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Convenient Care Association

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

Improving Quality and Safety Through Convenient Care Clinics

By Tine Hansen-Turton, MGA, JD

The need for accessible, affordable, quality health care in the United States has never been greater. Convenient Care Clinics (CCCs) were created in response to challenges faced by the current health care delivery system – a shortage of primary care providers, decreased access to basic primary health care, and high costs – all of which compromise quality.

CCCs are small, consumer-driven, retail-based clinics that provide basic and preventive health care services to all populations and sociodemographic segments 7 days a week, including evenings and holidays. Practicing evidence-based medicine, CCCs' staff – usually nurse practitioners (NPs) or physician assistants (PAs) and physicians – diagnose and treat common health problems, triage patients to appropriate levels of care, advocate for a medical home for all patients, and reduce unnecessary visits to emergency rooms.

CCCs strive to integrate their services with those of the local medical community. In particular, they actively work to connect CCC patients with a primary care physician (PCP). To date, more than 1000 CCCs across the country have provided care to more than 3.5 million patients. Because nearly one third of CCC patients – and 40

million Americans overall – report not having a PCP, CCCs are in a position to improve the quality of public health by facilitating proactive and prevention-minded health care.

Quality care and quality assurance are critical to the long-term survival of CCCs. Standardized protocols and nationally accepted evidence-based guidelines generally are built in to the electronic health records (EHRs) that CCC providers use as tools to enhance the clinical decision-making process. Among the professional organizations whose guidelines are incorporated by CCCs are the American Academy of Pediatrics, the American Medical Association, and the American Academy of Family Physicians.

CCCs incorporate rigorous quality assessments in their evaluative structures including formal chart reviews by collaborating physicians, peer review by NPs and PAs, and standard coding audits. Most clinics use proprietary software systems, EHRs, and other technology to optimize the patient experience and facilitate continuity of care within the medical community.

In general, CCCs follow established protocols to ensure a high level of care and patient satisfaction. On arrival at a clinic, patients register to

be seen, sometimes using a touch-screen computer terminal (similar to an airline self-check-in kiosk) into which they enter basic demographic information and the reason for their visit. This sign-in process is the beginning of the patient's EHR. In some cases, this information is transmitted electronically to a computer terminal inside the treatment room, where a provider is notified that a patient is waiting to be seen. Once the patient is escorted to the exam room, the provider validates the information provided by the patient at check-in and enters additional medical information about the patient's symptoms and conditions, as well as any pertinent medical history.

In October 2006, industry leaders formed the Convenient Care Association (CCA), a nonprofit corporation that brings CCC providers and business leaders together with the goal of assuring that this new model of care remains focused on quality service, accessibility, and affordability. The CCA launched industry-wide quality and safety standards in March of 2007. Developed with the guidance of a clinical advisory board and with direct input from the leadership of medical and nursing groups, these standards were designed to be more stringent than those adopted by

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key medical associations. Mandatory adherence to these common standards for operation helps ensure uniform quality across all CCCs.

The ongoing training and process improvement required by CCA standards help CCCs to maintain quality and continuity of care and to foster activities (eg, communication of clinical outcomes and satisfaction rates) that improve continuity and quality. The standards are built on the foundation that creating synergies with traditional medical service providers also will improve continuity and overall quality. The following is an excerpt from the CCA quality and safety standards:

- All providers are credentialed and follow state licensing requirements.
- CCA members are committed to monitoring quality on an ongoing basis.

- CCA members build relationships with traditional health care providers and hospitals, and, when permitted, share patient information and ensure continuity of care.
- CCA members encourage patients to have a regular source of primary care.
- CCA members are in compliance with state and federal regulations (Occupational Safety and Health Administration [OSHA], Clinical Laboratory Improvement Amendments [CLIA], Health Insurance Portability and Accountability Act [HIPAA], Americans with Disabilities Act [ADA], Centers for Disease Control [CDC]).
- CCA members provide an environment that is conducive to quality patient care and meet standards for infection control and safety.

In Table 1, the CCA standards are compared to retail-based CCC

guidelines developed by key medical professional associations.

CCA has contracted with the Jefferson School of Population Health to establish a process whereby CCA members who demonstrate adherence to quality standards may become certified. The certification process entails an initial assessment of written policies and procedures and subsequent reviews of CCA member operations to assure continued adherence to quality standards. CCA recognizes member clinic certification awarded by other national accrediting bodies (eg, The Joint Commission).

Collectively, CCCs have reported positive outcomes. A recent study published in the *American Journal of Medical Quality* showed an overall 99.05% adherence by CCC providers to clinical guidelines for treating acute

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Table 1. Comparison of CCA Standards with Other Professional Association Standards

Category	Quality Standards Comparison	AAPF	AAP	AMA	CCA
Scope of Practice	Well-defined	●		●	●
	Limited	●		●	●
Practice Guidelines	Evidence-based	●	●	●	●
	Continuity of care	●		●	●
Team-based Approach	Compliance with practitioner oversight requirements	●	●	●	●
	Out of scope	●		●	●
	Follow-on care	●		●	●
Referrals	Encourage medical home	●	●	●	●
	Emergency response procedures	●			●
Electronic Health Record	Data aggregation	●		●	●
	Integration	●		●	●
Provider Credentialing	All practitioners			●	●
	Peer review				●
	Collaborating physician review				●
Quality Monitoring	Compliance with evidence-based guidelines	●			●
	Quality and safety outcome analysis				●
	Patient satisfaction analysis				●
	Occupational Safety and Health Administration			●	●
	Clinical Laboratory Improvement Amendments				●
Compliance	Health Insurance Portability and Accountability Act				●
	Americans with Disabilities Act				●
	Centers for Disease Control Infection Control Guidelines		●	●	●
Consumer Empowerment Price	Health care choices				●
	Consumer transparency				●

AAPF = American Association of Family Practitioners

AAP = American Academy of Pediatrics

AMA = American Medical Association

CCA = Convenient Care Association

pharyngitis, a rate that is significantly higher than adherence rates reported elsewhere.¹ A May, 2008 Harris Interactive poll published in the *Wall Street Journal* reported that 90% of CCC patients are satisfied with the quality of their care.²

In conclusion, CCCs have evolved at a time when our health care system is floundering. CCCs focus on quality, convenience, and consumer choice. Competent professional health care

providers, use of evidence-based practices in patient care, established quality standards, and ongoing quality improvement mechanisms are central to the CCC concept. Because of this, CCCs are proving to be an accessible, affordable, and high-quality health care choice.

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References:

1. Woodburn JD, Smith KL, Nelson GD. Quality of care in the retail health care setting using national clinical guidelines for acute pharyngitis. *Am J Med Qual.* 2007; 22: 457-462.
2. The Wall Street Journal Online/Harris Interactive Healthcare Research. New WSJ.com/Harris Interactive study finds satisfaction with retail-based health clinics remains high. Available at: <http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=1308>.

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