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Should Ophthalmologists Provide Same-Day Eye Care?

About a year ago, I was driving by a neighborhood Walgreens and noticed another familiar brand below the red cursive of their logo: the lavender cross of Advocate Health Care with the words Advocate Clinic. In addition to offering groceries, toiletries, liquor, and a drive-through pharmacy, my local Walgreens now provides health care. The Walgreens website declares that “getting a same-day visit with an Advocate Medical Group provider is as easy as stopping into your neighborhood Walgreens.” This strategy is not limited to my neighborhood: In Southern California, 18 Target locations have teamed up with Kaiser Permanente to provide same-day visits.

Retail health clinics are a growing trend. As of 2017, there were about 2,000 urgent care clinics with a market worth of \$15 billion¹; today, there are over 10,000.² Most urgent care centers offer same-day appointments that can be scheduled online, seven days a week, into the evening hours. Many accommodate walk-in visits. And they are less expensive than hospital ERs. An average urgent care visit is about \$168, while an ER visit is over 10 times more expensive for the 20 most common ICD-10 codes.² The Kaiser clinics at those California Targets advertise that a standard Target visit usually costs \$85 for those without health insurance.

As health clinics inside the big box stores typically provide care for people with a cough, a cold, a skin rash, or high blood pressure, why should an ophthalmologist care?

First, consider the complaint of “red eye.” It often prompts a visit to an ER, a primary care physician, or an urgent care clinic. However, antibiotics are often overprescribed by non-ophthalmologists for viral conjunctivitis, thus increasing the cost of health care, potentially promoting antibiotic resistance, and possibly prolonging the duration of the infection.³ Just last week I saw a patient who had been treated for a red eye with an antibiotic at an urgent care center. After taking the antibiotic for several weeks without experiencing any improvement, she was referred to our practice. She had the largest corneal dendrite I’ve seen.

Second, young adults *like* retail health clinics. A RAND study of the clinics found that 43% of their patients were between the ages of 18 and 44—and that only 23% of these young adults have a primary care physician.⁴ They access

health care differently than their parents because they value efficiency and convenience. Millennials, especially, want to be seen as soon as symptoms arise. Furthermore, young adults care less about cultivating a relationship with a physician and more about scheduling electronically, getting an appointment that fits into their schedule, and having a very short wait.

Here’s our challenge, then: What about same-day appointments for routine exams in addition to urgent eye visits? What about committing to short wait times and a great experience?

A well-managed practice ought to be able to figure out how to provide same-day appointments. For instance, several larger ophthalmology groups have an urgent care clinic and hire physicians dedicated to urgent visits. In fact, our group managed up to 40 urgent visits a day by hiring a recently retired retina specialist who wanted to stay involved. He enjoyed the job so much that he worked for 12 more years. His patients with flashes and floaters benefitted by getting not only a same-day appointment but also an exam by a retina specialist.

Another strategy is to build urgent (and routine) visits into the day. Our ophthalmologists have an “urgent visit slot” in every session. We’ve cultivated a culture of “yes.” If patients want or need to be seen, they get an appointment.

So, there are ways to provide same-day care. Such care is good medicine—and it’s good for the practice.



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1 <https://kaloramainformation.com/product/retail-clinics-2017-the-game-changer-in-healthcare>.

2 <https://kaloramainformation.com/product/the-market-for-urgent-care-centers/>.

3 Shekhawat NS et al. *Am J Ophthalmol*. 2017;124(8):1099-1107.

4 www.rand.org/pubs/research_briefs/RB9491-2.html.