



A Posit on "Big Box" Medical Care

"The provision of primary medical care by business like Wal-Mart will prove to be efficient, effective and commercially viable.

THE TOPIC OF COMMERCIAL OR corporate medical care is one that clearly concerns many practicing physicians. A two to one majority disagreed with the posit. The majority of commentary was also in disagreement, although as medical people we tend to qualify our statements; perhaps this is an example of the "not infrequently syndrome."

On the other hand, our lengthy commentary reflects the fact that medical care is evolving rapidly, and the form it will take in the future is unclear.

Posits are one sided statements intended to introduce a topic for discussion. They do not reflect the opinions of the Medical Society, its Board of Directors or Editorial Committee.

Edited comments follow:

"I agree, for some patients in some communities. The role of retail clinics in the future of medicine is unknown. They are, and will continue to be, a controversial way for patients to access care. There are several models; some seek to integrate the care they provide with an established PCP (Sutter Express Care), and some are commercial ventures that seek to maximize revenue for their retail host (Minute Clinic), and some work with community health care providers while maintaining significant interest in the service offering (Wal-Mart). Each model and retail relationship has unique objectives.

"It is clear that patients like these clinics and they provide safe effective care for the limited scope of services that are offered. (99% of patients who experience this care setting say they would return). Retail clinics are one way of providing services more cost effectively in a lower overhead setting, assuming that volume is robust enough to pay those costs.

"...Wal-Mart or others don't "provide" care. They...lease space [to a provider] or acquire (purchase) a vendor to provide the service. The real question is whether the vendor is integrated and coordinated with the system of care in the community to most effectively manage the patient.

"In some ways the quality is more consistent, the protocols are evidence-based; for example, there is demonstrated high compliance with guidelines for diagnosis and treatment of strep throat in this setting.

"Where access and cost are bigger issues than continuity and loyalty for a patient, this model of care will serve a need. Whether there are enough patients to support this service is dependent on the economics and care capacity in a given community. Where care is unavailable or out of reach (the ED for minor acute illness or injury), the model helps to provide care to those who might not get it otherwise, and that's a good thing. It's even better when that care is integrated with a care system that manages the more complex and serious issues that many of these patients contend with." - Thomas N. Atkins, MD

"Though some patients who presently are not receiving any or minimal care may benefit,

it will likely fragment further medical care and make it more difficult for PCPs to coordinate care. Even worse, if the services provided are basically screening or emergent care, patients may suffer the false impression they have received comprehensive care and neglect their regular evaluations with the PCP, which could lead to an unnecessary increase in morbidity and mortality." - Ronald E. Foltz, MD

"I agree, but only for episodic needs like one-time sore throat, allergies, abrasions, etc. It will not be a medical home, but is better than an ER for minor issues." - John C. Lewin, MD

"Based on...unsuccessful programs in developing countries that seek only to serve and attract the poor, the Wal-Mart model seems headed for the drawing board. Healthcare is a different landscape than selling housewares to the lowest bidder. When we buy a product, we don't have to undress in front of someone or tell them about our last menstrual period or headache or allow them to look in our ears, nose and throat. We want to know that the individual in front of us is highly trained and that our confidentiality is maintained....

"For the 250 million Americans that can afford some type of health insurance or have medical coverage, the Wal-Mart medical clinic model has a long way to go...to convince people to buy its products.

"HOWEVER, it is a healthcare development [respecting the] needs of the 47 million other people in the country who don't have health insurance or health coverage. It gives them access to healthcare professionals at affordable prices. It addresses the gap of the supply and demand in terms of quantity as well as the price. It makes a difference in a situation where there is a...need but neither the government nor healthcare providers and organizations [provide]... Therefore, the market [does]. In effect, the Wal-Martization of healthcare helps alleviate...some of the uncertainties [of] illness. It [offers] the best of management and economic models to aid the efficient delivery of service.

"There will be tradeoffs between efficiency and quality, between piecemeal procedures/treatments and comprehensive care, between low tech and high tech diagnostics, etc. There will be widened gaps between the have and have-nots of healthcare and health insurance. And what of the sacred patient-doctor relationship in these new developments? The poor can...opt for a living, breathing healthcare provider [and] a prescription for a four dollar generic drugs just a few steps away at the Wal-mart pharmacy.... Healthcare professionals in these clinics will become retail service representatives, customer service, as well as assembly line personnel. And don't think this effect will be limited to Wal-Mart; it is a wake up call to healthcare professionals, medical societies, organizations and associations.... Respect the needs of 47 million people without healthcare or health insurance and stop [avoiding] healthcare reform. Can [anyone] actually say that the medical profession is concerned about people's health and well-being [in the face of] these kinds of disparities?" - Stephanie R. Yan, MSII

"[I agree] as long as the care is limited to acute care issues like sore throats and ear aches, not blood pressure monitoring or routine diabetic care. It is a convenience to the patients who don't want to wait to be seen in their PCPs offices." - Monique B. Hanible, MD

"Medicine and healing are not widgets, or equivalent to cheap t-shirts that can be made by child labor in China." - Francisco Prieto, MD

"Good quality primary care requires a trained physician with a three-year residency. The hourly income for a viable practice is at least \$500 per hour, which means each visit requires a payment of \$125 plus tests. The reason health care costs 150% of what it should is because primary care is not valued by our society. Primary care is rapidly becoming a triage service. The RUC supported by the AMA and specialty societies have killed quality primary care." - Gerald N. Rogan, MD

"The services are too limited to constitute a viable business. The practice of medicine is not like serving up burgers at a fast food outlet. People want a more personal [provider] relation, whether...an FNP or a physician." - Joanne Berkowitz, MD

"There have been few instances in which medical care provided by corporations have been ideal, or quality care." - Dawn Sung, MSIII

"I agree, but ONLY if (1) the patient brings a synopsis of all the medications (and doses) they are taking, and a list of their chronic medical conditions, allergies, etc. [otherwise] Wal-Mart [care] can...be dangerous [medicine] and (2) the patient's medical doctor receives a copy of the note produced during the Wal Mart visit (otherwise the patient's medical care is only complicated and not bettered)." - Sheryl A. Haggerty, MD

"Medical care is a profession, NOT a business. Such a provision will be one more step in the ongoing ruination of our profession." - William A. Peniston, MD

"For-profit will not work and will not work for sick patients and those with chronic illness, [or] co-morbidities." - Robert P. Diamond, MD

"It may be commercially viable(?) The biggest issue I see is follow-up care and obtaining subspecialty care when needed. Will obviously be used by the uninsured unless a patient's co-pays are greater than the cost for the visit. Follow-up and labs and x-rays, etc. will still be a problem, however." - Maynard Johnston, MD

"To imply medical care can be delivered like a retail business product further erodes the concept of medical care as a professional service provided in a personal relationship between patient and physician." - Ronald J. Cole, MD

"I believe that the Kaiser Steel company proved many years ago that a large corporation could provide medical care. There is no reason to believe that another company would not be able to produce a similar result if they started their own health care organization." - Sidney A. Scudder, MD

"What we need is more primary care and better access...[with] a system of urgent care as part of their on-call/backup. I don't see a "doc in a box" approach as valid or useful." - James A. Margolis, MD

"It may very well be commercially viable and competitive with hospital emergency room care; However, I don't believe the [big box clinics] will see patients who cannot pay, [and] thereby further burden those who do, [like hospital EDs do]." - Allan H. Galbreath, MD

"Any Tom, Dick, Harry, Molly, Sue or Jane can set up a Shack and choose a corner in any location, put up a shingle and practice medicine. What a wonderful way to get rid of malpractice costs, deliver health care to all, with no need for all that expensive education and costs and debts. And I can retire from medicine and take up electrical and plumbing?" - Elisabeth Mathew, MD

"It is a business model issue. The revenue in primary care is inadequate given the overhead. Primary care has devolved either into a loss leader for hospitals and large medical groups or it is analogous to a 'Chinese restaurant' - family members working in the business for little or no pay with no benefits. To attract investors and meet their expectations for returns is not feasible in this business model." - David J. Gibson, MD

"Though medicine as a mechanical intervention may be better at large scale vendors in terms of reaching the masses, medicine as an art-form may well be worse [off]. The truth is we need large scale high quality care; but at this point I will settle for large scale care period." - Donna M. DeFreitas, MD

"I think this will lead to further fragmentation of our health care system which is already poorly integrated, as a whole. Kaiser does a better job of integration than most." - Thomas J. Curran, MD

"We already have the 'Docs-in-a-Box' facilities that seem to be working for minor emergencies but it won't fit the needs of those who desire a relationship with their physician." - Michael D. Maddox, MD

"Cheap care, cheap outcomes; [I] would be interested in seeing a study. Even Kaiser allows follow-up after 'phone advice.'" - Evalyn Horowitz, MD

"I think these drive-through medical care facilities further fracture an already fragmented medical system, minimize the importance of establishing a medical home and suggest to the public that all skill levels are equal in the quality of care and level of knowledge. However, I am sure someone will profit from establishing these 'clinics.' I just don't think it will be patients." - Vivian E. Worn, MD

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