

The Challenge of Convenient Care

NP-run retail clinics seek footing in a shifting health care landscape.

By Felice J. Freyer



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Seresea Mitchell-Smith, APRN, FNP-C, PMHNP-BC, worked at Walmart Health for 5 years, and she loved it. As an NP and a supervisor at a clinic inside a Walmart store in Copperas Cove, Texas, she treated sore throats, urinary tract infections, and other minor conditions, and managed chronic illnesses like hypertension. Many patients were uninsured or didn't speak English, and paid cash for their care, she says.

"People got great care. It was convenient, it was affordable," Mitchell-Smith recalls. But the clinic shut down as people stopped going to the store during the pandemic. "The community really lost out on that one," she says. Patients were left to seek care at local primary care practices "that were already overflowing." It's an even bigger shame, Mitchell-Smith says, that Walmart decided in April 2024 to shut all 51 remaining health clinics, saying in a press release that "the challenging reimbursement environment and escalating operating costs" made the business financially unsustainable.

That announcement came after Walgreens revealed it would shutter or sell 160 of its physician-run VillageMD clinics, amid

\$6 billion in losses. And earlier last year, CVS announced the closing of 25 MinuteClinics in California and 4 in New Hampshire.

Coming within a few months of each other, these events signaled trouble for the "retail clinics" that provide care inside drug stores, groceries, and big-box stores. But they hardly amount to a death knell. According to Definitive Healthcare—a company that provides data and analytics on the health care industry—thousands of retail clinics, with CVS and Kroger dominating, continue to operate around the country, primarily in the South and Midwest. Rather than facing an imminent threat of collapse, the retail clinic industry instead confronts a shifting and challenging health care landscape amid severe workforce shortages, the changing role of telehealth, calls for in-home care, and competition from health systems.

THE PROMISE

The first retail clinics opened in 2000, with an alluring promise: instead of waiting for an appointment or driving miles to a physi-

cian's office, patients with coughs, sinusitis, ear infections, and other minor ailments could go to their local store, where an NP would diagnose and treat them on the spot. In some places, patients could fill their prescriptions and maybe buy some chicken soup at the same time.

Physician groups raised questions about the quality of care and potential disruptions to the physician–patient relationship, but patients—primarily people ages 18 to 44 who typically did not have a primary care provider—welcomed the convenience, according to a 2016 research summary by the RAND Corporation.

The clinics grew by leaps and bounds, with 1,200 opening in the first decade. Initially they operated on a walk-in basis, but many shifted to a combination—people could make appointments but could also walk in and wait for a spot.

The industry continued to grow for 2 decades, although recently that growth has leveled off, says Nate A. Bronstein, MPA, MSEd, MSSP, chief operating officer of the Convenient Care Association, an industry trade group. “You will hear some stories here and there about this closing or that closing, but in the grand scheme, it’s been the steady growth that’s buoyed by health care consumerism,” Bronstein says.

The clinics have already moved beyond the traditional store setting. In addition to retail clinics, the Convenient Care Association also represents hospital-based clinics, mobile clinics, and telemedicine providers. The common thread is that these services are run primarily by NPs (and sometimes physician assistants), focus on care for episodic illnesses, and offer extended hours. Bronstein says there are 3,400 brick-and-mortar convenient care clinics, a number that includes store clinics, those based at hospitals, and Amazon’s One Medical clinics. Definitive Healthcare put the number of retail clinics at 1,733 as of July 2024, apparently counting only store-based clinics.

The worker shortage—at every level of care—continues to stymie growth, Bronstein says. “There are clinics that are looking to open and are having a hard time finding providers to staff.” And while the model is based on the notion that NPs cost less than physicians, their salaries are going up amid growing demand for their services. Additionally, only 27 states allow NPs to work independently; in the remaining states, NP-staffed clinics face the added cost of hiring a physician to review their work.

“HARDER THAN IT LOOKS”

Despite these challenges, the traditional retail store model, offering quick care for easy-to-diagnose, easy-to-treat problems, seems to be surviving, says Karen Donelan, ScD, EdM, the Stuart H. Altman professor and chair in U.S. health policy at Brandeis University’s Heller School for Social Policy and Management. “CVS MinuteClinics have not declined much at all. They’re still hanging in there,” she says. CVS operates more than 1,000 MinuteClinics around the country, the company told *AJN* in an email. The problems arose, Donelan says, when companies started to invest in “a broader sweep of care,” such as management of chronic health conditions like diabetes, essentially setting up primary care offices inside stores.

As patients face growing difficulty getting access to primary care physicians, the stores saw what looked like a huge business opportunity—but underestimated its complexity. “It’s a lot harder than it looks from the outside,” says Lou Ellen Horwitz, chief exec-

utive officer of the Urgent Care Association, which represents urgent care centers. “It is not a widget-based super-easy-to-scale system. It’s very complicated, not just the human element of taking care of a person, but the payment model.” People may be willing to pop in to the pharmacy to get prescribed antibiotics for a routine ear infection, but maintaining a long-term relationship to manage diabetes may not feel comfortable in the corner of a bustling store, Donelan notes.

That would require “a culture shift in the way people see health care delivery,” she says.

But the private investors who funded the expansion wanted a fast return. “They couldn’t make it pay quickly enough to warrant the investment,” Donelan says.

Julie Utterback, a senior equity analyst at the financial services firm Morningstar, explained in an email to *AJN*: “It takes a long time to get a new health care facility up and running with enough patients and potential inflows to make them profitable. I don’t think Walgreens or Walmart gave it enough time to succeed.” But no matter how much time you give it, primary care remains “not a particularly lucrative model,” says Ateev Mehrotra, MD, MPH, chair of Brown University’s Department of Health Services, Policy and Practice. When Walmart compares the profit from a space devoted to “an aisle of Fritos and chips” with a space devoted to health care, “it may not be worth it,” he says.

WHAT THE FUTURE HOLDS

There will always be a need for convenient, weekend and evening, last-minute care, Donelan says. But where patients will find the access, and in what form, remains in flux. Even wearable technologies that allow remote monitoring of health conditions could play a role, says Beth Ann Swan, PhD, RN, CHSE, ANEF, FAAN, associate dean for education at Emory University’s Nell Hodgson Woodruff School of Nursing. “Everybody’s wearing something, checking their pulse, their ECG, their blood pressure, their blood sugar,” she says. Could patients someday, she wonders, buy a subscription to a clinic where someone checks the numbers fed from the wearable and sends an alert if the patient needs attention?

Despite the failures at Walgreens and Walmart, many retail clinics have successfully evolved to encompass chronic care management for illnesses like diabetes, Bronstein says. With a shortage of primary care providers, “Folks are going to get the care wherever they can get an appointment.” At the same time, he adds, “There is a very strong effort to ensure we maintain and expand our collaborations with physician offices and hospital systems.” Such alliances may prove essential to the clinics’ future. Swan has noticed and welcomes that shift. It means that if a patient is, say, having an asthma attack that can’t be handled at the store clinic, the NP can refer the patient to an ambulatory care setting rather than the ED, she says.

Kristene Diggins, DNP, JD, MBA, FAANP, worked for CVS Health for 15 years, most of that time practicing in MinuteClinics in the Carolinas. “It was challenging, and I loved the autonomy,” she says. “The best part is it put the nurse practitioner front and center.” Diggins believes the retail clinic model is fundamentally sound and will survive. “Primary care providers have never been convenient, and this generation doesn’t tolerate that,” she says. And yet, “the health needs are not changing and they’re not going away.” ▼