



## THE IMPACT OF COVID-19 ON WORKSITE HEALTH CENTERS: AN UPDATE DECEMBER, 2020

### SURVEY OVERVIEW

In March 2020, the [National Assn. of Worksite Health Centers](#) (NAWHC) conducted a benchmarking survey of employers and unions on the impact and challenges of COVID-19 on their onsite and near-site health centers, the centers' services and staff. In March, states were requiring or recommending most businesses close or have their employees work remotely to avoid spreading the virus. To see how the situation has changed as people get back to work and employers adjust to the imminent arrival of vaccine, NAWHC conducted a survey in November 2020 to update the earlier results.

Surveys were sent to employers and unions who sponsor onsite and near-site health centers, as well as providers and third-party vendors who manage the majority of these centers. Complete results were sent to each responding organization. An online roundtable will be held to go over the aggregate results. Watch for the announcement at [www.nawhc.org](http://www.nawhc.org).

Thank you to all who responded to the survey.

#### I. DEMOGRAPHICS OF NOVEMBER 2020 SURVEY:

##### A. Respondents:

- Forty-one responses were received
- 63% from employer and union sponsors, 28% from clinic providers and vendors, 9% others
- Fourteen industry sectors were represented

##### B. Employee size (Employer/union):

- 45% have 1000-5000 employees
- 19% have less than 300 employees
- 13% have 300-999 employees
- 13% have over 10,000 employees
- 10% - No response

##### C. Eligible population of centers:

- 68% - employees covered by health plan
- 60% - spouses
- 57% - dependents under 18 yrs.
- 55% - dependents over 18 yrs.
- 53% - all workers onsite
- 23% - retirees
- 8% - contractors



## **I. PROFILE AND STATUS OF CENTERS RESPONDING**

### **A. Core Staffing of Health Center:** (Some answered for different types of centers offered)

- 45% - MD with a NP/PA and MA
- 43% - NP/PA/MA, overseen by MD
- 23% - MD with MA
- 15% - RN only

### **B. Status of Workforce - March 2020 vs. November 2020:**

- People working primarily onsite: March – 26% November - 55%
- People working primarily from home: March - 55% November - 24%
- Manufacturing workers onsite, administrative workers at home:  
March - 19% November – 16%

### **C. Status of Health Center March 2020 vs. November 2020 :**

- All services available: March – 36% November – 55%
- Offering only limited services: March – 55% November – 10%
- Offering only telehealth services: March – 30% November – 3%
- Center closed: March – 2% November – 0%

November 2020 survey also found:

- 45% of centers open for appointments, but not walk-ins
- 28% offering services for those w/o COVID-19 symptoms

### **D. Utilization in November 2020 Compared to March 2020**

- 30% have higher utilization
- 24% have lower utilization
- 13% have about the same utilization
- 18% don't know what difference exist

### **E. Staff Roles:**

- 47% - staff have same roles, using telehealth as needed
- 33% - Don't know
- 14% - staff dedicated to doing screenings
- 8% - staff dedicated to doing telehealth

## **II. COVID-19 SERVICES AT CENTERS MARCH 2020 vs. NOVEMBER 2020:**



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- A. **Telephonic COVID-19 screening:** March – 86% November - 83%
- B. **Prescription refills:** March – 80% November – 78%
- C. **Virtual office visits:** March – 76% November – 88%
- D. **Telephonic virus management:** March – 55% November - 65%
- E. **Temperature screening:** March – 55% November – 50%
- F. **COVID -19 testing:** March – 55%

November:

- 53% -COVID-19 collection for in-lab PCR test
- 23% - COVID-19 onsite rapid molecular test
- 38% - COVID-19 onsite rapid antigen test

- G. **Return to work services:** March - 41% November – 50%
- H. **Reviewing results of screening app:** March – 29% November – 38%
- I. **Other services offered at center:**
  - Health coaching: November - 50%
  - Wellness coaching: March - 45% November – 60%
  - Physical therapy/chiro services March – 24% November – 38%

**B. COVID-19 Test Collection Methods Used or Planned:**

- 65% - Nasal swab collection
- 35% - Nasopharyngeal swab collection
- 8% - Saliva collection
- 5% - Oropharyngeal swab collection
- 30% - Don't know

**C. Plans for Mass COVID-19 Screening of Asymptomatic Patients March 2020 vs. November 2020**

- No plans: March - 57% November - 64%
- Considering: March - 15% November – 10%
- Don't know: March - 17% November – 8%
- Currently doing: March – 11% November – 3%

**D. If Planning/Doing Mass Testing, Where Does it Occur?**

- 31% - don't know
- 25% - near-site
- 19% - onsite
- 19% - hybrid approach
- 6% - working with health dept.

**E. Source of COVID-19 Test Kits:**

- Private sources: March – 73% November - 58% -
- Labs: March - 27% November - 50%
- Hospital: November – 15%



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- Health department: March -12% November – 14%

**F. Use of Phone-based COVID-19 Screening App - March 2020 vs. November 2020:**

- No screening app used: March - 61% November – 66%
- Using screening app March - 28% November 26%

**G. Staff Providing COVID-19-Related Services:**

- 67% - health center staff
- 23% - outside vendor other than clinic manager
- 10% - depends on the service
- 8% - HR

**III. ISSUES AND CHALLENGES**

**A. Are Patients Charged for COVID-19 Tests and Treatments?**

- 81% - no charges for tests/screenings
- 36% - no charge for telehealth services
- 6% - HSA-eligible patients charged for COVID-19 tests/screenings
- 6% - HSA-eligible patients charges for telehealth services

**B. Concerns About COVID-19 Testing at the Center - March 2020 vs. November 2020:**

- Staff safety: March – 77% November – 55%
- Obtaining test kits: March - 53% November – 58%
- Conducting tests accurately: March – 23% November – 45%
- Accuracy of results: November – 45%
- Reporting results: March - 14% November – 27%
- Legal issues: March – 9% November – 24%
- Bringing sick people onsite: November – 67%
- Obtaining PPE: November 33%
- Staff resignations: November – 3%

**C. Reporting of Positive COVID-19 Results to HR - March 2020 vs. November 2020:**

- Providers can report to HR: March - 46% November – 36%
- Providers cannot report to HR: March – 28% November – 8%
- Patients reported to health dept.: November – 28%
- Patient consent is required to report to HR: November – 23%
- Patient is requested to report to HR: November – 23%
- Policy under review: March – 17% November – 8%

**D. Protective Equipment That is Hard to Obtain - March 2020 vs. November 2020:**

- Mask: March – 81% November – 53% (N95 or similar masks)
- Gowns: March – 59% November - 20%
- Thermometers March – 41% November – 20%
- Gloves March – 38% November - 7%

**IV. VISITS TO CENTER**

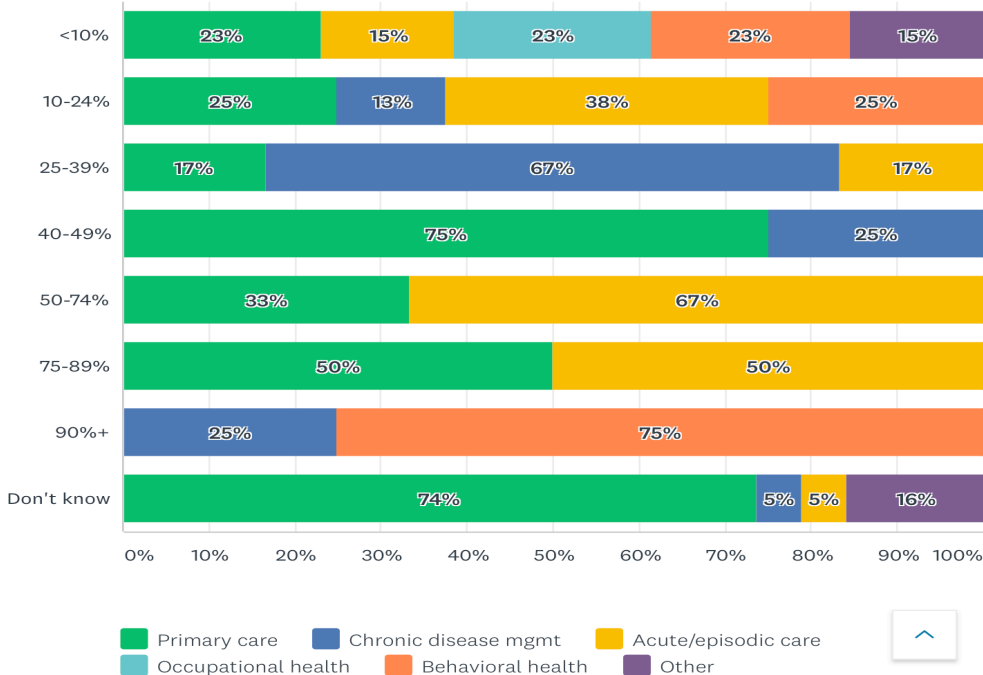
**A. Diagnostic Case Mix** - In November, 2020, employer health centers were experiencing the following:

- 32 % were seeing more behavioral health issues
- 24% were delaying preventive screenings and immunizations
- 11% were seeing worsening chronic disease
- 8% were seeing more musculoskeletal problems

**B. Appointments in November 2020:**

- 57% were not postponing any appointments
- 26% were delaying biometric screenings
- 20% were postponing preventive care services
- 20% were postponing physicals
- 20% were delaying wellness visits
- 11% were delaying cancer screenings
- 11% were postponing vaccinations

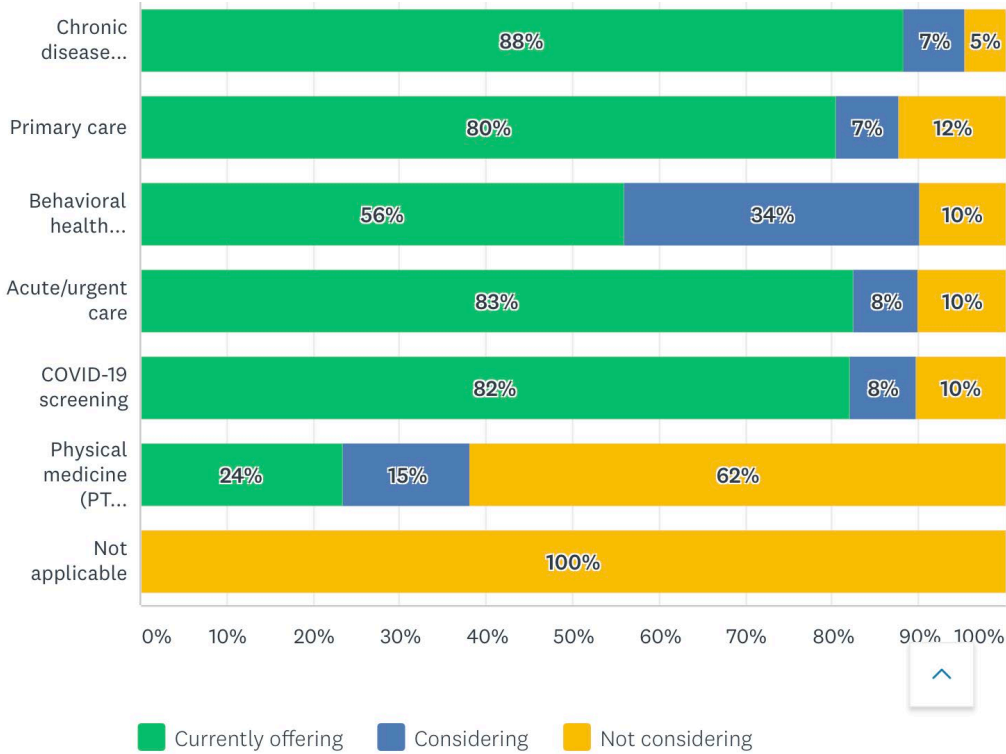
**C. Percent of Telehealth Services Provided by Service in November 2020:**



**Telehealth Services Offered in March 2020:**



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**V. VACCINE IMMUNIZATIONS**

**A. Plans for COVID-19 Vaccinations in November 2020**

- 45% - able and willing to do vaccinations
- 30% - will work with public health dept.
- 28% - don't know
- 23% - will contract with an immunization vendor
- 8% - will be decision of clinic vendor
- 3% - not interested in doing immunizations

**VI. IMPACT OF COVID-19 CRISIS ON FUTURE OF CENTER - March 2020 vs. November 2020**

<b>A. Increase telehealth services:</b>	March – 59%	November – 61%
<b>B. Continue to operate as before:</b>	March – 53%	November – 45%
<b>C. Will reduce services:</b>	March – 6%	November - 0%
<b>D. Will close center:</b>	March – 2%	November – 0%
<b>E. Will increase safety measures:</b>	March - 2%	November – 29%
<b>F. Will increase PPE supplies:</b>		November - 29%
<b>G. Will increase vendor center business:</b>		November – 16%