

## Pediatric Providers' Attitudes Toward Retail Clinics

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**Objective** To describe pediatric primary care providers' attitudes toward retail clinics and their experiences of retail clinics use by their patients.

**Study design** A 51-item, self-administered survey from 4 pediatric practice-based research networks from the midwestern US, which gauged providers' attitudes toward and perceptions of their patients' interactions with retail clinics, and changes to office practice to better compete.

**Results** A total of 226 providers participated (50% response). Providers believed that retail clinics were a business threat (80%) and disrupted continuity of chronic disease management (54%). Few (20%) agreed that retail clinics provided care within recommended clinical guidelines. Most (91%) reported that they provided additional care after a retail clinic visit (median 1-2 times per week), and 37% felt this resulted from suboptimal care at retail clinics "most or all of the time." Few (15%) reported being notified by the retail clinic within 24 hours of a patient visit. Those reporting prompt communication were less likely to report suboptimal retail clinic care (OR 0.20, 95% CI 0.10-0.42) or disruption in continuity of care (OR 0.32, 95% CI 0.15-0.71). Thirty-six percent reported changes to office practice to compete with retail clinics (most commonly adjusting or extending office hours), and change was more likely if retail clinics were perceived as a threat (OR 3.70, 95% CI 1.56-8.76); 30% planned to make changes in the near future.

**Conclusions** Based on the perceived business threat, pediatric providers are making changes to their practice to compete with retail clinics. Improved communication between the clinic and providers may improve collaboration. (*J Pediatr* 2013;163:1384-8).

See related article, p 1389

The role of retail clinics in the US health care system is controversial. Some have suggested that retail clinics play an important role, providing a market-based solution to problems such as access to care and increasing costs.<sup>1</sup> Professional organizations including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians have raised concerns about the quality of care provided at retail clinics and the impact of fragmentation of care on patients overall health.<sup>2,3</sup> Retail clinics also represent a business threat for primary care physicians. For pediatricians, the acute upper respiratory conditions initially targeted by retail clinics represent up to 30% of office visits,<sup>4,5</sup> and expansion of services at some retail clinics to include physical examinations, preventive care, and chronic disease care may further increase the business threat.<sup>6-8</sup>

Retail clinics first appeared in 2000 in Minnesota and are predicted to number more than 6000 nationwide by 2013.<sup>5</sup> Currently, retail clinics are found in 39 states, most commonly in urban areas.<sup>6,9</sup> Clinics are staffed by nonpediatric nurse practitioners and physician assistants and provide care for patients who are 18 months of age and older.<sup>7</sup> They sit within high-traffic retail settings, such as pharmacies, supermarkets, or discount stores.<sup>1</sup> From the consumer standpoint, retail clinics may be the preferred care option as they are convenient, no appointment is necessary and the wait time is short, typically less than 30 minutes.<sup>10,11</sup> Retail clinics have extended hours, are open on the weekend, and provide one-stop shopping for the desired healthcare, any needed medications, household goods, and groceries.<sup>12</sup> The price of services is fixed and transparent, and may be less expensive than use of a primary care provider or emergency department,<sup>10,13</sup> and many retail clinics now accept health insurance and Medicaid.<sup>14</sup> Retail clinics

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AAP	American Academy of Pediatrics
PBRN	Practice-based research network
REDCap	Research electronic data capture
WU PAARC	Washington University Pediatric and Adolescent Ambulatory Research Consortium

**Table I.** Pediatric providers reported experience with clinical scenarios associated with retail clinic visits by their patients

Scenario	% Providers reported they had experienced this scenario (N = 226)
Incorrect diagnosis	81%
Overuse of antibiotics	77%
Misuse of antibiotics (N = 149)*	68%
Ignored results of diagnostic test	69%
Failure to conduct simple diagnostic tests	68%
Used diagnostic test without proper follow-up	52%
Overused OTC cough/cold medicine	44%
Missed diagnosis of co-morbid condition that led to inappropriate care	38%
Inappropriate triage	30%
Expectation that PCP would prescribe medications or order tests recommended by the clinic without seeing the patient (N = 149)*	22%
Primary care provider not informed about specialist referral (N = 147)*	21%
Failed to manage lacerations properly	5%
Repeat administration of vaccine (N = 148)*	3%

OTC, over-the-counter; PCP, primary care pediatrician.

\*These questions were added after the survey was completed by the St Louis area providers.

differ from urgent care centers as they are staffed by nonphysicians, provide more limited care options, and do not have on-site diagnostic services, such as phlebotomy and radiography, and the ability to perform minor procedures required to earn the urgent care center designation.<sup>15</sup>

Little is known about how retail clinic care for children is impacting pediatric primary care practice. The purpose of this study was to determine pediatric providers' perception of their patients' encounters with retail clinics, their attitudes toward retail clinics, and changes to office practice made or planned to better compete with retail clinics.

## Methods

This study and survey were developed by the Washington University Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC) in response to concerns presented by local pediatricians. WU PAARC is a practice-based research network (PBRN) of community pediatricians and pediatric nurse practitioners in St Louis, Missouri. The survey tool was developed by the WU PAARC study team comprised of 5 community pediatricians and researchers at Washington University. Items were identified based on a review of the literature and discussion of common concerns and clinical experiences, and modified after pilot testing by the pediatricians. Following administration of the survey in WU PAARC, 4 items describing additional office-based clinical scenarios associated with retail clinic use were added to the survey tool (Table I). The study was approved by the Washington University Human Research Protection Office.

Eligible participants were pediatricians (N = 441) and pediatric nurse practitioners (N = 11) affiliated with 4 midwestern pediatric PBRNs. The participating PBRNs were WU

PAARC in St Louis, Missouri, Pediatric Practice Research Group in Chicago, Illinois, Cincinnati Pediatric Research Group in Cincinnati, Ohio, and Pediatric PittNet in Pittsburgh, Pennsylvania. The 4 PBRN communities varied in their duration and intensity of exposure to commercially sponsored retail clinics (most commonly TakeCare clinics in Walgreens and Minute Clinics in CVS stores) (Table II; available at [www.jpeds.com](http://www.jpeds.com)).

The survey was conducted first within WU PAARC and then expanded to include the other PBRNs. In each PBRN, providers were invited by their PBRN director to participate in the anonymous research electronic data capture (REDCap) survey by e-mail, with up to 4 invitations sent to non-responders. Eleven St Louis area providers completed a paper version of the survey at a meeting and their responses were entered into the REDCap database by WU PAARC staff.

The 51-item self-completed survey took approximately 5 minutes to complete and included a description of retail clinics as well as urgent care clinics (Appendix; available at [www.jpeds.com](http://www.jpeds.com)). Questions assessed providers' perceptions of the care provided by retail clinics for their patients, the impact of retail clinics on their practice, and their attitudes regarding retail clinics. Providers indicated their agreement with attitudinal statements using a 4- or 5-point categorical scale (strongly agree to strongly disagree; as appropriate, a "don't know" response option was included). Similarly, providers indicated the frequency with which they thought local retail clinics complied with AAP principles concerning retail clinic care including following recommended clinical guidelines and communicating with the patient's pediatrician within 24 hours of the clinic visit.<sup>2</sup> They also indicated how often they thought additional office visits resulted from suboptimal care at the retail clinic (always or almost always, most of the time, about one-half the time, sometimes, rarely, never). Providers selected from listed items to indicate which suboptimal clinical scenarios they had encountered and changes to their business practices they had made or planned to make to compete with retail clinics. In addition, demographic data were recorded.

## Statistical Analyses

Continuous data are summarized as means (SD) or median (range). Categorical data are summarized as percentages. Responses of "strongly agree" and "agree" were combined and reported as "agree." Frequency responses of "most of the time" and "always or almost always" were combined and reported as "at least most of the time."

We used the Pearson  $\chi^2$  test to compare responses among various subgroups including demographic groups (male vs female, and younger vs older providers,  $\leq 50$  years and  $> 50$  years). We also compared responses from those who reported prompt communication at least "most of the time" and who had made changes to become more competitive with retail clinics with other respondents. A probability of  $P < .05$  (2-tailed) was used to establish statistical significance. Statistically significant associations were further explored using logistic regression to adjust for clustering of providers within

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