Meeting Summary
NAWHC 5th Annual Forum

Increasing the Utilization and Services of Onsite Health Centers

September 7, 2017, Chicago, Illinois

National Association of Worksite Health Centers (NAWHC) members and other interested stakeholders gathered on September 7 to hear from employers and other industry experts about how to increase the utilization and services offered at worksite health centers (also referred to as workplace/worksite health centers, on-site clinics in this summary). Below are key take-aways from the speakers’ presentations.

Welcome
James Sheeran, Board Chair, NAWHC; Director of Corporate Benefits, Molson Coors Brewing Company and Larry Boress, Executive Director, NAWHC

• Carly Deer, senior benefits leader at Target Corporation is the incoming Board Chair of NAWHC, replacing James Sheeran.
• NAWHC has engaged the research firm, KLAS, to survey and interview NAWHC members to compare worksite clinic vendors’ capabilities/offerings. The KLAS research report will capture employer input around why vendors were selected, what value is derived and what challenges employers are facing.
• Larry Boress is retiring as president and CEO of MBGH as of December 31, 2017, but will remain executive director of NAWHC. It is anticipated the relationship between MBGH and NAWHC will continue even though Larry is departing from MBGH.

Why an On-Site Clinic Should be Part of Your Benefit Strategy: Two Decades of Lessons Learned
Mike LaPenna, Principal, The LaPenna Group and John Neuberger, Director of Client Relations, Quad/Graphics

Highlights
• Worksite health centers have changed significantly in the past two decades.
• Employers must have a well-defined benefits strategy in place before they can embark on creating a worksite health center. A worksite health center is not a benefits strategy; it is a component of one.
• The worksite health center is now a mature model and in the mainstream.
• Worksite health centers are not just “clinics,” they are part of a larger program and strategy.
• On-site models do not have to be “ON” site; many different models exist and can succeed.
• On-site clinic vendors are not ‘vendors’ - view them as a partner.
• View the clinic as a staff model HMO as it has many of the same features.
• Worksite health centers can and do fail.
• Constantly work to identify new ways to “touch” your employees, providing them new ways to access the program’s services. Be proactive, not waiting for employees to walk through the door.

More Detail
• The ‘on-site concept’ implies the development of a program - not a place.
• On-site clinic development puts everything “on the table.” When an employer puts a clinic in place they must address everything that surrounds it (wellness programs, benefits, etc.).
• The design and the development of an “on-site” program impacts every aspect an employer’s benefit design strategy.
• The on-site clinic, in and of itself, probably is not a cost-effective decision for most employers unless they have 700 - 1,000 employees at a location, but there are other ways to evaluate a clinic besides simply ROI.
• On-site clinics do not have to be ‘on-site’ - once the program is defined, it can be delivered from many locations. The clinics can be near-site, shared, virtual or a combination of these.
• Viewing a clinic vendor as a partner raises the bar in terms of jointly developing a strategy and planning the evolution of the clinic and its services.
• An on-site clinic has many of the same elements as a staff model HMO, particularly for a self-insured employer (full risk for a defined population, dedicated staff of providers, managing care, contracting, claims, prevention and use re-insurance/stop-loss to reduce risk).
• Failure of an onsite clinic can occur:
  o If the program is not actively managed
  o Vendors can pull out if it no longer meets their business needs
  o The program needs to be justified among various constituencies
    o Employee acceptance and engagement must be the key metric to assess, not ROI
• What should be measured? Access, reporting, guidelines, compliance, communication and satisfaction.
• Leverage access by:
  o Offering virtual visits
  o Work/partner with local providers to offer services during off-hours
  o Coordinate with hospital emergency departments to obtain notes after employee visits
  o Link to telemedicine services
  o Offer pre-hospitalization services (physicals, labs, x-ray, etc.)
  o Offer follow-up visits post hospitalization or emergency department visit
  o Offer home monitoring
• What’s coming?
Health care reform will have little or no impact
Consolidation among employers and clinic vendors will continue
Emerging regional vendors will heighten the competition among vendors
Innovative new pricing strategies will emerge
Vendors will add “capital” as a factor
Contracting will incorporate real risk, not simply performance guarantees
Many large employers will simply take it all “in house”

Advancing Utilization of Workplace Health Centers
Ray Fabius, MD, Co-Founder HealthNEXT

Highlights
• Need to change the dynamic - make medical care convenient to patients (where they work) rather than convenient to providers.
• To gain greater utilization of workplace health centers and penetration in the marketplace there needs to be:
  o An overwhelming proof of the value of the concept that results in injury reduction, cost savings, elevated employee health status and improved productivity
  o A move beyond domestic borders to international locations
  o A menu of options of how to organize and deliver care
• Twenty-five to 40 percent of an average employer’s covered lives are medically homeless, meaning they have no primary care provider. Having a primary care provider at the worksite can reduce or eliminate this medical homelessness and random access to care resulting in substantial savings.
• The main reason to put in place a worksite health center is to maximize workforce performance
• Companies that have been recognized as having a corporate culture of health perform better in the stock market. Workplace health centers play a crucial role in creating this corporate culture

More Detail
• The value proposition of workplace health includes:
  o Being the employer of choice in a market
  o Improving worker safety
  o Delivering quality care
  o Cost savings - both direct medical and enhanced productivity. We must also factor in and measure the “bad” things that don’t happen as a result of having a workplace health center
• Employers need to continually think about how their worksite clinic fits in with all the other providers in the community. It should not be a standalone clinic, but needs to be integrated into other services in the community. This can include contracting with high performing specialists and hospitals.
• How do we increase utilization of on-site clinics?
  o Marketing and communications efforts
  o Removing financial barriers (reduce co-pays)
  o Embedding health and benefit advocates into the clinic to assist employees
  o Selecting the right providers to staff the clinic (cultural and demographic fit)
• Benefit design is critical. Employers should incentivize for services that produce value and disincentivize for services that do not produce value.
• Barrier analysis: Employers need to continually ask some why employees are not using the worksite health center. Need to analyze and address as necessary:
  o Clinic hours
  o Location(s)
  o Trust issues around privacy
  o Health education to ensure employees understand the need for the services offered
• There are significant advantages to having primary care and pharmacy under one roof including greater medication adherence and evidence-based prescribing patterns

Using Data and Telemedicine to Manage Health
Tom Sondergeld, Vice President Global Benefits and Mobility, Walgreens Boots Alliance (WBA)

Highlights
• Employers need to be able to demonstrate a ROI to their CFO to justify the creation and ongoing operation of a worksite clinic; showing productivity gains alone will not be enough.
• Given the geographic spread of employees across the country, onsite clinics in all locations is not feasible; instead WBA onsite clinics are supplemented with a telemedicine program through MDLive.
• WBA has worked hard with their onsite clinic vendor, Premise Health, to establish metrics WBA needed to demonstrate ROI.
• An employer cannot just establish an on-site clinic and tell their vendor to just run it. The employer must be engaged as the “owner” of the clinic and be responsible for it.
• An employer must aggregate the on-site clinic data with their health plan data to identify cost savings opportunities.

More Detail
• The data WBA receives from their vendor includes:
  o Total encounters
  o Penetration rate
  o Cost avoidance data to produce a net savings summary
  o Productivity savings
  o Patient satisfaction
• WBA also put in a fitness center and a pharmacy and has developed numerous metrics to measure their effectiveness. You cannot put these services in place and then ignore them; you must measure them and adjust them as necessary.
• WBA looked at plan member utilization of the onsite clinics and the use of Walgreens store clinics compared to plan members that used other providers. Costs were lower using onsite and store clinics, creating a savings opportunity if plan members could be encouraged to use the onsite and store clinics.
• WBA uses MDLive for 24/7 telemedicine coverage. The telemedicine program augments and supports the clinics and shares data with the clinics.
• WBA does a lot of advertising of its telemedicine benefit to plan members.
• The telemedicine program has been very well received by plan members and has produced a strong ROI primarily through emergency room, urgent care and primary care cost avoidance.
Legal Update on Worksite Centers & Wellness Programs
Sarah Bassler Millar, Esq. Drinker Biddle & Reath, LLP

Highlights
- Worksite clinics may or may not be subject to various employee benefit laws (ERISA, COBRA, HIPAA), depending primarily on the services they offer.
- Worksite clinic coverage may limit HSA eligibility if the clinic provides “significant” medical benefits for free or at a reduced cost (does not include preventive care). Currently “significant” is not defined by the IRS.
- Cadillac tax could impact worksite clinics beginning in 2020, (assuming it is not repealed) depending on guidance from the IRS, but many open questions remain at this time.
- Wellness programs: Rules continue to evolve and are potentially covered by the Americans with Disabilities Act (ADA).
- Health care reform: Budget reconciliation may be used to address health care reform and tax reform, but this process has limitations.
- Regulatory process is moving very slowly because regulatory agencies are not fully staffed.

More Detail
- ERISA: A clinic is not an ERISA plan if the facility is limited to treatment of minor injuries/illnesses or rendering first aid in the case of work accidents - a very narrow definition.
- COBRA: Health clinics generally are group health plans subject to COBRA, unless it is an on-site first aid facility limited to treating employees for illness or injury incurred during working hours at no charge to the employee.
- HIPAA & Related Laws: A clinic is considered an “excepted benefit” and therefore not a “plan” subject to portability or privacy requirements, Mental Health Parity, Women’s Health & Cancer Rights Act, and Newborns’ & Mothers’ Health Protection Act, but a clinic may be a health provider and therefore subject to HIPAA.
- Tax & Reporting Issues:
  - Employer-provided coverage under an accident or health plan is excluded from employees’ income
  - W-2 Reporting -special transition rule: include if clinic is a group health plan and charges a COBRA premium for continued use
- Potential strategies to address HSA eligibility for employees in a HDHP:
  - Limit benefits to preventive care, permitted coverage (dental, vision, disability)
  - Offer only post-deductible coverage for all types of medical benefits (after individual has satisfied IRS minimum deductible
  - Charge Fair Market Value (FMV) for the services provided (employer needs to document and justify how they established FMV)
- EEOC recently issued regulations in 2016 about on what it means for a wellness program to be voluntary:
  - Cannot deny coverage or limit benefits under a plan (includes limiting people to particular benefits packages) if employee does not participate
  - Cannot take any adverse employment action or retaliate against employees (e.g., for refusing to participate in the program or for filing a charge with the EEOC concerning the program).
  - If program is part of a group health plan, can offer incentive of up to 30% of total cost of employee self-only coverage
Repeal of the Cadillac tax has broad bi-partisan support, but repealing reduces revenue by $90 billion over the next decade.

Consumer Reports and Choosing Wisely: Working Together to Ensure Appropriate Use in Our Health Care

Dominic Lorusso, Director, Health Partnerships, Consumer Reports and Eric W. Barbanel, MD, Crystal Run Healthcare

Highlights

- Approximately 30 percent of health care costs (more than $750 billion annually) are spent on wasted care.
- Choosing Wisely, an initiative of the American Board of Internal Medicine Foundation and Consumer Reports, is designed to spark conversation between patients and providers about overly used medical tests, treatments and procedures to ensure the right care is delivered at the right time.
- Dr. Barbanel started an initiative at his clinic focusing on four of the five original internal medicine measures of the Choosing Wisely campaign.

More Detail

- Overuse and waste of health care services is the result of:
  - Patients requesting tests, treatments and procedures that they don’t need; and
  - Providers performing services that are unnecessary and may be harmful
- Consumer Reports supports the Choosing Wisely effort by creating patient-friendly materials based on the medical specialty societies’ recommendations and engaging a coalition of consumer communication partners to disseminate content and messages about appropriate health care use.
- Presently 70+ medical specialty societies participate, each one developing a list identifying tests or procedures commonly used in their field whose necessity should be questioned and discussed.
- Dr. Barbanel’s initiative focused on four areas:
  - Back pain and MRI
  - Annual exam with EKG
  - Bone density screening
  - Upper respiratory tract infection/Sinusitis and antibiotics
- Initiative incorporated clinical decision making in the electronic medical record and provided patient-oriented materials in the exam and waiting rooms.
- Results: From 2012 to 2013, in the four areas of focus, utilization of these procedures and services went down significantly resulting in substantial savings.

Marketing the Value of Your Worksite Health Center

Vic Villanueva, Principal, The ROC Group

Highlights

- Components of a marketing plan for a worksite health center include:
  - Core elements (what you are promoting (the services to be provided), who are the stakeholders and what you want them to do)
  - Get heard (how to deliver your message)
  - Get change (motivate, develop ability to act, prompt the behavior)
• Apply brain science and behavioral change principles to the marketing campaign.

More Detail
• Identify who needs to be reached (communicated with). These include:
  o Decision-makers (people you need to get buy-in from)
  o Influencers (people who understand the culture of the organization and what communications work)
  o Implementers (people who help you get out the message)
  o End-users (people who will be using the services)
  o Non-users (people who may not have access to the services)
• Identify what are the specific desired behaviors (that are measurable) - what do you want?
• How to make the desired behaviors a reality:
  o Making the message heard requires:
    ▪ That trust be established in the message and the messenger. This is critical!
    ▪ Getting the audience’s attention - breaking through all the other clutter
    ▪ Developing an affinity for the brand and the mission - make it personal
  o Making the change happen requires:
    ▪ Motivation prompts
    ▪ Ability prompts (making it easy to do)
    ▪ A prompt to do it now
• Apply the motivational and ability prompts to the various audiences for your marketing campaign.

Incorporating Diabetes and Condition Management in Your Health Center
-Wayne Burton, MD, former Medical Director, American Express

Highlights
• Existing company resources (programs, materials, etc.) are generally available and just need to be integrated.
• A high touch program is essential, including coordinated care and worksite accessibility.
• A program empowers, educates and engages employees with diabetes and organizes them into a community.
• One year results show statistically significant improvements.
• Diabetes management is not a sprint but a long-term race.

More Detail
• In 2017 CDC data showed that approximately eight percent of adults have diabetes. It is projected that by 2050 a third of adult Americans will have diabetes.
• According to a 2012 Rand Employer survey, approximately 80 percent of major employers offer a diabetes disease management program.
• It’s easier to identify diabetics through health risk assessments than through claims.
• Traditional disease management participation tends to decrease significantly over time.
• Barriers to effective chronic disease management include:
  o Provider’s lack of time
  o Patient’s lack of time
  o Lack of reimbursement for services
  o Poor implementation of disease guidelines
  o Fragmentation of care
• Lacking benefit coverage for medications/supplies

• Worksite disease management objectives for the program at American Express included:
  o Screen at-risk employees for diabetes (pre-diabetics)
  o Provide employees with information to enhance self-care
  o Educate employees on the value and importance of disease management
  o Support the employee’s primary care provider
  o Measure outcomes

• A worksite diabetes disease management program - Healthy Living with Diabetes - was developed and integrated into the company’s worksite health clinic medical team:
  o Employee participation was voluntary
  o Utilized existing internal resources and vendor resources as appropriate

• Program promotion included branding the program, developing print and digital materials and publicizing it to all employees

• Registration and testing procedure involved:
  o Brief medical history including questions about current treatment of diabetes
  o Depression screener questions
  o Biometric screening

• A full range of clinical and support services were made available to program participants at the worksite:
  o Onsite clinics and their staff
  o High touch, personalized care from a wide variety of health care professionals
  o Coordinated care and employee worksite accessibility

• External resources were also tapped including:
  o PBM
  o Community groups, charities
  o Government agencies
  o National diabetes organizations
  o Pharmaceutical manufacturers

• One year outcomes and results showed statistically significant improvements:
  o Measured improvement in understanding the disease and empowerment to control it
  o Biometric tests (blood glucose, A1c)
  o Utilization of onsite clinical care team
  o Behavior change (initiated exercise program, lost weight, began medication)
  o Program satisfaction

Performance Measurement of Worksite Health Centers
Carly Deer, Senior Benefit Leader, Target Corporation and Larry Boress, NAWHC

Highlights
• Worksite clinic sponsors need to know if they are delivering value.

• NAWHC developed and just released to its members the first version of its “Guidebook for Measuring the Performance of Worksite Health & Wellness Centers” intended to enable worksite health center sponsors to:
  o Understand the value and challenges of measurement
  o Develop an approach to evaluating a center and its services
  o Evaluate the performance of the vendors or providers who manage their centers

• Performance measurement lessons learned:
  o Define and get agreement on numerators and denominators from those responsible for reporting
- Make sure vendor/provider has understanding of your objectives, measurement needs and reporting requirements and has state of the art ROI and Value of Investment (VOI) tools to meet expectations
- Measurement is more than ROI; need to look at VOI as well
- Create performance guarantees with contractors tied to your objectives and targets
- Set expectations of senior management on VOI, not ROI, as cost savings and behavioral change could take 3-5 years
- Use results to support increased resources for expanding and improving center services
- Frequently monitor reports to identify areas of improvement

**More Details**

- **The NAWHC Performance Measurement Project:**
  - Started with survey sent to all members, other employers with worksite clinics and other experts to determine how they are using various metrics, how they are measuring their centers and what assumptions were used
  - Convened online roundtables, each focused on one aspect of measurement - clinical, financial and satisfaction - to discuss findings
  - Did a literature search of existing studies on performance measurement
  - Convened as Performance Measurement Committee to analyze findings, develop approach to measurement and create final recommendations
  - NAWHC intended to create core set of recommended measures and methodology, but it was determined one measurement approach doesn’t fit all centers - centers vary by maturity, staffing services, objectives and data available

- **Survey highlights**
  - Employers’ objectives in developing on-site centers vary widely but most want to:
    - Improve worker health
    - Improve productivity
    - Offer occupational health and safety services
    - Reduce overall medical costs
  - Most employers don’t integrate their data from various sources making measurement difficult or incomplete
  - Most employers don’t know if their clinic has a ROI and not all employers consider broad range of factors that contribute to VOI
  - Most employers, regardless of size, feel they are meeting health and wellness and financial objectives
  - Employers are measuring the following areas:
    - Administrative
    - Financial
    - Clinical
    - Satisfaction and employee engagement
    - Productivity
  - Various performance metrics - based on available data, services offered, clinic maturity, clinic objectives - are being used to measure things such as:
    - Clinic utilization (visits, reason for visit, new patients)
    - Improvement in biometrics (screenings done, targets met)
    - Improvement in behavior (exercise, smoking, drinking medication compliance, diet, seat belt use, stress, preventive care)
  - Performance metrics used to measure improvement in employee engagement include:
• Participating in and completing wellness programs
• Enrollment in condition management programs
  o Performance metrics also used to measure patient satisfaction with clinic and its 
    operation (satisfaction with care, provider, appointment process)
  o Financial measures include both direct medical savings and work-related savings

Provider Scorecards and Productivity Measurement Tools
Craig Thorne, MD, Vice President and Medical Director, Erickson Living

Highlights
• Set clear S-M-A-R-T goals.
  o Involve employees in goal setting; be flexible to make goals specific to them and their 
    practice setting
• Monitor activity in addition to measuring outcomes and results.
• Track progress on a scorecard.
• Keep connected and provide feedback to motivate employees for success.
• Celebrate successes and reward strong performance.

More Detail
• Erickson utilizes a S-M-A-R-T goal setting process for all employees. All goals are 
  individualized for each employee.
  o S = Specific
  o M = Measurable
  o A = Attainable
  o R = Relevant
  o T = Time-bound
• Goals for health care providers are established annually in several categories, including:
  o Financial
  o Customer service
  o Management practices
  o Well-Being engagement
  o Employee engagement
• Monthly productivity reports are produced that assess:
  o Number of clinical visits by category - personal health, occupational health and 
    workers’ compensation. Visits are compared to same period in the prior year
  o Patient satisfaction (and includes comments)
• Erickson utilizes a balanced scorecard which summarizes performance on all the goals. The 
  balanced scorecard is designed to:
  o Translate vision into operational goals
  o Communicate vision and link to individual performance
  o Be used for business planning purposes
  o Provide feedback and learning and adjust the strategy accordingly
• The balanced scorecard is also used to motivate, not just measure.
• As part of the motivating and maintaining connections process they conduct:
  o Weekly 1:1 meetings with the nurse practitioners
  o An annual providers meeting
• Erickson calculates a VOI, in addition to an ROI for their clinics which takes into account cost avoidance and intangible benefits (reduced lost work time and staff replacement costs, increased employee satisfaction and engagement, satisfaction and engagement, higher productivity and decreased absenteeism, increased retention, improved population health metrics, etc.).
• They put great effort into affirming, celebrating and rewarding employees for individual and organization successes.

Opioid Abuse, Marijuana Use and Today’s EAP
Greg DeLapp, Executive Director, Employee Assistance Professionals Association (EAPA)

Highlights
• Tried and true intervention EAP strategies are not working with the opioids epidemic - need to get more aggressive with monitoring and working with prescribers.
• Employers should push their EAP vendors to do more for them. They have more capabilities than simple counseling. They can assist with:
  o How to intervene
  o What to intervene on
  o What to look for
  o How to work together

More Detail
• Employee assistance fundamentals:
  o Employers tend to hire employees from communities where they operate and therefore employees will reflect the problems inherent in those communities
  o Employee assistance is a primary response to what comes to work each day
  o Employee assistance programs and services provide tools, guidance and options for employers to deal with productivity issues and for employees to resolve personal concerns that may affect job performance and/or well-being
• The EAPA has developed a Cannabis@Work publication for employers which will address:
  o Employee rights
  o Flexibility (job modification/accommodation)
  o Safety
  o Productivity
  o Compliance
  o Legislation and litigation
• As it relates to cannabis, safety vs. individual employee rights will be the future of several laws suits and eventual US Supreme Court decisions.
• Opioids and prescription pain meds are out of control, presenting serious challenges to existing workplace intervention protocols (occupational health, Employee Assistance, safety, etc.).
• The traditional methods of intervention for opioids are not working. The EAP cannot wait to intervene based on job performance - by then it’s too late, given the sudden onset of significant side effects.
• Domestic violence is the number one cause of workplace violence; domestic issues are played out in the workplace.
• There need to be synergies between worksite health centers and EAPs to address domestic violence issues.