



The Landscape and Value of Onsite and Shared Clinics



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Topics to be covered

- ▶ Introduction of NAWHC
- ▶ Employer Motivations and Directions on Health Benefits
- ▶ Innovative Approaches to Health Care for Workers
- ▶ The Prevalence and Landscape of Worksite Health and Wellness Centers
- ▶ The Need and Value of Measurement – ROI and VOI
- ▶ Lessons Learned from Successful Centers

National Association of Worksite Health Centers

- ▶ The nation's only non-profit association supporting employer and union sponsors of onsite, near-site, mobile health, pharmacy, fitness and wellness centers
- ▶ Assisting employers in developing and expanding the capabilities of onsite centers into primary care and wellness centers
- ▶ Offering educational programs, networking, benchmarking, purchasing support, vendor information and advocacy for the worksite health center employer and vendor communities
- ▶ Website offers NAWHC membership information and resource materials on worksite health and fitness centers, on-site pharmacies and wellness centers
- ▶ www.nawhc.org -- NAWHC LinkedIn Group
- ▶ Members of coalition members get 50% discount on dues

External challenges for employers

- ▶ Competing on a global market against non-US employers who don't have to add the expenses of health benefits to their product/services
- Ensuring workers have access to primary care services
- Identifying high quality and safety-driven health systems and physicians
- Responding to the variability in provider costs and quality, even within the same health system, hospital and medical group
- Ensuring their population is provided care in a system that is coordinated, integrated, without causing confusion, higher costs, poorer outcomes and more time away from work
- Relying on health plans as their agents, in obtaining better services, quality and data from physicians and hospital

Internal challenges for employers

- Addressing chronic disease: 80% of health benefit costs
- Managing specialty drugs: projected to represent 50% of drug spend
- Preventing illness and reducing risk factors
- Motivating workers to make better elective health care choices
- Helping people understand and navigate the health care market
- Providing access to primary care and ancillary services
- Reducing health benefit costs and facing a 2020, ACA 40% excise “Cadillac” tax on benefits above the designated cost levels
- Obtaining and understanding the data on their medical cost
- Meeting union demands for better and more affordable benefits
- Keeping workers on the job and back to work soon after injury and illness

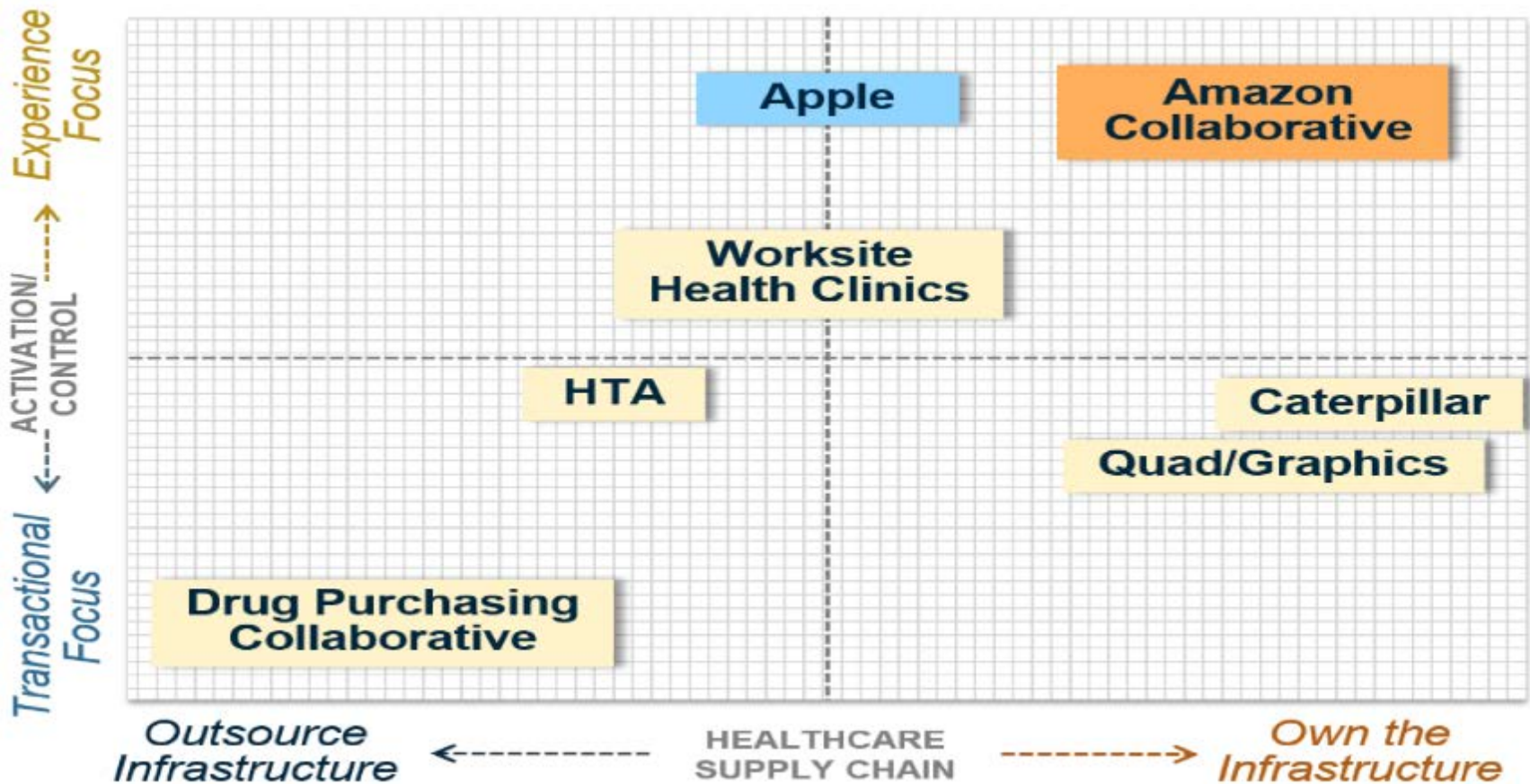
What's driving health care cost increases for employers?

- ▶ High prices for specialty drugs, used now for more conditions
- ▶ Cost-shifting by physicians and hospitals to make up for low reimbursement by Medicaid and Medicare
- ▶ Greater use of services, as more people have coverage
- ▶ Aging population, as baby boomers seek and need more care
- ▶ Technology costs and use in all facets of system
- ▶ Waste and inefficiencies in health care – perhaps 50% of care is unneeded
- ▶ Impact of “middlemen” in the medical/drug supply chains in adding unnecessary costs and controlling prices
- ▶ ACA compliance has costly administrative and tax impact
- ▶ Increase in workforce diabetes and chronic disease

Health Benefit Directions

- 84% of large employers will offer CDHPS, for 35%, it's the single option
- Most employers will offer price transparency tools
- Increasing use of Centers of Excellence for joint replacement , transplants, bariatric surgery, cancer treatments and cardiovascular care – in and outside the US
- To give people 24/7 access to medical advice, close to 70% of employers will offer telehealth services, primarily through health plans
- Onsite, near-site and shared clinics are offered by 30% of all employers and close to 50% of large firms

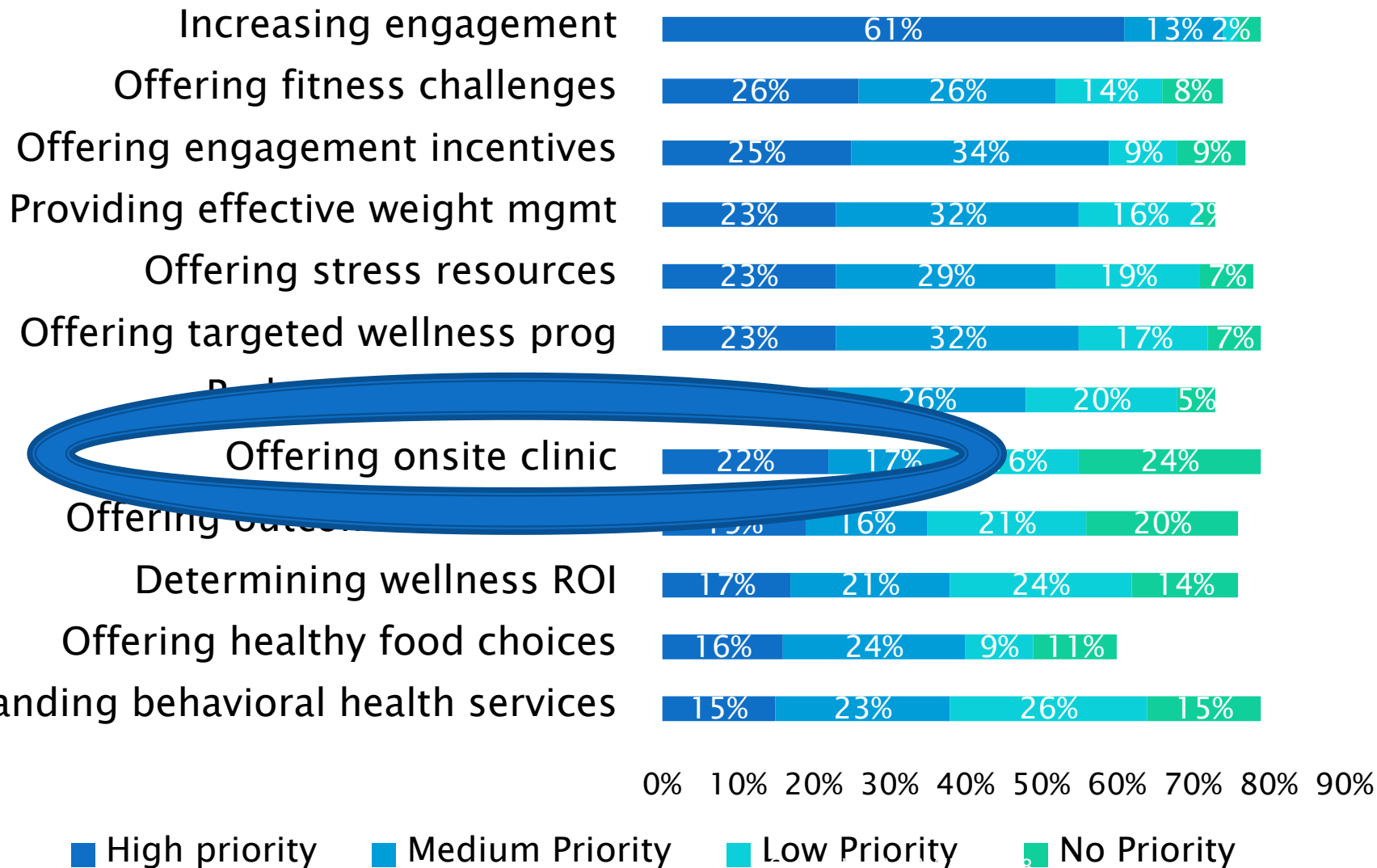
Activist employers are emerging who exert more control in leveraging purchasing power or owning the insurance or delivery of health care to improve outcomes and lower costs



Employer–managed care” is a strategy for lower costs, better care, improved patient experience

- ▶ Patients see physicians 1–2 times a year for 7–12 minutes, but are at work 1000–2000 hours a year and home more, which offer great opportunities to educate, train, motivate and inform people about their health and role as health care consumers
- ▶ Employer clinics can offer daily, easy access to medical care for employees and dependents
- ▶ Cost barriers, including those for those in HSA plans can be lowered or removed
- ▶ Coordination of care and aggregation of data via clinics can lead to lower costs, higher quality care, a population health approach and higher productivity

Employer 2018 priorities for worksite wellness activities



Employers currently provide array of services to workers

- ▶ 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/screenings
- ▶ Prevention of illness
 - Immunizations
- ▶ Health and Benefits Education
 - “Lunch and Learn”/health fairs
 - Online health portal
- ▶ Chronic Disease Mgmt
 - Health/disease mgmt coaching
 - Case mgmt
- ▶ Worksite Wellness Programs
 - Weight management/coaching
 - Fitness programs/challenges
 - Incentive-based activities
 - Smoking/tobacco cessation
 - EAP/lifestyle coaching/stress mgmt
- ▶ Primary care/care coordination
 - Health advocacy
 - Telehealth
- ▶ Ancillary Services
 - Pharmacy services
 - Lab/x-ray services
 - Physical therapy
 - Vision services
 - Dental services
 - Chiropractic services
 - Massage therapy
 - Acupuncture

An onsite or shared-site center offers a vehicle to integrate all worksite programs

- ▶ 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



Which employers are likely candidates for a clinic?

- ▶ An employer who...
 - Has workers having trouble accessing primary care
 - Finds frequent use of the emergency room for non-emergency conditions
 - Has a high absence rate or lost time due to people leaving work to obtain medical services
 - Has 500+ workers in a single location
 - Has many employees with chronic disease
 - Has workers who underutilize preventive care
 - Has carved out medical, pharmacy, wellness and disease management to multiple vendors
 - Has low participation in worksite health programs, including EAP
 - Wants to take control of their health care costs in a direct way

Objectives for offering a clinic benefit vary by employer

Reduce lost time and absence from work

Improve productivity

Improve access and convenience

Offer primary care

Save money

Reduce trend, lower total benefit spend and deliver ROI

Improve health outcomes

Manage worksite injuries and illnesses

Lower workers' compensation costs

Boost employee value proposition

Reduce employee out of pocket in HDHPs

Lower family expenses

Drive greater engagement in health coaching and care management

Add important touch points

Offer higher quality and consistency of care than what is currently delivered in the community

Based on individual community medical system performance

Onsite care has evolved

- ▶ Early Programs:
 - 1930s –Kaiser clinics to support care of railroad workers
 - Manufacturers created first aid clinics
 - OSHA, safety and other laws promoted development of occupational health clinics pre-employment testing, screenings, absence management, Foreign Travel Preparation, On-site PT, Acute (Non-emergent) Medical Triage
 - 1990 –John Deere Health Center for primary and acute care

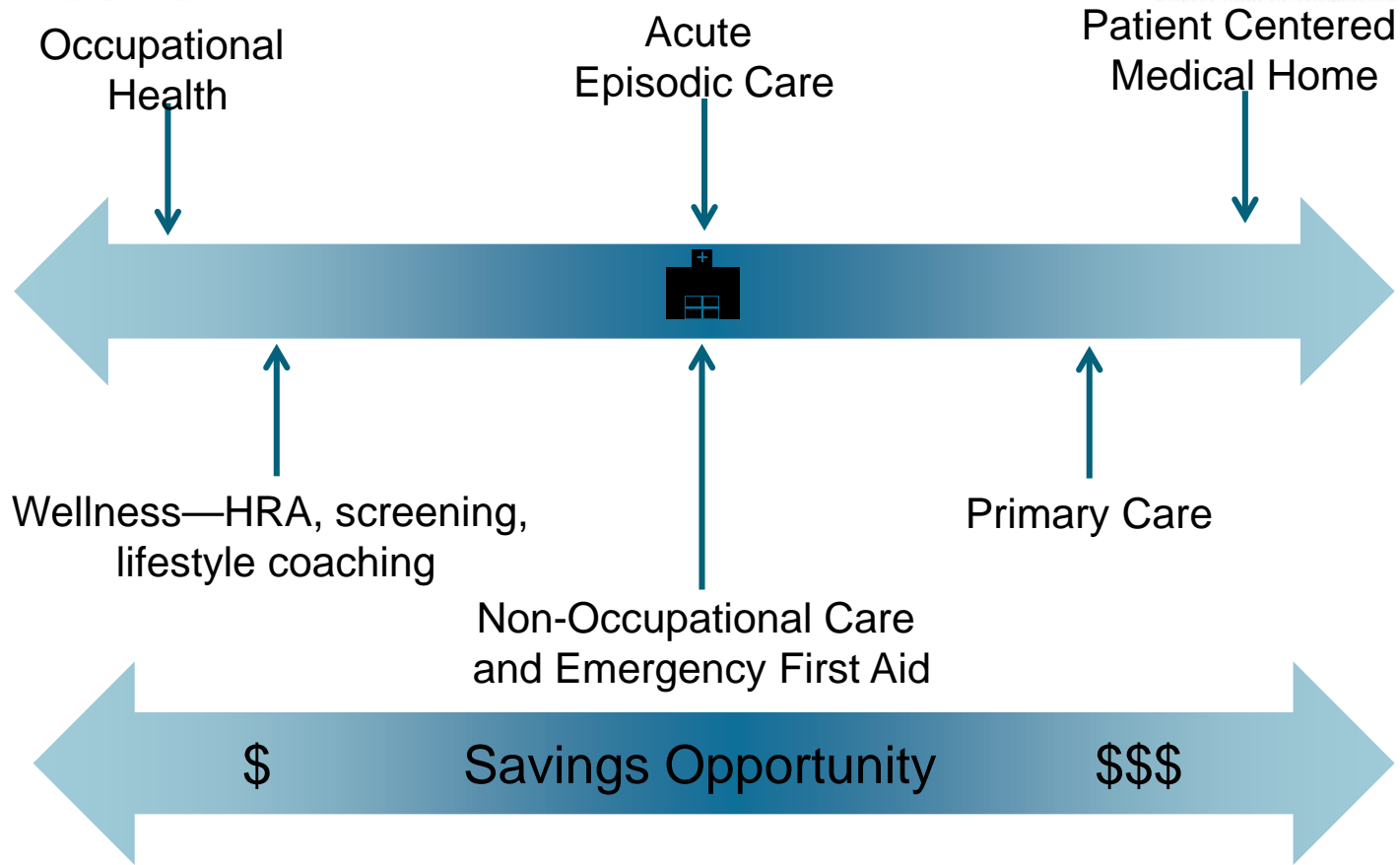
Onsite clinics are evolving into health and wellness centers

- ▶ The ‘onsite concept’ implies the development of a program – not a place
- ▶ Onsite health and wellness center development puts everything “on the table
- ▶ The design and the development of an onsite program impacts every aspect of the benefit design strategy
- ▶ The onsite center, as part of a larger strategy, definitely achieves any number of objectives
- ▶ Onsite centers can provide value beyond ROI, through improved engagement, health, accident avoidance, employee satisfaction, while improving recruitment and retention

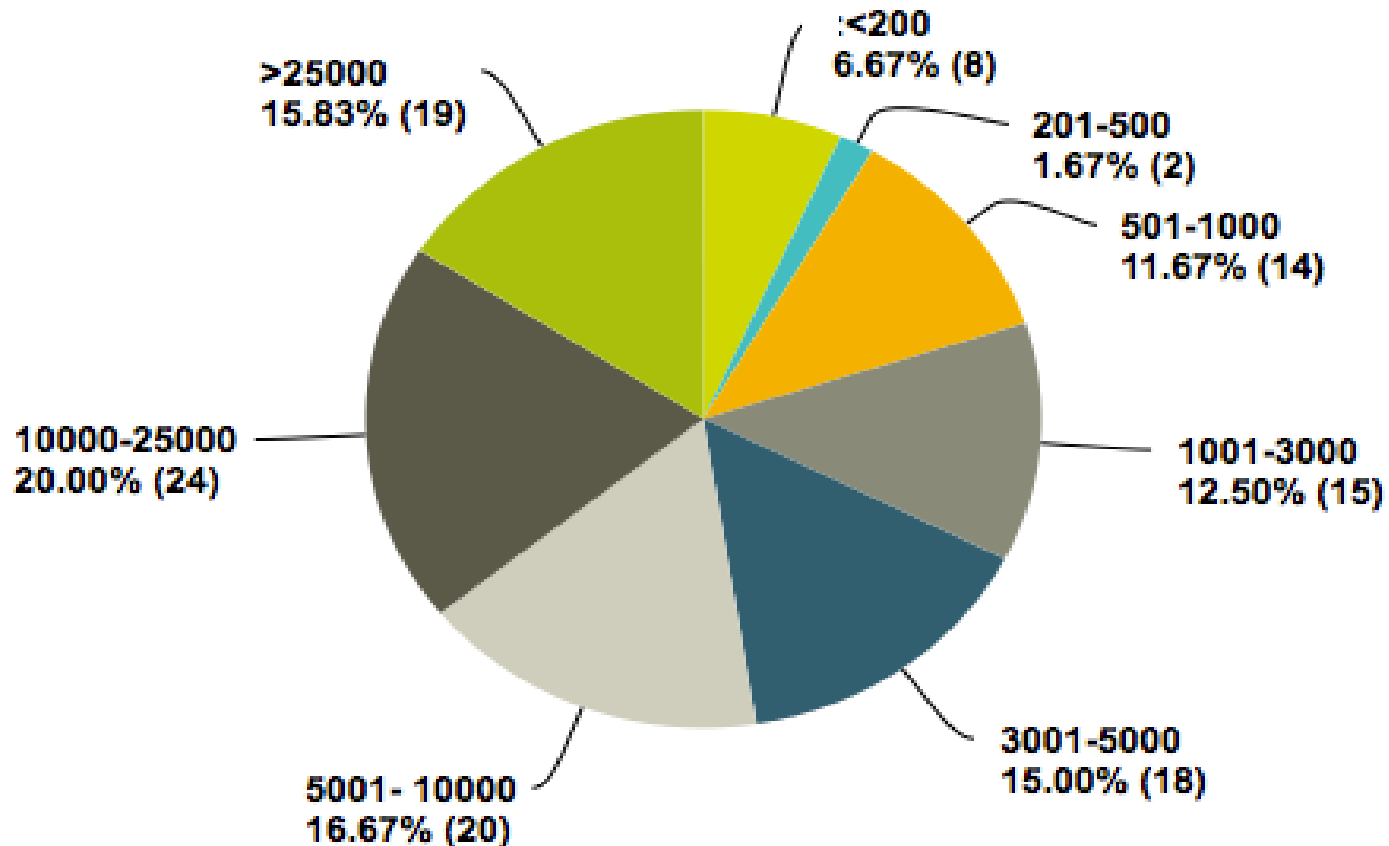
Prevalence of onsite health and wellness centers

- ▶ A 2017 study of large employers by the National Business Group on Health found more than half of employers (54%) will offer onsite or near site health centers in 2018 and that number could increase to nearly two-thirds by 2020
- ▶ NAWHC studies estimate around 30% of all companies offer some form of onsite, near-site or mobile health services to employees, dependents, retirees and others – 16% offer onsite pharmacy services
- ▶ While many vendors recommend at least 1000–1500 employees in a single location 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

Continuum of Onsite Health Centers



Worksite health centers are not limited to large employers



Worksite health centers are not only for manufacturers

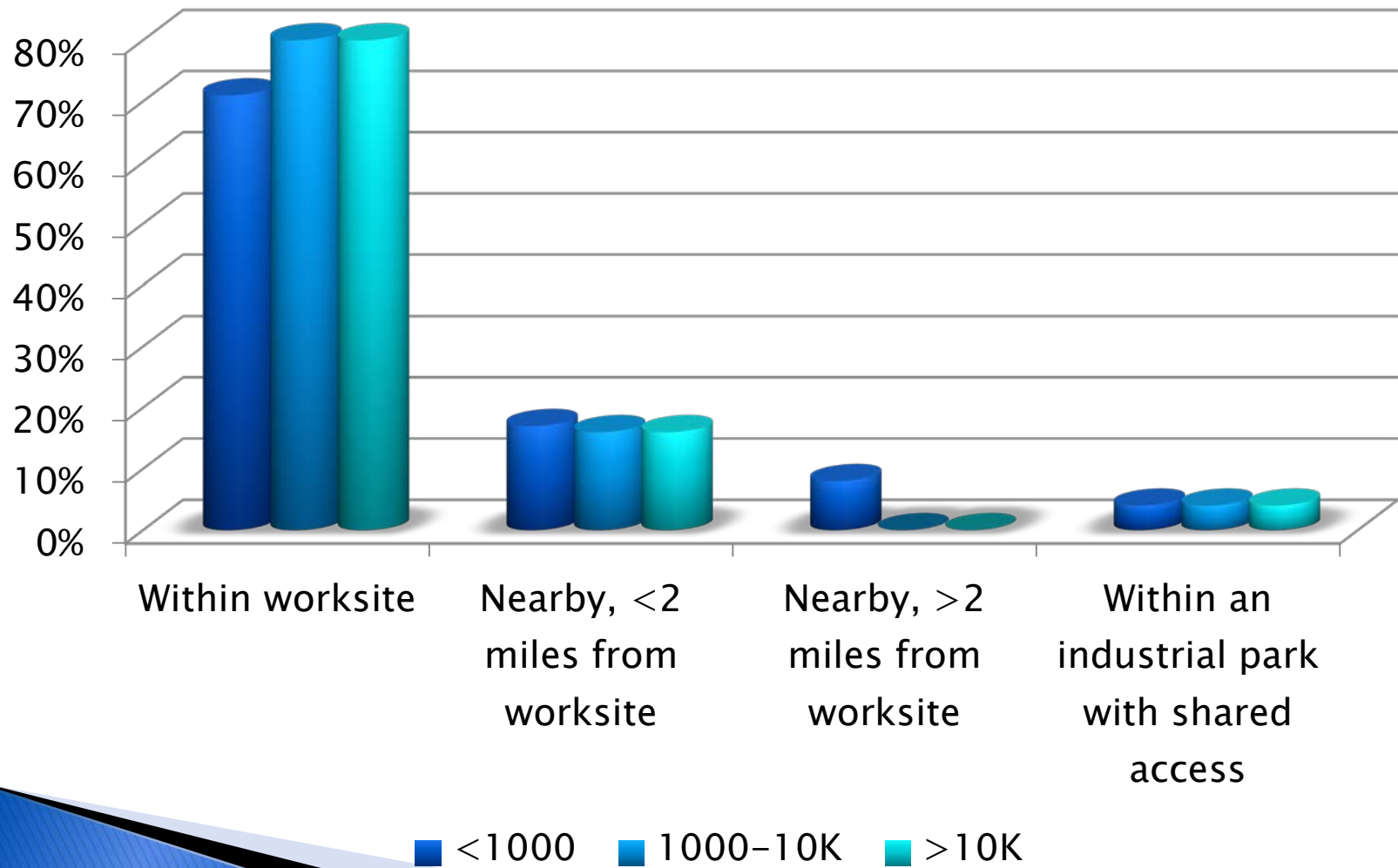
- ▶ Manufacturing (30%)
- ▶ Financial Services (12%)
- ▶ Health Care Services (12%)
- ▶ Government (8%)
- ▶ Consulting/Business services (5%)
- ▶ Retail (5%)
- ▶ Communications and Technology (5%)
- ▶ Others industries mentioned:
 - Education
 - Entertainment
 - Food
 - Hospitality
 - Non-profit
 - Wholesale



Health and Wellness Center Models

- ▶ Employer operates the center itself, hiring the staff as its own employees (18–30%)
- ▶ Employer manages the center and contracts with a provider group for staffing (18–20%)
- ▶ Employer contracts with vendor/health plan to build, manage and staff the center (60+%)
- ▶ 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
- ▶ Key is employer needs to remain engaged in center oversight, strategic and policy direction

Location of clinics



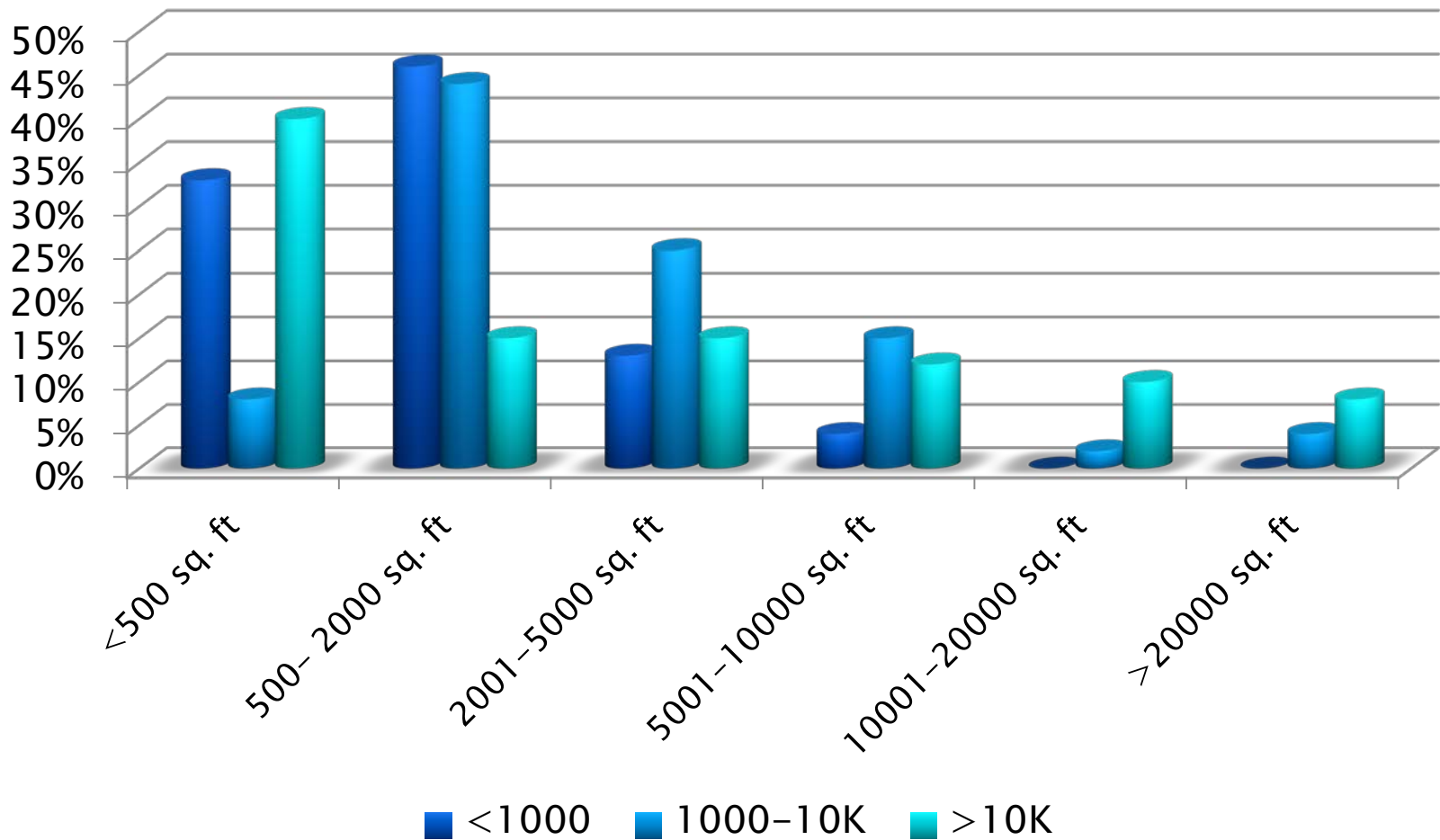
Shared or Near-site is an option when you don't have the numbers, space or resources

- ▶ The vast majority of US firms have less than 500 workers in a single site – considered a minimum by many to support an onsite clinic
- ▶ Several vendors specialize in this approach
- ▶ Local providers often offer to set up dedicated centers for area employers or designate time slots in existing clinics for employers
- ▶ These can be set up in industrial parks, like fitness centers to serve multiple employers

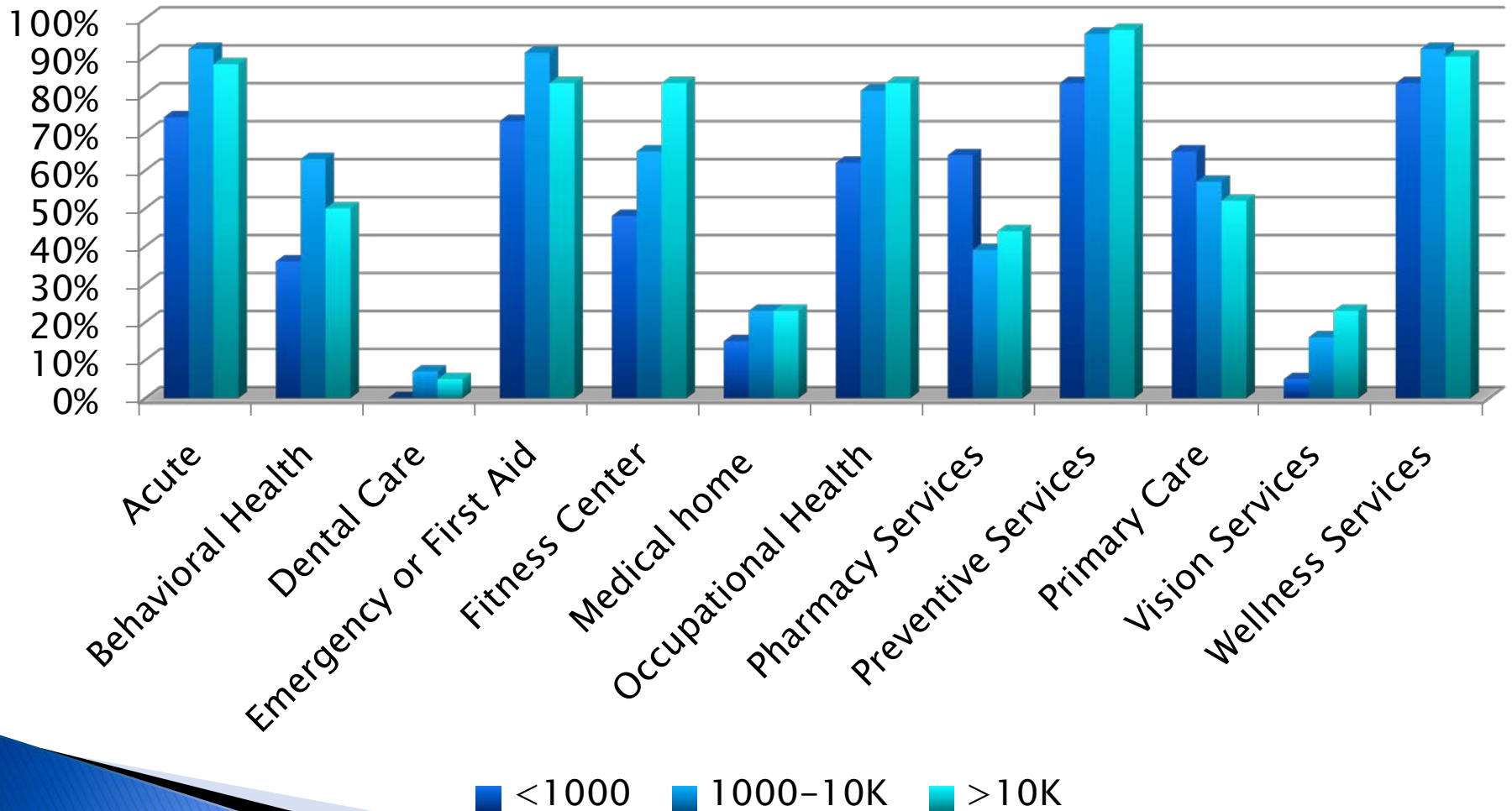
Payment models

- ▶ Onsite clinic vendors will usually charge employers:
 - PMPM
 - Hourly
 - Cost-Plus
 - Cost-sharing agreement
- ▶ Near-site or multi-employer clinics often bill clients based on:
 - The number of hours the clinic is operational or the portion of the schedule set aside for each employer's workers
 - The number of employees that are seen from each participating employer by the health professionals
 - A membership or subscription fee per employee

Sizes of onsite and near-site facilities



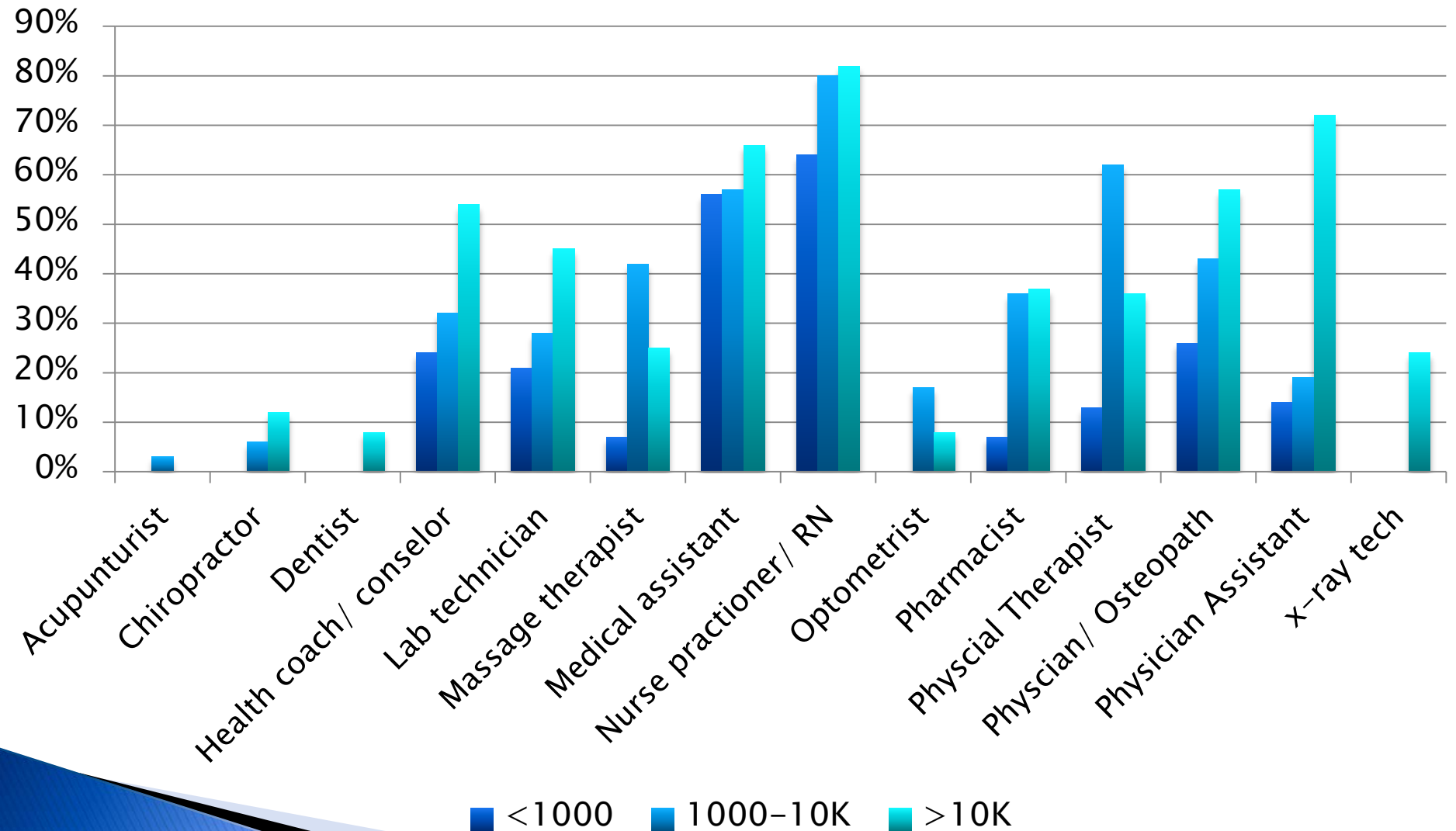
Services offered onsite



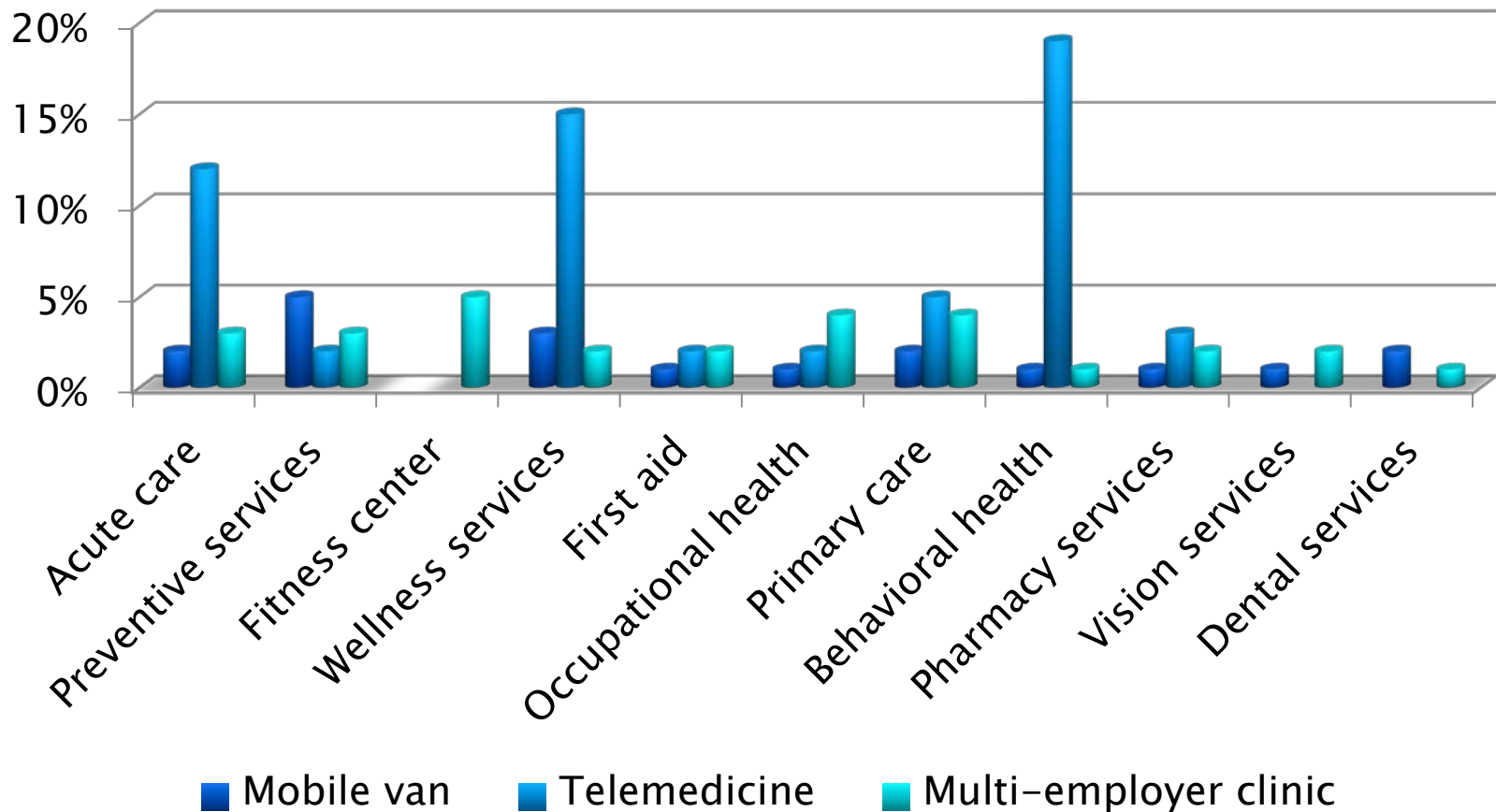
Worksite Disease Management

- Screen at-risk employees for diabetes
- Provide employees with information to enhance self-care
- Educate employees on the value and importance of disease management
- Support the employee's primary care provider
- Measure outcomes

Providers Used



Employers are also using other approaches to deliver care



Mobile Vans

- ▶ Services offered:
 - Physicals
 - Lab work
 - Vaccinations
 - Acute care
 - Screenings
 - Follow-up care for those with chronic disease
 - Dental care
 - Lifestyle and wellness coaching
- ▶ Vans can be scheduled to visit different locations/employers in same geographic area
- ▶ Scheduled and same day appointments

Employer interest and the potential value of telemedicine

- ▶ Willis Towers Watson & Co. found:
 - 75 percent of employers anticipate offering telemedicine services by 2018, at a potential health care cost savings of \$6 billion a year.
 - 15 percent of primary-care visits, 15 percent of emergency room visits and 37 percent of urgent-care visits could have been solved effectively and at a lower cost via telemedicine.
- ▶ Researchers at Rand have said telemedicine could reduce the demand for physician services by as much as 25%.
- ▶ Telehealth expanding beyond triage/first aid into primary care, behavioral health, disease management, dermatology, chiropractic and other specialty areas

Occupational Health Services in Worksite Health Centers

- ▶ The staffing and location of occupational health services offered will vary by employer culture and worker views
- ▶ Workers need to trust the clinic that their personal information will be confidential and not shared with supervisors or used in employment decisions
- ▶ Some employers avoid this problem by having separate vendors/providers, clinical staff and buildings
- ▶ Not all occupational health providers are interested in or good at primary care or communications
- ▶ Many vendors will offer integrated or separate services based on employer request

Measurement is key

“The absence of comprehensive and rigorous outcome and cost measurement is arguably the biggest weakness standing in the way of health care improvement.

The fact that value is not measured means that the most powerful tool for care improvement is lacking.”

–Michael Porter

Center sponsors need to know if the facility is delivering value

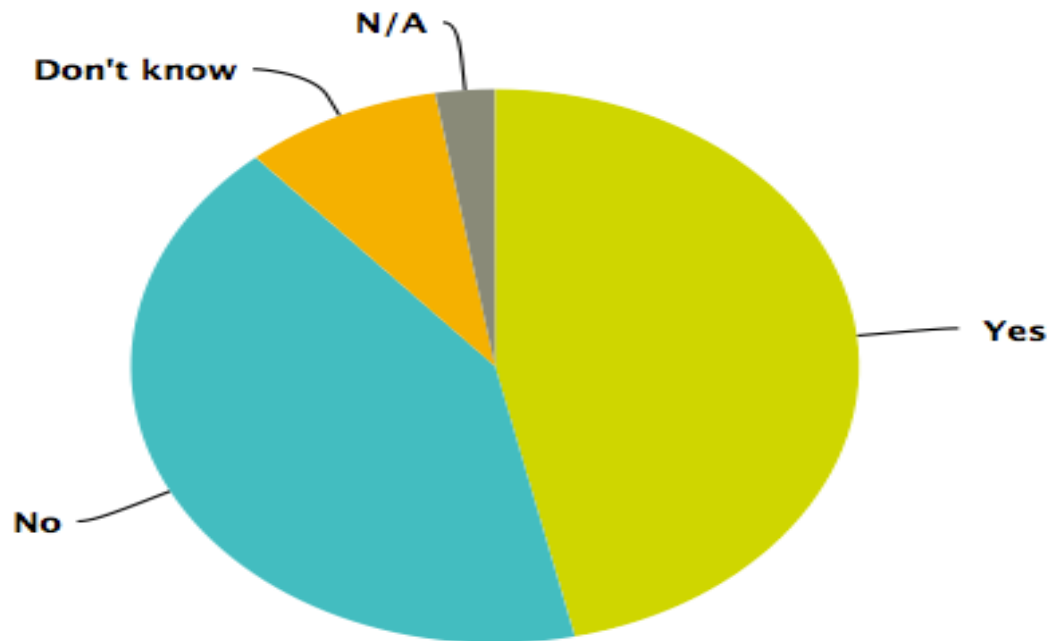
–But challenges exist

- ▶ Only by constantly measuring and assessing detailed clinical and administrative data can an onsite center truly identify its strengths and weaknesses
- ▶ Senior management requires proof of “ROI” to support continued resources
- ▶ Determining the “ROI” is difficult, as every consultant, vendor and provider has its own metrics, methodology and definitions to measuring results
- ▶ Not all metrics or methodologies are valid or credible
- ▶ In many cases, metrics are collected in a fashion that leaves them to question

*Many don't integrate their data,
making measurement difficult
or incomplete*

**Do you integrate your onsite/near-site
health center data with other sources of
benefit/claims data?**

Answered: 114 Skipped: 3



Measurement is more than ROI, look for the “Value of Investment (VOI)”

- **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
- **Employee satisfaction**
 - Would recommend center and its providers
- **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
- **Financial**
 - Total health-related program cost per employee/avoided ER visits
- **Lost time from work**
 - Number of lost workday equivalents per employee from health-related conditions
- **Lost productivity-absences**

Guidebook for Measuring the Performance of Worksite Health and Wellness Centers

Version 1



Guidebook Chapters

- I. Overview of NAWHC and the Performance Measurement Initiative
- II. Performance Objectives of Worksite Health Centers
- II. Types of Worksite Centers
- III. Key Definitions to Enable Accurate Measurement
- IV. Return on Investment (ROI) and the Move to Value of Investment “VOI”
- V. Metrics Being Used for Key Measurement Categories
- VI. Data: Where to Find it and How to Use it for Performance Measurement
- VII. Types and Frequency of Reports on Performance
- VIII. Case Studies/Dashboard Measures
- IX. Accreditation and Certification
- X. Studies and Articles on Measurement

Key elements serve as the basis for measurement

- ▶ Key elements in determining what should be in the numerator and denominator for measurement are:
 - Whether you want to look at the “%” or the “#” of people in a category
 - Whether you look at the employer’s:
 - Total population;
 - The population who is covered;
 - The population who is eligible to use the clinic; or
 - The population that actually uses the clinic
 - How a “clinic patient” is defined
- ▶ You need to decide on these at the start, as vendors and providers have different definitions
- ▶ Comparisons with other employers are difficult unless they agree on these elements in the calculation

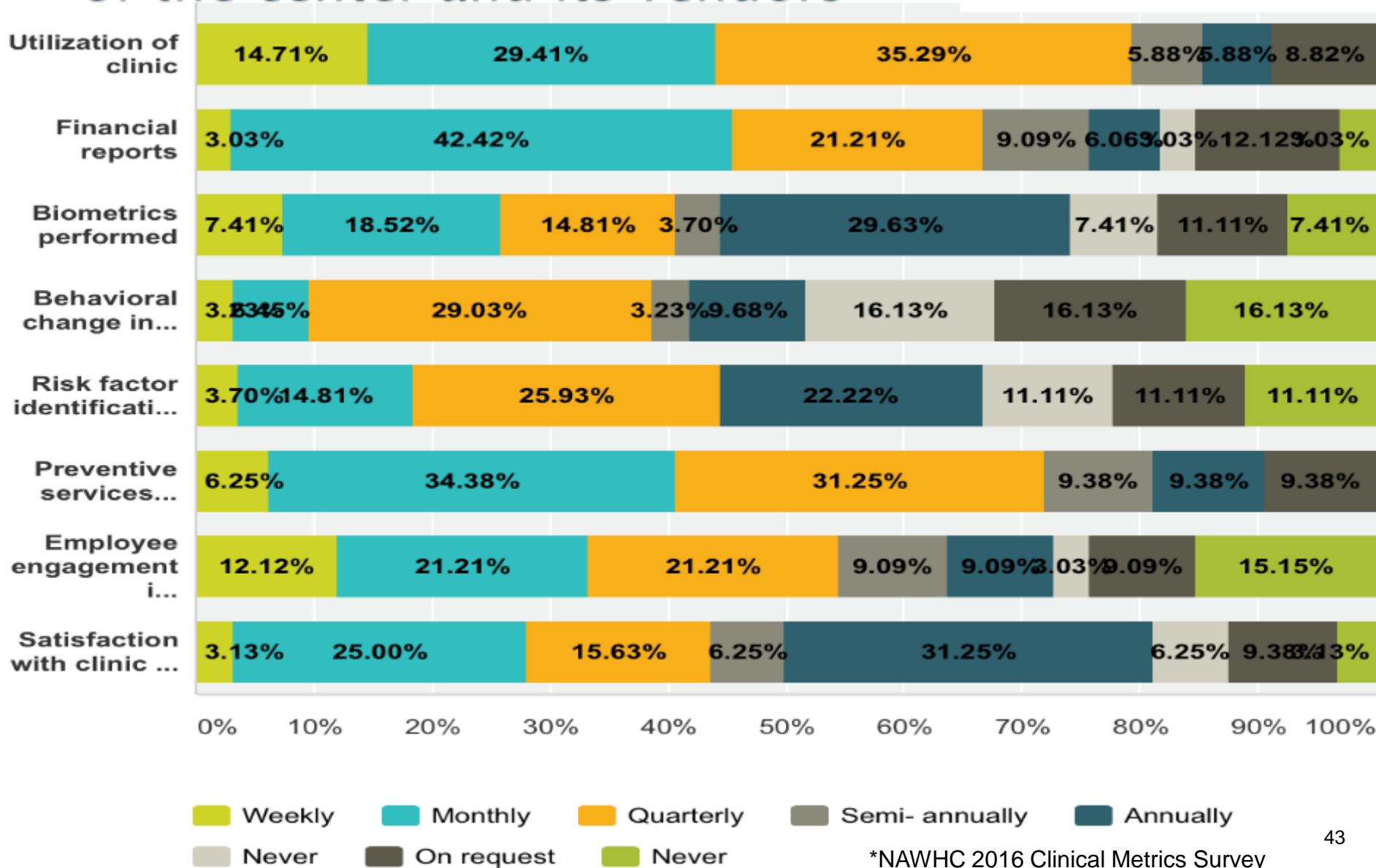
What is a “health center patient?”

- ▶ In calculating the denominator and numerator there are many options to how a “center patient” is defined – a patient could be:
 - Someone who has a minimum number of visits to the center in a calendar year; or
 - Someone who has a majority of their medical services or medical costs provided thru the center; or
 - Someone who has identified a clinic physician or nurse as their “primary care provider
 - Someone who is “eligible” to use the center or anyone in the covered population

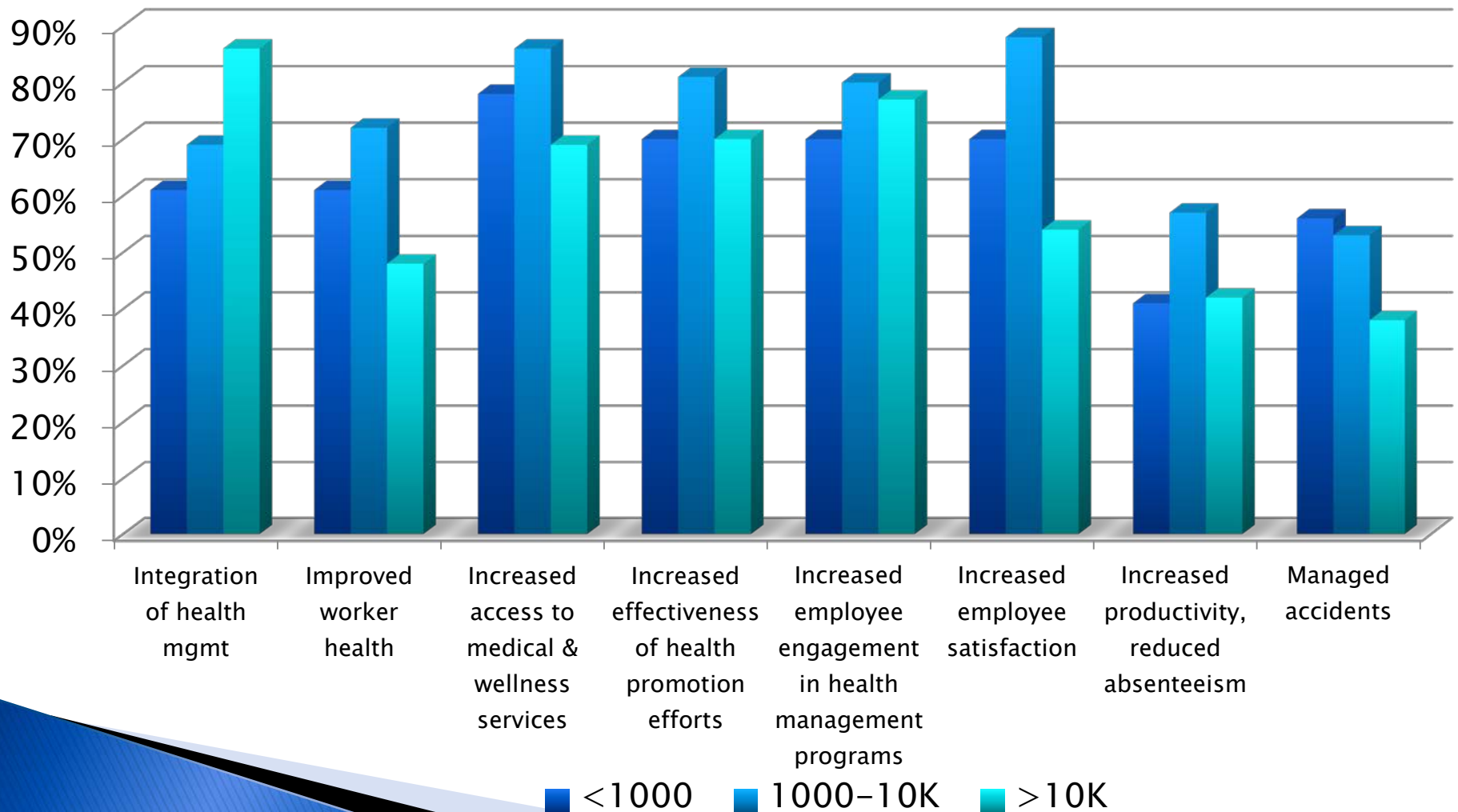
Key measurement areas and approaches

- ▶ Areas to measure:
 - Administrative
 - Financial
 - Clinical
 - Satisfaction
 - Productivity
- ▶ The number of measures and drill down is not the same for all employers or clinics:
 - Objectives for clinic
 - Maturity of clinic
 - Data availability
 - Time frame measurement is to be done
 - Extent of services
 - Interest in drilling down

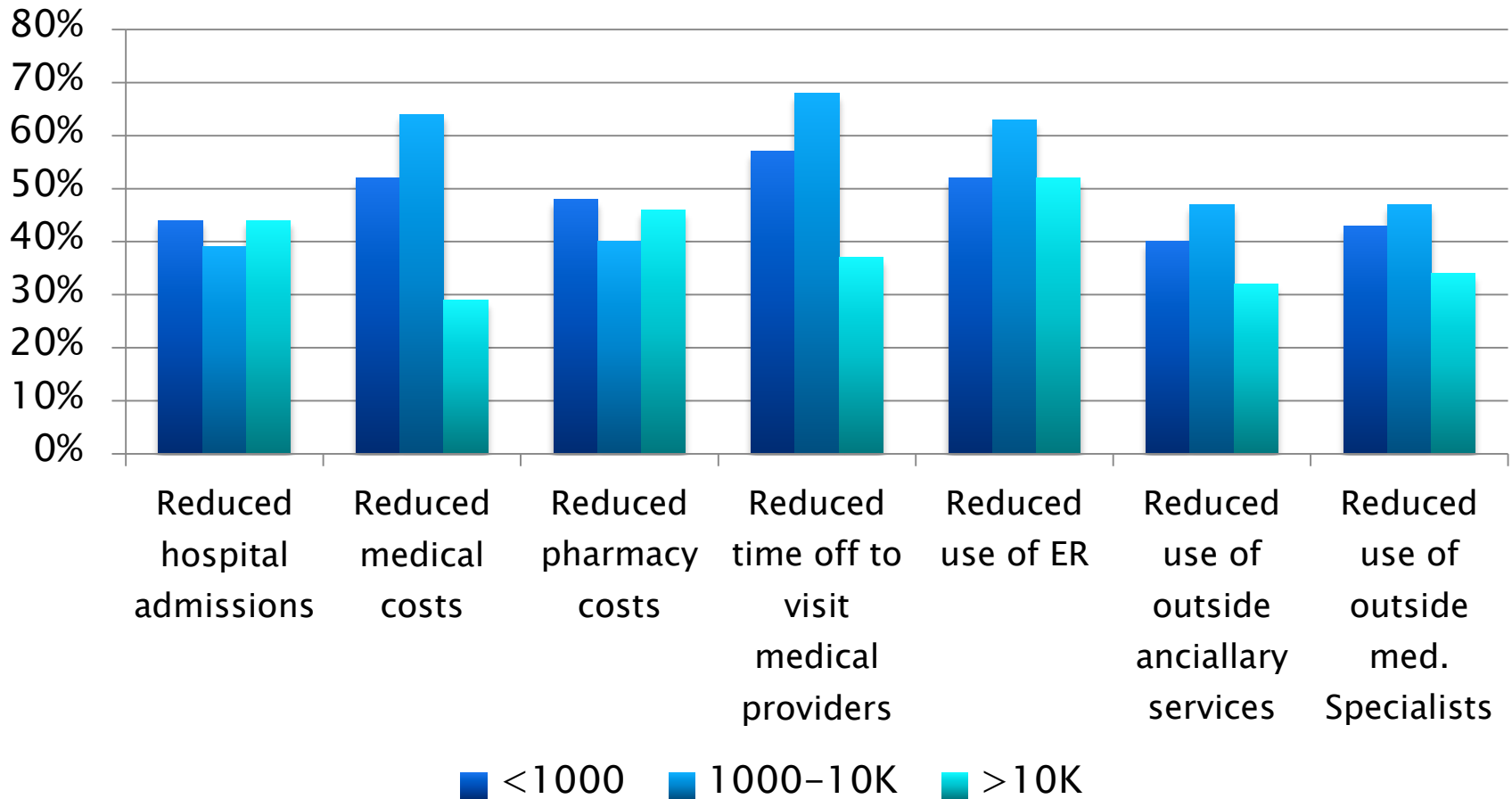
Reporting is essential to track improvement and performance of the center and its vendors



Success in meeting health and wellness objectives



Success in meeting financial objectives



Regardless of model:

Key lessons

- ▶ You need a great provider staff that cares
- ▶ Promote confidentiality and privacy
- ▶ Offer services for free or lower than outside services
- ▶ Use a vendor with state of the art ROI/VOI tools
- ▶ Set expectations of senior management – cost savings and behavioral change could take 3–5 years
- ▶ Ensure clinic activities are integrated with all wellness programs and vendors work together
- ▶ Pharmacy has proved a very effective engagement tool
- ▶ Ongoing communications, promotion and visibility is key to increased and sustained use
- ▶ Clinic can offer providers that young employees often don't have
- ▶ Focus on prevention and close management of chronic illnesses

For more information on worksite centers or NAWHC:

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