

## Doc in the Box Touted as Solution to Healthcare Shortage

by {ga=apaul}

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Photo by [Karen Blumberg](#)

With the [Federal Patient Protection and Affordable Care Act](#) -- the full name for "Obamacare" -- set to require that all Americans have health insurance, more people will seek medical care more frequently, health experts predict. The healthcare system is already overburdened, so a key question in New York, as elsewhere, is how can the system take in and treat the people who currently do see medical providers because they don't have the resources?

The [Manhattan Institute](#), a conservative think tank, believes it has the answer. And it could be right in your local Duane-Read.

The care would come from retail health clinics, for-profit health centers probably located in chain drug stores. These centers would treat people complaining of minor aches and pains, the type of things uninsured people or people who do not have access to primary care now bring to a hospital emergency room. The clinics also would refer patients to specialists if their problems turned out to be serious. The clinics build on some of the services drug stores already provide, such as flu shots and blood pressure testing, and their number has been growing in states such

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as California, Texas and Georgia.

### Storefront Solution?

Manhattan Institute scholar Paul Howard, who once bashed the Obama administration's healthcare overhaul on the pages of conservative websites, has now accepted its existence. The author of the Manhattan Institute [report](#) on the clinics, Howard thinks expanding them would help provide care for the 1.2 million New York state residents who will get health insurance under the federal legislation.

"They can offer a terrific access point for busy people," Howard said in an interview. "They often partner to make referrals to a primary care.

The Manhattan Institute study said that when Massachusetts instituted its [healthcare law](#), which is similar in some respects to the federal measure, "expanded coverage led to longer waiting times for physician appointments and a 10 percent increase in emergency room use." Noting that "New York could experience similar problems," the report says an "expansion of retail-clinic utilization in New York could reduce healthcare costs by \$350 million between 2011 and 2020 by reducing the number of unnecessary emergency room visits."

Manhattan Institute is not alone in singing the praises of these types of retail clinics. A [study commissioned by the Rand Corp.](#) in 2009 showed "no difference in the quality offered to patients visiting retail clinics, physician offices and urgent care centers."

The study's lead doctor, Ateev Mehrotra, a professor at the University of Pittsburgh School of Medicine, [told](#) MSNBC at the time: "These findings provide more evidence that retail clinics are an innovative new way of delivering health care. Retail clinics are more convenient for patients, less costly and provide care that is of equal quality as received in other medical settings."

### Changing the Rules

The push to bring these retailers into the state -- there are about 15 so far, according to Howard -- could spark some dissent from health groups. It would require removing the state's legal

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barrier that prevents for-profit corporations from getting medical licenses. The Manhattan Institute report also calls for getting rid of what it describes as "a costly certificate intended to prove that the health-care provider service will fill a need." This approval, it says, can "take time and often deters new clinics from opening in retail stores in New York."

The report notes that current state law "prohibits retail clinic operators from employing even nurse practitioners and other mid-level practitioners upon whom the cost-savings of the model depends." Currently, these practitioners, nurses who can diagnose ailments and prescribe treatments, need to be under a doctor's supervision. If the state ditches this requirement, retail health clinics could hire nurse practitioners to oversee operations. The institute advocates such a change.

### Concerns About Care

But some groups have questions. The [New York State Nurses Association](#), for example, supports the retail centers in theory, but opposes the current state legislation meant to bring more of them into the state.

"There isn't enough information known about how this would operate," said Deborah Elliott, the association's deputy executive director. "It would have to be clearly indicated who would be managing the primary care on these sites."

"It is not a substitute for primary care; it is an adjunct to primary care," Elliot said. "In the long run there could be some very valuable benefits from this."

Judy Wessler, the executive director of the [Commission on the Public's Health System](#), was less than enthused about what Howard is proposing.

"It's as bad going to the emergency room," she said of the clinics. "There's no continuity of care. The person taking care of you doesn't know who you are. It's a very inadequate way of providing care, but it's cheaper than an emergency room."