Though still in its infancy, retail medicine has taken off in a big way. With growing strains on the U.S. healthcare system—potentially tens of millions of newly insured patients when the Affordable Care Act is fully implemented, matched with fewer primary care physicians (PCPs)—creative alternatives to the traditional practice model are becoming more and more attractive to patients who can’t wait weeks or months for an appointment with their PCP.

According to a Porter Research report, “Retail health clinics (RHCs) are flourishing. In a healthcare environment where greater access is often the name of the game, a growing number of industry leaders now see these clinics as valued partners in providing preventative and primary care services.”

According to Venditti, patients like coming to retail clinics for the accessibility and convenience, including evening and weekend appointment times and “because [PAs] spend more time with them.” RHCs are also more affordable for patients with or without insurance. “For somebody with a sinus infection, they could spend hundreds of dollars in an emergency room or urgent care [facility], or about $80 to $100 with us.”

She added that MinuteClinic offers affordable, convenient, quality healthcare, and treats minor medical problems, performs vaccinations, U.S. Department of Transportation physicals and school, sport and camp physicals. MinuteClinic is also focused on wellness initiatives including hypertension evaluation, diabetes screening and hyperlipidemia screening. RHCs are partners in healthcare. MinuteClinic has 27 affiliates throughout the country including the University of California at Los Angeles and Cleveland Clinic.

Though RHCs seem to offer promising options for patients, the options for PAs can be much more limited. Because of state regulations and the interpretation of those regulations (many retail clinics are considered ambulatory care sites), it is difficult, if not impossible, for PAs to practice at RHCs in most states. Venditti says that MinuteClinic currently employs PAs in five states: Nevada, Texas, Minnesota, North Carolina and Rhode Island. Almost every week, she hears from PAs who want to work in RHCs but cannot because of state limitations. “My biggest advice to them is to get involved with the legislative process. It’s slow, archaic and sometimes antiquated, but you have to.”

The payoffs could be significant for PAs as patient access to healthcare is set to increase. “Retail healthcare is strategically aligned to help the tens of millions of new patients who will be getting healthcare next year,” she explains, adding that MinuteClinic is expanding by opening in three new states this year, including Hawaii, New Hampshire and Louisiana and expanding in current states and markets requiring recruitment and hiring of hundreds of new providers.

Venditti loves the flexibility and career options that retail medicine has presented her. “Most often, whether you’re a PA or an NP, after you graduate you go to work at a doctor’s office or a hospital, but there aren’t many managerial roles out there for us. This is a great opportunity for a PA to get into leadership, management or even corporate positions.”

GET INVOLVED!
Earlier this year, Gina Venditti formed her own special interest group called the Society for PAs in Retail Healthcare (SPARH) to advocate change in state regulations and help get more PAs working in retail medicine. Interested in learning more and joining her effort? You can contact Gina at Gina.Venditti@CVS-Caremark.com.

To learn more about AAPA’s state and federal advocacy programs, visit us at http://bit.ly/NWRSbk.

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**Filling the Void in Primary Care**

**Verdale N. Benson, PA-C**

Verdale Benson, PA-C, is one of the first PAs to take advantage of a new Physician Assistant Residency Pilot Program in Primary Care at the Atlanta Veterans Health System. He began his one-year PA residency at the Atlanta Veterans Affairs Medical Center (VAMC) in January 2013, having just graduated from Emory University’s PA program in December 2012.
One of only six such programs in the country, the residency was developed by a former Emory PA program director, Virginia Joslin, PA-C, MPH, in partnership with Atlanta VAMC Associate Chief of Staff Norberto Fas, MD, MBA. The two proposed a residency program designed to help PA graduates become effective leaders and primary care team members in the VAMC system of community-based outpatient clinics (CBOC) delivering care to the patient population of the U.S. Department of Veterans Affairs (VA) using the patient-centered medical home (PCMH) model.

This training program, “the first PCMH-focused and primary care PA residency in the country,” features 12 months of didactic and clinical education including “PCMH concepts, clinical leadership, systems-based practice, chronic disease management, practice process improvement, patient engagement in their own care, and seamless, timely transitions of care between primary and specialty care” (Learn more at http://bit.ly/17K4Dko).

“The reason for the PA residency,” Benson explains, “was the disparity between healthcare need and the ability to meet that need, even out of the private sector, with a shortage of primary care physicians and providers across the board. The primary care clinics, the CBOCs, are being overrun by limited resources. The thought was to use this residency to recruit more PAs into the VA system in order to help bridge those needs.”

He adds, “It’s both sad and exciting. Sad that the need is not being currently met but exciting if you look at this problem as an opportunity—an opportunity to bring more healthcare providers into the system, specifically mid-level providers, to help meet that need. ‘The opportunity for us as PAs is out there.’”

CHARTING NEW TERRITORY

Benson is charting new ground not only as a PA but as a veteran of the U.S. Army as well. “One of the big reasons I chose to do this residency was not just to make myself a better provider but, obviously, I have a passion for the patient population.” As a medical platoon leader, Benson deployed with his first unit to Kandahar, Afghanistan where he served for 12 months supporting combat operations.

After earning the rank of captain, he deployed a second time for 15 months in Kirkuk, Iraq, providing logistics support and operations planning. After getting out of the service and beginning his medical training, Benson loved working with the fellow veterans he encountered at the VA hospital. “I did a [student] rotation here at the VA, and I found that it really made my day whenever I [met] a veteran patient.”

He is also taking advantage of his VA residency to explore other specialties in depth, an opportunity that most PA students don’t get “because you only have 10 rotations and you can’t do everything while you’re in school. For example, I did a month in gastroenterology where I worked alongside a first- or second-year GI fellow and a resident. I saw patients and consulted the medical teams, and did colonoscopies and endoscopies [which gave me] advanced training that you don’t have time to get when we’re students.”

He goes on to explain that certain specialties, such as surgery or emergency medicine, want PAs to have two-to-three years of experience. Because a residency provides a concentrated amount of hands-on training, a PA can accumulate two or more years’ worth of experience in a single year. Emphasizing the didactic as well as clinical requirements, Benson says, “Being in an academic environment, constantly learning, constantly having different staff teaching me medicine from their different points of view has given me an edge in this field. You’re more marketable.”

“It’s a pilot so we’re building this as we go along, changing the minds of physicians and other medical professionals within the VA, because this is really new to them as well. What exactly is a PA resident? Are you certified? Are you a student?” That confusion, he says, can be mitigated once PAs start filling urgently needed healthcare positions. “The size of our profession is going to reflect the size of the problem we fill, or help correct, or solve. If we increase our numbers and [help] fill that void, you’re not going to have to feel like you have to explain what a PA is any more—everyone’s going to know.”

A BRAVE NEW WORLD

Benson warns PA students considering a post-graduate residency to be clear about their goals and expectations. “You’re going to see your [former] classmates making two-to-three times more money than you.” But as the American healthcare system continues to wrestle with change and provider shortages, the rewards can be great. “The future is very bright,” he says. “Our profession fills a need, and that’s the most exciting place to be in a career. We have the training, we have the ability.”

“My favorite part of a patient encounter,” he continues, “is the patient education, explaining to the patient why this medicine works, why you have this symptom, what’s going on. You really need to approach it as a team aspect, it’s not just me the medical provider telling a patient] to take this or do that. Once we give ownership to the patient, I think we’ll see an increase in things like compliance, taking their medications, and making lifestyle changes because they have the power, they have the knowledge, they know why.”