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AAP Principles Concerning Retail-Based Clinics

Retail-Based Clinic Policy Work Group

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

POLICY STATEMENT

AAP Principles Concerning Retail-Based Clinics

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Retail-Based Clinic Policy Work Group

THE AMERICAN Academy of Pediatrics (AAP) opposes retail-based clinics (RBCs) as an appropriate source of medical care for infants, children, and adolescents and strongly discourages their use, because the AAP is committed to the medical home model. The medical home model provides accessible, family-centered, comprehensive, continuous, coordinated, compassionate, and culturally effective care for which the pediatrician and the family share responsibility.[1] Given that the RBC is not a medical home model, the AAP is particularly concerned with the effects of the following attributes of an RBC on health care for children and adolescents:

- Fragmentation of care.
- The possible effects on quality of care.
- Provision of episodic care to children with special health care needs and chronic diseases, who may not be readily identifiable.
- Lack of access to and maintenance of a complete, accessible, central health record that contains all pertinent patient information.
- The use of tests for the purposes of diagnosis without proper follow-up.
- Possible public health issues that could occur when patients with contagious diseases are in a commercial, retail environment with little or no isolation (eg, fevers, rashes, mumps, measles, strep throat, etc).
- Seeing children with "minor" conditions, as will often be the case in an RBC, is misleading and problematic. Many pediatricians use the opportunity of seeing the child for something minor to address issues in the family, discuss any problems with obesity or mental health issues, catch up on immunizations, identify undetected illness, and continue strengthening the relationship with the child and family. These visits are important and provide an opportunity to work with patients and families to deal with a variety of other issues.

The AAP acknowledges that the shifting economic and organizational dynamics of the current health care system will likely support the continued existence and expansion of RBCs. However, the aforementioned concerns and the overall effects these clinics will have on pediatric practice have led the AAP to respond with the following principles:

1. Supporting the medical home model: RBCs should support the medical home model by referring the patient back to the pediatrician or other primary care physician for all future care. In the event that the patient does not have a relationship with a pediatrician or primary care physician, RBCs should have the means to assist the family in establishing contact with one within a medical

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Abbreviations
AAP—American Academy of Pediatrics
RBC—retail-based clinic

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home. Third-party payers are encouraged to provide appropriate incentives to plan members to access the medical home as the best practice model for pediatric primary care.

2. Communication: The AAP recommends that RBCs promptly communicate with the patient's pediatrician or other primary care physician within 24 hours of the visit. At a minimum, the following information should be included: patient's name, date of birth, at least 2 additional pieces of identifying information (eg, parents' name and/or address), reason for visit, diagnosis and disposition, findings, laboratory results (if any), and an indication as to whether any follow-up is needed.
3. Using evidence-based medicine: The AAP recommends that all those providing care to children follow all AAP clinical guidelines as well as those guidelines developed by other medical organizations that have the support and endorsement of the AAP. RBCs should be required to participate in ongoing quality-improvement and quality-assurance processes, as is required of pediatric and other primary care practices. RBCs must meet all requirements related to quality assurance and ensure full compliance with state licensure requirements for oversight or collaborative protocols relative to scope of practice.
4. Contagious diseases: By providing medical care to individuals in a retail-based setting, RBCs must take the necessary precautions to prevent the spread of contagious diseases. Although the RBC may have policies that limit the scope of services, this may not prevent individuals with contagious diseases from seeking care at RBCs. This presents a potential public health hazard to retail staff and customers who may come in contact with a contagious individual. RBCs should be subject to and comply with all health care facility standards (eg, hygiene, safety, regulations of the Occupational Safety and Health Administration, policies and procedures for children with communicable diseases, etc).
5. Financial incentives: The AAP is opposed to waiving or lowering copays or offering financial incentives for visits to RBCs in lieu of visits to pediatricians' or other primary care physicians' offices. The AAP believes that the medical home model is the optimal standard of care, and RBCs are not medical homes. Payer incentives should not promote fragmentation of care but instead should recognize and reward systems of care that promote continuous, coordinated, and comprehensive care.

AAP RETAIL-BASED CLINIC POLICY WORK GROUP, 2006

Robert M. Corwin, MD
Anne B. Francis, MD
Thomas K. McInerny, MD
Joseph W. Ponzi, MD
Mark S. Reuben, MD
Robert D. Walker, MD
Steven E. Wegner, MD, JD
Kyle Yasuda, MD

STAFF

Heather Fitzpatrick, MPH
Teri Salus, MPA, CPC
Louis A. Terranova, MHA
Linda Walsh, MAB
Ed Zimmerman, MS

REFERENCE

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