

NYC comptroller: Health clinics in shops

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NEW YORK

The city's comptroller recommended on Thursday that the government address a widening health gap between the rich and the poor in part by encouraging the opening of more store-based health clinics in low-income areas.

In a report, which looked at health conditions and income levels in the city's neighborhoods between 1990 and 2005, Comptroller William Thompson also recommended that the city and state reimburse more for primary and preventive care and increase public health education.

In-store clinics, frequently located in drugstores, have drawn attention for offering cheap, quick services for routine conditions including sore throats, warts and bladder infections. But they've also come under fire by physicians worried they could result in serious underlying conditions going undetected.

"There's absolutely no substitute for people having a regular relationship with their primary care doctor," said Susan Scheer, deputy director for policy at the comptroller's office. "But the reality is sometimes there's a long wait or a shortage of doctors in certain neighborhoods."

In such an imperfect system, Scheer said, the clinics could provide an opportunity for people who haven't seen a doctor for years to consult a nurse or physician who might notice symptoms of the chronic conditions that plague the city's lower-income neighborhoods, including diabetes and heart disease. The clinics could then refer them to hospitals or treatment centers.

There's no count of the number of in-store clinic patients who have received such screenings.

Consumer Health Services Inc., which manages doctor-run locations in Duane Reade Inc. drugstores in Manhattan, will offer screening and referral for a number of conditions and is offering free blood pressure tests, said company chairman Dr. James D'Orta. Patients interested in checking their cholesterol would have to pay.

The company thus far has selected only four high-income locations on the Upper East Side, the Upper West Side and in midtown, but it plans to add six more clinics in Manhattan, Brooklyn and Queens by the end of next month. Already, the locations are serving a wide mix of patients, including lower-income and uninsured people, D'Orta said.

The city Department of Health and Mental Hygiene said it does not believe such clinics are likely to be effective in closing the health gap, although they could prove useful in other ways.

Scheer said the clinics could have a number of secondary benefits, including freeing hospital emergency resources for their intended use.

"Unfortunately, a lot of people are using the emergency room as their primary care doctor," she said.

Between 1990 and 2005, the rate of diabetes hospitalizations in the city jumped by 83 percent, but they more than doubled in six neighborhoods, all but one of which were among the city's poorest, the report said.

The rate of deaths from heart disease decreased throughout the city from 1995 to 2005, but the poorest neighborhoods saw the least benefit. Heart disease hospitalizations in the city's seven lowest-income areas jumped by 30 percent in that time, more than in other areas.

The Department of Health released a statement calling health disparities a "serious problem."

"New York City has significantly narrowed the gaps in life expectancy, asthma, heart disease deaths, and in access to cancer screening," it said. "We will continue working to reduce disparities and help all New Yorkers live longer, healthier lives."