

# Retail clinics best used as backup to a patient's primary care physician

13 October 2015

The American College of Physicians (ACP) today said that retail health clinics - now commonly present in drugstores and/or big box retailers - are best used as a backup alternative to a patient's primary care physician for the diagnosis and treatment of episodic minor illnesses. "Health care delivery models are changing and our patients are embracing and exploring alternatives to the traditional office practice," said Wayne J. Riley, MD, MPH, MBA, MACP, president of ACP.

"Retail Health Clinics: A Policy Position Paper of the American College of Physicians is being released at this time because ACP feels it is important to provide guidance to physicians and their patients allowing them to understand the role retail [health clinics](#) may have in providing quick, convenient and patient-centered care," Dr. Riley noted. A summary of the paper is in *Annals of Internal Medicine*.

"The expansion of both the number and scope of retail health clinics raises many questions about the role of [retail clinics](#) long term and how they may complement or augment good medical care and routine preventive health services." Dr. Riley said. "A balance must be struck between the convenience and easy access retail clinics provide with the importance of establishing relationships between patients and physicians, particularly for patients who have complex medical histories and/or multiple medical problems."

ACP's half-dozen recommendations and positions address the expansion of retail health clinics while underscoring the need for adherence to patient safety and quality protocols and strong communication and collaboration among patients and the retail health clinic providers, and physicians:

- Retail health clinics should serve as an episodic alternative to care from an established primary care practice for

relatively healthy patients without complex medical histories.

- Ideally, all patients should establish a longitudinal care relationship with a physician. Physicians should discuss circumstances in which the use of a retail health clinic might be appropriate.
- All care settings should develop strategies to provide patients with improved access via flexible scheduling and after hours care.
- Retail health clinics should have a well-defined and limited scope of clinical services that are consistent with state scope of practice laws and with the more limited physical space and infrastructure that such a setting permits. These well-defined and limited services should be clearly disclosed to the patient prior to or at the visit.
- Retail clinics should use standardized medical protocols based on evidence based practice guidelines.
- Retail health clinics should have a structured referral system to primary care settings and encourage patients they see to establish a longitudinal relationship with a [primary care physician](#) if the patient does not have such an existing relationship. ACP believes that it is not appropriate for retail clinics to refer patients directly to subspecialists without consultation by a primary care clinician in order to ensure continuity of care.
- ACP believes it is primarily the responsibility of the retail health clinic to promptly communicate information about a retail health clinic visit to a patient's primary care physician including but not limited to the administration of any vaccination, prescriptions, tests, or post-care instructions.
  - Physicians are encouraged to engage patients in a discussion on

how to appropriately follow up with the physician or Patient-Centered Medical Home (PCMH) after a retail health clinic visit.

- Patients are encouraged to engage the retail health clinic about when and what information will be sent to their primary care physician and discuss their retail health clinic visit with their physician.
- ACP believes insufficient data exist concerning the provision of [chronic disease management](#) in the retail health clinic setting and recommends against chronic and complex disease management in these settings at this time. ACP recommends controlled research into the safety, efficacy, and cost effectiveness of chronic disease management in the retail health clinic setting.

"The positions put forward by ACP highlight a meaningful approach that will have positive effects for both [patients](#) and physicians," concluded Dr. Riley. "The health care system will, then, realize the full potential of [primary care](#) physicians working collaboratively with retail health clinics."

**More information:**

[www.annals.org/article.aspx?doi=10.7326/M15-0571](http://www.annals.org/article.aspx?doi=10.7326/M15-0571)

Provided by American College of Physicians

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