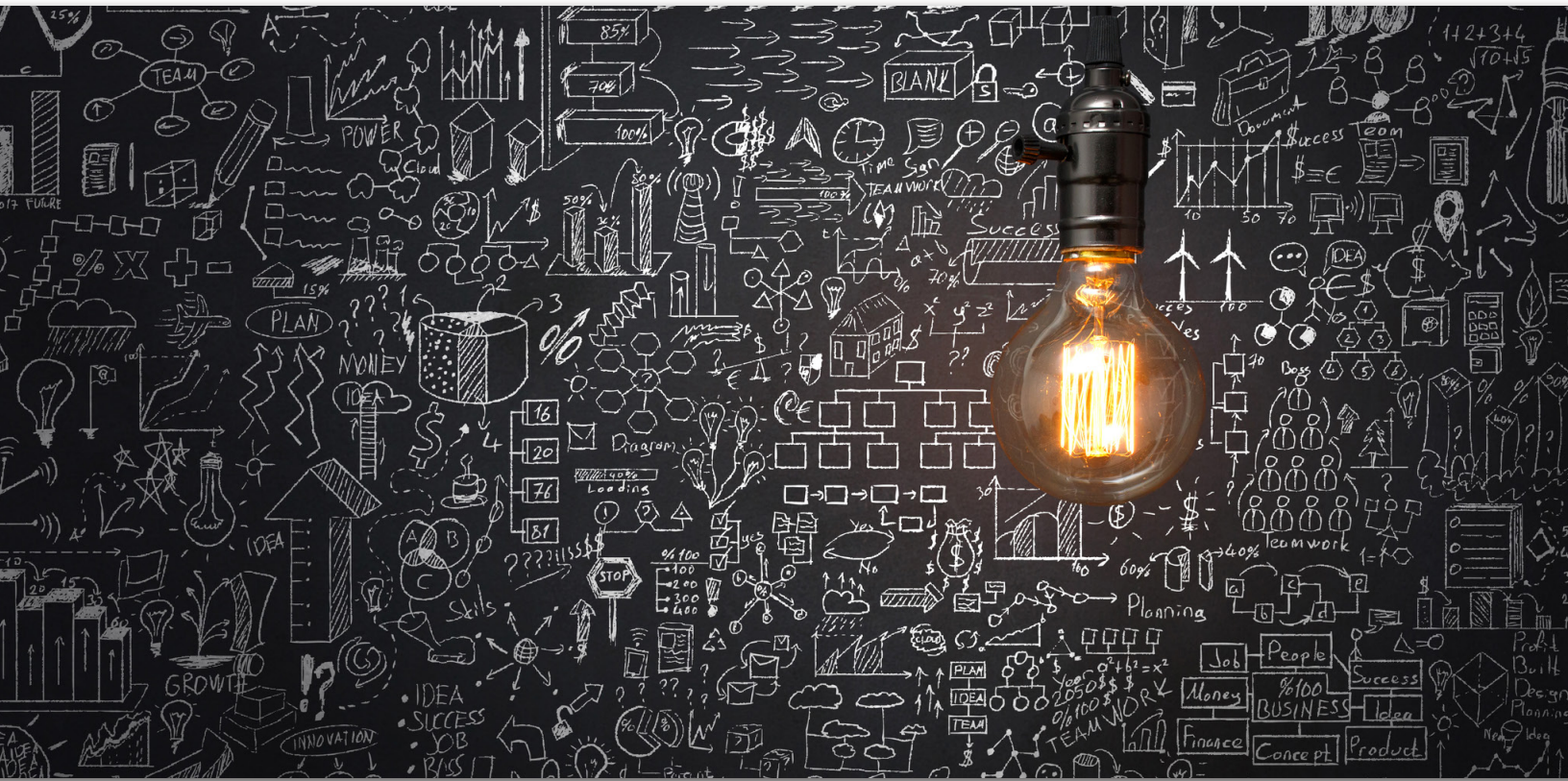


# RETAIL HEALTH STRATEGIES FOR HOSPITALS: CASE STUDIES FROM THE FIELD



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## INTRODUCTION

Hospitals are redefining themselves, exploring what it means to be a hospital in a rapidly transforming health care environment. Retail-oriented, consumer-focused care has emerged as a proactive way to address evolving patient and consumer expectations and demands.

Patients and consumers consider a range of factors, including access, convenience, cost and quality, when making decisions about how and where to receive health care. In response to demand for convenient and high-quality care, retailers and health care organizations are developing new services like walk-in clinics and integrated technology platforms. When properly aligned, these types of services have the potential to improve patients' access to care and support care coordination.

This issue brief highlights case studies from five hospitals and health systems across the United States that have entered the retail health care field.

- » **Henry Ford Health System** promotes “radically convenient” access to primary care services in a range of virtual and in-person environments.
- » **Illinois Valley Community Hospital** established a retail clinic in a Walmart supermarket to improve health care access in its rural community.
- » **MedStar Health** has partnered with CVS to provide services like chronic condition management, medication compliance monitoring and health and wellness education in retail locations.
- » **MultiCare Health System** set a goal of serving 1.3 million patients by 2020 through a distributed network of urgent care centers, retail clinics, freestanding emergency departments, ambulatory destination centers and a regional virtual care platform.
- » **Ochsner Health System** developed the O Bar, a retail environment staffed by technology specialists, to help patients make the most of health and wellness apps and devices.

## HENRY FORD HEALTH SYSTEM DETROIT, MICHIGAN

### BACKGROUND

Henry Ford Health System is a not-for-profit corporation composed of hospitals, medical centers, an insurance company, private physicians and a large group practice. The Henry Ford Medical Group includes more than 1,200 physicians practicing in over 40 specialties. Henry Ford Hospital in Detroit is a Level I trauma center. Henry Ford Health System is the fifth-largest employer in metro Detroit and a Malcolm Baldrige National Quality Award recipient.

### IMPLEMENTATION

Recognizing rapid changes in the health care field, Henry Ford has strategically shifted toward focusing on patient needs and consumer expectations. In 2006, new leadership initiated a holistic, wellness-based approach to medicine and a culture of customer service.

Henry Ford believes that the average patient sees high-quality health care being provided everywhere. To differentiate itself, the system launched a strategy of “radically convenient” access to primary care services. Henry Ford expanded its health care offerings to meet patient demand for convenient and affordable primary care beyond the traditional doctor’s office visit. Patients are encouraged to “call, click or come in” to access services.

- » **Call** – A registered nurse-on-call program offers nonemergency medical advice over the phone, saving patients a trip to urgent care or the emergency room. There is a direct cold-and-flu line.
- » **Click** – Epic’s MyChart, an online platform, allows patients to schedule appointments online, view test results, communicate directly with their physicians and connect with providers. To save time and limit exposure to other sick patients in the waiting room, patients can virtually hold their place in line at same-day clinics with the Clockwise MD tool. Henry Ford’s integrated insurance company, Health Alliance Plan, covers e-visits with no co-pay for insured patients who see a Henry Ford Medical Group physician.
- » **Come In** – Henry Ford has increased its primary care presence by expanding late, early and weekend appointments; promising same-day doctor’s office visits to patients who call for an appointment by noon; creating walk-in clinics with the same co-pay as an office visit; and operating traditional urgent care centers. The system also partnered with CVS to establish in-store MinuteClinics at 17 locations in southeast Michigan.

In 2015, Henry Ford opened its QuickCare Clinic, a one-stop shop in the heart of downtown Detroit. Covered by most health insurance plans, the clinic offers mid-level and nurse practitioner primary care and OB-GYN services. The location also offers expanded wellness services such as acupuncture, massage and virtual telemedicine consultations for dermatology. Designed to fit the needs of its millennial population, the clinic allows for walk-ins or smartphone requests to hold a spot in line, with adjustment notifications via text, and guarantees that patients will receive care within an hour. The walk-in clinic tends to be less expensive than most urgent care centers.

## LESSONS LEARNED

- » Location matters. The QuickCare Clinic opened in the heart of the millennial population it was aiming to serve.
- » What consumers demand may shift the paradigm on what is considered “retail.” For example, a system may add higher-acuity services, like suturing, based on patients’ needs.
- » All patients, no matter what age, want convenience, service and digital delivery of care. Hospitals and health systems need to focus on understanding their niche in health care and then work to meet their patients’ needs.

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## ILLINOIS VALLEY COMMUNITY HOSPITAL PERU, ILLINOIS

### BACKGROUND

Illinois Valley Community Hospital is a 49-bed, not-for-profit hospital located in Peru, Ill. This small, rural facility is the only full-service independent hospital serving its north-central Illinois community.

### IMPLEMENTATION

The north-central Illinois health care market can be competitive, with several health systems and hospitals operating in the area. In 2010, Illinois Valley Community Hospital (IVCH) recognized an opportunity to increase its visibility and bring in new patients by opening a retail health clinic. At the time, Peru had no other retail clinics in operation.

IVCH's goals were to:

- » Fill a community need for high-quality, low-acuity care in a convenient location
- » Increase the visibility and reach of the hospital

After assessing the community's needs, IVCH connected with Bellin Health, a Wisconsin-based health system that helps other hospitals and health systems set up retail health clinics under the FastCare brand. Bellin helped IVCH establish the clinic in Walmart and develop a marketing strategy. While Bellin provided much of the infrastructure and business development, IVCH brought the most important element: knowledge about Peru and a trusted name and deep ties with the community.

The clinic, staffed by hospital-affiliated nurse practitioners and advanced practice nurses, treats minor medical issues on a walk-in basis, in exchange for a flat fee. Existing patients return to their primary care physicians for follow-up care, with visit records shared automatically through IVCH's electronic health record (EHR) system. Patients without a primary care physician are referred to IVCH physicians if further care is necessary.

About a year after opening the FastCare clinic, IVCH also opened an urgent care clinic to provide complementary services. The urgent care clinic fills the gap between low-acuity conditions that can be seen in the retail environment and more serious issues that require emergency care. Together, IVCH's various facilities offer a range of services, targeted to different acuity levels, and cases may be referred from one facility to another based on patient need. All activity is captured as part of patients' records through EHR integration.

The strategy appears to be succeeding in its main goals. The clinic had more than 4,000 patient visits over its first 10 months of operation. It hit a high of 5,219 visits in 2013. In the years since, although other health systems have opened retail clinics in the area, the IVCH FastCare location continues to see between 4,000 and 5,000 visits a year, with a mix of new and existing patients.

Reaction from patients and providers has been positive. Since there is a shortage of primary care physicians in the area, individuals are grateful for the opportunity to drop in for minor services without an appointment or a wait. Doctors have also come to see the clinic as a resource, and many refer patients there with the knowledge that any treatment will become part of the comprehensive health record.

## LESSONS LEARNED

- » A hospital must understand the community need it is trying to fill. Retail health is effective for addressing access issues and maintaining a presence in the community.
- » Hospitals, especially small, rural ones, should capitalize on ties to the community. Patients and families want to visit a clinic affiliated with a system they know and trust.
- » There's no need to go it alone. Hospitals can find a partner with experience and resources rather than starting from scratch.
- » Small hospitals need to develop a long-range staffing plan early. They should be prepared for staff turnover, have backups ready and know when to change the staffing model.

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## MEDSTAR HEALTH WASHINGTON, D.C., AREA

### BACKGROUND

MedStar Health is a not-for-profit health system in the Maryland and Washington, D.C., area. MedStar comprises 10 hospitals and numerous other facilities, providing outpatient and ambulatory care, urgent care, primary care, post-acute rehab and home health. The health system has opened two comprehensive ambulatory care centers and has plans to open additional ones. The system provides care to one in five people in the area.

### IMPLEMENTATION

MedStar Health aims to provide convenient access to health care services where patients live and work through a distributed care delivery network. In 2014, MedStar recognized an opportunity to affiliate with CVS Health to expand its reach through CVS MinuteClinic locations in the Washington, D.C., area.

When MedStar initiated conversations with CVS, the system expected to establish traditional retail clinics. However, the two companies instead began exploring other gaps in the continuum of care that could be effectively addressed by a retail health model. Leaders from both CVS and MedStar recognized their shared interest in providing population health and streamlined, comprehensive care coordination. The two organizations integrated their electronic health record systems to allow easy information-sharing and began working together to improve medication compliance. Through the EHR integration, CVS pharmacists can assess medications for possible contraindications and log patients' refill activity. The CVS retail infrastructure provides services like convenient bedside delivery and a text-messaging refill reminder service. MedStar providers, in turn, can view reports of patients' medication compliance as part of their health records.

MedStar also provides clinical education in CVS clinic locations, since many patients have an easier time accessing a MinuteClinic location than getting to MedStar's facilities. Educational programs are coordinated with medical care, and attendance is captured as part of the integrated health record.

The affiliation has proved to be mutually beneficial, with CVS providing the care distribution network and MedStar providing clinical and population health expertise. The two-year-old partnership is still too new for either company to make conclusive statements about its impact, but MedStar is gathering data and expects to report out on key performance indicators soon. Anecdotally, providers are enthusiastic about their ability to view patient activity between visits and use real-time tracking to enhance both provider and patient recall.

MedStar continues to explore strategies to improve care and convenience beyond the affiliation with CVS. Expanded telemedicine services offer one potentially innovative avenue. MedStar also aims to expand its data-mining capabilities in the coming years. The MedStar Institute for Innovation, an in-house think tank, continues to research how technology and innovative thinking can further enhance the system's health care delivery.



## LESSONS LEARNED

- » Health systems should make use of strategic partnerships. Experienced partners and open platforms can provide services more efficiently and effectively than a health system could on its own. Appropriate partners will have complementary values, goals and strategies.
- » Leaders must be flexible and open to evolving solutions and make sure partners are also flexible. Leaders cannot expect to have all the answers on day one.
- » Integration of multiple health records can be a challenge, but it is hugely beneficial for care coordination.

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## MULTICARE HEALTH SYSTEM TACOMA, WASHINGTON

### BACKGROUND

MultiCare Health System is a not-for-profit health care organization based in Tacoma, Wash. The health system is made up of five hospitals, numerous outpatient specialty centers, and primary and urgent care clinics.

### IMPLEMENTATION

Retail health is an innovative growth strategy at MultiCare. The health system has been working to understand the patient, including patients' goals for personal health and barriers to achieving their best health. Part of MultiCare's vision is to be the Pacific Northwest's highest-value system of health.

To this end, the system has developed a strategy to advance its goal of expanding access and market presence. This strategy, known as "First Touch," is the first contact point with the health care delivery system and is an important influencer in consumer choice. MultiCare believes that an individual's first contact often determines which provider that person will connect with.

To achieve its retail health strategy goals, MultiCare crafted a plan to use urgent care centers, retail clinics, freestanding emergency departments, ambulatory destination centers and a regional virtual care platform. The overarching goal was to serve 1.3 million patients by 2020, with specific targets for each area. Two areas, retail clinics and the virtual platform, have been launched as described below.

- » MultiCare RediClinics are a joint venture that expands care delivery in several local counties through 11 retail clinics in the greater Seattle area. RediClinics are staffed by MultiCare's board-certified nurse practitioners. Patients can receive preventive services and prescriptions and be referred to MultiCare-affiliated physicians. Walk-in care is provided seven days a week. RediClinics cater to cost-conscious patients who may have high-deductible health plans but need in-person care.
- » In April 2015, MultiCare launched a virtual urgent care program through a partnership with Doctor on Demand. This telemedicine service provides on-demand video visits with board-certified physicians for a wide range of low-risk medical conditions. The product is linked with the health system's electronic medical record system. Doctor on Demand appeals to tech-savvy consumers with time constraints who prioritize convenience. Still in its early phases of implementation, the partnership is promising. Since the initiation of the program, customer satisfaction scores have remained between 4.9 and 5 out of 5.

Overall, MultiCare is on target to meet its goal of seeing 1.3 million patients by 2020. It has already met several intermediary targets. The system continues to develop its offerings, particularly in the digital space, as it has recognized the potential for digital touch points to improve provider productivity, efficiency and reach.

## LESSONS LEARNED

- » A health system does not need to do everything by itself, and the potential value of partnerships should not be underestimated. Partners can help hospitals or health systems broaden their approach to overcome organizational inertia.
- » Creating a consumer-friendly environment involves more than patient care. Providers need to create a consumer focus along with a patient focus.
- » Developing a retail health strategy requires understanding the local market. Health systems should provide multiple entry points of care for the community.
- » The success of a retail health strategy will be measured differently from traditional models of care.

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## OCHSNER HEALTH SYSTEM NEW ORLEANS, LOUISIANA

### BACKGROUND

Ochsner Health System in southeast Louisiana manages 13 hospitals and more than 40 health centers. The nonprofit health system has more than 17,000 employees and over 2,700 affiliated physicians.

### IMPLEMENTATION

In 2014, Ochsner noticed a gap between the explosive growth of the health care technology field and the ability of patients to keep up. The system developed the “O Bar,” a retail health technology experience, to meet three needs:

- » Patients need help evaluating which of the thousands of available health and wellness apps will best complement their care plans.
- » Health devices must be synced with patients’ electronic health records to capture health information in real time.
- » Many patients need help setting up and understanding their apps and devices.

The O Bar, modeled after Apple’s Genius Bar concept, is staffed by technology specialists who act as navigators, helping each patient find the right product or app. Patients can walk in or be referred by a physician to find products geared toward wellness, nutrition, fitness, diabetes, women’s health and smoking cessation. In addition to apps, patients can find devices like Fitbits, Bluetooth blood glucose monitors, wireless blood pressure monitors and wireless scales. Once a patient has selected a product, an O Bar specialist helps the patient set it up, understand it and connect it to his or her electronic health record if appropriate.

Before the O Bar was initiated, physicians in the Ochsner system may have seen the potential of health technology, but most lacked the time or expertise to advise patients in its use. Now, the O Bar bridges that gap.

The resource is already proving useful for helping patients manage chronic conditions. Rather than relying on “once-in-a-while” data about things like blood pressure, patients and their providers can use at-home technology to monitor their conditions on the go, in real time. Concerning data trends might trigger a response from a pharmacist, health coach or physician, who can then follow up with the patient.

To capitalize on this capability, the O Bar has piloted or planned several tech-driven programs focused on specific health conditions, including heart failure, hypertension, pregnancy, COPD and diabetes. And the programs appear to be working; for example, the hypertension program improved patient adherence and more than doubled success over traditional treatment.

## LESSONS LEARNED

- » Health systems need to pay attention to what patients need, be it general tech support or specialized coaching around a specific health condition, and develop programs to match.
- » Programs like this will not provide immediate return on investment, but they will lead to improved health and better patient engagement in the long run.
- » The environment is changing. Innovative products might introduce risk, but hospitals and health systems need to create infrastructure now to meet the needs of the future.

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## ADDITIONAL RESOURCES

American Hospital Association Committee on Research and Committee on Performance Improvement. (2015). Leadership toolkit for redefining the H: Engaging trustees and communities. Retrieved from <http://www.aha.org/research/cor/redefiningH/index.shtml>

Butcher, L. (2016, March). Consumer segmentation has hit health care. Here's how it works. *Hospitals & Health Networks*, 38-42. Retrieved from <http://www.hhnmag.com/articles/6932-consumer-segmentation-has-hit-health-care-heres-how-it-works>

Grube, M., Cohen, A. and Clarin, D. (2014, November). Preparing to succeed in a retail healthcare environment. *Healthcare Financial Management*, 68(11), 52-61. Retrieved from [http://www.hfma.org/brg/pdf/Preparing%20to%20Succeed%20in%20a%20Retail%20Healthcare%20Environment\\_29421570-EB3B-7138-18A3A7EB15DD059C.pdf](http://www.hfma.org/brg/pdf/Preparing%20to%20Succeed%20in%20a%20Retail%20Healthcare%20Environment_29421570-EB3B-7138-18A3A7EB15DD059C.pdf)

Smith, G. and Bernene, C. (2014, April). *Are Consumers Ready for Retail Healthcare?* Retrieved from <http://www.oliverwyman.com/content/dam/oliver-wyman/global/en/files/insights/health-life-sciences/2014/April/NYC-MKT08001-035-Retail%20survey-final.pdf>