



September 28, 2016

Dear Colleagues:

The Convenient Care Association (CCA) and the members of its Provider Workforce Committee convened a symposium of experts for a **Retail Health Workforce Think Tank** on July 20, 2016, during the 2nd Annual Convenient Healthcare and Pharmacy Collaborative (CHPC). The facilitated group discussion was designed to strengthen the partnership between advanced practice nursing programs and retail-based convenient care clinics, and ultimately to develop and strengthen the retail-based health workforce. This Report, ***Retail Health Workforce Strategy Think Tank: Creating Effective Experiences for Future Retail Health Clinicians***, details the objectives and outcomes of this symposium, including specific recommendations developed by the group to bolster the mutually beneficial relationship of these sectors.

Aligning with feedback from initial reviewers of the Report and its members, CCA plans to continue this important conversation by engaging other retail health providers, including physician assistants and pharmacists, in upcoming strategic discussions.

We welcome your feedback on this Report, its key recommendations, and on future development of partnerships between providers and retail-based health. If you have comments, questions or concerns, please do not hesitate to reach out to me (tine@ccaclinics.org / (215) 219-8857) or Kelly Thompson (kthompson@ccaclinics.org). We look forward to hearing from you!

All the best,

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Retail Health Workforce Strategy Think Tank:

*Creating Effective Experiences for
Future Retail Health Clinicians*

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Overview

On July 20, 2016, the Convenient Care Association (CCA) and its Provider Workforce Committee convened expert stakeholders in Orlando, Florida for the “Retail Health Workforce Strategy Think Tank” (“Think Tank”), a facilitated group discussion designed to identify methods to strengthen the partnership between advanced practice nursing programs and retail health, and ultimately to develop and strengthen the provider workforce. The Think Tank featured a panel of experts representing the National Organization of Nurse Practitioner Faculties (NONPF), American Association of Nurse Practitioners (AANP), International Council for Nurses (ICN), Commission on Graduates of Foreign Nursing Schools (CGFNS) International, CMS Graduate Nurse Education (GNE) Demonstration Project, and National Nurse-Led Care Consortium (NNCC). Think Tank participants included graduate nurse educators and stakeholders throughout the retail-based convenient care industry. The overall objective of the Think Tank was to collectively identify methods to foster growth and opportunity for providers and the convenient care industry, including innovative ways to educate advanced practice nurses and other providers about retail-based health care, and to use retail-based convenient care clinics as both clinical training sites and venues for employment.

The Think Tank was intended to build upon conversation and recommendations arising from a roundtable meeting held in 2013, hosted by CCA in collaboration with the National League for Nursing (NLN). The 2013 roundtable assembled schools of nursing faculty and clinic operators to commence important dialogue about preparing students for the clinical workforce. The purpose of the roundtable was to educate faculty and deans about the retail health industry, and to understand the gaps in education and preparedness of graduates. A key takeaway was that schools of nursing needed to better understand the clinical requirements and competencies that retail clinics desire from graduates. Building upon the 2013 discussion, the 2016 Think Tank broadened its reach to obtain input from additional nursing-related organizations. The updated discussion focused on pinpointing the learning and clinical competency needs of retail-based health clinicians, persisting gaps in education, and structuring transformative strategies to meet those needs.

Background

Retail Health Industry

Retail-based convenient care clinics (“CCCs”), often referred to as retail clinics, are usually located in retail locations such as pharmacies and drug stores, supermarkets, big box retailers and other high-traffic retail settings with pharmacies. CCCs are known for providing easily accessible, affordable, quality healthcare to consumers who typically would have to wait hours, days or even weeks for basic primary healthcare. The clinics also serve as an alternative for many people who would otherwise seek costly, time-consuming emergency room care for illnesses that could have been prevented had healthcare services been as readily accessible as they currently are in retail locations. CCCs have provided more than 35 million basic primary healthcare patient visits to date.¹ As of 2015, there are more than 205,000 practicing NPs and 70,000 practicing PAs, with over 5,000 NPs

¹ “Convenient Care Clinics: Addressing Unmet Need.” <http://www.ccaclinics.org/>.



and PAs working in the retail health industry. It is expected that the need for more practitioners will grow as the industry evolves and expands.²

Research has identified retail clinics as the lowest cost unsubsidized provider of healthcare. Retail clinics prove to be remarkably geographically accessible, as nearly 40 percent of the urban U.S. population lives within ten minutes of a clinic.³ Notably, an estimated 50 to 60 percent of retail clinic patients report that they do not have a primary care provider.⁴ In that sense, clinics often serve as a point of entry to health systems for patients.

Currently, many retail clinics provide a variety of services and patient education opportunities. Clinics have increased their education offerings and wellness services, now including screenings, tobacco cessation support, and some chronic disease management. The ability of clinics to reach previously uninvolved patients and the increasing breadth of provided services has attracted healthcare system partners. Today, more than 120 health systems are actively involved with retail clinics.

Think Tank Objectives

The objectives of the intensive Think Tank discussion were as follows:

- ✓ **Define** clinical and administrative competencies, standards and best practices of retail health providers.
- ✓ **Explore** ways to improve identified educational gaps and to ensure new graduate readiness for the retail health industry.
- ✓ **Identify** opportunities for retail health workforce experts to assist schools in preparing students for effective retail healthcare careers.
- ✓ **Develop** recommendations for advanced practice provider education and academic programs.
- ✓ **Explore** ways to attract a diverse workforce.

² Riff J, Ryan S, Hansen-Turton T. Convenient Care Clinics: The Essential Guide to Retail Clinics for Clinicians, Managers and Educators. Springer Publishing; 2013.

³ Pollack CE, Armstrong K. The geographic accessibility of retail clinics for underserved populations. Arch Intern Med 2009;169:945–9.

⁴ Mehrotra, A., & Lave, J. (2012). Visits to Retail Clinics Grew Fourfold From 2007 To 2009, Although Their Share of Overall Outpatient Visits Remain Low. Health Affairs, 31.

Key Areas of Discussion

The following discussion points were central to the Think Tank discussion and resulted in actionable recommendations, detailed below:

Identify Competencies of Retail Health Providers

Retail health leaders have developed a working list of competencies that retail health providers must possess to be effective and competent providers. Leaders have identified the following core competencies:

- 1) Patient-centered quality and safety
- 2) Customer service excellence
- 3) Healthcare environment management
- 4) Business acumen
- 5) Clinical practice decision-making autonomy

Participants agreed that the ability to provide high-quality customer service distinguishes retail clinics from most other health care settings. Likewise, unlike in most other settings, clinic providers are often solely responsible for managing the healthcare environment of the clinic without depending on a broader system for administrative tasks and ensuring safety. It was acknowledged that this requisite self-sufficiency marks a clear overlap in the core competencies of healthcare environment and autonomy, and nurse educators are encouraged to cultivate those skills in tandem.

Regarding core competency development during graduate and doctoral nurse education, participating faculty noted differences in their respective schools' curricula in these areas, particularly regarding the variation in customer service and management skill training. Some faculty noted that the focus on these skills is often centered on financial management, and may not adequately cover other significant aspects of competent retail clinic management.

Address Gaps Between Education and Practice Settings

Educators and retail health leaders agree that there may be gaps in knowledge and practice requirements as graduates of APRN programs transition to retail health community-based settings (e.g., new graduates may not be prepared to understand the business aspect of healthcare, may need customer service training, and may require a deeper clinical focus in areas like dermatology and pediatrics). Panelists representing global organizations noted that the retail health industry is relatively unique to the United States, and has gained ground so rapidly that the required training to cultivate competent retail health providers may have understandably struggled to keep pace. Participants agreed that adaptability to innovative healthcare settings, like retail health clinics, must become an integral component of educational preparation.

As the retail model already exists and is rapidly evolving, and a retail health-specific curriculum has not yet been developed, measures must be put into place which allow for exposure to the retail setting without slowing the growth of the retail model. The group noted a need to develop well-devised programs that simultaneously meet needs of young, unseasoned new hires and the needs of

the current retail model. Faculty and industry leaders discussed at length various opportunities and strategies to build out more secure, widespread clinical opportunities to meet these coinciding needs.

A trend that has become a major challenge for retail clinics is the transiency of retail clinic hires. Although clinics partially struggle with employee retention because some individuals are simply ill-suited for the unique competencies required by the retail health industry, other losses are traceable to a lack of mentorship and adequate training. Some evidence suggests that clinics offering short-term mentorship programs (e.g., three months of mentorship for new graduates) have had better success retaining employees for longer periods. The group explored the possibility of implementing fellowships and more post-graduate mentoring programs for recent graduates who wish to make the transition to the retail health industry, but are not immediately ready-for-hire.

Participants unanimously agreed that a general perception exists around retail health clinics as inherently limiting a provider's scope of practice or scope of services, and that this messaging should be restructured and more thoughtfully disseminated. Although a number of services currently may not be offered by clinics – a constraint stemming dually from the legal scope of practice in a given jurisdiction as well as other practical confines of individual retail clinics – a provider's scope of practice is not fundamentally limited by working as a retail health provider, but is perpetually retained and will continue to be tapped into as clinics are gradually able to provide more expansive services.

Build a Knowledge Base for Nurse Educators

Graduate nurse educators and other faculty in advanced practice provider programs have expressed an interest in understanding the composition of clinics, the scope of healthcare services provided, availability of clinical sites and preceptors, clinic management, starting salary for graduates in retail clinics, and desired level of education for advanced practice nurses. Educators are also interested in knowing how to incorporate the needs of the retail health industry and convenient care model into their respective curriculums.

The following provides a summary of recommendations specific to this area:

- ✓ ***Increase opportunities for Schools of Nursing*** to network with the retail health industry in order to create partnerships and increase faculty knowledge about retail health.
- ✓ ***Disseminate the increasing capability of retail clinics*** to manage a variety of health issues, including recent expansion into successful chronic disease management. Faculty agreed that awareness of such capability would inherently make the retail health setting more appealing to educators.
- ✓ ***Encourage Schools of Nursing to host presentations***, such as webinars, led by retail health clinicians with a student and faculty audience. This format would simultaneously increase general awareness of the retail health industry and provide an opportunity for interested students to directly connect with clinicians.
- ✓ ***Increase synergy between retail health and educators*** by employing more adjunct faculty who are retail health providers in Schools of Nursing and can supervise students in retail faculty practice arrangements.

Explore Clinics as Practice Settings

Retail clinics serve as a valuable practice setting for students. Retail health leaders have indicated that clinics are an attractive setting to students who seek opportunities to develop their careers through leadership and management advancement on a nationwide basis, to build a knowledge base regarding sustainable healthcare business models, and to be compensated with competitive salaries. Retail health leaders would like to better understand how to further develop faculty and adjunct faculty roles in the retail health arena.

In discussing challenges presented in development of the core competencies noted above, the group largely agreed that novice nurse practitioners are unlikely to be quickly proficient in the retail health setting without prior exposure to retail health, such as through participation in a retail health clinical through graduate nurse education programs. Retail clinic operators agreed that they are generally averse to hiring a new graduate in the retail setting if the graduate does not have any prior experience working in a self-sufficient environment. Although novice nurse practitioners require training and adequate time to adjust to any health care setting, the unique demands of the retail setting exacerbate the challenges of inexperience, and present the need for opportunities to gain familiarity in the security of a supervised, clinical environment.



Recommendations

The following key recommendations emerged from the Retail Health Workforce Strategy Think Tank:

✓ *Develop clinical opportunities.*

Schools of Nursing and faculty should commit to developing more opportunities for students to practice in the retail health setting in order to make them more attractive candidates as new graduate hires. This includes formalizing the preceptorship process. Schools of Nursing & faculty should assume the responsibility of finding and maintaining relationships with preceptors, rather than relying upon students to independently reach out to potential preceptors and seek mentorship from personal networks.

✓ *Develop post-graduate programs.*

Develop steps for onboarding new graduates in retail clinics. Even in an ideal scenario wherein a graduate has gained retail health experience during school, clinics must be deliberate about establishing training steps to adequately transition new graduate hires. Further, retail clinics would benefit from developing short-term post-graduate fellowship programs. These programs ideally would commit to employing graduates at salaries commensurate to experience and fostering mentorship during the fellowship period, with the possibility of full-time hire pending fellow aptitude and clinic budget.

✓ *Foster provider connection.*

Retail clinics have generally operated on a single-provider model, increasing a sense of isolation and making them a less attractive practice setting to potential hires. Clinics with a larger budget may be able to hire additional providers. As this option is not typically feasible, clinics are encouraged to consider other methods of fostering connections, such as facilitating relationships with providers at other clinic locations, emphasizing the value of interdisciplinary team members, and maximizing use of technology to make virtual connections.

✓ *Encourage standardization.*

There is a logistical need to streamline the creation of partnerships between educators and clinics. Formal agreements should be standardized to expedite contracting, such as developing regionally applicable – not clinic-specific – memoranda of understanding (MOUs). Schools of Nursing are also encouraged to standardize clinical placement requirements (e.g., acceptable settings, preceptor requirements, hourly/semester quota requirements). For scheduling ease, the retail clinic student onboarding process should be aligned with the nursing education timeline; for instance, initiating the placement process earlier, permitting students to work in the clinics immediately when the semester begins.

✓ *Support graduate nurse education.*

Advocate for funding for graduate nurse education, both privately and through legislation. Significant funding is required to continue partnerships between schools and clinical settings, and to compensate clinics for assuming a greater student load. Schools of Nursing should consider seeking funding for a full-time graduate placement coordinator, if a coordinator is not already on staff.

✓ *Improve messaging about the retail health industry.*

Communication about the retail health industry could improve in both its reach and content in the following specific ways

- ✓ ***Scope of practice:*** A common misconception about the retail industry is that it is inherently limiting to a provider's scope of practice, when in fact, a provider's full scope of practice is retained in the retail setting. Instead of a focus on limitations, communication about the industry should focus on the unique opportunity for autonomy and business management presented by retail health.
- ✓ ***New graduate appeal:*** Retail health employers are encouraged to reconsider the mindset that new graduates are generally less desirable hires, as the benefit of hiring graduates without backgrounds in other health care settings may be less influenced by non-transferrable prior practices and, wielding a contemporary outlook, better equipped to handle the "clients of today."
- ✓ ***Partnerships:*** Improve education about retail health setting for educators, including the variety of services provided by retail clinics. Additionally, the willingness of the retail industry to foster partnerships with higher education should be highlighted.
- ✓ ***Industry-specific needs:*** Specific requirements, demands and core competencies of a retail health provider should be clearly messaged, in order to ensure that applicants understand the environment as well as to cultivate a better-suited pool of applicants.

✓ *Generate workforce data.*

Supporting the development of comprehensive workforce data will help to make the case for the retail model going forward, and to better communicate the demand for nurse practitioners to schools.

Conclusion

CCA member clinic organizations have devised a successful business model for retail clinics that has been brought to scale. A major opportunity of the convenient care industry is the growth of advanced practice providers to practice in the clinics. Similarly, the key to the future for nurse practitioners is to engage in innovative models of healthcare delivery, including retail health clinics. CCA is committed to forging the connection by ensuring the readiness of recent graduates to perform basic and essential functions required of a retail health clinician.



Thank You

CCA sincerely thanks all participants in the Think Tank discussion for their valuable involvement, and particularly appreciates the contributions of the following panelists:

Frances Hughes,
International Council of Nurses

Frank Shaffer,
Commission on Graduates of Foreign Nursing Schools International

Shannon Idzik,
National Organization of Nurse Practitioner Faculties

Ken Miller,
American Association of Nurse Practitioners

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CCA is grateful for the efforts of its Provider Workforce Committee in convening the Retail Health Workforce Strategy Think Tank:

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