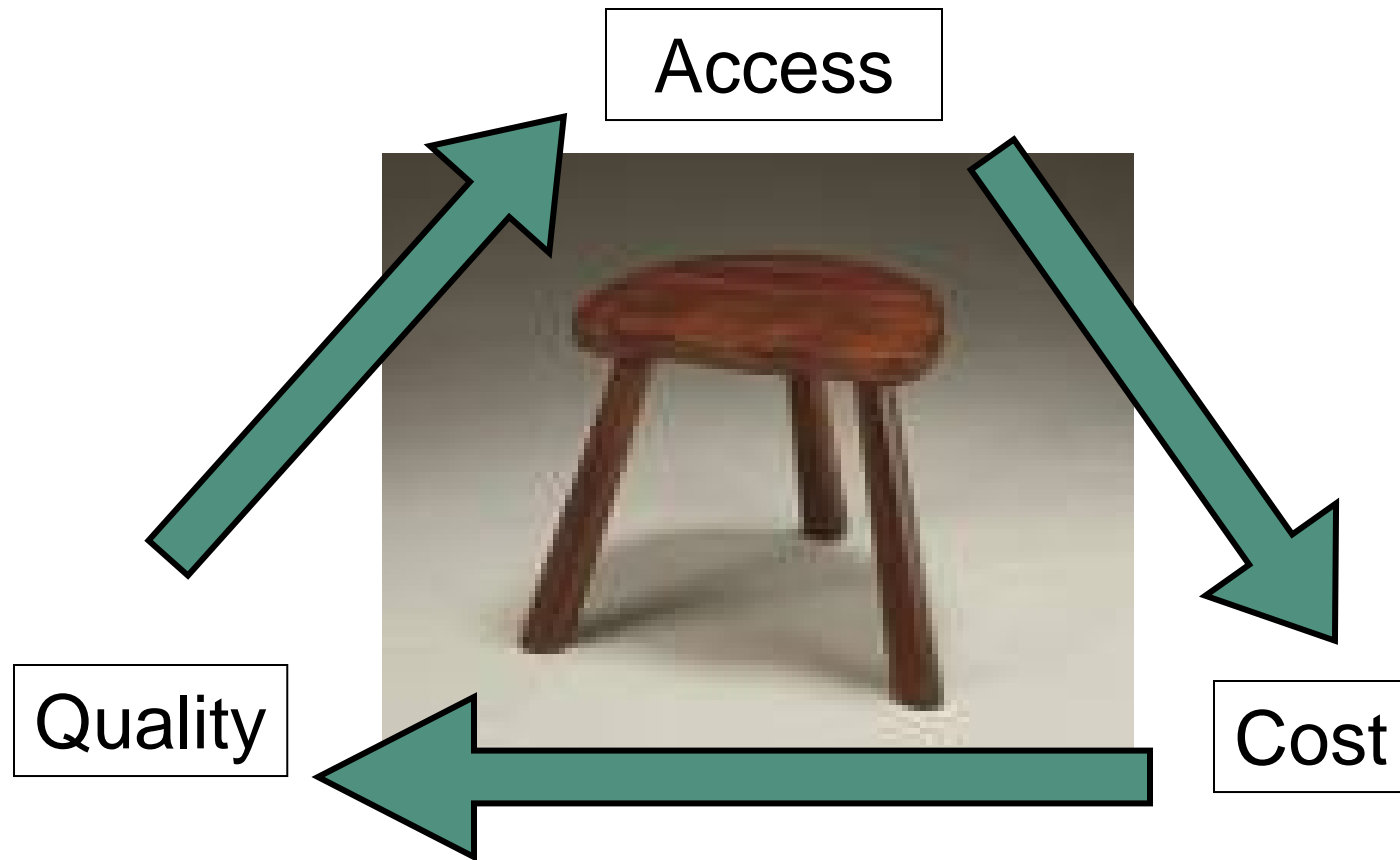
NATIONAL ACADEMY
for STATE HEALTH POLICY

March 1, 2010

NATIONAL ACADEMY *for* STATE HEALTH POLICY





- 22 year old non-profit, non-partisan organization
- Academy members
 - Peer-selected group of state health policy leaders
 - Commitment to identifying state needs and guiding our work
- Working together across states, branches, and agencies to advance, accelerate, and implement workable policy solutions that address major health issues

State Goals for the Healthcare Delivery System



Can retail clinics help states improve access?

SURVEY RESULTS

- Convenient hours 
- Geographic distribution 
- Appropriate site of care 
- Private and public insurance 

Can retail clinics help states address health system costs?

SURVEY RESULTS

- Consumers

- Private insurance
- Uninsured
- Uninsured, qualify for assistance



- Payers

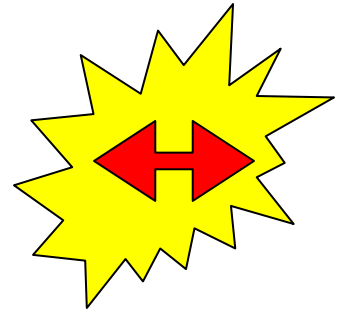
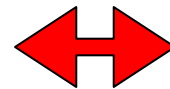
- Private
- Public



Can retail clinics help states ensure patient safety & quality?

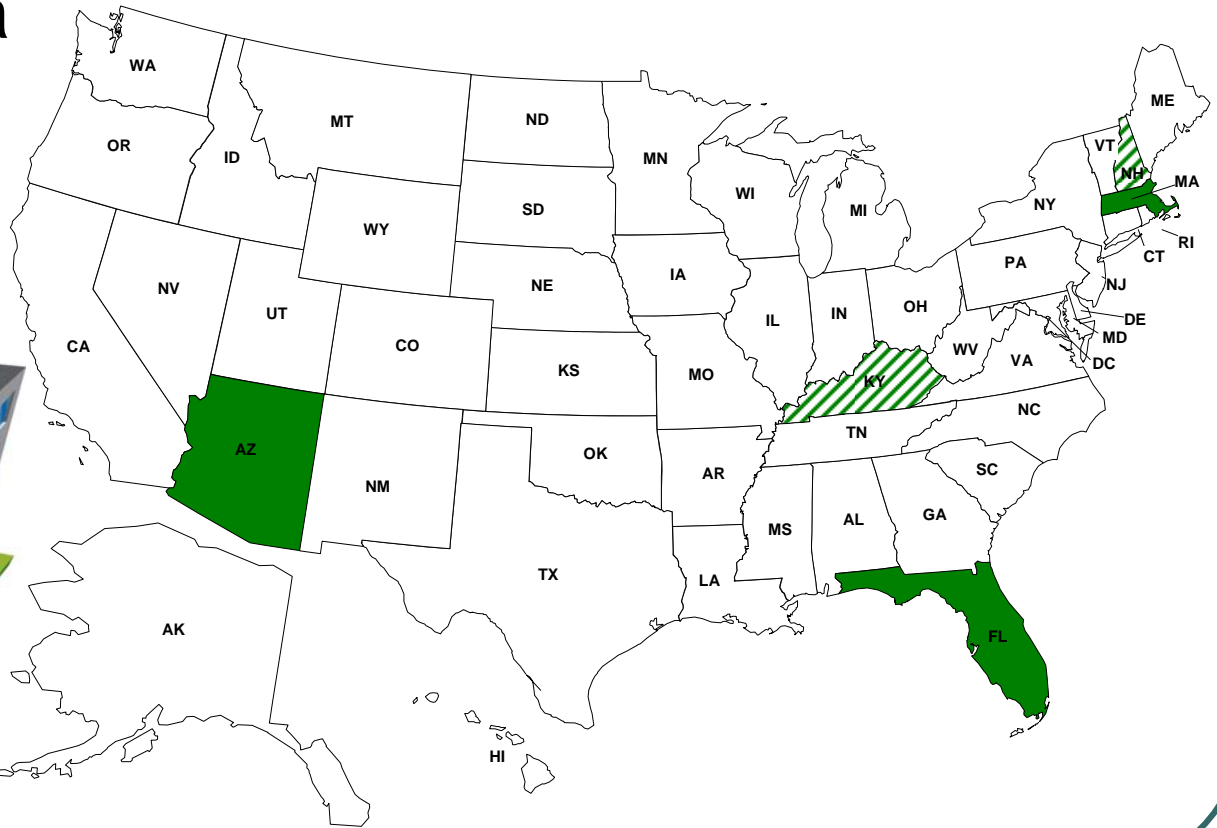
SURVEY RESULTS

- Consumer satisfaction
- Care coordination
- Licensed facilities & providers



Licensing facilities

- Is a retail clinic a physician's office...or something else?

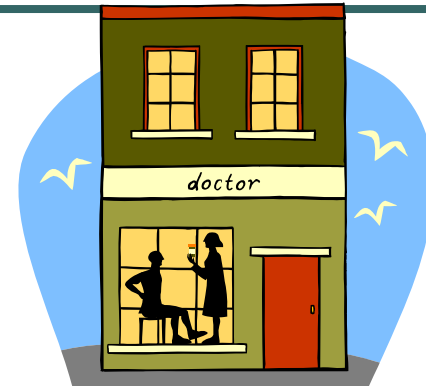


Florida: Facilities licensing



Corporate-owned clinics

- Business-side regulation
 - Bi-annual license fee
 - Assets & credit to cover expenses
 - Field visits & inspections before renewal
- Providers also regulated

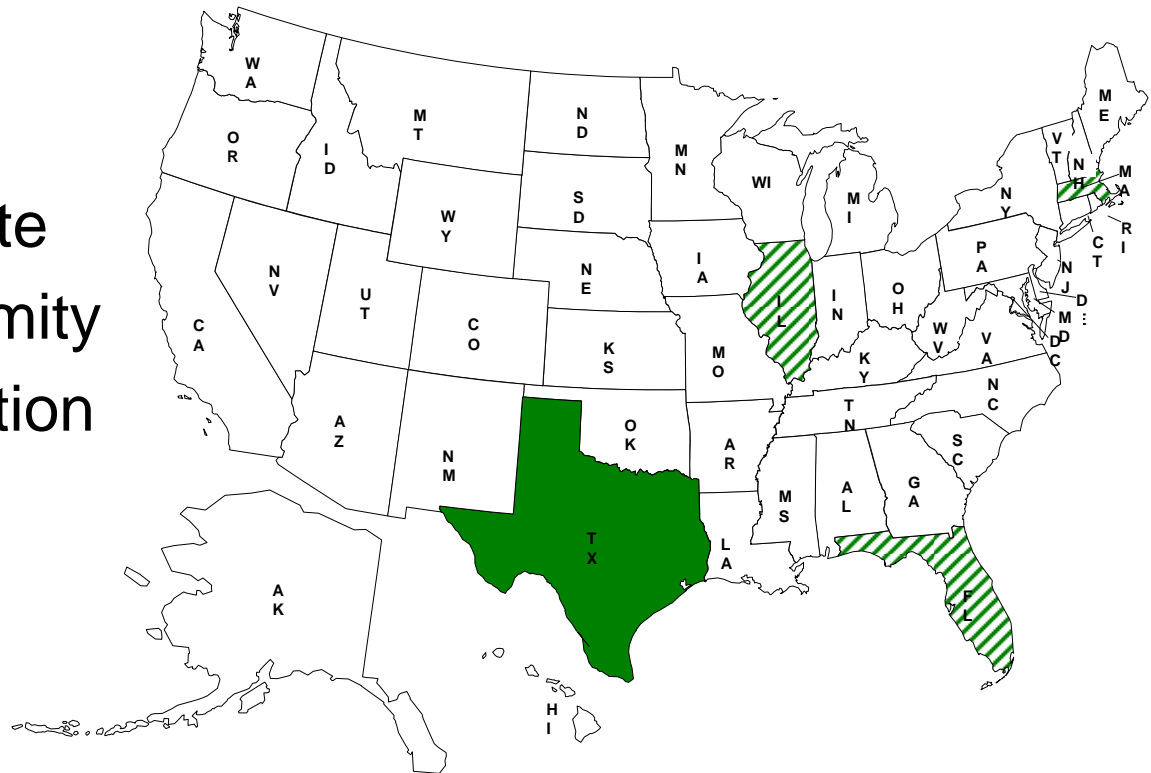


Provider-owned clinics

- Facilities not regulated
- Providers are regulated

Licensing providers

- **Nurse practitioner oversight**
 - MD:NP ratio
 - # hours MD on-site
 - # miles MD proximity
 - MD/NP collaboration



Texas: Nurse Practitioner Oversight

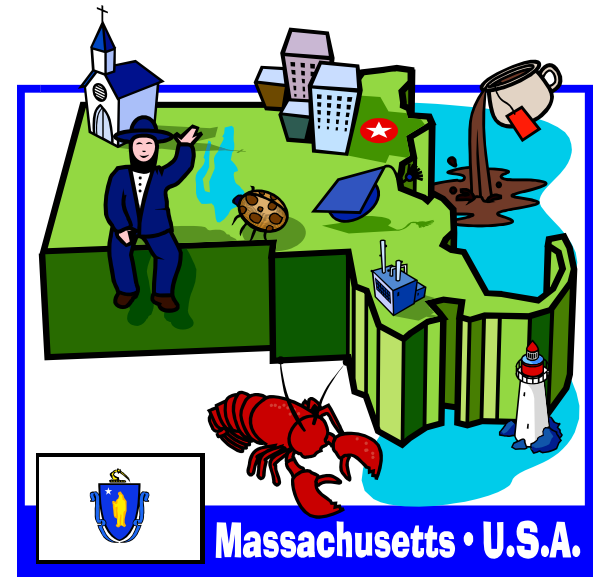
Urban

- 1 MD : 3 NPs
- MD present 20% of time
- MD review 10% of charts
- 1 MD : 4 NPs
- MD present 10% of time
- Remote chart review ok

Underserved/rural

- 1 MD : 3 NPs
- MD present 1x / 10 days
- MD review charts “periodically”

Massachusetts: Recognition of Retail Clinics as “Limited Services Clinics”



Requirements for Limited Service Clinics

- Age limits
- Physical space standards
- Referrals to primary care
- Limit repeat encounters
- Provide records of clinic visits
- Off-hours telephone access

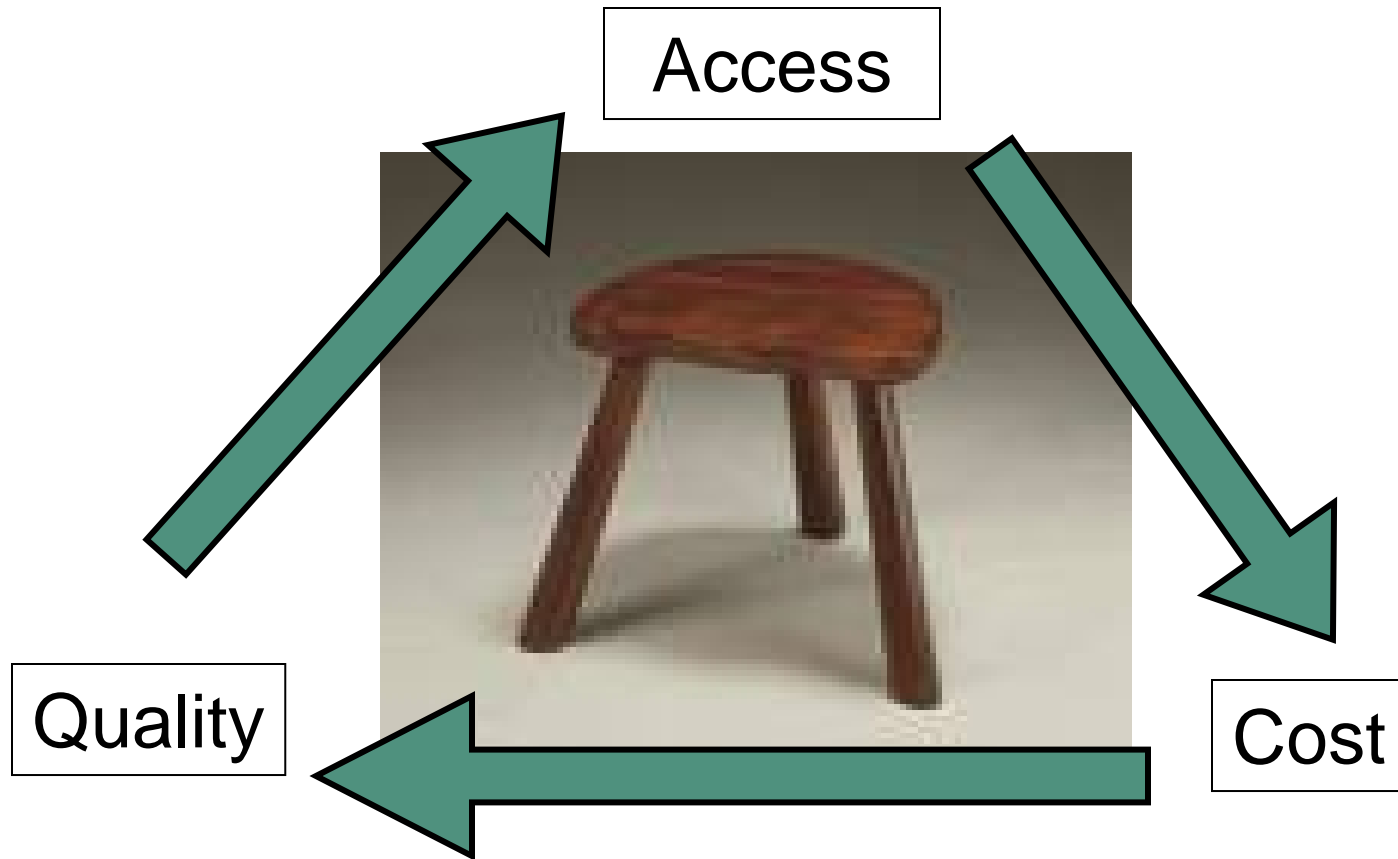
Medicaid Reimbursement at Limited Services Clinics

- June 1, 2009
- Each location must apply separately
- Limited set of reimbursable codes

Examples of State Policy Approaches to Retail Clinics

Provide options for complying with corporate practice of medicine restrictions	NJ, TX	access
Develop Medicaid reimbursement policies specific to retail clinics	MA	access/ cost
License retail clinics like other healthcare facilities	FL	cost
Streamline oversight of nurse practitioners	TX	quality
Require referrals to primary providers	MA	quality
Create a separate regulatory category	MA	quality

How do retail clinics fit in to a reformed health delivery system?



For more information

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Download the full report

**"Analysis of State Regulations and Policies Governing
the Operation and Licensure of Retail Clinics"**

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