



July 2019

NAWHC NOW! provides information on upcoming programs, new developments, resources and benchmarking surveys of the National Association of Worksite Health Centers and information from other industry experts. Visit [www.nawhc.org](http://www.nawhc.org) for details on the items mentioned and membership information.

## UPCOMING EDUCATIONAL EVENTS

### **NAWHC 7<sup>th</sup> Annual Forum - September 19-20, 2019, Dallas, TX**

At the 2019 NAWHC 7<sup>th</sup> Annual Forum, hear from employer and industry leaders and innovators who are expanding and developing worksite health centers. This event is for employers and others who are seeking to increase the value of their investment in clinics. It offers a great opportunity to share information and experiences with other employers and learn about new vendor partners. At the Forum, we'll cover the following topics:

- Future Directions and Challenges for Worksite Health Center Sponsors and Vendors
- Legal and Legislative Update on Areas Impacting Worksite Clinics
- 2018 Benchmarking Survey Results on Worksite Health and Wellness Centers
- Integrating Chiropractors, Physical Therapists and Physicians for Improved MSK Outcomes
- Key Decisions and Common Mistakes in Planning Your First Clinic
- The Nuts and Bolts of Transitioning to a New Clinic Vendor
- Comparing Clinic Management Models
- Ensuring Accuracy in Measuring the Performance of Your Clinic
- Increasing Clinic Utilization and Engagement by Employees and Dependents
- Offering Pharmacy Services for Increased Clinic Value
- Evolving Your Clinic into a Medical Home

Registration and sponsorship information are available at [this link](#).

### **2020 Onsite Employee Health Clinics Summit**

**January 23-24, 2020, Scottsdale, AZ**

Learn what it takes to build and streamline facilities that meet innovative visions for healthcare and wellness, as well as the benefits associated with expanding current onsite health facilities. NAWHC members receive a \$250 discount off the registration fees. Use "NAW250" as the "keycode" to mention when registering on our website. Register and obtain more details at [this link](#).

## BENCHMARKING

**Size of Clinics** (From the 2019 NAWHC-Mercer Survey - All survey results available on NAWHC website)

About one-fifth (21%) of respondents operate clinics of less than 1,000 square feet, while, at the other end of the spectrum, 23% operate very large clinics of 5,000 square feet or more. Although the biggest employers are the most likely to offer a very large clinic, they don't always do so — it also depends on the services offered, employee proximity to the clinic and the space available. Among employers with 5,000 or more employees, 33% have a clinic of 5,000 square feet or more and 15% have a clinic of less than 1,000 square feet.

## ADVOCACY

NAWHC Office: 11520 North Central Expressway, Suite 227, Dallas, TX 75243 Ph: 224-308-6622



**Meeting of On-Demand Industry Organizations**

On July 12<sup>th</sup>, NAWHC’s Executive Director Larry Boress participated in a meeting of the leaders of the primary “on-demand” health care industry organizations: Amer. College of Occup. and Environmental Medicine, Amer. Telehealth Assn., Convenient Care Assn., Urgent Care Assn., the Emergency Dept. Practice Mgmt. Assn. and NAWHC. The meeting was intended to explore opportunities to build relationships with those serving the on-demand, consumer-driven healthcare market and to identify common areas of interest and challenges in legal, regulatory and reimbursement areas, as well as the changing health care marketplace. The collaborative will meet in the future to discuss potential unified approaches for data collection, benchmarking, growth, awareness, and patient access by sharing intel and best practices together.

**Change in HSA Rules on Preventive Care Services**

On July 19<sup>th</sup>, the U.S. Department of Treasury issued Notice 2019-45, which now allows HSA-HDHP plans the flexibility to cover specified medications and services used to treat chronic diseases prior to meeting the plan deductible. Employers offering HSA plans will now have the flexibility to cover the following medications and services used to treat chronic diseases on a pre-deductible basis in their clinics:

<b>Preventive Care for Specified Conditions</b>	<b>For Individuals Diagnosed with</b>
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

**A copy of the full Notice is available at [this link](#).**

**PROJECT OPPORTUNITIES**

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Catalyst for Payment Reform (CPR), a NAWHC partner organization, is developing collaboratives on high-value programs for interested employers. A collaborative is a small group of purchasers working together to tackle a health care purchasing challenge. Collaboratives are typically 6-12 months long. Participants have the opportunity to share their experiences and learnings with each other. Participants also benefit from the input of CPR staff and a subject matter expert. CPR will facilitate monthly virtual meetings with the group. Depending on the direction of the work, one in-person meeting may also be held during the collaborative. CPR will lead development of a suite of tools or resources to support member engagement in high-value programs, with some level of customization for each participant. The cost of participation is \$10,000.

If you are Interested in learning more or applying to be a participant, complete [this brief online questionnaire](#). CPR staff will follow up with additional information.

## RESOURCES

**Does Telemedicine Provide High Quality Care?–** Dave Zieg, MD, Mercer Total Health Management  
Regarding clinical quality, not all telemedicine programs are created equal and reports are mixed. When considering quality, we need to evaluate several factors:

- Are telemedicine physicians practicing with the best evidence in mind? It's likely a mix of yes and no, just as it is with traditional practice. However, it is reasonable to opine that the very nature of this model of telemedicine creates a situation that may influence prescribing habits. Example, after a 10-minute discussion regarding a patient's productive cough x 1 week, the telemedicine provider prescribes an antibiotic to treat a diagnosis of bronchitis when the best evidence says not to. The influence was simply the nature of fragmented care: a lack of rapport and trust; a gap in the ability to readily follow up with the patient; and the desire to provide quick, "valued service" to the customer.
- Are the services delivering value to the broader health strategy of the population? As noted above, this model delivers care that is fragmented and siloed. High value health services create continuity in patient care rather than fragment it. In contrast, there are models of telemedicine where continuity and integration do exist. These typically extend from a central point of care, like an onsite employer-sponsored clinic or a primary care physician's office, where the same providers are using the same electronic medical record in both face-to-face visits and virtual (telemedicine) visits to care for patients. In fact, 33% of employers with 10,000+ employees surveyed by Mercer in 2018 say their onsite clinic vendor offers a centrally based telemedicine solution.
- Are telemedicine visits creating a valued experience in the eyes of the patient? Video interaction certainly brings value in connecting physician and patient compared to phone, texting, or email alone, but there's still a significant gap that only face-to-face interaction can fill. You may have heard of the case of the "robot doctor" delivering bad news which illustrates this point to the extreme, but even when dealing with a minor illness, the human touch of a physician can go a long way in bringing value to the interaction

*Please visit our website at [www.nawhc.org](http://www.nawhc.org) and be sure to check in and sign-up at the NAWHC LinkedIn Group to stay abreast of developments in NAWHC and in worksite health and wellness centers. Thank you for your involvement with NAWHC.*