

# HEALTHY LIVING

## a **CONVENIENT** truth

### Walk-in clinics offer alternative to traditional doctor's office visits

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The waiting room at the Treat-N-Go Clinic in Bellmead, Texas, was empty on a recent afternoon, and that's just the way the staff likes it.

The clinic's goal is to get people in, treat them and then get them back out in 15 minutes. So, unlike many medical offices, an empty waiting room is a sign of success.

That style of medicine may strike some people as strange. But Treat-N-Go, which opened seven months ago and already is looking for new locations in the Central Texas area, is part of a growing trend across the country.

The first wave of so-called convenience clinics opened in the Midwest about eight years ago. Since then, about 600 of the clinics have opened nationwide.

Most of the clinics are part of chains and are located in retail stores such as Wal-Mart or CVS. But some are run by independent operators and are located outside of stores.

What unites the clinics are their basic operating principles, said Tine Hansen-Turton, executive director of the Convenient Care Association. That includes being open seven days a week, accepting walk-in patients and getting people in and out quickly.

Another defining characteristic is having a set list of conditions the clinics will treat for a set price. The list of conditions usually includes common illnesses, as well as other problems such as joint pain and puncture wounds, she said.

Supporters of the concept say the clinics are an inevitable response to the trend of consumers being more in charge of their health care. Virtually every other industry has been transformed as consumers have demanded services that are low-cost and convenient. Health care is just one of the last frontiers, they say.

"This is a common-sense approach to a need in the marketplace," said Bill Warren, CEO of Treat-N-Go. "People have been way too inconvenienced and way overcharged to get their needs to be taken care of."

Many doctors, however, are hesitant to endorse the model. The American Medical Association has called for an investigation into potential conflicts of interest between store-based clinics and the pharmacy chains in which they operate. It also has released a policy statement expressing concern about the potential negative effects of retail clinics.

The American Academy of Pediatrics has gone even further, saying it completely opposes infants, children or adolescents being

seen at retail clinics.

The main concern, said Dr. Joe Cunningham, senior vice president of medical affairs for Providence Healthcare Network in Waco, Texas, is that convenience clinics will become a substitute for people having a regular doctor. That could result in a lack of preventive care and increases the chances that someone will be misdiagnosed, he said.

When someone has a regular doctor, that physician knows the person's complete health history and coordinates care to make sure there are no harmful interactions or oversights, Cunningham said. That is absent at a convenience clinic, he said. He added they are usually staffed by advance practice nurses instead of doctors.

While those nurse practitioners and others have a lot of medical training, it's not as extensive as physicians, and that can be a problem, Cunningham said. Using the military as an example, he said that the most-experienced trauma doctors are assigned to triage since deciding what treatment is needed can be trickier than delivering that treatment.

"People don't come in with a label that something unusual or something abnormal is wrong with them," Cunningham said.

Cunningham acknowledged, though, that convenience clinics have sprung up because many physicians don't make themselves available enough to patients. Office hours that don't jibe with a patient's schedule or difficulty getting appointments on short notice are some of the most common frustrations. And people who don't have health coverage or are insured through a government program often have a steeper set of obstacles, he said.

In a pinch, convenience clinics can be a better alternative than waiting in the emergency room, Cunningham said. But the ideal solution is for people to have a good relationship with a primary care doctor who they can call if medical needs arise at inconvenient times.

The concerns expressed by doctors are certainly valid, Hansen-Turton said. That's why the convenience-care industry has developed standards designed to minimize some of those potential pitfalls.

For example, people who don't have a regular doctor are urged by clinics to get one, Hansen-Turton said. Also, most clinics forward treatment records to people's regular physicians.

As long as clinics consistently follow those guidelines, Hansen-Turton said convenient-care clinics eventually will be accepted by doctors.

The acceptance of urgent-care centers is a good example of how the medical establish-



PHOTOS BY ROD AYDELOTTE / COX NEWS SERVICE

Licensed vocational nurse Casey Loesch examines the knee of Charlotte Costley at Hillcrest Baptist Medical Center's Express Care Center in Waco, Texas. Taking notes is Karen Grant, a registered nurse and a nurse manager in Hillcrest's emergency department.

ment can shift its thinking.

When urgent-care centers first opened in the 1980s and began to offer emergency care outside of the emergency room, doctors were uneasy about them, Hansen-Turton said. But now, urgent-care centers are valued by physicians for helping take some of the load off emergency rooms.

Convenient-care clinics already are seeing some of that recognition. In certain parts of the country, for example, insurers have begun to waive co-pays if patients go to convenient-care clinics because the care typically costs less than at a doctor's office.

Also, one trend in the industry is for hospitals or large physician practices to open convenience clinics, Hansen-Turton said. If that continues, it will make the concept mainstream.

In Central Texas, Treat-N-Go clinic CEO Warren said most physicians don't seem to have a problem with the convenience clinic. In fact, several local doctors refer people to Treat-N-Go when their own practices are overwhelmed or when patients show up late in the day and need immediate help, he said.

A few local businesses have established a close relationship with the clinic, Warren said, sending employees there when they aren't sure whether the person is too sick to be at work.

As for the patients, they love the clinic. Satisfaction surveys done by Treat-N-Go have yielded overwhelmingly favorable results, Warren said, indicating that clients are

pleased with how quickly they are treated. Many patients say the clinic sharing a building with a pharmacy is an added bonus.

"People are just amazed that they can get out of their car, come in, get treated and then leave with the prescription they need in about 30 minutes," Warren said.

In the first four months of its operation, the clinic saw about 1,000 patients, Warren said. Many were uninsured. Other patients were either new to town or visiting and didn't have a primary care physician, or the patients worked odd shifts, he said.

The most common problems patients seek treatment for are upper-respiratory infections, sore throats and allergies, said Marty Curbo, one of the nurse practitioners who sees patients.

Randall Grindle, a freshman at Texas State Technical College, went to the clinic after waking up with a red spot he thought was a spider bite. His mother, Lisa Grindle, who works for the Federal Emergency Management Agency and is temporarily stationed in Waco, heard about the clinic through a co-worker.

When her son said he needed to go to a doctor, Lisa Grindle said the clinic was the best option because they don't have a doctor in Waco and she doesn't have insurance.

"I was really surprised it isn't just for the basics like cold or flu," Grindle said of the clinic. "It offers a lot of other things. It's great for a college student or a working mom with no insurance." ■

## When 'take 2 aspirin and call me in the morning' just won't cut it

When you get sick and you aren't able to see a physician at his or her office, there are other possibilities for health care:

- Call your doctor: Many people are hesitant to call their primary care physician after hours, but they shouldn't be, said Jim Gebhart, chief operating officer for Hillcrest Health System in Waco, Texas. Your physician, or a partner who is on call, can help you make a decision about whether immediate medical attention is necessary. In some instances, the doctor may be able to call in a prescription for you or talk you through some other type of treatment.

Also, be sure you know what your doctor's hours actually are. For example, some doctors see established patients on Saturday mornings.

- Go to an acute-care clinic: Many of these walk-in clinics handle workers' compensation cases. Some are open only during normal operating hours, but others operate during late afternoon and evening hours, as well as on

weekends. Many can treat common illnesses as well as minor traumas. Care typically is delivered by a physician, and insurance often is accepted as payment. With most plans, the co-pay is the same as for a regular doctor's office visit.

- Visit a special section of the emergency room: In Waco, both Hillcrest Baptist Medical Center and Providence Health Center have something similar to convenience care within their emergency departments.

In a traditional emergency room setting, people with more serious needs have to be taken care of first, leaving those with relatively simple problems, such as a sprained ankle or fever, waiting a long time. These types of emergency room clinics solve that problem, typically getting patients in and out in an hour or less.

Nurse practitioners and other non-physicians carry out some of the care at these facilities, but they are supervised by on-site physicians who are involved in each case. ■



PHOTOS BY JERRY LARSON / COX NEWS SERVICE

College student Randall Grindle describes his medical condition to nurse practitioner Marla Bible at the Treat-N-Go Clinic in Bellmead, Texas.