ISSUE 9 SUMMER 2010

Prescriptions for Excellence in HEALTH CARE

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

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Convenient Care Clinics: Innovations in Patient-Centered Care

By Sandra Festa Ryan, RN, MSN, CPNP

Convenient care clinics (CCCs) promote patient-centric care by engaging patients and their families in managing their health and making informed decisions about their care. Patient-centric care considers each patient's situation – cultural, social, family, lifestyle, financial, spiritual, and health-related needs and preferences – to provide the best care for that particular patient. Nondirective, patient-centered care creates patientprovider "teams" and supplies the tools and support systems that facilitate the clinician's effectiveness and the patient's success in managing his or her health.

Primary care, still considered "the backbone of the nation's health care system," is at grave risk of collapse. As the number of primary care physicians decreases, Americans are more likely to lack even basic health care.² Increasingly, CCCs are seen as one solution to this growing problem. A recent survey found that more than 1 in 3 consumers are receptive to the idea of using CCCs, with over 16% having used a retail clinic in a 2-year period and 13% having used a retail clinic in the last 12 months.³ The number of clinics has grown from fewer than 50 in 2005 to more than 1000 today,4 a level of acceptance and use demonstrating that CCCs are meeting a real need for affordable, accessible, quality primary care.

CCCs, staffed primarily by nurse practitioners and physician assistants, function as partners with primary care physicians (PCPs) to deliver and assure continuity of care. As members of the Convenient Care Association (CCA), a majority (90%-95%) of convenient care operators are held to a common standard of evidence-based care including 10 quality and safety standards with 3rd-party certification, peer review and collaborative physician review, and measurement of outcomes.⁵

The essence of patient-centered care – meeting the needs of the right patient, in the right place, at the right time, with the right care – is the driving force of the convenient care industry.

The Right Patient

CCC patients aged 18 months and older span all sociodemographic groups including age, race, sex, and insurance status. The majority of patients are adults between the ages of 18 and 44, and nearly 70% are covered by insurance. The current scope of CCC services – acute self-limiting conditions, vaccinations, physical examinations, and preventive services – may soon be expanded to include chronic disease management.

CCCs provide an important public health service by offering convenient

locations for immunizations and by tracking and trending the spread of illness. For instance, 73.6% of CCC patients aged 65 and older use the clinics for immunizations.⁶ In addition, these clinics provide important screening and health risk assessment services to identify risks, educate patients, and make referrals for additional services. Earlier access to health care can reduce severity of illness, curtail the spread of infection, encourage preventive care, and reduce overall health care utilization.

The Right Place and Time

CCCs provide care convenient to where people live and work and at hours that fit into the busy lives of Americans. CCCs typically are open 7 days a week, with hours that extend into the evenings on weekdays. No appointment is needed and wait times are usually short.

The National Association of Community Health Centers found that 56 million US residents do not have a regular source of health care as a result of physician shortages in their area. A recent study found that only 38.7% of CCC patients reported having a PCP.

CCCs function as a medical liaison, referring patients without a medical

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home to a PCP in their community, or to a medical specialist when appropriate and with the patient's consent. CCCs provide visit summaries that can be shared with patients' PCPs and offer follow-up visits based on the severity and nature of the illness. An important part of the local health care system, CCCs provide an overflow outlet for busy provider practices (eg, evening, weekend, and holiday coverage) and a cost-saving alternative to overburdened and expensive emergency rooms.

According to the 2005 National Hospital Ambulatory Medical Care Survey, an estimated 55.4% of the annual 114 million emergency department visits are for nonurgent conditions such as headaches, sore throats, and stubbed toes. The cost of the average CCC visit, including medications prescribed, is \$51 less than urgent care, \$55 less than a doctor's office, and \$279 less than an emergency department setting. The savings from using CCCs instead of emergency rooms are immense.

The Right Care

CCCs provide the right care through the use of evidence-based clinical guidelines that align with those of the American Medical Association (AMA) and the American Academy of Family Physicians (AAFP). The quality of care has been found to be as good as or better than care provided by PCPs and urgent care providers. Nurse practitioners provide higher rates of counseling and self-management than PCPs, 11 and such counseling can lead to improved health, self-care, and quality of life. Patient surveys demonstrate an 89% quality of care satisfaction rating. 3

CCCs support their clinicians through the use of health information technology (HIT), which has been shown to improve quality by increasing adherence to guidelines, enhancing disease surveillance, and decreasing medication errors.¹² In addition, the use of a computer-based system

increases consumer acceptance of and comfort with care provided by midlevel clinicians.¹³

HIT is used throughout the patient's visit, from check-in through discharge, including the use of electronic medical records (EMR) by the clinician, e-prescribing, electronic ordering of laboratory tests, medical record transfers to PCPs, and patient follow-up. The EMR permits documentation of the chief complaint, medical and family history, medications and allergies, review of symptoms, physical exam, tests and procedures performed, discharge instructions, and follow-up telephone calls and visits. The EMR also provides CCC clinicians with reminders about patients who need follow-up, automatic checks for pregnancy, and medication allergies and history.

HIT is also useful for collecting data regarding patient satisfaction, Healthcare Effectiveness Data and Information Set (HEDIS) measures, real-time peer and collaborating physician review, and for tracking provider compliance with mandatory continuing education – an important component of ensuring continuous quality improvement. It creates a constant awareness of quality standards and the need to follow evidence-based guidelines.

Currently 6 in 10 Americans defer health care because of cost,¹⁴ while the country struggles with rapid increases in health care costs, an aging population, unprecedented Medicare and Medicaid spending, and rising numbers of uninsured. CCCs offer an innovative solution by meeting individuals' basic health care needs conveniently, at a reasonable cost, and in a fashion that can be scaled to meet the needs of the country as well.

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