How good is ‘quick care’?
Walk-in medical centers at drugstores and retailers are springing up all over. Here’s how to use those drop-in options safely

In a perfect health care system, everyone would have his or her own primary care doctor whose office is conveniently located and offers night and weekend coverage and same-day appointments if you need one. In reality, though, that’s not the case—at least not yet. The U.S. has the largest shortfall of doctors of any developed country, especially when it comes to primary care doctors. In fact, survey research has shown that about 73 percent of Americans can’t readily access medical care on a night, weekend, or holiday without going to the emergency room.

Into this void has come what’s sometimes referred to as the “quick care” movement—a proliferation of walk-in clinics in retail stores (think CVS, Walgreens, Walmart) as well as freestanding urgent-care centers that have night and weekend hours, treat a range of basic illnesses and injuries, and almost always are covered by insurance. They’re staffed by

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trained medical personnel—generally a nurse practitioner for a retail-store clinic and a physician for an urgent-care center, the more medically sophisticated (and less controversial) of the two. They also might offer substantially lower costs and shorter wait times than a trip to an overcrowded emergency room. (For more details on the options and what they offer, see the chart below.) Even better, the fees for each service are clearly posted.

Sounds like a good deal, but in-store clinics aren’t without their potential problems. Chief among the criticisms is that they fragment your health care, turning it into a series of piecemeal visits with different providers rather than providing the “continuity of care” that you get from seeing the same provider over time. Proponents of the clinics argue that they aren’t attempting to replace doctors but to supplement their care at times when the doctor isn’t available—plus provide an option for people who currently lack a doctor of their own. Here’s what you need to know about walk-in care and when you should—and shouldn’t—use it:

HOW WALK-INS COMPARE

The evidence so far suggests that walk-in clinics provide care comparable to what you get at a doctor’s office, at least across the relatively basic range of conditions they treat. In a study published in 2009 in the Annals of Internal Medicine, researchers examined the care given for three common illnesses—urinary-tract infection, a sore throat, and an ear infection—at a group of retail clinics, urgent-care centers, emergency departments, and physicians’ offices in Minnesota. They used 14 generally accepted indicators of quality, such as whether antibiotics were given for a child’s ear infection and whether high-risk patients with symptoms of a UTI were asked to give a urine sample, as guidelines advise. They found that the quality scores were similar at retail clinics, urgent-care centers, and doctors’ offices—but lower at emergency departments. “The takeaway is that most people who use a walk-in clinic should feel reassured,” says Ateev Mehrotra, M.D., M.P.H., an associate professor at Harvard Medical School.

WHERE TO GO FOR FAST MEDICAL CARE

<table>
<thead>
<tr>
<th>What it is</th>
<th>Who works there</th>
<th>Best for</th>
<th>Cost*</th>
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<tr>
<td>Retail clinic</td>
<td>Located in a drugstore, supermarket, or big-box store with on-site pharmacy. Examples: Minute-Clinic (CVS) and Target Clinic (Target). Most are open 7 days a week and have evening hours.</td>
<td>Nurse practitioners, physician assistants.</td>
<td>Common, non-life-threatening ailments: bronchitis, colds and the flu, ear infections, sinusitis, strep throat; UTIs, and minor sprains and abrasions. Also offer various vaccinations. Don’t treat children younger than 18 months.</td>
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<td>Urgent-care center</td>
<td>Stand-alone walk-in centers are often owned by a hospital or a doctor’s group; larger operators include Concentra, MedExpress, NexCare, and U.S. HealthWorks. Most are open 7 days a week and have evening hours.</td>
<td>At least one physician, usually with a family- or emergency-medicine specialty. Might also have physician assistants, nurses, nurse practitioners, and radiologists.</td>
<td>Broken bones, cuts requiring stitches, flu, food poisoning, and other conditions more serious than what doctors’ offices can handle but not requiring an ambulance to the ER. Most have X-ray machines and on-site labs.</td>
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<tr>
<td>Emergency room</td>
<td>A hospital department that’s equipped to treat life-threatening medical emergencies. Open 24 hours a day, 7 days a week.</td>
<td>Emergency-medicine physicians, nurses, physician assistants, medical and surgical specialists.</td>
<td>A situation that threatens “life or limb”: difficulty breathing, chest pain, facial drooping, limb weakness, seizures, severe bleeding, head trauma, coughing up or vomiting blood, severe allergic reactions, or loss of consciousness.</td>
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*Represents average amount billed to patient and/or his or her insurer. At retail clinics and urgent-care centers, insured patients pay only their normal office-visit copay, with insurance covering the rest.
and policy analyst at the RAND Corporation who led the study.

That walk-in clinics do a good job treating a handful of simple conditions isn’t surprising, according to John Santa, M.D., medical director of Consumer Reports Health. “The service should be cheap and high quality because the breadth of services offered is very limited,” he says. “If all I had to focus on as a physician were 10 conditions, I should get very good and efficient at them.”

Patients who use in-store clinics generally say they’re satisfied with the care they get. A 2012 study in the Journal of General Internal Medicine found that patients who went to a clinic said they were likely to go back again when they had another minor health problem. In surveys that have probed what consumers like about retail clinics, the most commonly cited attributes are the convenient hours and location, short wait time, and transparent and relatively low costs. Many private insurers, as well as Medicare and Medicaid, now include use of a retail clinic in their coverage, usually for the cost of an office-visit co-pay.

For their part, the clinics have fairly robust systems of quality control in place. About 99 percent of the 1,700 retail clinics operating in the U.S. are members of the Convenient Care Association, an industry group that sets quality guidelines and standards of care. One of those is that all clinics use electronic medical records; another is that they fill in the patient’s primary care doctor, if the customer provides that information and has a doctor to begin with (30 to 40 percent of customers do not, according to Tine Hansen-Turton, executive director of the CCA).

**USING A CLINIC WISELY**

The debate over retail clinics is becoming more heated as they begin to segue beyond the basic acute illnesses and vaccines that have been their bread and butter, and into the management of chronic conditions such as diabetes, high cholesterol, and high blood pressure. In 2013, for example, Walgreens announced that about half of its 700 Take Care in-store clinics would start offering preventive health services such as cholesterol screening tests, as well as treatment and management of chronic conditions including asthma, diabetes, and high blood pressure. That’s where our medical experts draw the line. “Complex or chronic medical problems that require continuity of care do not belong in retail clinics, period,” says Marvin M. Lipman, M.D., Consumer Reports’ chief medical adviser since 1967. In those cases, it’s critical to have a consistent primary care provider or specialist who can help you manage the condition and who will monitor your progress over time.

Another potential concern is that the clinics’ location in retail stores, where patients can fill their prescriptions and potentially pick up other health items on the way, could create a conflict of interest, possibly biasing the professionals who practice there toward prescribing a drug even if you don’t need one. For that reason, it’s wise to ask the questions in the “Checklist” box if you visit a clinic and a drug treatment is recommended.

Here are some other basic guidelines from our medical advisers to stay safe and ensure a good experience:

- **Make sure you go to the right facility.** Retail clinics are appropriate for routine ailments or services—a flu or shingles shot, a strep test, a camp physical for a child. For something more urgent, such as a broken bone or a cut requiring stitches, go to an urgent-care center. (Make sure the physician on-site is board-certified.) And for anything more serious or life-threatening, dial 911 or get to an ER.

- **Get everything that happened at the clinic in writing.** That includes any diagnosis you get, instructions for follow-up care, the name of who treated you, and any drugs prescribed or recommended. For more tips, see the checklist below.

- **If you have a chronic condition** such as diabetes or heart disease and can’t easily get in to see your primary care doctor or regular specialist when you need to, or they have no provisions for after-hours or weekend care, consider looking for another doctor. Thanks to incentives under the Affordable Care Act, more private practices are adopting weekend hours and allowing walk-in or same-day appointments.

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**Checklist: If you go to a walk-in clinic …**

- Take a list of all of the medications and supplements you take. (Or put them in a bag and take them with you.)

- If the practitioner recommends a drug treatment, ask why you need the drug and what side effects it might cause. If the drug is an antibiotic, confirm that you have a bacterial infection (as determined by a strep test or urine culture, for example). If it’s a virus, it won’t respond to an antibiotic.

- Don’t feel pressured to use the on-site pharmacy. If you get a prescription but have another pharmacy where you prefer to get your medication, get it filled there instead.

- If you have a doctor, make sure he or she gets a record of the visit. The nurse practitioner or physician assistant should ask who your primary care provider is and offer to send them or her a copy. “The patient may not want to share the record, but we encourage it,” says Tine Hansen-Turton, executive director of the Convenient-Care Association, a trade group for retail clinics. Check in with your doctor a few days after your clinic visit to make sure he or she got the report.