

CVS “MinuteClinic” Success Story

Profile Element	Description	Response
Organization Demographics	a. Name of innovation/project b. Type of organization c. Number of physicians involved d. Number of patients involved e. Timeframe	a. Minute Clinic b. CVS Pharmacy is currently the largest pharmacy chain in the United States. As the retail pharmacy division of CVS Health, it ranks as the 7th largest U.S. corporation according to Fortune 500 in 2016. c. No doctors are employed but we have nurse practitioners. We have 2,700 providers in total. All of the providers work with collaborating physicians and treatment is reviewed by doctor. All of the roles in a normal practice are rolled up into one person at the MinuteClinic. We will be deploying skype for business (not quite telemedicine). d. On an annual basis, we have 5 -6 million patient visits; overall – 31 million visits to date. e. CVS Corporation become a standalone company in 1996. In 2006 the MinuteClinic became the first retail clinic to be accredited by The Joint Commission.
Description of Innovation	Short description of the project	The MinuteClinic has a patient-centric focus. It provides on-demand access to primary care at the convenience of patient at different times during the day. Its cost value proposition is that it's affordable care, fees are transparent, and it's less expensive than primary care with high deductibles. If the patient does not have a primary care physician, CVS does referrals. CVS does not have doctors as they decided to focus on what they can do and try not to get into what they cannot do. All complex issues are referred out. CVS has dozens of affiliations, including Cleveland clinic doctors. If you are a Cleveland clinic patient, CVS sends your information to Cleveland clinic – through Epic Care Everywhere which automatically connects with Epic anywhere with patient consent. They can send CCR's and faxes to all other primary care doctors that are not on the Epic Care network.

Purpose of Innovation	<p>a. What issue or problem is your organization seeking to address with this project?</p> <p>b. What approach did your organization use to address this problem?</p> <p>c. What stakeholders are involved/affected? What are their roles? How was stakeholder buy in/participation obtained?</p> <p>d. What objectives/goals are you trying to achieve? How were those objectives/goals defined?</p> <p>e. How did you prepare your organization to adopt a new approach for solving this problem? How were different stakeholders prepared for adopting new processes and/or technology?</p>	
Benefits	<p>a. What have been the benefits of using health IT for this problem?</p> <p>b. What are the short vs. long-term benefits that will accrue from the use of health IT?</p> <p>c. How do actual benefits compare with expected benefits?</p> <p>d. How have you assessed/measured the value of the tool? What indicators (e.g. cost, quality, outcomes, satisfaction, etc.) have you used?</p>	<p>a. In addition to the benefit of providing on-demand access to primary care, we deployed “hold my place in line” - which saves your place in line and also provides the patient with how long the wait will be. Furthermore, it gives patient information on which clinic to go to based on wait time.</p>
Lessons Learned	<p>a. What would you have done different?</p> <p>b. What key factors made this successful?</p>	<p>a. We need to do more from a marketing standpoint; currently focused on our business affiliates. We need to do more with patient communications.</p> <p>b. Convenient, cost efficient.</p>

	<p>c. Where did you meet resistance and how did you overcome it?</p> <p>d. What unintended consequences emerged from the use of health IT, and how have you addressed those?</p> <p>e. How do we move this forward [scale] to impact the greater healthcare ecosystem?</p>	<p>c. Affiliate integrations thought that MinuteClinic were stealing patients. They became intrusive and were not offering high quality care. So we decided to focus on one affiliate, Cleveland Clinic. We built interoperability and leveraged them to be an advocate for CVS. Using EPIC (62% of providers use), we are as close to automated as you can get. We now have affiliates reaching out to us.</p> <p>d. With 1 provider affiliate, we have to make up for other providers that are typically used in healthcare setting. We had to figure out how can we automate data entry? What we did was to use IT for insurance card scanning which saves time for entry. We were Epic's first customer to do this. This is one of the top complaints of providers – entering insurance info. They want to spend more time with patient – not data entry.</p> <p>Another unintended consequence is affiliate integration due to use of EPIC.</p> <p>e. Future projects – we are currently a walk in clinic. However, we are looking at elective services that can be scheduled ahead of time such as physicals, flu shots. This can help to drive patients to less used clinics which can help solve the underutilization problem for certain providers.</p> <p>Skype for business – we are considering extended access of CVS providers to collaborating physicians. We are also exploring telemedicine opportunities.</p> <p>Widen our Footprint – we have 1200 clinics. We are exploring specialty care. Interoperability is a challenge that needs to be overcome. Wherever a patient gets care the PCP needs to know entire healthcare of patient. Right now it is a one way information from CVS to providers, not the other way.</p>
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