



Creating and Expanding Onsite Clinics

NAWHC 6th Annual Forum

September 6, 2018
Milwaukee, WI

Meeting Summary

DRAFT

The National Association of Worksite Health Centers (NAWHC) and the Business Health Care Group (BHCG) co-sponsored this event for NAWHC and BHCG members and other interested stakeholders on September 6. Attendees heard from employers and other industry experts about creating and expanding onsite/near-site clinics (also referred to as worksite health centers and clinics in this summary). A special thanks to our exhibitors for their support:

- CareHere
- Foundation for Chiropractic Progress
- Healics
- Northwind Pharmaceuticals
- Premise Health
- QuadMed
- Quizzify
- Spruce Health

Below are key take-aways from the speakers' presentations.

Onsite vs. Near-Site Clinic: How to Decide

Mike LaPenna, Principal, The LaPenna Group

- Onsite clinics are not simply clinics; they are programs, systems, networks of care
- View the clinic as similar to a staff model HMO; it has many of the same features
- Onsite models do not have to be “ON” site; many different models exist and can succeed
- The choice of a vendor/partner is critical; it can contribute to or detract from an onsite clinic’s success; need to consider expertise, infrastructure, staffing and capital (capital is an often overlooked factor)
- Shared clinic (with other employers) models are relatively easy to start but can be complex to manage; need a firm contractual base before you begin
- Common philosophy and cohesion of benefit plans is key when multiple employers share a clinic
- Size, scale and volume are critical components in choosing the right model (e.g., shared, shared host, go it alone)
- When choosing a vendor assess whether they are simply consolidating market position
- Onsite programs can and do fail, but onsite programs can be successful in many forms
- The key metric is acceptance and engagement of employees – not cost/benefit

The Landscape and Selection of Worksite Health Center Vendors

Joe Van De Graaff, Vice President, Payer and Employer, KLAS Research

- KLAS, a health care-focused research firm, has conducted over 25,000 qualitative, in-depth phone interviews to assist providers, payers and employers in making informed software and services decisions
- There is an overwhelming number of choices in terms of onsite/near-site clinic vendors
- Employers typically take one of the following three approaches to providing worksite health services: (1) engage/contract with third party vendor; (2) adopt a do-it-yourself approach; (3) hybrid approach combining the first two approaches
- Employers choose a vendor based on the vendor’s scope (geographical and services offerings) and performance (value, tools and expertise and quality of staff)
- In addition to the interviews, KLAS assessed various vendors in terms of:
 - Validating the health services they provided
 - Their willingness to share information -- transparency
 - Their geographical reach
- KLAS interviewed approximately 100 employers by phone to assess clinic vendor performance

- Performance was assessed with a combination of ratings including overall satisfaction, vendor executive involvement, value, quality of staff and strategic tools and processes. This was then compared with the vendor's level of complexity including geographical spread of the customer base and number of services offered
- Using the concept of Maslow's Hierarchy of Needs model, KLAS research identifies the following three drivers of employer satisfaction with onsite clinic vendors (in order) 1) patient care and constant staffing; 2) adoption and utilization of the Clinic by employees and 3) viewing the vendor as a strategy partner (this is rare)

Expanding Center Value by Including Behavioral Health Services

Britta Reiersen, MD, Corporate Clinic Medical Director- Park Nicollet Clinic

- Park Nicollet Health Services, a nonprofit, integrated health care system in Minnesota, partners with Target to offer health and well-being centers in two Minneapolis-area locations
- The center is a full service primary care clinic with specialty care based on demand and includes an onsite pharmacy
- Data showed the need for behavioral health services to be significant – especially for treatment of depression, stress and anxiety
- To address this need the Center offers:
 - Onsite counselors available through an EAP provider 24 hrs/seven days a week
 - Five free counseling sessions per issue per year for all employees and dependents
- In 2017 the Center initiated the Patient Health Questionnaire (PHQ-2), a mental health screening tool for every primary care patient
 - Five thousand patients have been screened – 8.4% were positive for PHQ-2 screens and 21% of those were positive for the more sensitive screen, PHQ-9

Kerri Ploeg, Corporate Health Manager, Herman Miller

- Herman Miller started offering urgent care seven years ago and started a pilot to offer primary care one year ago
- Initiated an emotional well-being initiative after seeing the data:
 - By 2020 the prevalence of mental health issues such as anxiety, depression, and substance dependence will surpass all physical diseases as the leading cause of disability in the US
 - These diseases currently cost businesses \$210 billion per year
 - In an average week in the U. S. five million people will miss work due to stress
- Goals for the company's emotional well-being programs/services are:
 - Reduce the stigma around mental health issues

- Ensure proper training/support for managers
 - Deliver supportive interventions
- Herman Miller's well-being programs include:
 - A mental health first aid course
 - Social workers onsite 24 hours a week
 - EAP services
 - Virtual behavioral health services through Teledoc
 - Onsite massage services
- Results are preliminary, but recent employee survey results are positive; employees are feeling less stressed at work and feel they have the support of their supervisors

Increasing Engagement and Utilization of the Center

Ross Miller, MD, Medical Executive, Cerner Corporation

- Onsite health centers are just one piece of a coordinated population health management strategy
- Onsite health centers should focus on:
 - Integrated health and care services
 - A no-wait model so people spend more time with their care team (not in a waiting room)
 - Care suites, not exam rooms
 - Population health management technology to improve care quality
- Engagement and utilization of health centers is driven and influenced by:
 - Who can use the health center (employees, dependents, retirees, employees of nearby employers)
 - Location (onsite, near-site, ease of access, security and safety, privacy)
 - Services and capabilities (the more services, the more utilization)
 - Onsite pharmacy can serve as a conduit to other onsite services
- People engage in their care differently; the more access points (web, devices, paper, tablet, phone) and engagement tools (online scheduling, secure messaging, patient portals, challenges, multimedia, social media) provided, the better the engagement and utilization
- Build awareness for the opening of the health center with a teaser campaign, grand opening announcement and promotional materials
- Drive ongoing engagement and utilization via mailers, posters, postcards, emails and table tents
- Healthier, happier employees drive utilization; conduct patient satisfaction surveys to identify health center improvement opportunities
- Empowering providers to identify and close gaps in care can increase utilization
- Lessons learned to maximize utilization:
 - Populations are not homogeneous; customization of message and mediums is critical
 - Employers must have data to customize engagement; stratification of data plays a crucial role in effective communication and population health management

- Offer incentives (co-pay waivers, gift cards, premium reductions)
- Optimize convenience of the health center location
- Forge partnerships with community providers

Measuring Outcomes of Worksite Health and Wellness Centers

Larry Boress, Executive Director, NAHWC

- How do you know you're getting value as an employer from your worksite health center? NAHWC developed a document to assist employers in this task
- Objectives for offering a clinic need to be measured and must be measurable
- Many employers don't integrate their worksite health center data with benefits/claims data and don't know their clinic's ROI
- Measurement needs to go beyond ROI and instead measure VOI – Value of Investment – which is a much more comprehensive look at your data
- NAHWC initiated a measurement project a year ago to identify core metrics necessary to measure VOI; the project found there was no set of core metrics; every employer and situation is different
- What an employer measures depends largely on what data they have access to, but measurement should focus on these areas: administrative, clinical, financial and satisfaction information
- Before initiating measurement, get agreement from all parties on what your numerators and denominators are
- Set expectations of senior management on VOI, as cost savings and behavioral change can take three to five years

David Hines, Executive Director, Employee Benefits, Metro Nashville School District

- Started first onsite clinic in 2009; presently have five clinics and a related operations center
- Clinics:
 - Are staffed by family nurse practitioners
 - Offer \$0 co-pay visits
 - Focus on disease management
 - Implemented a value-based benefit design for chronic disease – meds are free for some chronic diseases
 - Focus on ease of access to clinics
 - Average 500 primary care visits/week
- School districts collaborated with the RAND Corporation (funded by Robert Wood Johnson) on a research project to measure the impact of the worksite clinics
- Key results (comparing the district's worksite centers patients to community-based clinics' patients)
 - Significantly lower inpatient admissions
 - Significantly lower annual health care costs (\$2.5 to \$3 million in savings/year)

- Lower outpatient and prescription costs
- Lower absenteeism rates
- Conclusion: Worksite clinics reduce teacher health care costs and absenteeism rates
- Other findings:
 - Even though the district essentially gives away care, teachers using community PCPs had 168% more office visits than those who use the worksite centers
 - Saw a reduction in “medically homeless” (those without a PCP)
 - Saw a shift in office visits from specialists to PCPs
 - Employee retention has improved

Integration of Telehealth and Technology for Enhanced Worksite Health Centers Services

Amy Iverson – Corporate Manager Health and Wellness Strategy, Huntington Ingalls Industries

- Has onsite family health centers in Virginia and Mississippi providing primary and acute care services, onsite lab, x-ray, pharmacy, physical therapy, dental and vision, wellness, chronic condition management and nutrition services
- Leverages technology to meet people where they are at and break down barriers to access
- Presently utilizes:
 - Telehealth for telephonic coaching for chronic conditions nutrition and wellness
 - Text reminders for appointments – decreased no-shows by 50%
 - An online portal and mobile app for scheduling, secure messaging with providers, refilling prescriptions
- Planning to offer virtual health suites:
 - Will be staffed by onsite nurse facilitating the visit with a remote provider
 - Provider will use sophisticated medical devices specifically designed for virtual visits
 - Will diagnose and treat routine medical needs and some chronic conditions

Mamie Murphy, Director, Virtual Strategy, Premise Health

- Virtual health industry trends and statistics:
 - U.S. virtual health market expected to reach revenues of \$3.5 billion by 2021
 - Forty-six percent of employers offer some telemedicine services today compared to 28% in 2013

- Thirty-six percent of retail clinic volume is at risk of going virtual in the next decade
- Premise Health explored various options to create a virtual health solution and decided to build it themselves
- Premise's National Virtual Health:
 - Is an on demand solution with access to a Premise Health provider via mobile device or web, 24/7 with national coverage
 - Providers are aligned with onsite/near-site provider and are employed by Premise
 - Offers a variety of appointment options to include video visits, telephone visits and secure messaging
- Piloted their virtual health solution on their own employees; 75 % preferred video visits as compared to phone visits or secure messaging

Ray Bradford, CEO Spruce Health

- It's not about technology alone; it's about the marriage of technology and humans
- Started out as the first direct-to-consumer telehealth company offering dermatology visits
- Need to meet employees where they are – text messaging is how we interact with the world today; it dwarfs every other communication channel
- Text messaging is a big opportunity to improve communications; under-leveraged currently
- You need the right system to meet the patient with the right message at the right time with the right channel
- Spruce is focused on building a centralized, coordinated patient relationship management system using a hub and spoke model
- Patients need a care coordinator – a concierge approach to ensure they get the right service and the right time
- The current employee experience involves going to numerous different places/vendors for different services; instead, employees need a unified front door – a concierge or care coordinator to get people to the right place at the right time

Addressing Pain Management and Opioid Use at Your Health Center

Mary Ellen Benzik, Chief Medical Officer, QuadMed

- Some statistics:
 - One in ten people have been touched by the opioid addiction epidemic
 - One hundred fifteen people die per day of an opioid overdose
 - Sixty-six percent of people who self-report illicit drug use are employed
- QuadMed's goal was not to stop prescribing opioids, but instead wanted to engage in safer prescribing

- Goal was to lower the amount of morphine prescribed by 25%; lowered it by 44% in one year using technology, new practice processes and screening for depression
- If you have a worksite health center:
 - Talk to your providers about your prescribing expectations
 - Ask your providers how they discuss/measure pain with patients; shift from a pain scale to a functional assessment
 - Make sure providers are consistently querying state registries before prescribing
- Educate your employees:
 - Use mailers to homes with information about various opioid/pain topics
 - Talk about the safe disposal of opioids (e.g., drop off locations, DEA take back days)
- Consider making available nasal Narcan in the workplace (just like AEDs)

Daniel Lord, DC, Physical Medicine Senior Program Manager, Crossover Health

- Employers spend more on musculoskeletal disorders than on any other condition or chronic disease, including diabetes, obesity, cardiovascular disease and respiratory illness — approximately \$200 billion/year in direct costs
- Evidenced-based musculoskeletal care guidelines recommend non-drug treatments, such as spinal manipulative therapy, as the first line of treatment for low back pain
- Evidenced-based musculoskeletal care is patient-centered, based on evidence informed practices and gets the patient to the right provider for rapid recovery
- Musculoskeletal care should include the availability of physical therapy, chiropractic, acupuncture, fitness and mental health services working in coordination with the primary care provider
- The value of adding integrated chiropractic care to a worksite center includes:
 - Decreased utilization of radiology services
 - Reduced referrals to specialists,
 - Fewer ER visits
 - Lower utilization of physical therapy
- To measure clinical outcome related to an integrated approach to musculoskeletal care, Crossover Health uses Focus on Therapeutic Outcomes (FOTO), a patient self-report outcome measuring system to assess patient, clinician, and clinic performance using a validated risk adjusted predictive analytical model

Status and Future of Worksite Clinics: 2018 NAHWC-Mercer Benchmarking Survey

David Keyt, Worksite Clinic Consulting Group Leader, Mercer

- This is the first NAWHC-Mercer worksite clinic survey; the full report will be available in October
- Survey background:
 - One hundred twenty-one employers with onsite or near-site clinics responded
 - Survey was conducted in March-April 2018
 - Organizations ranged in size from 55 to over 300,000 employees
- Key survey results:
 - Worksite clinics continue to spread, especially among large employers
 - Overall, the percentage of employers offering clinics has almost doubled since 2007
 - There has been a significant shift from in-house management to third party management of clinics from 2012 to 2017
 - Multi-employer shared clinic arrangements are becoming considerably more common
 - By industry, health care organizations are the most likely to offer a worksite clinic
 - The most important objective for an employer in establishing a worksite clinic was to better manage overall health care spend
 - Majority of respondents (54%) haven't tried to measure ROI; among those that have measured ROI, results are very positive
 - Clinic staffing has shifted toward more physicians on staff vs. mid-level providers when compared to 2015
 - Employers are broadening the scope of primary care and ancillary services offered at worksite clinics
 - More employers are allowing covered dependents and employees from other locations to use the clinics
 - Utilization rates of the clinics have increased from 2015 to 2017
 - To increase clinic utilization, the most common tactic is waiving the co-pay or reducing it