



The Landscape of Onsite Health and Well-Being Programs

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www.worksitehealth.org www.onsiteclinics.org

- ▶ *Objective: To serve the needs of employer sponsors of on-site health, fitness and wellness centers*
- ▶ An affiliate of the Midwest Business Group on Health (MBGH)
- ▶ Assisting employers in developing and expanding the capabilities of on-site centers into primary care and wellness centers
- ▶ Offering educational programs, networking, benchmarking and advocacy for the worksite health center employer and vendor communities supporting on-site employer efforts
- ▶ Websites offer NAWHC membership information and resource materials on worksite health and fitness centers, on-site pharmacies and wellness centers

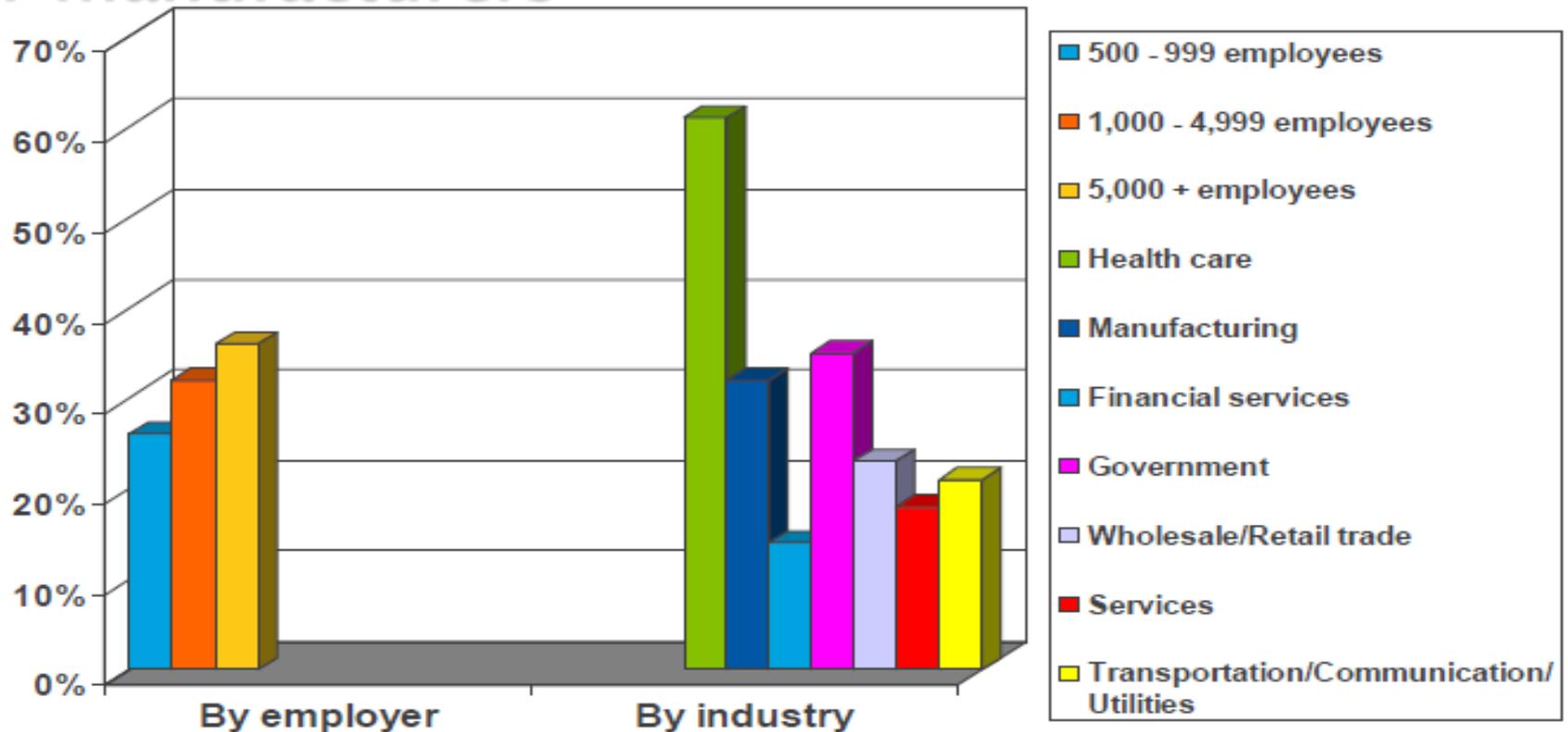
From Occupational Clinics to On-site Health “Programs”

- ▶ In the past, many large employers had clinics to treat work-related injuries, some treating minor acute conditions
- ▶ Today's focus:
 - Integration of health promotion, condition management, preventive services and screenings
 - Primary care services
 - Ancillary services – lab, pharmacy, therapy, counseling, etc.

Key motivations for shifting approach or developing new resource on-site

- ▶ Improving productivity and absence rates
 - Reduce time needed for external medical services
- ▶ Reducing medical costs
 - Offer no or low cost medical services and medications on-site
- ▶ Improving population health and access
 - Offer easy access to preventive services and primary care

Worksite health centers are not limited to large employers or manufacturers



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

Prevalence of Onsite Health Centers

- ▶ Today, around 30% of companies offer onsite health services to employees
- ▶ 16% offer onsite pharmacy services
- ▶ 12% of companies plan to offer onsite health services in 2012, and an additional 5% plan to offer onsite pharmacy
- ▶ 11% of companies expanded their service offerings over the last two years, and another 11% plan 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

Employers provide an array of worksite activities

- ▶ **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



EAP

DM

Primary
care

Wellness

Group
health

Pharmacy
services

Prevention

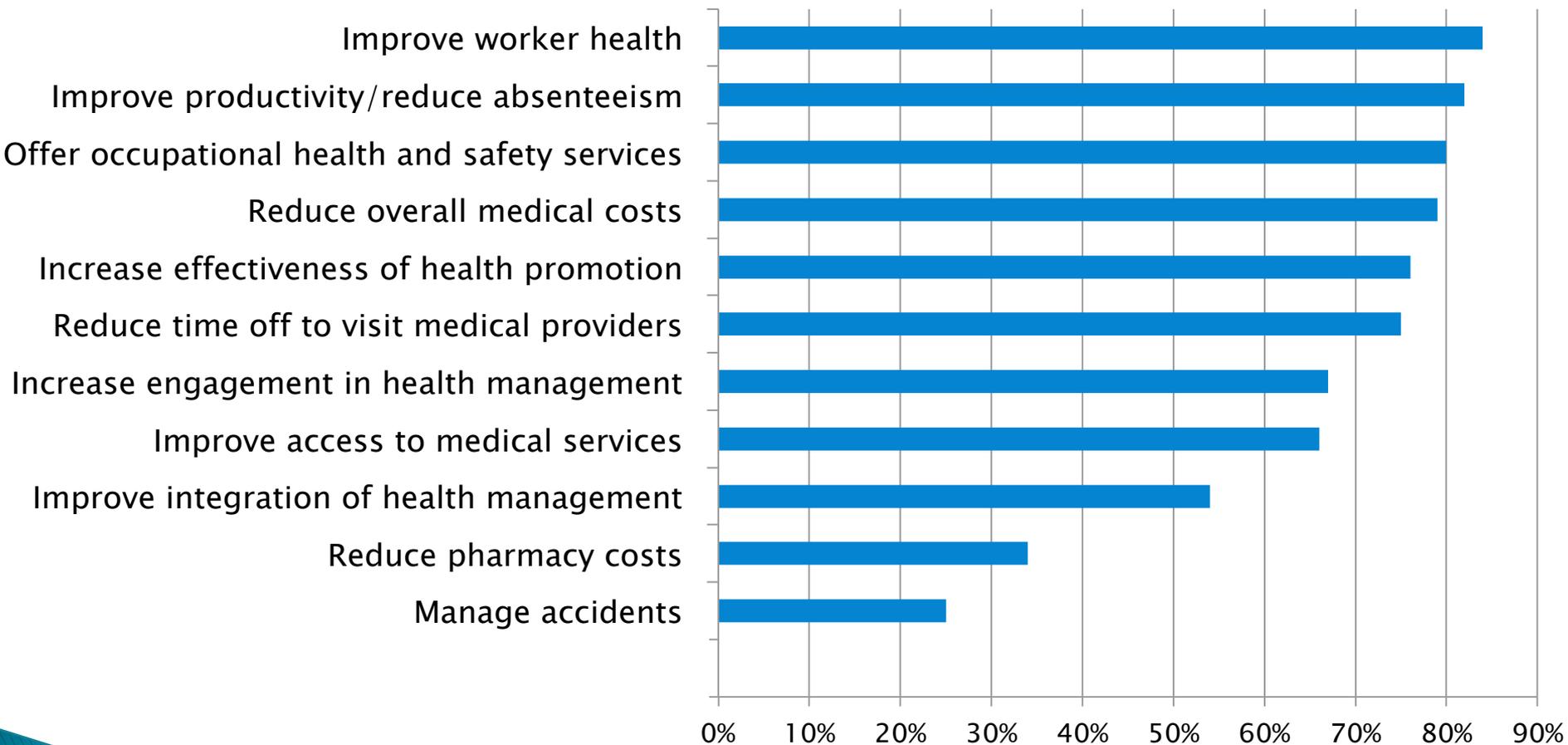
First aid,
acute care,
Occ. Health,
disability
mgmt.



Worksite centers have potential to achieve a variety of objectives

- ▶ Employers view worksite health centers as a tool to:
 - Reduce medical costs
 - Integrate all worksite benefits and programs
 - Reduce absenteeism
 - Boost productivity
 - Prevent disability claims
 - Provide easy access to primary care services
 - Increase medication and treatment adherence rates
 - Improve engagement and effectiveness of preventive care and condition management programs
 - Improve population health and
 - Enhance company's ability to recruit and retain talent

What are the objectives of your onsite health center?



Differences between occ health and primary care on-site centers

- ▶ Population Served:
 - Occ health center services are directed at applicant/current employees
 - A primary care clinic can serve employees, spouses, dependents, retirees, even other employer's workers – the volume of patient visits will increase

- ▶ Cost/Physical Plant/ Supplies:
 - Occ health centers equipment and supplies are minimal
 - Primary care centers will be much more expensive to operate a primary care center, mainly due to the staffing needed for the services rendered and the equipment and space needed for the different service levels provided, as well as electronic health record systems, need for liability insurance coverages – general liability, malpractice

Program Differences

- ▶ Programs:
 - Occ health clinics deal with a few relatively straight-forward programs: Absence Management, Foreign Travel Preparation, On-site PT, Acute (Non-emergent) Medical Triage
 - Primary care centers can offer adult medicine, pediatrics, OB-GYN, geriatrics. specialty services, pharmacy services, physical and other therapies, lab services, wellness programs, health coaching, etc.

Staffing Differences

- ▶ Staffing:
 - Most occ health clinics can be run by an Occupational Health Nurse with corporate or contracted supervision. OHN's and Med Techs/Assistants can perform most of the work that is necessary
 - Primary care centers require Nurse Practitioners, Family Practice MDs, Physician Assistants, RN's, LPNs, therapists, Medical Assistants, Receptionist , contracted with health plan, outsourcing agency, FTE 's, or employer staffs

Key Decision Areas

- ▶ Objectives
- ▶ Self-manage or contract out
- ▶ Type of services to be provided
- ▶ Range of services
- ▶ Location, size and layout
- ▶ Staffing
- ▶ Hours
- ▶ Cost-sharing
- ▶ Information technology
- ▶ Ancillary services
- ▶ Measurement areas

Key questions to reach best model for your firm

- ▶ 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

What types of services do you want to offer?

Focus clinic or offer combination of services?

- ▶ **Occupational health** —treatment of work-related injuries, employment physicals and screenings, travel medicine, and compliance with federal workplace safety regulations.
- ▶ **Acute care** —ranging from low-acuity episodic care, such as sore throats or sprains, to treatment of more severe symptoms requiring urgent attention, such as exacerbations of chronic conditions.
- ▶ **Preventive care** —physical exams, immunizations and screenings.
- ▶ **Wellness** —health risk assessment follow up, biometric screenings, health coaching, lifestyle management programs and educational programs.
- ▶ **Disease management** —ongoing care for and management of chronic conditions
- ▶ **Primary care** - combination of above, available on routine basis

Other services?

- ▶ EAP
- ▶ Pharmacy – full pharmacy, vending machine
- ▶ Laboratory – full lab, limited
- ▶ Imaging – x-ray, ultrasound, CT
- ▶ Dental – cleanings, fillings, emergency treatment
- ▶ Chiropractor
- ▶ Massage, physical therapy
- ▶ Disability management
- ▶ Fitness center
- ▶ Wellness/educational center

Initial key questions to answer

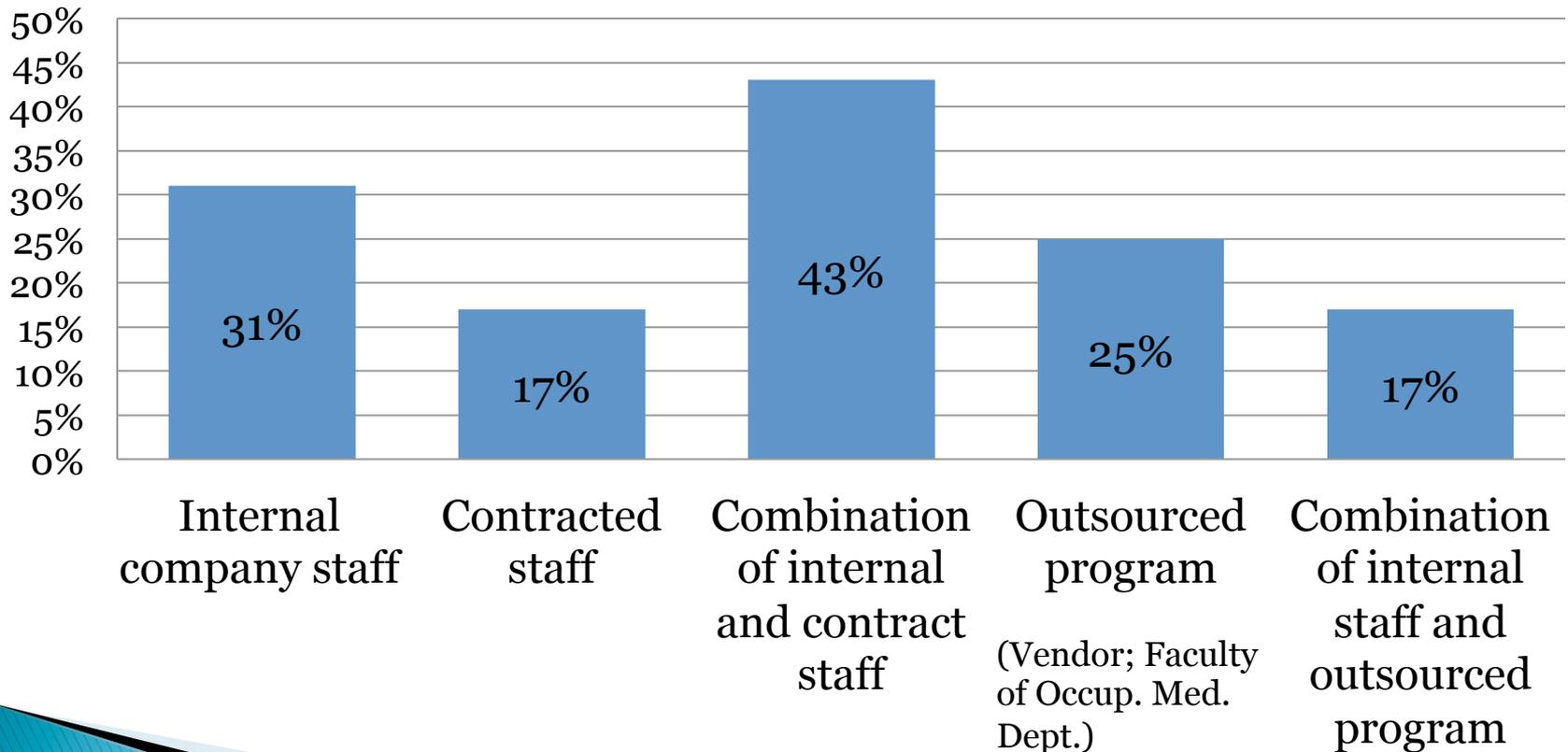
- ▶ Will this be an expansion of occ health center or a separate facility?
- ▶ How large is the local workforce expected to utilize the center?
- ▶ What hours do you want to operate?
 - Once a week, daily, evening, weekends, holidays
 - Aligning hours to work day/shifts or just 8AM–5PM
- ▶ Where will you locate the center? Depends on who is eligible
 - If inside the workplace, security and safety concerns
 - On the perimeter allows dependents/retirees access
- ▶ How much space do you have?
- ▶ Do you plan to charge for services?
- ▶ Will you bill insurer to get data?

Health Center Models

- ▶ Employer operates the center itself, hiring the staff as its own employees
- ▶ Employer manages the center and contracts with a provider group for staffing
- ▶ Employer contracts with vendor/health plan to build, manage and staff the center
- ▶ Property owner operates center for tenants
- ▶ Multiple employers share center, located either on one employer's location or centrally located, owned by the employers or the employers could contract with a provider or outside vendor to run it
- ▶ Model could vary for employer depending on resources and employee numbers in different locations
- ▶ **Key is employer needs to remain engaged in center oversight, strategic and policy direction**

Onsite Clinic ROI Survey

What is the staffing model of your clinics?



Pros and Cons of Employer as Operator

–Value of Onsite Clinics – National Business Group on Health

Benefits

- ▶ Understands need to link and promote all benefit and programs
- ▶ Can integrate center with other company programs;
- ▶ Ensures staff is in tune with culture of firm
- ▶ Providers, as employees of business, are focused on needs of center and employees
- ▶ Better control of center as employees handle day to day management

Challenges

- ▶ Employees visiting center may be concerned about confidentiality and information going to employer
- ▶ Could be viewed as competition by local physicians

Pros and Cons of Providers as Operators

–Value of Onsite Clinics – National Business Group on Health

Benefits

- ▶ Employees may be more comfortable with providers who are not company employees
- ▶ Could be less expensive than outside clinic vendor
- ▶ Better acceptance from local medical community
- ▶ Expansion into other specialty and ancillary areas easy to do
- ▶ Possible linkage via electronic medical record between hospital and personal physician's offices and center

Challenges

- ▶ Center may not be high priority for provider group, seen only as another service location
- ▶ Could restrict access to other providers not associated with their system or group

Pros and Cons of Vendors as Operators

-Value of Onsite Clinics – National Business Group on Health

Benefits

- ▶ Offers a “turn-key” option
- ▶ May cost less than employer hiring and training staff
- ▶ Brings experience and knowledge on operating employer onsite facilities, confidentiality, waste disposal, malpractice insurance, etc.
- ▶ May have experience and programs for specialty and ancillary services/programs
- ▶ Offers employees greater sense of confidentiality

Challenges

- ▶ Vendor may not appreciate importance of integrating employer programs/benefits
- ▶ May be more expensive than other options
- ▶ May confuse employees about who is operating center
- ▶ May not measure ROI the same way as employer or may use method not fully transparent

Other key questions to address

- ▶ Who oversees center? – HR/benefits, Facility Management, Safety Dept., Medical Dept.
- ▶ Do you separate the functions of Occ Health and Primary Care or integrate them?
- ▶ How do you link the health center's services and integrate its data to the other wellness, prevention, health condition management, EAP, and benefit services offered?
- ▶ How do you respond to reaction of the local medical community that sees the employer as moving from an occ. health clinic, that didn't offer competition, to a primary care center that competes with the providers and reduces their revenue?

Measurement is key for ROI:

Dimensions of Health Metrics (Parry-Sherman)

▶ Care indicators – activities

◦ Preventive care

- Employees receiving appropriate screening as a percent of all eligible employees

◦ Program participation

- Participating employees as a percent of eligible employees

◦ Utilization

- Employees receiving medical care as a percent of all employees

◦ Employee engagement

- Average health engagement survey score per employee

▶ Leading health status indicators

◦ Health risks

- Number of health risks per employee

◦ Biometric screening

- Employees meeting clinical targets as percent of all employees

◦ Chronic conditions

- Employees with chronic conditions as a percent of all employees

▶ Lagging indicators of health

◦ Financial

- Total health-related program cost per employee

◦ Lost time from work

- Number of lost workday equivalents per employee from health-related conditions

◦ Lost productivity

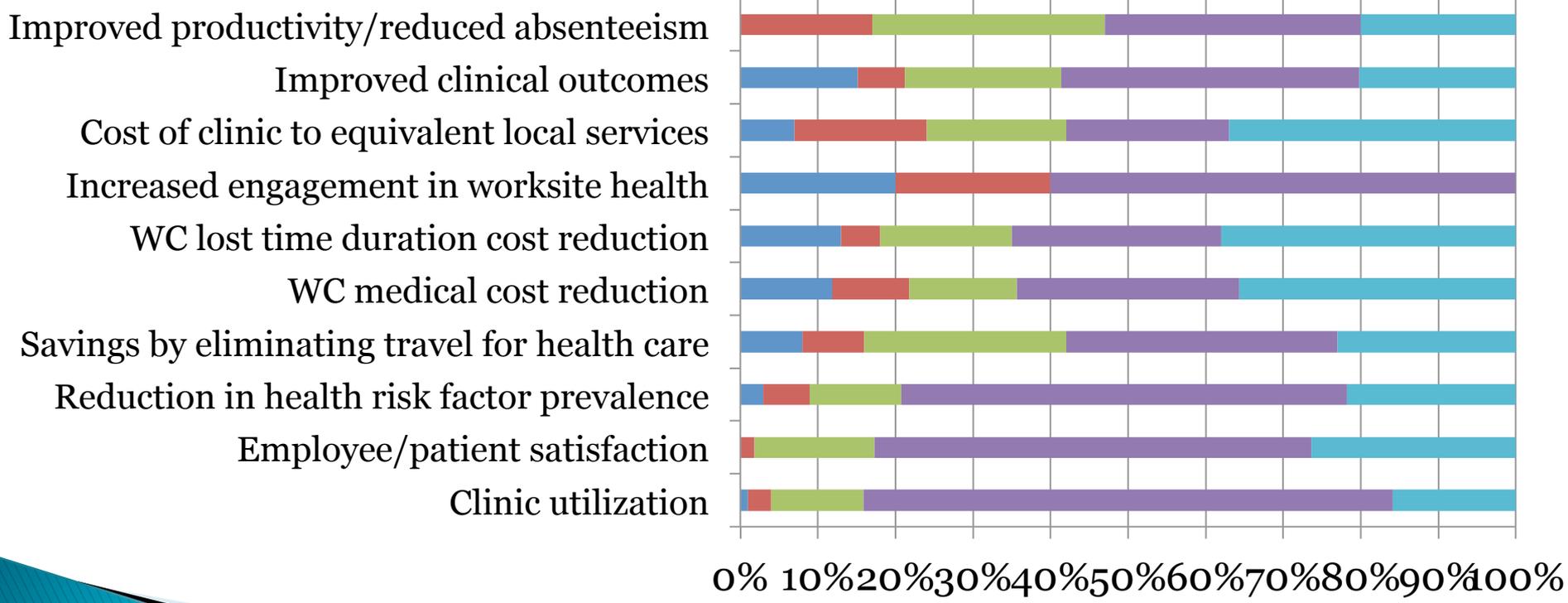
- Lost productivity costs per employee

Other Areas of ROI Measurement

- ▶ Patient satisfaction
- ▶ Cost comparison to community providers
- ▶ Cost savings in medical trend
- ▶ Compliance with medications
- ▶ Improved employee participation in prevention events
- ▶ Increased number of employees being screened
- ▶ Reduced use of emergency rooms
- ▶ Improved employee health and condition management
- ▶ Greater access to care

What importance do you place on the following ROI metrics? (Top 10)

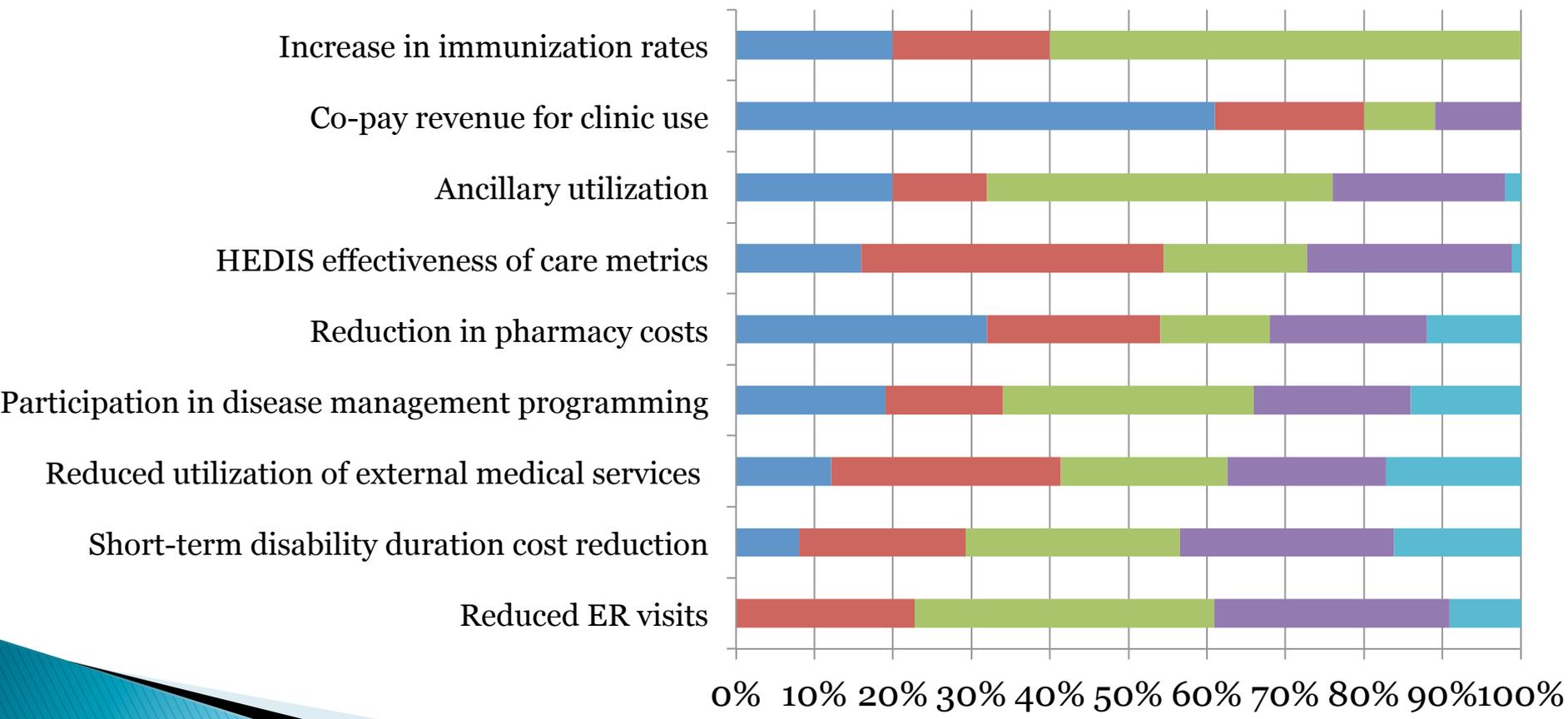
■ No importance ■ Some importance ■ Important ■ High importance ■ Most important



What importance do you place on the following ROI metrics? (Others)



■ No importance ■ Some importance ■ Important ■ High importance ■ Most important



One employer's journey: Perdue

- ▶ 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 dependants; 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

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 what and how to measure and report ROI

Lessons Learned

- ▶ Develop a comprehensive strategic plan that includes attention to all the identified issues, and a detailed implementation timeline to ensure all issues are effectively addressed.
- ▶ Address the key issue to employees: Trust
 - Best to frame clinic as third party vendor, rather than employer-managed
 - Cannot over-communicate this issue – one bad experience can be catastrophic

Lessons Learned

▶ Skills

- Different skill sets required – ensure that transformation process occurs smoothly
- May want to stage transformation based on the sequence of the individuals joining the clinic staff, in light of their particular skills.

▶ Integration

- Ensure that worksite clinic uses CPT/ICD–9 codes to facilitate integration; retrospective analysis from aggregate database
- If possible, consider incorporating HRA/claims data feed into onsite clinic software to facilitate management of health risks; appropriate referrals to other employer resources

Lessons Learned

- ▶ Relationships
 - Communicate to community clinicians about plans and how worksite clinic can support PCP treatment goals with monitoring and health education
 - Hold an open house for community docs, especially those high-volume PCPs
 - Emphasize collaboration – provide regular patient care encounter reports, and promote referrals, particularly for those individuals without PCPs.

Lessons Learned

- ▶ Credibility and acceptance is a function of the behavior of the staff!
- ▶ Adding Health and Wellness multiplies health delivered to population
- ▶ To gain CFO and senior management support – Measure, Measure, MEASURE

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