
POSITION STATEMENT



RETAIL-BASED NURSE PRACTITIONERS

Effective Date: September 2020
Status: Position Statement
Adopted by: ANA Board of Directors

Brief Summary Statement of ANA Position

1. ANA supports the delivery of primary care and other appropriate accessible, affordable, high-quality health care services by nurse practitioners (NPs) in retail-based health clinics.
2. ANA supports the American Association of Nurse Practitioners' position statement, "Standards for Nurse Practitioner Practice in Retail-based Clinics."
3. Additionally, ANA believes entities offering retail-based care have a positive role to play, with the support of public policy, in developing NP careers, promoting access to care in underserved areas, and addressing health disparities.

Peer-reviewed studies continue to add evidence confirming that NPs offer high-quality care in the primary care setting. In addition to their expertise in diagnosis and treatment, NPs' proficiency in providing health education and prevention services means they can be skilled leaders, managers, and primary care providers in retail-based clinics. The increasing presence of retail-based health clinics has expanded access to ambulatory care in many communities throughout the U.S., and these clinics are employing a growing number of NPs. Retail-based health clinics are a convenient option for patients seeking affordable, high-quality primary and urgent care, and can serve as an entry point for other needed care.

[MEMBER CONTENT CONTINUES BELOW]

Purpose

The purpose of this statement is to:

1. Articulate ANA's position supporting the delivery of high-quality health care services by NPs in retail-based health clinics; and

2. Guide ANA's advocacy and public engagement on the role of nurses in the evolving health care system.

Retail-based health clinics, also called retail clinics, convenience clinics, convenient care clinics, and limited services clinics, are generally staffed by NPs or physician assistants, who possess advanced education and clinical skills. Within the retail-based clinic setting, NPs can provide basic preventive and primary care (diagnosis and treatment for common health problems), triage patients and refer them to the appropriate level of care, encourage patients to choose a medical/healthcare home, and reduce the burden of unnecessary visits to local emergency departments (Hansen-Turton 2007).

According to available estimates, there are over 3,000 retail-based clinics in 44 states and the District of Columbia (Convenient Care Association). Usually based in retail pharmacies, supermarket chains or large retail box stores, these clinics offer a convenient, high-quality, low-cost alternative to traditional primary care providers' offices. They are generally walk-in clinics, are open in the evenings and on weekends, and have transparent pricing. Retail-based clinics provide an alternative entry point to care, thus playing a role in reconfiguring health care delivery, and potentially expanding access, and improving patient experience. The majority of patients visiting retail-based clinics receive preventive services and immunizations, as well as care for simple acute conditions such as upper respiratory infections, sinusitis, and urinary tract infections (RAND 2016).

Research continues to confirm that NPs offer high-quality care in the primary care setting (Mundinger et al 2000; Venning et al 2000; Naylor et al 2010). NPs working in retail-based clinics are no exception. As described in the Advanced Practice Registered Nurse (APRN) Consensus Model (2008):

NPs are members of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics, and women's health care. [They] are prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, includes taking comprehensive histories, providing physical examinations and other health assessment and screening activities, and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families.

Clinical NP care "includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases" (APRN Consensus Model 2008), making NPs particularly well-suited for the retail clinic setting.

In updating this position statement, ANA reviewed the current position statement of the American Academy of Nurse Practitioners (AANP), on which the previous ANA position statement relied. ANA reaffirms and adopts the AANP standards on NPs in retail-based settings, set out fully below.

ANA also considered the positive roles NPs and retail-based health care providers can play in community health. For instance, NPs are trained to offer person-centered care, such as referrals to community services that address social determinants of health. Retail operators of such clinics can also leverage

their market positions to promote healthy communities, such as CVS discontinuing sale of tobacco products (CVS Health 2014).

At the same time, given the for-profit business model in which retail-based health care is embedded, ANA recognizes that lower-income areas and communities may not attract retail-based providers (RAND 2016) and that providers may not remain long in those communities given the economics. We believe public policy must anticipate such issues with retail-based clinics and be able to respond so that access to community care is preserved or quickly restored.

Statement of ANA Position

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History/Previous Position Statements

ANA's initial position statement was adopted in 2009, based on ANA's long-held view that all individuals should have access to high-quality, affordable health care and its history of strongly supporting advanced practice registered nurses (APRNs) in delivering care autonomously and practicing to the fullest extent of their education and training. ANA encourages every state to enable autonomous practice by APRNs by passing scope-of-practice laws.

The 2009 position statement is also consistent with ANA's foundational belief that health care services provided by the most appropriate provider in the most appropriate setting can promote self-care consumer responsibility, ensure accessibility to health care, and decrease the escalating costs of health care.

Policy and Practice Recommendations

ANA supports the delivery of primary care and other appropriate accessible, affordable, high-quality health care services by nurse practitioners (NPs) in retail-based health clinics.

ANA supports the AANP position statement, "Standards for Nurse Practitioner Practice in Retail-based Clinics."

After careful review, the ANA believes that the AANP position statement best articulates the principles required for all APRNs to provide affordable access to high-quality health care. The AANP states that "primary care nurse practitioners (NPs) can play a significant role in making retail-based clinics (also known as convenient care clinics) a viable health care option to patients who might not otherwise receive needed care in a timely manner." In order to achieve this while maintaining a high standard of

quality care, AANP offers nine guiding principles and standards for NPs practicing in retail-based clinic settings:

1. NPs utilized in retail-based clinics must meet all regulatory requirements for certification and education and be recognized to practice as an NP in the state in which the clinic functions.
2. NPs must be consulted regarding the development of retail-based primary care clinics and the clinics' policies, practice guidelines, and operational procedures.
3. NPs must be an integral part of the establishment and management of retail-based primary care clinics.
4. The functions of such a clinic should be based on the NP's full scope of practice and should not limit the NP's ability to conduct appropriate assessments and provide appropriate evidence-based treatments and referrals to other health care providers, institutions, and agencies.
5. The NP must be provided with resources to maintain appropriate health/medical records for all patients seen in the clinic and to provide appropriate information to other health care providers within the framework of HIPAA regulations.
6. The facility must be adequately equipped to appropriately provide primary care services, including the provision of patient privacy and the maintenance of OSHA, Clinical Laboratory Improvement Amendments, and ADA standards.
7. NPs must be permitted to establish an ongoing quality assurance program through appropriate peer review and established quality measures.
8. NPs must be able to maintain high standards of professionalism in all activities undertaken in the retail-based clinic environment.
9. NPs employed by retail-based clinics must receive competitive salaries or equivalent payment for services and benefits, including opportunities to attend professional meetings and participate in continuing education activities.

Additionally, ANA believes:

1. NPs should have advancement and career mobility opportunities within the retail-based clinic entities.
2. Policymakers should fund research and policy development to assess the role of retail-based clinics operating in underserved areas; discourage the "crowding out" of existing sources of accessible, affordable community care; and ensure continued access to community care when retail-based clinics close.
3. Entities offering retail-based health care services should develop and implement marketing, hiring, and other practices that improve equitable access and reduce outcome disparities based on race and ethnicity.

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