

Mark Masselli: Welcome to Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Welcome back to our regular listeners that means anyone who heard us last week which was our first show.

Margaret Flinter: Mark, I was happily surprised at how many people sent us Emails after the show.

Mark Masselli: Through the miracles of the Internet, they were able to listen at www.wesufm.org.

Margaret Flinter: And the Emails came from all over from Denver, Washington DC, Norway.

Mark Masselli: You have got family in Norway?

Margaret Flinter: No, but I think you do.

Mark Masselli: Really?

Margaret Flinter: Some people gave us ideas for future shows and some people suggested that they would like to be on the show as future guests.

Mark Masselli: One listener who asked us to dive more into the finances of the public option wrote the economics of the model really needs an explanation which is convincing about personal cost.

Margaret Flinter: And my personal favorite was the guy who wrote what is this, Care Talk.

Mark Masselli: So keep listening and send us more Emails at conversations@chc1.com.

Margaret Flinter: Last week, Speaker of the House Nancy Pelosi joined us for our first show to talk about the public option. That was just days after finance Chair Senator Max Baucus released his long awaited bill. Over these days, Senator Pelosi has continued to push for the public option saying the plan could save the Federal Government money and not

add to the country's deficit something in line with President Obama's objectives in health care reform.

Mark Masselli: Well she is a drum major for public option. We also had Dr. Mitch Katz from San Francisco here to talk about Healthy San Francisco, one program that is already proving it's possible to extend health care to the uninsured in a cost effective way.

Margaret Flinter: Remember Dr. Katz really stressed the need to have enough providers who can actually serve new patients and that's what led us to the topic of today's show, the Growth of the Convenient Care Clinic Industry. Retail clinics have sprouted up inside drugstores and retail locations like CVS and Wal-Mart; it's seen as one way to increase access to basic health care services at affordable prices.

Mark Masselli: Today, we will look at two models of retail clinics first, we will speak with Sandra Ryan, Chief Nurse Practitioner Officer of Take Care Health Systems that owns and operates retail clinics inside Walgreen drugstores.

Margaret Flinter: Then we are going to speak with Dr. John Agwunobi. Dr. Agwunobi is President of Wal-Mart's Health and Wellness Division. We will talk to him about how Wal-Mart leases space to local independent healthcare providers to provide those health services to Wal-Mart customers.

Mark Masselli: But first as always, at least since the last week, we will start with the health care headlines from Lucy Nalpathanchil, our producer here at Conversations, Lucy.

Lucy Nalpathanchil: I am Lucy Nalpathanchil with this week's headline news. The Federal Government will begin rolling out the H1N1 vaccine to state and local governments next week. US Health and Human Services Secretary Kathleen Sebelius says the government has purchased 250 million doses enough for every American who wants the vaccine.

Kathleen Sebelius: This is not a mandatory vaccination campaign, it is entirely voluntary. We have made it clear that we think it's a good idea for people particularly folks in the target populations to be vaccinated but there is nothing mandatory about it.

Lucy Nalpathanchil: The government recommends the vaccine for young children, pregnant women, and those with chronic conditions. The FDA

has approved 2 doses for children 9 years and younger, 1 dose for those 10 years and older. Secretary Sebelius also stresses that the vaccine is safe.

Kathleen Sebelius: We have a high degree of confidence in the vaccine's safety that this is being made exactly like seasonal flu, it's been made, we have lots of data on 100 million people a year getting the seasonal flu vaccine and we have every reason to believe this will operate exactly the same way.

Lucy Nalpathanchil: How the vaccine is distributed is up to state governments; governors and their public health directors are coordinating with hospitals, community health centers and clinics to determine how much vaccine to get and who will distribute the doses. Turning to the US capital, senators within the Finance Committee are still offering multiple amendments to US Senator Max Baucus's Health Care Reform Bill; one issue that came up was a revision to lower the cost of health insurance for people who would be required to purchase it. The question of affordability remains a sticking point between Democrats and Republicans in both Chambers. Senator Baucus's plan made news last week after he left out a public option, this week senators will offer amendments to get the public option in the bill and after the Finance Committee agrees on a bill, Senate Majority Leader Harry Reid will work to merge the Finance Bill with the Senate Health Committee Bill before a plan is brought to the floor for a vote. We will continue to follow what develops. This week we take a look at the retail care industry, clinics that offer basic health care services in places like drugstores, Minute Clinic is seen as the pioneer of retail care clinics. The Minnesota Company was founded in 2000, today Minute Clinics are found in CVS stores across the country. I visited a Minute Clinic in Avon, Connecticut. The Minute Clinic is nestled in the corner of the store past the checkout counters. Connecticut manager of Minute Clinic operations Marilyn McGuire takes me through the check-in process.

Marilyn McGuire: So here we are in front of the kiosk. As you can see it's a touchscreen to start and it is going to ask you why you are here. The two main options at this point in time are, are you here for a flu or pneumonia shot, one of the very common visits these days, or are you here for another service. If you are here for a flu shot, you just hit Yes, and go to the next screen.

Lucy Nalpathanchil: Above the touchscreen is an electronic menu that shows customers what services are available and exactly how much they

cost. A flu shot starts at \$62 and the clinic takes most insurance plans. McGuire says the upfront cost add to the quickness of a customer's visit.

Marilyn McGuire: What we offer to people is an alternative to going to the Urgent Care or the Emergency Room for what we call Acute Episodic Issues such as sore throat, conjunctivitis, sinusitis, bronchitis. We have actually started out with perhaps a handful of things we did and we have now I would say we do a 2½ times the services.

Lucy Nalpathanchil: During my visit, most people walked over to the clinic for flu shots. Ray Dubock came with his 4 year old daughter Jordan.

Ray Dubock: You can go right down the street, come in and out very quickly, get your flu shot rather than waiting at the grocery store where you are in line for an hour to get one, this is much more convenient.

Lucy Nalpathanchil: And convenience is key to this growing industry. Tine Hansen-Turton, executive director of the Convenient Care Association says 2 years ago there were 150 retail care clinics in the US now there are more than 1200. Hansen-Turton says the clinics aren't meant to replace primary care providers but they are staffed with qualified nurse practitioners so they can offer a critical access point to providing care.

Tine Hansen-Turton: We only have to look to Massachusetts 2 years ago where the Governor made health care insurance available to 340,000 adults and the next day they flooded the Emergency Rooms and the doctors' offices had to close because they couldn't take on new patients. So we believe that in order for health care reform to be successful, you are going to need an access point like a retail clinic.

Lucy Nalpathanchil: And the quality that care retail clinics offer is getting noticed. Grand Health recently published a study in the Annals of Medicine that found care at retail clinics is comparable to doctor office visits without having to wait for an appointment. Minute Clinics may have been the first retail care clinics but now several retailers have stepped into the ring. Conversations on Health Care spoke to two leaders in the convenient care industry. Here's Mark Masselli and Margaret Flinter interviewing Sandra Ryan, Chief Nurse Practitioner Officer of Take Care Health Systems which owns and operates retail clinics inside Walgreens.

Mark Masselli: Sandy, we are so pleased that you are able to join us today to talk about what's still a relatively newcomer to the health care market, the retail or convenient care clinic.

Sandra Ryan: Thank you Mark for having me. So retail clinics like you said it's fairly new to the health care market. Take Care Health Systems, who I work for, which is part of Walgreens the wholly owned subsidiary, we have about 350 clinics in 19 states. And what these clinics are being recognized for is their incredible convenience for patients and access, non-traditional health care access point for patients that are affordable and that have quality of care being delivered and using an innovative model of nurse practitioners to really be the sole providers of care in this clinic.

Margaret Flinter: You know as I recall the original target market might have been called the soccer mom market, busy moms just picked up the kids from sports or school maybe needed an ear ache, soar throat or pink eye looked at quickly and either couldn't get in to the pediatricians or didn't have time. Has that changed? Are you seeing a different kind of demand for services now and maybe tell us a little bit about who is your typical customer if there is such a thing?

Sandra Ryan: With the existence of the clinics, we have seen kind of a shift in some of the demographics. But the soccer mom still is one of the most, I want to say, educated consumer driven models out there where they are looking for convenience, they are looking for access, they are looking for quality of care for their children. We have a big demand between that 18 and about 50 year old range where people who are coming in are looking for convenience, they are working individuals, adults who are coming in right before work, coming in during work, it's quicker and easier to get in versus making an appointment or a large percentage of this population about 30% do not have healthcare coverage right now so that they are without insurance and we become an option other than urgent cares and emergency rooms.

Mark Masselli: How do you respond to critics that it disrupts patient provider relationships?

Sandra Ryan: There has been a lot of mechanisms that have been put in place so that if people do have healthcare providers that they normally see that records are being transmitted, that communication is made back to that provider. There is a huge percentage as well that do not have a relationship where we have actually as an industry been working to get

those patients back into the health care system linking them up with a health care home so that they have a routine provider that they see for routine health care needs. So the beauty of the retail clinic environment, all people who belong to the Convenient Care Association which is this retail care environment have electronic health records. So when you talk of continuity, we have actually stepped beyond a lot of individual practices out there in trying to build continuity within our own environment and reached out to other providers to have continuity in that respect. I can tell you as an industry goal, it is our goal to promote continuity because that's in the best interest of the patient.

Margaret Flinter: Now Sandy as a nurse practitioner yourself I know prevention is always on your mind and the US Preventive Services Taskforce has that very specific list of what's highly recommended, immunization in cancer, cardiovascular screenings, diagnostic tests. When we look at the list of services that a retail clinic provides, probably a lot of them can be delivered in this setting. I know prevention is a priority for you but have you been able to translate this into your business strategy and clinical services in the retail clinics?

Sandra Ryan: We launched I think it was last year we launched actually an HRA a Health Risk Assessment offering to patients which does exactly that. It's a screening for a health evaluation which looks at obviously some metabolic levels, the chemistry panels and different things but also asks pertinent questions as to those routine things that are recommended at certain ages so getting a mammogram, having a pap smear done those different things in trigger point so that we can document and facilitate for patients to get those things done. So as you see the industry evolve, there would be more and more coming in that direction that's trying to promote health and wellness within the setting because we are a unique setting. We have seen our immunization offerings go from starting off the industry we only offered a very few to now we have a pretty complete suite of immunizations that we offer out for both pediatrics and adults.

Mark Masselli: We are talking with Sandy Ryan, Chief Nurse Practitioner Officer of Take Care Health Systems. Sandy, quality safety services it's a challenge to monitor each of these in just one practice and you are doing it with more than a 1000 nurse practitioners and 352 clinics and 19 states, how do you do it?

Sandra Ryan: Well that's the beauty of having electronic health records and having electronic capability. And again from an industry standpoint

where the retail clinic had a true advantage to the traditional healthcare system is we started with a blank slate so we were able to design and implement and put process and procedures in place from the very beginning. So we have established ways of doing electronic peer-to-peer review between our NPs, actually reviewing quality of care issues as well as collaborative position reviews. So they review a percentage of records per state per regulation of our NP's practice and so we are able to actually generate reports so I could tell you any day of the week what every NP scores are in quality on both of those as well as track National HEDIS measures on three of the most common things that we see within our environment and I can tell you that our scores particularly on HEDIS exceed the national benchmark.

Margaret Flinter: Sandy as you know Mark and I lead a statewide community health center and as a community health center we are very focused on vulnerable and special populations particularly the uninsured, the low income, the publicly insured patients not traditionally the focus for the retail clinic industry but might this be changing? We hear that in some states, Medicaid is beginning to cover services at the retail clinics; tell us your perspective on this and maybe a little bit about how that ties to a chronic disease management as well as prevention.

Sandy Ryan: From our standpoint, we have always been trying to have access for everyone. So in states, where we have been able to, we have negotiated contracts with Medicaid and Medicare because we too believe in trying to have access for everyone. Not all the retail partners have taken the same approach but Take Care and Walgreens definitely is committed to that. As far as chronic care delivery absolutely that is something that we will be expanding services into as we move forward. So recently, we have launched a few more new services, we are looking at launching care for asthma and diabetes and different things in the future. So again the more that we can get the states to accept the services and believe it or not sometimes it's hard to negotiate with them but we definitely are committed to doing that.

Lucy Nalpathanchil: That was Sandra Ryan, Chief Nurse Practitioner Officer of Take Care Health Systems. Wal-Mart is also involved in convenient care but it follows a different model, unlike CVS or Walgreens Wal-Mart's clinics are operated by independent healthcare providers. To find out more, Mark and Margaret spoke with Dr. John Agwunobi, President of Wal-Mart's Health and Wellness Division.

Mark Masselli: Dr. Agwunobi thank you for speaking with us today.

Dr. John Agwunobi: Hi Mark, hi Margaret.

Margaret Flinter: Hi, and thanks again so much Dr. Agwunobi for joining us on Conversations. You know I want to start with a pretty basic question. We are not used to hearing Wal-Mart and health care in the same sentence; we think of Wal-Mart really as a retail giant. So tell us why it decided to get into direct health care services.

Dr. John Agwunobi: Well I have to tell you Wal-Mart sees and serves 140 million individuals every single week. A 140 million people walk through our doors to seek some product or service in our stores, and it's a natural fit for us to then ask them how can we help you, what don't you have in your community that we might provide. And the overwhelming, many of the voices said we need you to help us with basic health services, we need you to help us make it more affordable, make it more accessible and make it simpler, and the retail health clinics that we offer are one of the responses to that demand.

Mark Masselli: Any one of us who have shopped at Wal-Mart knows that you attract a huge and diverse customer base; can you tell us more about the typical customer that uses the retail clinic?

Dr. John Agwunobi: Well the typical customer that comes to a retail clinic is an individual, typically a family, a mom or a dad with their child, sometimes it is a teenager or an older person but they all share in common this notion that they don't have a lot of time so they can't afford to schedule for an appointment 5 weeks ahead or 4 weeks out, they don't want to have to stand and wait for 4 hours before they get to see a nurse practitioner or a doctor and so that's why it's a walk-in type setting in these retail clinics. And many of them are what we would refer to as being price sensitive, they care how much their healthcare costs and so these clinics post the prices on the wall so that the patients know what they are going to spend before they come in. Some have insurance some don't.

Margaret Flinter: You know when we looked around at the retail clinic industry we see that it has a number of players but there is a dominant model and that dominant model seems to be all the clinics owned and operated by one entity that employs the staff and really controls the care. But it seems to us that Wal-Mart took a different path, you lease space within your stores to local healthcare providers. Can you tell us a little bit about why you adopted that model?

Dr. John Agwunobi: We believe strongly in the notion of a medical home, every person ultimately should have a place that they naturally turn to for their ongoing health care needs overtime. And because these clinics are structured to deliver just kind of on time basic care for episodic events, it just felt better to have it connected to their medical homes in some way and that's why we have gone the route we have gone of having local providers come into our store and operate these clinics.

Mark Masselli: This is Conversations on Health care, we are talking with Dr. John Agwunobi, President of Wal-Mart's Health and Wellness Division. You know that all retail clinics have one thing in common, they use an electronic health record. Retail clinic operators like Take Care Health Systems and Minute Clinic use electronic health records to monitor the quality of the health care. Since Wal-Mart doesn't actually own the clinics, how do you monitor care?

Dr. John Agwunobi: Wal-Mart, as a company, we are not a part of that clinical relationship between the patient and the provider in a retail clinic that's we think a very unique relationship, one that isn't necessarily improved Wal-Mart being a part of it. We do require for example that the hospital provider that the nurse or the doctor in the clinic that is taking care of the patient that they have all of the standards and the expectations on quality that they would have in their hospitals or in their community health center or in their practice. We ask in contract that that quality, those expectations be extended into the retail clinic in a Wal-Mart store. We do provide as a service to the providers an electronic medical record in each of our Wal-Mart retail clinics, the basic arrangement is that they rent their electronic medical record from us, it's used from us and it allows them to connect the patient that they see in the Wal-Mart retail clinic back to their larger medical record in their hospital or in their doctor's office or in their community health center. So we offer that to our operators as a service to them. It also allows customers who would visit a hospital operated clinic in Wal-Mart on the east coast to be able to pull up their records if they entered a retail clinic operated by a different operator on the west coast but Wal-Mart doesn't actually have access to or dive into the medical details of each of the patients that walk in our doors, our role is to serve the providers.

Margaret Flinter: You have held some very high profile public health positions, Assistant Secretary for Health in the US Department of Health and Human Services, an Admiral in the Public Health Service and you have served as the Director of Health for the State of Florida so we know you

have faced a lot of public health emergencies in your career. From your perspective, is there a role for retail clinics from that public health point of view?

Dr. John Agwunobi: Absolutely. For those individuals that walk into a clinic and perhaps they don't have insurance and they are not receiving care, typically they find that these clinics allow them to take care of the basic healthcare needs; I have my little Johnny has a cold or my wife has an ear infection. But it also is a place where we then plug these individuals back into the local infrastructure, we have them find providers in their communities, we help find medical homes for them in their communities, these retail clinics have clinics also in the practice of immunizing and some of them, the hospitals that operate or the clinics that operate these clinics also offer screening for certain illnesses and diseases.

Mark Masselli: And as you sort of look at that and you sort of look at the current debate that's going on, how do you see the role of retail clinics evolving?

Dr. John Agwunobi: That's a good question. Number one, we do this as a partnership with hospitals or community health centers or doctor practices and so the evolution will be largely driven by where those entities are going in the future, it won't all be Wal-Mart pushing it one way or the other. Our role ultimately is to make sure that overtime the cost of health care hopefully will become less so more people can access it and over time these clinics become a larger part, a more important part, of their local health care networks.

Mark Masselli: We have been speaking with Dr. John Agwunobi, President of Wal-Mart's Health and Wellness Division. Dr. Agwunobi, thank you so much for speaking with us today for Conversations on Health Care, I am Mark Massellie.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Each week, Conversations points out a bright idea about how to fit wellness and healthy choices into the daily life of your community.

Margaret Flinter: Here's Lucy with a bright idea from Oakland, California.

Lucy Nalpathanchil: We ask our children to pay attention but do we teach them how, and that's the question that the Park Day School has been answering in recent years with a program called Mindful Schools. It started with experienced meditation teachers adapting their lessons to school children, 15 minute lessons 3 times a week in a 5 week course. They provide mindfulness exercises in listening, breathing, movement and developing kind and caring thoughts and the results were so positive that they immediately began to offer the program to other schools. It's an impressive track record, the Mindful School teachers have trained really 5000 students in both public and private schools and many serve predominantly underserved populations. It's an idea which has been embraced in a number of communities. In Los Angeles, a group called the InnerKids Foundation calls it the new ABCs Attention, Balance and Compassion. So what does meditation for kids look like? Well it's not at all like sitting in a lotus position and saying Om. Some of the techniques might include walking meditation or exercising all 5 senses and talking about how different it is to slow down and focus your awareness. And there seems to be a special benefit when a whole school takes mindfulness training together. Kids can remind each other to take a breath instead of lashing out and teachers also benefit from minutes spent on thinking calm and positive thoughts. When everyone in the school trains together, supporters of mindfulness meditations say the effect multiplies and moves the whole culture of the school in a more positive and peaceful direction. Now that's a bright idea.

Margaret Flinter: That's Conversations on Health Care for this week. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Lucy Nalpathanchil: Conversations on Health Care broadcast from the campus of Wesleyan University at WESU streaming live at www.wesufm.org and brought to you by the Community Health Center.