

# Retail clinics do not decrease emergency department visits

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Despite being touted as a way to reduce emergency department visits, retail clinics opened near emergency departments had little effect on rates of low-acuity visits to them, according to the results of a study published online today in *Annals of Emergency Medicine* ("Association Between the Opening of Retail Clinics and Low-Acuity Emergency Department Visits"). An accompanying editorial suggests that the primary effect of opening retail clinics is to increase health care use, not substitute for emergency department visits ("Why Retail Clinics Don't Substitute for ED Visits and What This Means for Value-Based Care").

"Retail clinics may emerge as a way to satisfy the growing demand for health care created by people newly insured under the Affordable Care Act, but contrary to our expectations, they do not appear to be leading to meaningful reductions in low-acuity emergency department visits," said lead study author Grant Martsolf, PhD, MPH, RN, of the RAND Corporation in Pittsburgh, Pa. "Although the growth in retail clinics has been significant in recent years, the only decrease in low-acuity visits to emergency departments was seen among patients with [private insurance](#), and that decrease was very small."

The number of retail clinics grew from 130 in 2006 to nearly 1,400 in 2012. The rate of retail clinic penetration - in other words, the proportion of the emergency department catchment area that overlaps with a 10-minute drive radius of a retail clinic - more than doubled (8.1 to 16.4) between 2007 and 2012 among states in the study sample. One-third of the urban population in the United States lives within a

10-minute drive of a retail clinic.

During the same period, low-acuity visits among emergency departments with significant increase in retail clinic penetration (10 percent per quarter) decreased by 0.03 percent per quarter and only among patients with private insurance. This is equivalent to approximately 17 fewer emergency department visits among privately insured patients over the course of the year for the average [emergency department](#) if the retail clinic penetration rate increased by 40 percent in that year.

The accompanying editorial offers three theories as to why [retail clinics](#) (described as "convenience settings") increase [health care](#) use: 1. They meet unmet demands for care; 2. Motivations for seeking care differ in emergency departments and convenience settings; and 3. Groups of people who are more likely to use emergency departments for low-acuity conditions do so because they have little access to other types of care, including convenience settings.

"Given that convenience settings don't prevent ER visits, what can be done in an era where looming government reforms may soon restrict the very payments that support them?" said Jesse Pines, MD, FACEP, of the George Washington University School of Medicine and Health Sciences in Washington D.C., the editorial's author. "The answer is not to build more convenience settings, but to improve the value of existing settings by increasing the connectivity among providers and with longitudinal care."

**More information:** Grant Martsolf et al, Association Between the Opening of Retail Clinics and Low-Acuity Emergency Department Visits, *Annals of Emergency Medicine* (2016). [DOI: 10.1016/j.annemergmed.2016.08.462](#)

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