



fact sheet

Convenient Care Clinics: Physician Oversight

QUESTION: *What is the benefit of physician oversight in the emerging convenient care clinic industry?*

ANSWER:

Collaborative physician relationships play a valuable role in ensuring quality care at CCCs. However, while physician oversight of nurse practitioners (NPs)—or the physician assistants who generally staff CCCs—may be helpful, there is no evidence that requiring an on-site presence by collaborating physicians or restricting the number of practitioners or CCCs they can supervise produces higher quality care than remote supervision with regular chart review. Physician oversight should be part of the practice to the extent that it adds value but not unnecessary costs.

THE FACTS :

- CCCs offer basic healthcare services that focus on managing common illnesses, preventive and wellness care, and screening, diagnosis and management of chronic diseases and conditions.
- Consumers with non-routine needs or who need a higher level of care are connected to the appropriate level of services or healthcare provider. Patients who do not have a primary care provider (PCP) are educated about the benefits of having a relationship with a PCP and are encouraged to develop one.
- Offsite physicians conduct regular chart review for optimized balance of quality assurance and minimized cost. Experience from 42 states suggests a single physician can effectively support clinic practitioners through collaborative agreements that call for remote chart review without an on-site presence.
- NPs are highly qualified to deliver patient care at CCCs without the onsite presence of a PCP. NPs are board certified with master's degrees in the science of nursing and research has shown that they provide care comparable in quality to that provided by PCPs.¹
- The Convenient Care Association (CCA) has worked with PCPs and others to establish and adhere to quality

and safety standards that are more stringent than those recommended by the American Medical Association, American Academy of Family Practitioners and American Academy of Pediatrics.

- CCA members are committed to promoting and monitoring quality and safety on an ongoing basis, including the use of evidence-based clinical practice guidelines, NP peer review, collaborating physician review, and outcomes studies.
- Since member CCCs use electronic health records, information from a CCC visit can be shared with a PCP at the patient's request.

TOP TREATMENTS AT CCCs

(Source: 2008 Market Strategies International report)

1. Sore throat
2. Common Colds/Cold Symptoms
3. Flu Symptoms
4. Cough
5. Sinus Infection
6. Allergies
7. Immunizations
8. Blood Pressure Testing

¹ Four sources: (1) *The Health Lawyer, The Primary Care Paradigm Shift: An Overview of the State-Level Legal Framework Governing Nurse Practitioner Practice*, Ritter & Hansen-Turton, April 4, 2008. (2) *U.S. Congress, Office of Technology Assessment, Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis 19* (1986), available at <http://www.princeton.edu/~ota/disk2/1986/8615/8615/pdf>. (3) *Mary Munding et al., Primary care outcomes in patients treated by nurse practitioners or physicians*, 283 *JAMA* 59 (2000). (4) *E. Lenz et al., Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up*, 61 *Med. Care Res. Rev.* 332 (2004).