

findings brief

key findings

- Retail clinic use for those with acute conditions increased tenfold from 2007-2009.
- Living close to a retail clinic is one of the strongest predictors of use. Young, healthy, higher-income individuals who live nearby are more likely to visit a clinic than the general population.
- Use of retail clinics was not higher in communities with a shortage of physicians.

Trends in Retail Clinic Use Among the Commercially Insured

New delivery models have been studied and encouraged over the past few years in an attempt to find inventive ways to improve health care and curtail costs. One interesting model can often be found in one's nearest pharmacy, grocery store, or "big box" retailer. Retail clinics, such as CVS's Minute Clinics or Walgreen's TakeCare Clinics, deliver health care that is often less expensive and is available on a drop-in basis as well as in the evening and on weekends. Retail clinics tend to treat a subset of the ailments for which one typically goes to a physician's office; "just ten complaints account for more than 90 percent of all retail clinic visits."¹ These same 10 complaints account for 13 percent of adult primary care physicians visits and 12 percent of visits to the emergency department.

In a HCFO-funded study, researchers led by Ateev Mehrotra, M.D., and J. Scott Ashwood examined how retail clinics are used, what types of patients are likely to utilize their ser-

vices, and whether a shortage of primary care in a community was associated with greater retail clinic use. The study showed a "striking increase in retail clinic use between 2007 and 2009," suggesting that "convenience is the strongest predictor of retail clinic use." Furthermore, the study did not find an association between the use of retail clinics and availability of other forms of primary care. The results of this study, building on the prior work of retail clinics, were published in the November 2011 issue of the *American Journal of Managed Care*.²

Methods

The researchers used claims and enrollment data provided by Aetna for 13.3 million enrollees in 22 markets with retail clinics from 2007-2009. They focused on 11 acute conditions that are most commonly seen in retail clinics, including ailments such as upper respiratory infections, influenza, and bronchitis. The Aetna data included information



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on over 300,000 enrollees who had visited a retail clinic at least once. From this data, the researchers excluded those over 65 years of age because they were likely to have coverage from Medicare, and also excluded those who lived more than 20 miles away from a retail clinic. Controlling for health status, the analysis focused on likely predictors of retail clinic use, including sex, age, distance to retail clinic, health status, income level, and access to primary care physicians.

Increasing Use

The results of the study showed that retail clinic use increased tenfold among those seeking care for acute conditions between 2007 and 2009. When the retail clinics entered markets in 2007, less than one in 1,000 enrollees visited a retail clinic. By December of 2009, that number had grown to almost six out of every 1,000 enrollees seeking acute care at retail clinics. This percentage of use continued to increase even after the rapid growth in the number of retail clinics slowed.

Primary User Demographics

Not surprisingly, convenience drives individuals to retail clinics. This study found that retail clinics are more likely to be used by young, healthy, high-income enrollees who live nearby than by the general population. Enrollees who lived less than one mile from a retail clinic were 7.5 percent more likely to visit a clinic than enrollees who lived more than 10 miles away. Similarly, adults ages 18 to 44 were more likely to visit a retail clinic than those in other age groups, and enrollees from zip codes with higher median household incomes were more likely to use a retail clinic than those from a low-income zip code.

Is Retail Clinic Use Driven by a Shortage of Primary Care?

Another hypothesis explored by the researchers was whether people who lived in a community with a shortage of physicians were more likely to use a retail clinic. This idea was not supported in their results. Instead, they found an equal utilization rate in federally designated Health Professional Shortage Areas and other areas.

Limitations and Future Directions

Although this study looked exclusively at retail clinic use by those with commercial insurance, additional work is needed to explore the impact of utilization by the uninsured. One issue not explored in this study was whether people went to a retail clinic as a substitute for their normal physician's office, or if they would have stayed home and not sought medical care otherwise. If the growth in retail clinic visits "represents substitution for other sources of care, then the increase in retail clinic use could lead to lower costs," says Mehrotra. If clinics are frequented by those who would have otherwise remained at home, this model increases overall health care costs. The researchers recommended future work to determine if visits to retail clinics represent new utilization of health care or if these visits are replacing trips to physician's offices altogether.

Conclusion

At the time of this study, the construction of new retail clinics seemed to plateau with the slow economy. However, recent reports show a new resurgence in their growth. Retail clinics had flat growth in 2009, and rose only 3 percent in 2010, but jumped to 11.2 percent in 2011.³ With the increase, more retail centers and "big box" stores are considering the advantages of offering

health care in addition to their usual commodities. In late 2011, a leaked document from Walmart revealed its ambitions to "become the nation's largest provider of primary health care services," although the company has since backed away from those goals and is now simply leasing space in its stores to local health care providers.⁴ With their increasing prevalence, retail clinics are likely to continue presenting health systems researchers and policymakers with interesting questions on how innovative health care delivery models can affect quality and cost in the United States.

For More Information

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Endnotes

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