



CENTER SQUARE EAST
1500 MARKET STREET
PHILADELPHIA, PA 19102

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Federal Trade Commission
Office of the Secretary
Room H-113 (Annex X)
600 Pennsylvania Avenue NW
Washington, DC 20580

Submitted via: <https://ftcpublic.commentsworks.com/ftc/healthcareworkshop>

RE: Health Care Workshop, Project No. P131207

The Convenient Care Association (“CCA”), on behalf of its members, appreciates the opportunity to comment on specific questions in the announcement of the public workshop, *Examining Health Care Competition*. The CCA was founded in 2006 to provide a unified voice for the retail-based convenient care industry. Convenient care clinics, often referred to as “retail clinics,” are health care facilities inside retail locations, such as pharmacies and grocery stores. The industry is currently made up of approximately 1,700 clinics across more than 42 states and Washington D.C. CCA members have collectively served more than 35 million patients and over 90 percent of patients are satisfied with clinic services. The care in retail clinics is provided by nurse practitioners (NPs) and physician assistants (PAs) and encompasses basic primary care, preventative and wellness services, and some chronic disease monitoring and treatment. All CCA members are certified or accredited by national quality organizations, such as The Joint Commission and the Accreditation Association for Ambulatory Health Care. The CCA represents more than 95 percent of all convenient care clinics currently in operation.

Research on the industry has documented time and again that convenient care clinics deliver high-quality, cost-effective, accessible health care. Lack of access to preventative and primary care services causes much higher health care expenses related to the use of emergency rooms or other costly interventions. Convenient care clinic services also help prevent complications that often result in costly emergency room admissions.

The Members of the CCA would like to respond to some of the questions related to retail clinics in the *Examining Health Care Competition* announcement.

PROFESSIONAL REGULATION OF HEALTH CARE PROVIDERS

To what extent might professional regulations unnecessarily restrict the scope of practice of non-physician health care professionals?

The members of CCA believe that utilizing interdisciplinary teams of care providers is the most effective method of delivering healthcare. CCA members employ collaborative arrangements between NPs and/or PAs and physicians to promote communication and best practices. In fact,

CCA members utilize collaborative arrangements in states where they are not required by statute or regulation. However, CCA members believe that some legally-imposed supervision requirements artificially restrict the practice of highly-qualified NPs and PAs. Specifically, geographic proximity requirements and on-site supervision requirements create an unnecessary barrier to care. There is no evidence that additional restrictions increase the quality of care. Further, it has been the experience of our members that their retail clinics provide excellent quality in states that have, and those that do not have, additional practice restrictions. Geographic proximity and on-site supervision requirements have not increased the quality of care in the retail clinic setting. Quality care is delivered in each retail clinic setting.

INNOVATIONS IN HEALTHCARE DELIVERY

To what extent are health care services being delivered in retail clinics? What trends are being projected for the future?

There are approximately 1,700 retail clinics in 42 states. Preventative care and primary care is provided to patients aged 18 months and older. Clinics offer flexible hours of operation, with most open 7 days a week up to 12 hours a day during the workweek and up to 8 hours a day on Saturday and Sunday. Clinics are also open on many holidays. In recent years, the number of clinics and the scope of services has grown to meet high consumer demand for accessible, high-quality, affordable health care. An array of health care services are being delivered in retail clinics. These services include:

- Evaluation, treatment, & education
- Acute care
- Immunization
- Wellness services
- School, camp, and sports physicals
- DOT physicals
- EpiPen instruction and prescription
- Allergy management
- Medication reconciliation
- Minor office procedures
- Chronic disease care

Some retail clinics are expanding services to include chronic disease care:

- Diabetes
- Hypertension
- Hyperlipidemia
- Asthma/COPD

Additional education and wellness services may include:

- Help with smoking cessation
- Weight management
- Hypertension evaluation
- Lifestyle modification & coaching

Retail clinic utilization is on the rise and operators are expanding to meet the demand. Retail clinic visits grew four-fold between the years 2007 and 2009.¹ A 2013 Accenture Research projects that retail clinics will continue to grow 25% to 30% annually, and one operator alone is planning to open 100-150 new clinics each year, for next five years.

Are there regulatory or commercial barriers that may restrict the use of retail clinics? If so, are there any valid justifications to support such restrictions?

Access to retail clinics increases access to health care, yet if a particular state has supervision requirements of PAs and/or NPs that are not based in proven quality or safety evidence, the cost of supervision may be too costly for retail clinics to enter into a market. A RAND study compared costs for similar visits across settings and found that care provided at retail clinics costs 30% to 40% less than similar care at physician offices and approximately 80% less than similar care at emergency departments.² This is only one of many studies that show the health care cost savings associated with care provided in retail clinics.³ Retail clinics are high-quality providers of services with an extremely low revenue margin. Adding onerous supervision requirements with no basis in science may restrict the use and growth of retail clinics because they may slow proliferation due to the cost of operating in markets with these legal restrictions.

In addition, restricting services provided by a clinician because of the facility-type inherently reduces access. By restricting what may be performed in a particular location, NPs and PAs are not able to practice up to the full scope of their license.

How do professional regulations affect retail clinics in delivering health care services or expertise across geographic areas or jurisdictional boundaries, especially in rural or underserved areas?

A perfect example of regulations impacting the growth of retail clinics in rural areas is the “geographic proximity” supervision requirement of NPs and/or PAs in some states. It is widely known that rural areas are in desperate need of health care providers. A retail clinic operator could set up in rural areas to provide access to care where others have not. However, if the state requires a supervising or collaborating physician to be within 50 miles of the supervised or collaborating NP or PA, and there is no physician within 50 miles, then a retail clinic could not operate in that market without paying for a supervising physician to move within 50 miles. This scenario would substantially drive up the operating costs of a clinic. Since geographic proximity requirements have no evidence base, retail clinic operators may not be willing to incur the extra cost to provide care in the small, rural towns because the added cost would drive up the cost of the retail clinic services.

¹ Mehrotra, Ateev, and Judith R. Lave. “Visits to Retail Clinics Grew Fourfold From 2007 To 2009, Although Their Share of Overall Outpatient Visits Remain Low.” *Health Affairs*, 31 No. 9, (2012).

² Mehrotra, Ateev, Llu Hangsheng, John L. Adams, et al. “Comparing Costs and Quality of Care at Retail Clinics with that of Other Medical Settings for 3 Common Illnesses.” *Annals of Internal Medicine*, 151 No. 5 (2009).

³ Thygeson, Marcus, Krista A. Van Vorst, Michael V. Maciosek, and Leif Solberg. “Use and Costs of Care In Retail Clinics Versus Traditional Care Sites.” *Health Affairs*, 27 No. 5 (2008).

Weinick, Robin M., Rachel M. Burns, Ateev Mehrotra. (2010) “Many Emergency Department Visits Could be Handled at Urgent Care Centers and Retail Clinics.” *Health Affairs*, 29 No. 9 (2010).

On behalf of CCA and its members, I thank you for the opportunity to submit written comments for your consideration. If you have any questions, please contact me at (215) 731-7140 or tine@ccaclinics.org.

Sincerely,

Tine Hansen-Turton
Executive Director