

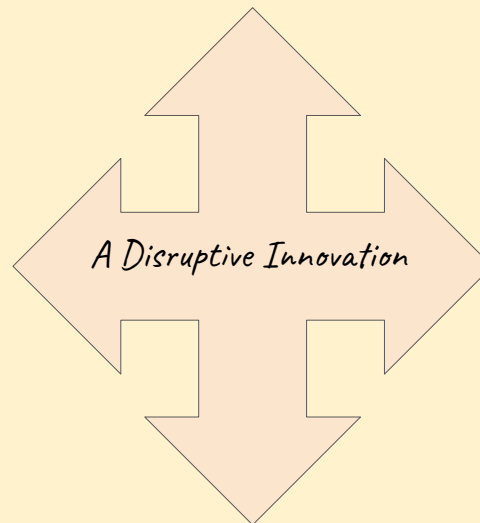
HEALTHCARE CONSUMERS DEMANDS FOR AFFORDABILITY & EFFICIENCY LEAD TO INNOVATION OF RETAIL CLINICS CAUSING DISRUPTION AMONG PRIVATE PRACTICES AND HOSPITALS

WHAT ARE RETAIL CLINICS?

Retail clinics are medical services located within retail outlets such as grocery stores, pharmacies and more specifically, CVS, Targets, and Rite Aids (Kaissi, 2016). Retail clinics are typically staffed by nurse practitioners and they are able to treat acute medical conditions such as strep throat, in addition to vaccinations and some screenings (Godman, 2016). The low cost and high quality of care at retail clinics has led them to become one of the leading disruptive innovations within the healthcare field (Kaissi, 2016).

ECONOMICAL IMPLICATIONS

- There are 47 million people in the United States without health insurance. As a result, the low cost of retail clinics has enabled those without health insurance to seek treatment at an affordable price and functions as a “safety-net provider for those without a primary care physician” (Rudavsky & Mehrotra, 2010).
- Many choose retail clinics for their “menu-style” pricing. Prices are transparent and cost about 30-40% less than it does to see a physician for the same health conditions (Haughland & Hughes, 2009).



ETHICAL IMPLICATIONS

- Patients who receive care at retail clinics, often do not receive follow-up care and or communication which disrupts the continuity of care and could also result in undetected chronic conditions disguised by common symptoms (Lund, 2017).
- As retail clinics grew exponentially and became a more preferred form of care, states allowed them to operate without regulation” (Ollove, 2016). Various regulations exist within different states but there are no federal regulations to ensure an equal standard of care is delivered among all retail clinics.

LIMITATIONS & TRAJECTORY

Most disruptive innovations have the ability to replace an existing phenomenon. However, due to retail clinics’ limited scope of practice, it is unlikely that retail clinics have the potential to replace private practices (Kaissi, 2016). Instead, private medical practices will refer patients with minor health conditions to retail clinics, ultimately supporting and funding the disruptive innovation (McKinlay & Marceau, 2012).

Retail clinics are becoming the preferred form of care and as a result, hospitals systems now have partnerships and affiliations with retail clinics. Hospitals now own 12% of retail clinics and will continue to disrupt the “normal” healthcare field given the rate of their current trajectory (McKinlay & Marceau, 2012).

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