Few Retail Clinics Found in Underserved Areas

BY MARY ANN MOON

Retail clinics tend to be located in "advantaged" neighborhoods rather than in the medically underserved areas that they are purported to serve, according to researchers.

In a study that matched the geographic locations of 930 retail clinics across the country with census data on the populations living in those locations, 123 clinics (13%) were found to be situated in underserved areas, according to Dr. Craig Evan Pollack and Dr. Katrina Armstrong of the University of Pennsylvania, Philadelphia.

Proponents of retail clinics contend that these venues can increase access to care, particularly for the uninsured, and can serve as an entry point into the health care system. "A recent report ... states that the placement of the clinics is determined in part by 'physician shortages and higher uninsured populations,' " the researchers noted.

But their analysis showed that these clinics are much more likely to be located in census tracts characterized by high incomes and low levels of poverty; high percentages of white residents and low percentages of black and Hispanic residents; and higher rates of home ownership and fewer rental units.

This disparity is not due to the "advantaged" location of the chain stores that house these clinics. Nearly one-third of such chain stores are located in medically underserved areas, but these are not the locations where the retail clinics are placed. Moreover, counties in which there were retail clinics had the same number of per capita hospital beds (approximately 2.3 per 1,000 residents) and the same number of general practitioners (2.8 per 10,000 residents) as did counties in which there were no retail clinics.

And despite the known shortage of physicians in rural areas, 96% of the counties in which retail clinics are located are classified as metropolitan, the researchers said (Arch. Intern. Med. 2009;169:945-9).

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DR. ARMSTRONG

"If retail clinics are determined to be a valuable and effective source of care, rethinking the distribution of these clinics may be an important avenue for improving their potential societal benefit," they noted.

The investigators cautioned that their study was limited by its area-level assessment, which could not examine the clients who attend retail clinics nor measure other aspects of accessibility.

The Robert Wood Johnson Foundation provided the funding for this study.

In an invited commentary, Dr. Mark D. Smith of the California Healthcare Foundation, Oakland, and his colleague, Margaret A. Laws, noted that retail clinic operators generally do not portray their services as comprehensive care, nor do they claim to focus on underserved populations (Arch. Intern. Med. 2009;169:951-3).

"The major operators have positioned their offerings as meeting mainstream customer needs for convenient, timely access to basic care for a subset of needs rather than as an alternative to comprehensive primary care," they wrote, noting that "most consumers do not have access to basic, acute care after hours and on weekends." Consumers, therefore, have turned to retail clinics to meet these needs. ■

AMA Opens Online ePrescribing Center

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