



NATIONAL ASSOCIATION OF WORKSITE HEALTH CENTERS

Using Onsite Health Centers to Integrate Worksite Activities

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National Association of Worksite Health Centers (NAWHC)

- A new, non-profit, national organization for employers, unions and other sponsors of onsite clinics, pharmacies, fitness and wellness centers
- Offering benchmarking, education, networking and advocacy activities on worksite health facilities and programs
- Members also include brokers/consultants, providers, vendors and suppliers that support worksite health benefits, clinics, fitness and wellness programs
- Created by the Midwest Business Group on Health, in collaboration with The LaPenna Group.
- www.worksitehealth.org - NAWHC LinkedIn Group

Why are employers still offering health care benefits and wellness activities?

-The ACA does not change any of these factors for employers

- To recruit and retain talent
- To be the employer of choice
- To offer easy access to free or affordable preventive, acute, primary and chronic illness medical care services
- To increase productivity by ensuring a healthy workforce
- To reduce costs from a health system that fails to focus on prevention, management of chronic conditions, and efficiency
- To incentivize workers to take responsibility for own their health
- To reduce lost work time and absenteeism by making services available onsite and easily accessible

While doctors see patients only 10-12 minutes a year, employers have the opportunity to educate and motivate workers and impact their health, since they see employees over 1000 hours a year

From occupational clinics to onsite health and wellness centers

- In past, many employers had clinics to treat work-related injuries, and minor acute conditions
- The first occ. health clinics were developed in the 1930's for the Kaiser Industrial group
- Deere & Co. created onsite primary care for workers and their families in the 1990's



John Deere Health Center

-A model for today's onsite health centers

- The health center was a new concept for health care in the Quad Cities area, the goal being: to provide quality health care at an affordable price for the entire family in one facility
- New concept features included having a pharmacy, laboratory and radiology departments on-site
- Eligibility to join the health center was based on employment with Deere & Company and its subsidiaries and their eligible dependents within the regional area
- The goal was to provide health care for the estimated 30,000 covered lives in the Quad City region and reduce expenses for the company
- The model serves as the focus for today's onsite health center:
Population Health Management
 - Health promotion and condition management
 - Preventive services and screenings
 - Primary care/ancillary services
 - Pharmacy, therapy, counseling, etc.

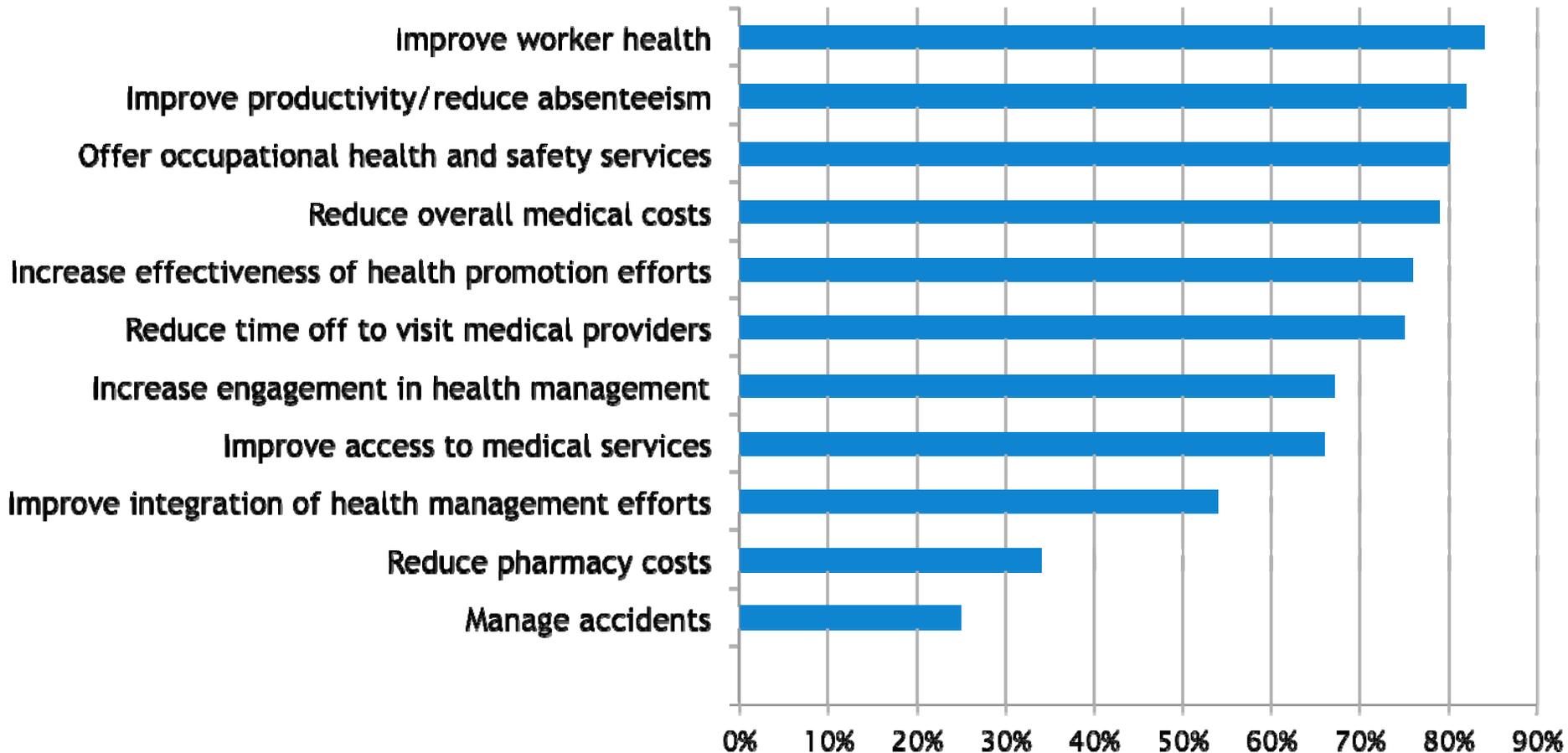
Prevalence of Onsite Centers

- NAWHC 2011 survey found:
 - 23% of companies offer onsite health services to employees
 - 16% offer onsite pharmacy services
 - 12% of companies planned to offer onsite health services in 2012, and an additional 5% planned to offer onsite pharmacy
 - 11% of companies expanded their service offerings over the last two years, and another 11% planned to do so in 2012.
- While many sources recommend at least 1000–1500 employees in a single location are needed to support center, many employer–sponsors of centers have smaller populations
- Centers range from one day a week operations, led by NP/PA, to 5–7 day a week centers, open evenings and weekends, primarily staffed by physicians

Key questions to address in developing an approach to worksite health and integration of services

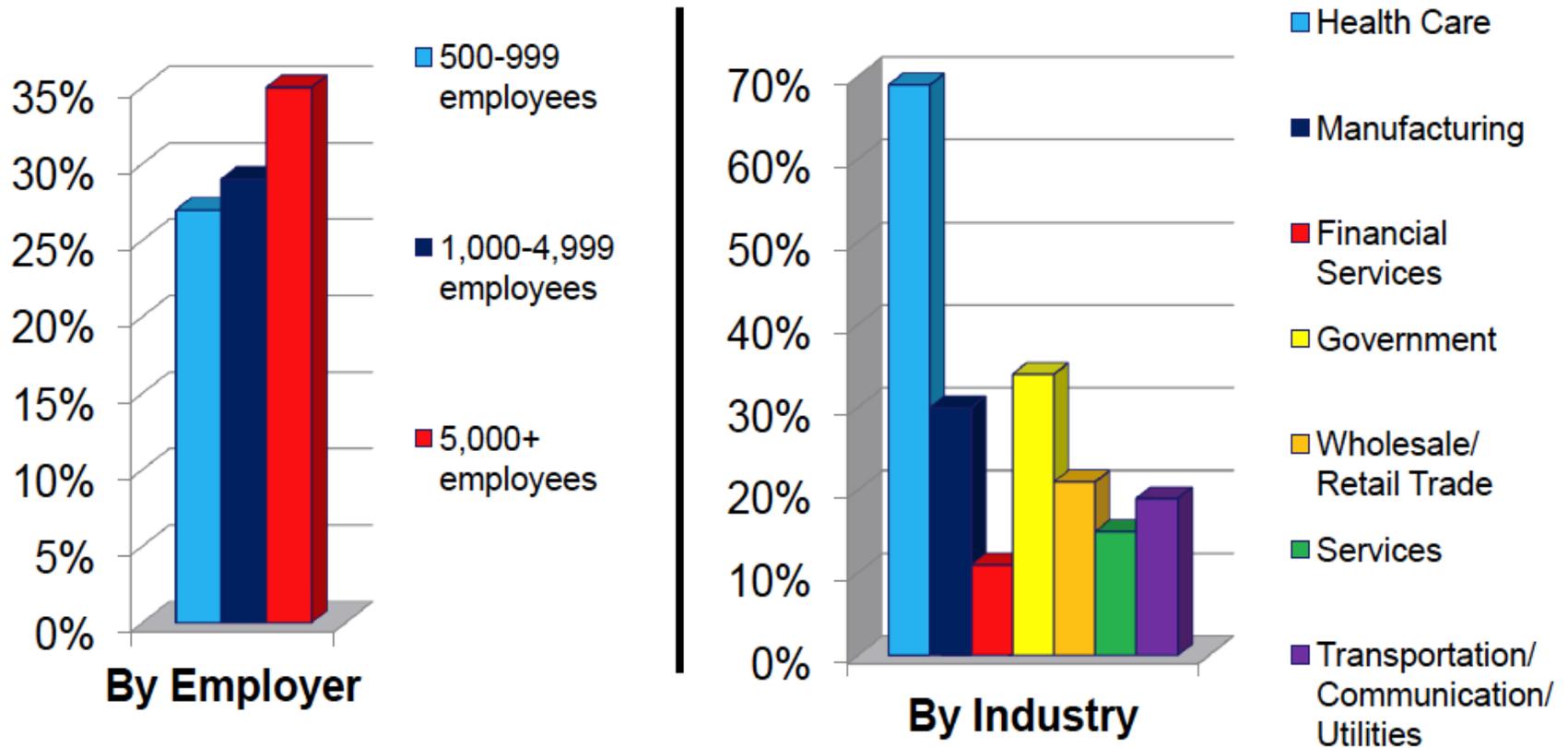
- What are your objectives and goals for the center?
 - Reducing cost of outside services and ER utilization
 - Reducing absenteeism
 - Increasing productivity
 - Integrating worksite benefits and programs
 - Increasing engagement in worksite prevention activities
 - Improving access to primary care and ancillary services
- Who do you plan to serve?
 - Actives
 - Dependents
 - Retirees
 - Contractors/visitors
 - Other employers' workers

Employers have varied objectives for their onsite health centers



Worksite health centers are not limited to large employers

Source: Mercer



Source: Mercer National Survey of Employer-Sponsored Health Plans 2009

Many management models to choose from

- Employer owns, staffs and manages center
- Employer contracts medical services from local provider, but manages business operations itself
- Entire enterprise is outsourced to vendor that employs all staff and manages all operations
- Employer owner opens center to nearby employers
- Multiple employers come together to contract with vendor for community center, but oversee operations
- Property owner offers center for tenants or those in business park

Many service and staffing models to choose from

-Level and types of services must be based on data on and desires of population to be served

- You need to know the prevalence of conditions and diseases causing highest costs and greatest utilization of outside medical care
- Single non-physician primary care provider
 - Nurse Practitioner
 - Physician Assistant
 - EMT
 - Sports Trainer
- Physician and non-physician primary care provider
- Physician-led team of primary care providers
- Multiple physicians, non-physician providers, ancillary services (labs, x-ray, pharmacy, physical therapy)
- Complementary and alternative medical providers – chiropractors, acupuncturists, massage therapists
- Specialty care

Keys to successful utilization

- Ongoing, effective communication to workforce about center and its services
- Employees believe their involvement and records will be kept private and confidential, trusting the center staff
- Strong senior support and visible involvement
- Low or no cost for services
- Superior and enthusiastic services
- Incentives to use center
- Easy access, attractive, clean location

Major issues to address

- Attracting significant portion of population
- Linking center services and data with other health benefits
- Tying onsite services to organization's business strategies
- Interacting with local providers
- Determining how to measure and report ROI

Key measures of ROI

-Measure need to meet your objectives, not those areas convenient or easy to collect data

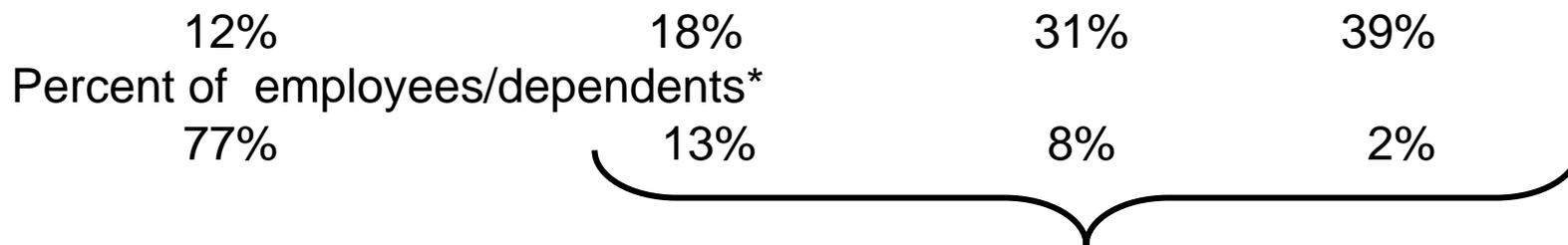
- Operations
- Efficiency
- Patient satisfaction/experience
- Cost savings/ reduced utilization of outside services
- Health outcomes/compliance
- Absence/productivity

Challenges of Population Health Management

Population Care Continuum



Portion of Health Care Spend*



2% of population driving 39% of costs
 10% of population driving 70% of costs
 23% of population driving 88% of costs

Uncontrolled chronic conditions account for 70% of complex catastrophic cases. (Redefining Health Care, Porter & Tiesberg 2006)

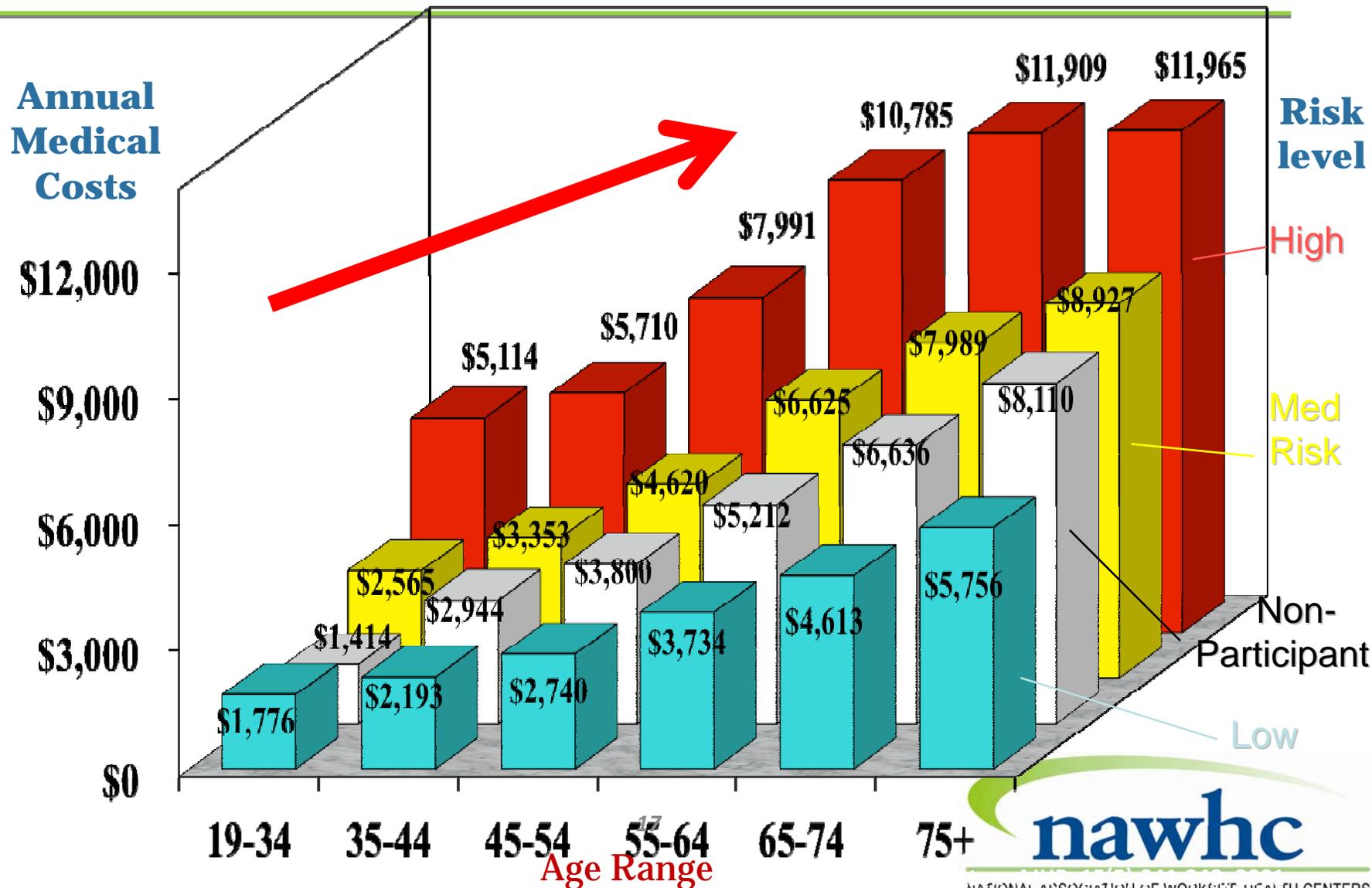
Catastrophic case management and chronic condition management had the greatest impact on self-funded health care costs. (SHPS Health Practices Study, 2007)

*PBA 2009 data

Key health benefit strategy: Reduce risks

Medical paid amount x age x risk

Source: Dee Edington, Univ. of Michigan)



An employer provides an array of worksite activities related to improve health and productivity

- Treatment of Injuries
 - First aid
 - Acute/urgent care
- Occupational health
 - OSHA exams, drug testing
 - Physicals/RTW
 - Travel medicine
 - Disability mgmt
- Identification of risks
 - Health risk assessment
 - Biometric screenings
- Prevention of illness
 - Immunizations
- Health and Benefits Education
 - "Lunch and Learn"
 - Online health portal
 - Health fairs
- Chronic Disease Mgmt
 - Health/disease mgmt coaching
 - Case mgmt
- Worksite Wellness Programs
 - Weight management/coaching
 - Fitness programs/onsite centers/challenges
 - Incentive-based activities
 - Smoking/tobacco cessation
 - EAP/lifestyle coaching
 - Stress mgmt
- Primary care/care coordination
 - Health advocacy
 - Telehealth
 - Accessible, Convenient Ancillary Services
 - Pharmacy services
 - Lab/x-ray services
 - Physical therapy
 - Vision services
 - Dental services
 - Chiropractic services
 - Massage therapy
 - Acupuncture

Unfortunately, most employers have siloed or carved out these activities internally and externally



E
A
P

DM

Primary
care

Wellness

Group
health

Pharmacy
services

Prevention

First aid,
acute care,
Occ. health,
disability
mgmt.

The onsite health center can offer a vehicle to integrate all worksite programs and services

- Coordinate care for patients
- Consolidate data from internal and external sources with health center's EMR
- Improve visibility and access to services
- Track patient use of service and referrals
- Collaborate care management
- Provide improved support for patient self-management
- Get cross referrals between contracted vendors
- Make greater utilization onsite fitness centers
- Provide easy access to all services
- Collect and measure performance

Onsite health center can increase engagement in wellness programs

- Keep healthy people healthy and identify risks early

- Onsite health center personnel can communicate, inform and promote increased participation and engagement in:
 - Health Risk Assessment
 - Biometric screenings
 - Weight management/obesity/nutritional programs
 - Stress and anxiety management programs
 - Smoking cessation programs
 - BMI, blood pressure and cholesterol monitoring
 - Fitness activities
 - Health, wellness, and chronic disease coaching
 - Health promotion, immunization and other preventive care activities and events

Onsite health centers can improve management of those with chronic conditions

-Keep high risk people from getting worse

- Offering onsite condition management and monitoring of key labs and screenings, medication adherence, providing lifestyle support and education for those with chronic diseases:
 - Diabetes monitoring of HbA1C, blood pressure, eye, feet, kidney and heart
 - Hypertension monitoring of blood pressure
 - Cardiovascular disease monitoring
 - Depression monitoring of stress, anxiety
 - Respiratory condition monitoring of asthma, COPD, smokers
 - Metabolic syndrome monitoring
- Sharing onsite health center screening results with patient's primary care or personal physician to improve coordination of care

Onsite health centers can increase participation and understanding

- Onsite health center personnel can use their interactions with employees and dependents to promote and communicate:
 - Value-based programs and benefits that use positive and negative Incentives
 - Referrals to higher quality physicians and hospitals
 - Self management of conditions
 - Navigation of health care system



An integrated database at the onsite health center can enable documentation of ROI in many ways

- Population health
 - Identification and reduction of risks
 - Chronic disease prevalence
- Health center utilization
 - Percent of population obtaining various levels and types of service
 - Trending use of various services and programs
- Health care costs- financial impact
 - Use of outside medical services
 - Use of emergency room and specialty care
- Absence management and productivity
- Patient satisfaction and experience
- Participation and engagement in worksite wellness and prevention programs
- Medication adherence

Example of integration:

A food manufacturer

- 1993 opened 1st clinic – carpal tunnel only
- 1994 expanded to other occ issues, then to longitudinal primary care –HBP, DM, Asthma, Cholesterol
- 1997 Expanded to dependents; 3rd clinic – changed name to Wellness Centers
- 1999 Practice guidelines/ protocols for common diseases; 5th Wellness Center
- 2002 Generic drug sampling begun; 10th Wellness Center
- 2004; 17th Wellness Center; Health Improvement Program begun
- 2011 Evidence–Based Plan design introduced; linked with on–site DM
- 2012 Integration of HIP with Wellness Centers, DM, and demonstrated long–term health improvement

Example of integration: *A printing firm*

- Primary care clinic with selected subspecialties
- Wellness and preventive medicine programs
- Occupational medicine program
- Onsite rehabilitation clinics
- Full-service lab, X-ray and pharmacy
- T.P.A. & U.R.
- Robust information systems
- Telemedicine



There are potential barriers to integration

- Lack of senior leadership, commitment and participation
- Internal politics and personalities who want to remain siloed
- Conflicts over budgetary areas
- Current occ health staff that is not trained, interested, motivated or personality-prepared to move into a primary care provider position
- Lack of trust and fear of lost confidentiality of personal information by employees
- Poor communication on objectives
- Lack of setting expectations to vendors, plans, providers and contractors
- Vendors unwilling to work together or share data

In conclusion, an onsite health center offers opportunities

- Integrating your worksite programs, data and activities
- Increasing engagement of your population other internal and external programs and services
- Providing an accessible, core medical staff that can be trusted by patients to not only provide confidential health care, but who helps them navigate the health care system and your benefit programs
- Reducing overall health care costs
- Improving morale
- Improving population health
- Improving productivity

But it takes a commitment by the employer, its vendor, staff, and partners to have a common set of goals

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