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# NKMS Society

## Rounds

Volume 29, Issue 27

July-September, 2014

### Retail Clinics

#### PATIENTS, PHYSICIANS, AND RETAIL CLINICS

In the last ten years there has been a tremendous expansion of places where patients can receive health care. Originally people simply called their family doctor for everything, from cuts to birthing a child. In the late twentieth century came along the development of the emergency room. The ER became a valuable partner for the general practitioner. For decades this team of the primary care doctor and the ER handled all of the immediate problems of the patient. The work of the emergency room expanded as many who did not have a PCP looked to the ER to fulfill that role. As emergency rooms became overtaxed, the "urgent care" center arrived on the scene. These urgent care clinics were for "minor" problems that seemingly could not wait until the next day. Demand for health care has continued and there are now retail clinics. An extended care provider, usually a nurse practitioner or a physician's assistant, can be found in drug stores, grocery stores and even general retail stores. In this setting, they now provide many acute care services and continue to ex-

pand their services outside of the acute care model. All of this now leads us to a fundamental question. Are retail clinics staffed by physician extenders a bad thing?

Retail clinics look to be a great deal for the patient. Sometimes as a physician we forget the mundane details patients have to face to come see us. Retail clinics take care of all of that. First of all, there is plenty of parking-for free. There are no steps to climb. A patient can shop while they wait making efficient use of their time. No extra trip to the pharmacy is needed to fill that prescription. There seems to be no limit to the time that they are open. Finally, and most important, there is someone there who has the time to listen to the problem.

On the surface there are many pluses, but as we dig deeper there are concerns that we as physicians have. These concerns all boil down to one concept: quality of care. How will clinical decisions be reached? Will this be done merely by protocol or algorithm? What is the education and training of the physician extender? Won't the physician extender be biased towards

writing prescriptions, specifically antibiotics? After all, their employer owns a drug store. Will the patient's PCP be contacted in a timely fashion?

The best way to ensure quality of care comes down to one word: collaboration. At the time of this writing, there is no formal agreement between retail clinics and physicians in northern Kentucky. It does not have to be this way. In other parts of the country collaboration is the watchword of the day. Johns Hopkins University has an agreement with Walgreens in Baltimore, Maryland. The Cleveland Clinic is working with CVS Caremark's Minute Clinics. Closer to home, the University of Cincinnati has formed an agreement with Kroger's' The Little Clinic. My inbox is full of letters from collaborating specialists. I do not, however, have one letter from a retail clinic provider. This needs to be remedied.

When such an agreement is formed, let us be clear about the leadership role physicians will have. The physicians must be an active participant.

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# Retail Clinics

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I wish to emphasize the words “active” and “participant”. A “rubber stamp doctor” does not help the patient, will not keep global health care costs down, and will only further diminish our profession.

As discussed above, physicians have been critical of the retail clinic model. I would like to change that view for a moment. We need to examine ourselves which is part of our great tradition. We need to ask why these models of care are successful in the first place. What does it tell us about our own practices? Doctors often project an image of being

too busy. We are too busy to listen, too busy to look and sometimes, too busy to care. In short, do we project empathy? Not Important? Ask the Cleveland Clinic. They now have an entire training program on empathy for all employees including physicians. As a result, patients perceived their care was better. Perhaps, if we did a better job letting patients know “we are there for you” they would never leave home in the first place.

Obviously, there are many questions that need to be an-

swered. Maybe retail clinics are not such a bad thing after all. In the meantime, the Northern Kentucky Medical Society will continue to dialogue with all parties who have an interest in the subject. Our patients are the ones who have the most to gain or lose in this matter. So I suggest we ask our patients, “Why do you go to a retail clinic?” The answer might surprise us.

Mark Schroer, MD, Program Chair, NKMS



## Practice Update

We want to welcome the new first year residents in the St. Elizabeth Healthcare Family Practice Program.

Here is a list of the new residents.

We wish them all success and I’m sure all members of the Medical Society join in welcoming them into the Northern Kentucky community.

- James Conner, MD
- Rajbir Dhaliwal, MD
- Ryan Freibert, DO
- Sarah McMullen, MD
- Carla Sabatini, MD
- Ashley Spaulding, MD
- Alexa Summe, DO
- Jenny Wheeler, MD

## Upcoming Events



## Calendar of Events

- |                 |                                      |
|-----------------|--------------------------------------|
| September 14-16 | KMA Alliance Annual Meeting          |
| September 15-17 | KMA Annual Meeting                   |
| September 23    | NKMS Executive Board Meeting         |
| October 2       | Meet Your Legislators Dinner         |
| October 17-18   | KMA Alliance Fall Leadership Meeting |
| November 18     | NKMS Executive Board Meeting         |

# NKMS Alliance Report

What a great Kentucky group at the AMA/AMAA meeting held June 7-11 in Chicago! The weather was beautiful and the meeting was awesome.



Dr. Ardis Hoven, President of the AMA (from Lexington, KY) gave a stimulating report to close her year of work as Dr. Steve Stack (from Lexington, KY) was elected as President-Elect of the AMA!

Dr. Hoven installed the new AMA Alliance President, Sarah Sanders, PhD from Ohio.



Kim Moser, was installed as AMA Alliance Director and Dr. Tom Bunnell (KMA Alliance President-Elect) was interviewed for new social media advertisements for the AMA Alliance.

Dr. Ted Miller (KMA Vice President) and Marianne attended the festivities. Dr. William Monnig (KMA Past President) hosted the Heartland Caucus of the OMSS during the AMA meeting. So, NKY was very well represented with Drs. Don and Nancy Swikert, Dr. Tom and Nancy Bunnell, Dr. Neal and Kim Moser, Dr. Ted and Marianne Miller and Dr. William Monnig.

If you haven't renewed your NKMSA dues, please go to the NKMS web page and renew today. Don't let all these good times pass you by!



Nancy Swikert, MD, President, NKMSA



**Northern Kentucky  
Medical Society**

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Northern Kentucky's  
Physician Network

Address Correction Requested

## President's Report

What Can I Do? Part III

Attend the NKMS "Meet Your Legislators Dinner"

Thursday, October 2, 2014, 6:30 PM, Summit Hills Country Club

*"All that is necessary for the triumph of evil is that good men should do nothing." (Quotation attributed to Edmund Burke)*

It is important for physicians to become more politically active in order to prevent bad legislation and to promote good laws for the benefit of our patients and our profession. The perils of not doing so became evident during the recent battles in Frankfort over the optometry and Kasper bills. We need to elect physician-friendly legislators and we need to talk with them.

A great opportunity for you to talk with your legislators will be at the annual NKMS "Meet Your Legislators Dinner" (Thursday, October 2, 2014, Summit Hills Country Club, 6:30 PM). NKMS subsidizes the cost of the dinner to encourage attendance, so members and their spouses/guests pay only \$5.

If you wish to attend, please email Karla Kennedy our Executive Director at: [nkms@nkms.org](mailto:nkms@nkms.org), or you may call her at: 859-496-NKMS (6567). Please send your check for \$5 per person to: P.O. Box 18255, Erlanger, KY 41018.

Please come thank our law-makers for the help they gave us in phasing out the state mandated AIDS CME requirement in the last legislative session, and urge them to support tort reform in the future.



Eric Neils, MD, President, NKMS