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Improving Health Status and Quality of Care through Nurse Practitioner Innovations

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Nurse Practitioner Services in Retail Locations

A White Paper by the Nurse Practitioner Healthcare Foundation

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The mission of the Nurse Practitioner Healthcare Foundation (NPHF) is to improve health status and quality of care through nurse practitioner (NP) innovations in education, research, health policy, service, and philanthropy. NPHF goals are to engage in new research opportunities, foster innovative interdisciplinary collaboration, expand access to quality care, facilitate professional and patient educational opportunities, and provide NP resource support to public health policy makers. In that spirit, NPHF will periodically provide White Papers addressing issues related to healthcare quality and access.

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Introduction

A critical need exists to enhance access to healthcare in the United States, particularly for individuals with common health problems who need timely attention but who do not have a convenient place to go or a familiar provider to see for this type of care. To meet this need, small health clinics staffed by nurse practitioners (NPs) have opened in retail settings including pharmacy, grocery, and department store chains, and more are planned.¹ The subsequent explosive growth of these NP-delivered clinical services in retail settings attests to the market need for accessible, affordable, high quality healthcare and the ability of nurse practitioners to fill this critical need successfully.

The Nurse Practitioner Healthcare Foundation (NPHF) believes that delivery of primary care services in retail settings is an appropriate, important, and logical role for the NP profession. NPs are ideal clinicians to provide the range and scope of services offered in these settings. With advanced clinical skills grounded in a nursing background and a holistic approach to healthcare, including a health-promotion perspective, NPs are well-suited and legally able to deliver these services. Thus, in the course of providing episodic care services in retail settings, NPs can also offer preventive care, education, health counseling, and referrals to patients who might otherwise not have an opportunity to receive these services.

These patient-centered interactions also serve as an important triage point when health problems are at an early stage. Easily accessible NP services may also reduce unnecessary patient visits to emergency rooms (ERs) and facilitate entry into other levels of care as needed.

This trend of NP-delivered healthcare in retail locations merits broad support and careful, thoughtful, independent assessment. NPHF asks all stakeholders—patients,

providers, payers, regulators, policy makers, and others—to support this model of healthcare delivery and to ensure that the evolution of the service model is based on sound data and evidence.

NPHF's Position

This paper outlines four central tenets of NPHF's position regarding NP services in retail settings:

1. NP services in retail settings bring affordable and accessible care to patients in a familiar, community-based environment, answering needs unmet by the current U.S. healthcare system.
2. NPs are educated, certified, and licensed to provide high quality healthcare, with a focus on prevention and patient education. NP involvement in guiding the development of these clinics is essential to success of this model.
3. NP services in retail settings will provide a much-needed community-based gateway to other health-related services.
4. More research is needed regarding the utilization, quality, optimal infrastructure, and effectiveness of NP services in retail settings.

NP services in retail settings bring affordable and accessible care to patients in a familiar, community-based environment, answering needs unmet by the current U.S. healthcare system.

Lowering the Barriers to Access

Although high quality, technologically advanced care for complex medical conditions is available throughout the United States, many individuals and families of all social strata have difficulty accessing basic primary care and prevention services in a timely and convenient manner. Barriers to care include difficulty getting an appointment, lengthy travel distances to care settings, long and unpredictable waits, limited hours of service, high out-of-pocket costs, complex health-plan rules, and eroding health insurance coverage.

One of the national goals of *Healthy People 2010* is to reduce the proportion of families that experience difficulty or delays in obtaining healthcare from 12% down to 7%. Baseline data indicate that 17% of poor families, 9% of middle- and high-income families, and 27% of the uninsured go without needed care.² In 2003, uninsured children and adults were three times more likely than their insured peers not to have any healthcare at all.³ Current estimates indicate that 17% of persons younger than 65 years do not have health insurance and that millions more are underinsured.⁴

Although having a usual source of healthcare is an important goal, almost one in six (17%) adults, some of whom are uninsured and some of whom are insured, lack a healthcare “home.”³ Among uninsured adults aged 18 to 64, 46.7% lack a usual source of care. The uninsured who are not poor were only slightly less likely (44%) to lack a usual source of care.³ As a consequence, the uninsured are less likely to receive preventive care and are more likely to be diagnosed at an advanced stage of disease.⁴



Lack of easy access to affordable, high quality care when and where it is needed can often lead to costly emergency room (ER) use. ER staff members have become primary care providers by default for all too many insured and uninsured persons alike. In fact, emergency care accounted for 10% of all ambulatory expenditures in 2003.³ One in five U.S. adults used an ER for care, at a median cost of \$299 per visit.^{3,5} Access problems are evident in the rise in ER use. Overall, ER use increased 26 % between 1993 and 2003.⁶ In addition, only half of ER visits are truly emergent or urgent—that is, requiring care within an hour of arrival.⁶

The current office- and clinic-based healthcare system not only challenges patients and their families/caregivers, but it also frustrates employers. Employers struggle with the indirect cost of employees' absenteeism related to accessing healthcare services, in addition to the direct cost of healthcare insurance itself. In today's fast-paced life, with single-parent and dual-income households, longer work hours and commutes, and other time demands, people face substantial impediments to obtaining timely care. Much of the strain and pressure on ERs, offices, and clinics, as well as on the overworked ER personnel who staff these locations, can, in fact, be alleviated.

Offering a Practical and Useful Alternative

Unlike many ERs, offices, and clinics, retail settings are familiar and easily accessible because they are located where patients live, work, shop, and play. Daytime, evening, and weekend hours for services accommodate the scheduling needs of individuals, families, and employers. Easy access to care may bring individuals into healthcare who would not otherwise receive it. NPs in these sites may screen for and identify problems at early stages, before complications occur, and provide suggestions for preventive care, all in the same visit. These services are a logical response to consumer need. Consumer-driven care should mean more than just having consumers pay a larger share of the cost; it should include market responses to consumer needs for access to high quality care.

At typical offices and clinics, the uninsured may pay significantly more for a visit than insured persons do because they do not benefit from managed care's discounted prices. In addition, neither uninsured nor insured patients may even know how much a certain visit will cost until after the expense is incurred. By contrast, NP services in retail outlets are typically offered at a set price, which is usually lower than the office visit charge and not significantly higher than an insured patient's co-pay. Some NP practices in retail settings accept insurance, Medicaid, and Medicare, as well as self-pay. For this system to have maximum benefit for the most people, broad-based, third-party reimbursement of services is essential.

Although NP services in retail locations increase access for many people, they are not a panacea for all the access problems in the U.S. healthcare system. The needs of the lowest wage earners and the indigent have not been adequately met. Accessible and affordable secondary and tertiary care remains a national challenge. However, by providing easier access to episodic primary care, NP practices in retail locations can reduce the number of costly ER visits for large segments of the population and facilitate entry into the health care system.



Nurse practitioners are educated, certified, and licensed to provide high quality healthcare, with a focus on prevention and patient education. NP involvement in guiding the development of these clinics is essential to the success of this model.

NP Qualifications

NPs are registered nurses (RNs) “with advanced academic and clinical experience, which enables them to diagnose and manage acute, episodic, and chronic illness, either independently or as part of the healthcare team.”⁷ NPs are typically prepared at the master’s or doctoral level. They are credentialed and licensed to provide high quality care within their scope of practice. Clinical decision making is driven by evidence-based protocols and nationally accepted guidelines that come from a variety of expert professional entities. The high quality of NP care has been demonstrated over the 40-year history of the profession. Numerous studies have documented that care delivered by NPs, relative to that delivered by physicians, is of similar quality but lower in cost, and it yields a high level of patient satisfaction.⁸⁻¹²

Every professional discipline, including nursing, develops its own standards. As NP retail clinics grow and evolve, NP leaders need to define practice standards, clinical parameters, quality processes, accountability measures, and documentation systems. For optimal success, this model requires careful planning and collaboration among all stakeholders. The NP perspective, with its unique understanding of patients’ needs and its holistic approach, is critical to the long-term success of these ventures. The clinical and business aspects of healthcare delivery need to be carefully balanced to ensure ethical, high quality care and a viable business.

A Prevention Opportunity

Retail settings for NP services provide a welcome opportunity for NPs to use a wide range of clinical skills, including screening for disease, educating and counseling, promoting health, and making timely referrals. Although many patients visiting NP practices in retail settings are seeking episodic care for minor problems, NPs will be able to use these encounters to assess for risks, identify other problems, monitor chronic conditions, and provide healthcare guidance that patients might otherwise miss out on. For example, using targeted questioning and a focused evaluation, an NP can diagnose and treat a patient’s upper respiratory infection (URI) and, during the same visit, check blood pressure control, immunization status, smoking status, and social service needs. In addition to treating the URI, the NP can provide education, counseling, and appropriate referrals for other identified needs.

Although NP practices in retail settings are not a substitute for a healthcare home, they can serve as portals into care that patients may not otherwise be able to access. NPs can help patients navigate the complex maze of health and social services and establish a primary care home of their own.



NP services in retail settings will provide a much-needed community-based gateway to other health-related services.

Importance of Collaboration

Collaboration is a cornerstone of the NP model of care; NPs collaborate not only with patients but also with other healthcare and social services professionals. Thus, NPs must be familiar with the resources in their community and be able to make appropriate referrals. To meet all of a patient's needs, then, NPs in retail settings need to establish good working relationships with other providers in the community, which requires outreach, communication, and collaboration. Electronic records or hard copy records given to the patient can facilitate communication of a patient's health-related information from the NP service to the healthcare home or to a collaborating provider.

NPs are members of a separate and distinct, yet complementary and collaborative, profession. Those NPs who work in retail centers can play an important role by providing healthcare services to people who might otherwise not receive them and by serving as a bridge into the greater healthcare community. Under ideal circumstances, everyone in that community should have a healthcare home; NPs in retail centers can lead them there.

More research is needed regarding the utilization, quality, and effectiveness of NP services in retail settings.

An Evolving Model

Current NP practices in retail settings should be viewed as works in progress. Thus, NPHF calls for careful and rigorous study of these evolving service models. Both proprietary and independent clinical, economic, and socially oriented research must be conducted to fully evaluate these practices. Development and growth of these models will depend on internal monitoring and external reporting. Continuous quality improvement processes and quality indicator benchmarks must be core components of NP-delivered care. Robust evaluations of patient demographics, utilization patterns, and needs, as well as studies of scope of service, quality of care, referral patterns, case finding, clinical outcomes, and patient satisfaction, can contribute to the national discourse on meeting people's healthcare needs with the appropriate level of care delivered in a convenient location by a well-prepared healthcare professional.

Conclusion

The expertise and needs of businesses, balanced with those of both patients and NP professionals, can lead to a successful model of care delivery. The foresight of business leaders who seized the opportunity to meet an important need, using a well-prepared healthcare professional—the NP—merits praise. High quality, patient-oriented, NP-delivered care can contribute to business development and patient satisfaction while addressing important access gaps in health and wellness services. Retail settings are just one of the many potential avenues for NPs to bring care to where people live their lives.

Because NPs are the cornerstone of existing and future practices in retail settings, the assessment and resolution of matters that affect them must be driven by the NP leadership. Political leverage by providers in other service delivery models should not be allowed to impede the development of easily accessible NP services for common health needs. When society's needs change, as



modern-day healthcare needs have changed, guardians of the public health have an obligation to seek and support ways to meet these needs. Innovation in the healthcare market warrants broad support.

NPHF views the current evolution of NP practice in retail settings as a sign of NPs' ability to bring high quality healthcare to where people live their lives. By enhancing people's access to care, NPs can bring the nation one step closer to having a healthier population.

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