

Worksite Health Clinics – Part 1: The Landscape & Value of Worksite Health Clinics Thursday, January 27, 2022



Please note:

- Attendees are in listen only mode
- This webinar is being recorded
- It will be posted to LVBCH.com Past Events
- Chat will be used for announcements from moderators
- Q&A should be used to submit your questions
- Questions will be answered live later in the session



Amanda Greene
Director of Operations
LVBCH



Welcome

Carl Seitz
President, LVBCH



The Landscape and Value of Worksite Health Centers



Larry Boress
Executive Director
National Association of Worksite Health Centers



National Association of Worksite Health Centers

www.nawhc.org



- ▶ Supporting employer and union sponsors – and their vendor and provider partners – of onsite, near-site, shared, mobile and virtual health and wellness centers
- ▶ Assistance in developing and expanding worksite centers
- ▶ Supporting third-party vendors and health providers in understanding the purchaser market and meeting expectations
- ▶ Offering educational programs, networking, benchmarking, purchasing support, vendor information and advocacy
- ▶ Website provides case studies, surveys, research, sample documents, information and resource materials
- ▶ Sept. 15–16, 2022, 10th Annual Forum, “Creating & Expanding Worksite Health Centers,” Nashville, Tennessee
- ▶ Representing over 100 organizations

Representative Sample of Members



NATIONAL ASSOCIATION OF WORKSITE HEALTH CENTERS



Employers provide benefits and an 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

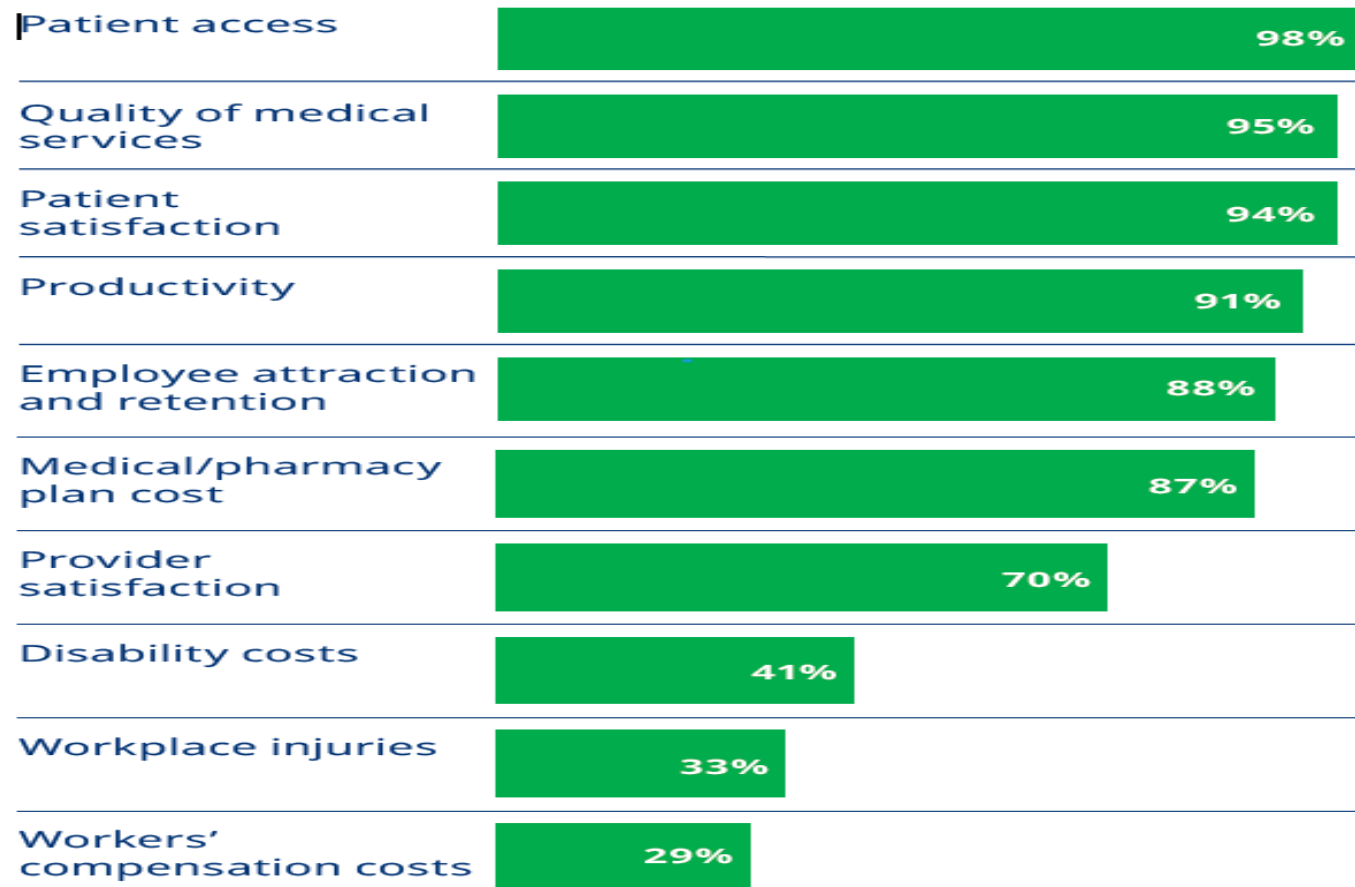
Why employers are increasingly offering health care at the worksite



- ▶ Employers are frustrated with the variability of costs and quality from community health providers
- ▶ Studies show 40–60% of workers don't have a personal physician
- ▶ There's a need for daily, easy access to medical care for employees and dependents, with little or no out of pocket cost
- ▶ To gain more value from the overall health benefits spend, employers need to integrate the data and increase engagement in the multiple benefit programs offered by different vendors
- ▶ Worksite health centers are often the most highly rated benefit
- ▶ Low value services can be reduced without incentives or demands on providers for volume and to generate revenue
- ▶ Patients see physicians 1–2 times a year for 7–12 minutes, but are at work 1000–2000 hours a year – offering opportunities to help people understand and manage their health

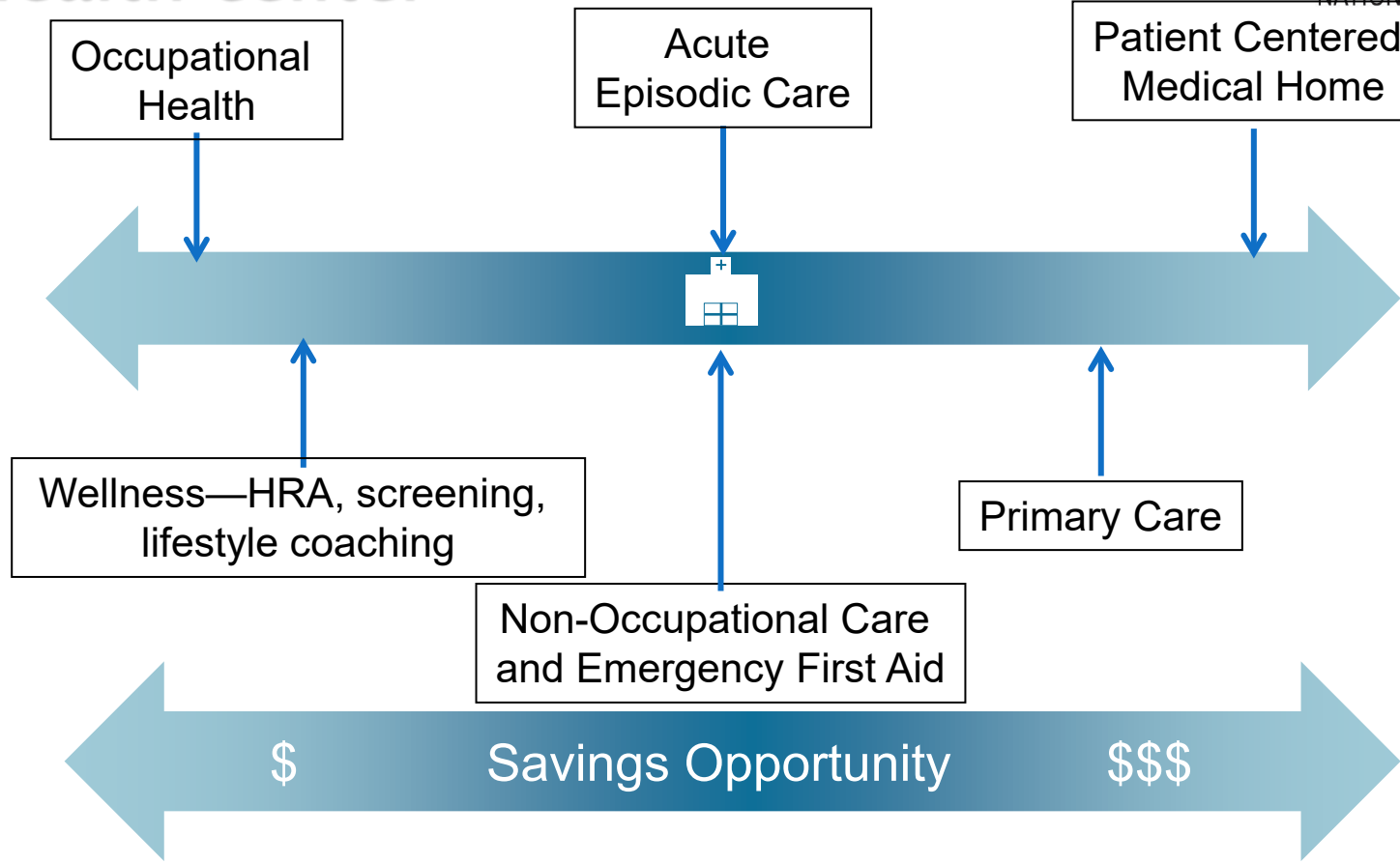
Employer objectives in establishing a worksite clinic

(Percentage of “Important” or “Very important”)



(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

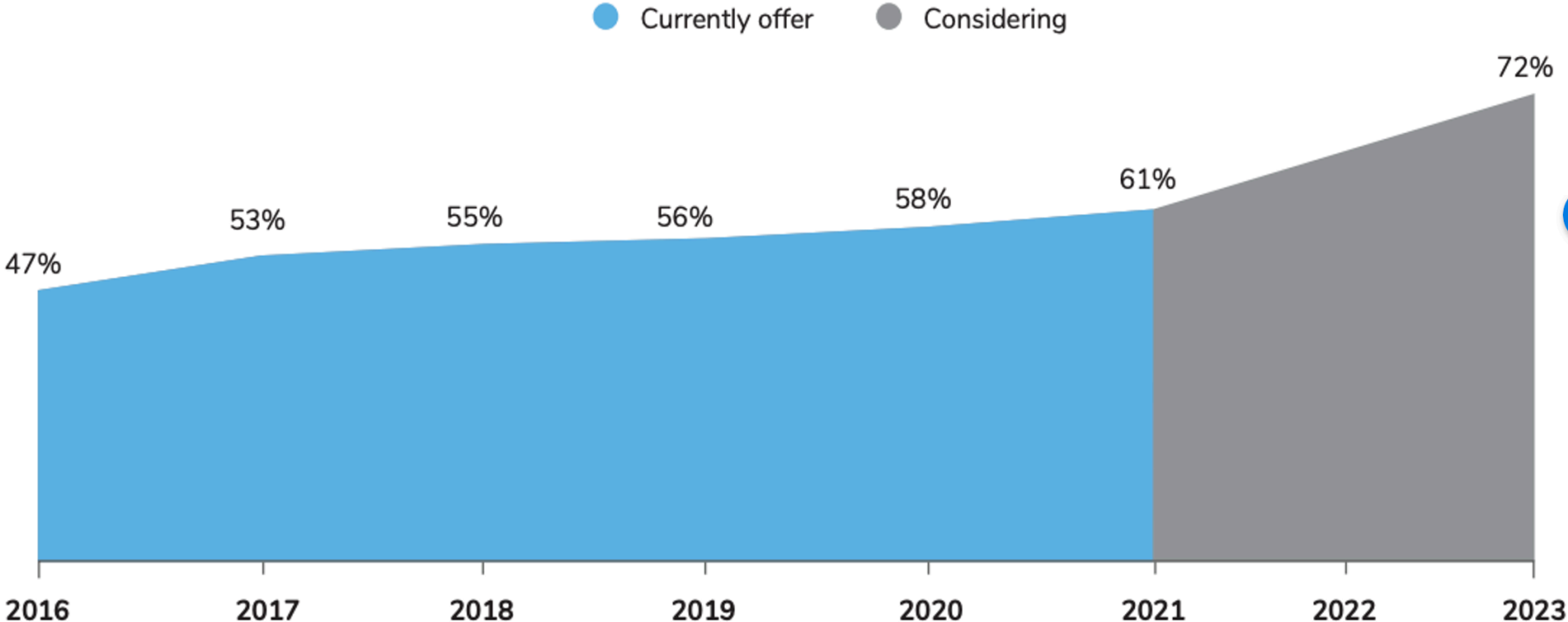
Continuum and savings for a worksite health center



Prevalence of worksite health centers

- ▶ About 1 / 3 of ALL employers offer a health provider at the worksite on a full or part-time basis – almost 2 / 3 of large firms

Large Employer On-site Health Offerings, 2016-2023



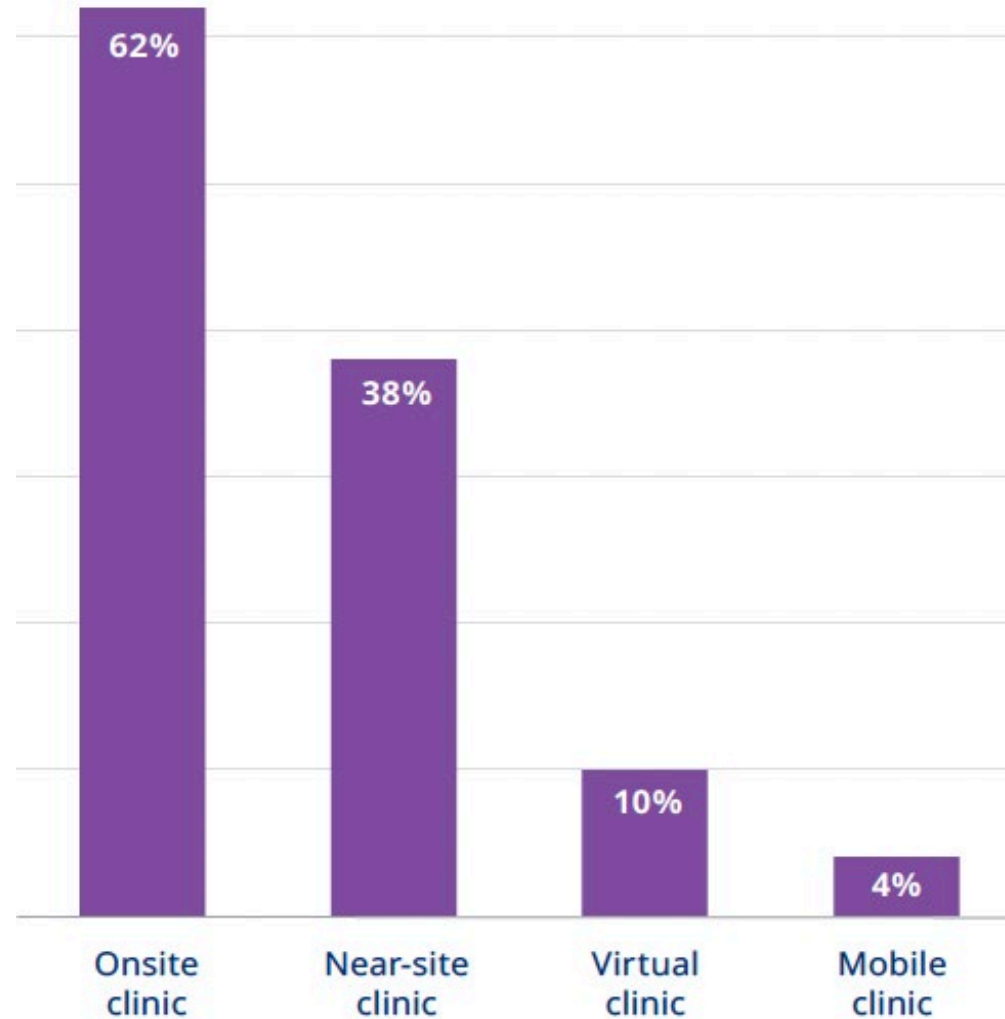
Source: Business Group on Health 2020 - *Large Employers' Health Care Strategy And Plan Design Survey*

Prevalence and utilization of health centers not impacted by COVID-19 pandemic

- ▶ Only 1% of employers say they will decrease the number of center locations as a result of the pandemic
- ▶ The percentage of eligible individuals accessing clinic services at least once during the year averaged 52% for employees and 32% for dependents in 2020, essentially unchanged from 53% and 31% in 2019
- ▶ Centers transitioned quickly to telehealth to offer a variety of virtual services: (These will continue to be offered)
 - 54% offer virtual disease management
 - 30% offer virtual behavioral health
 - 10% offer virtual physical therapy

(Source: NAWHC–Mercer 2021 Worksite Clinic Survey)

Type of center offered is based on employer strategy, space and funding available



(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Shared centers are increasingly popular, especially among smaller employers

- ▶ Over one-third of employers contract with at least one shared, multi-employer center location
- ▶ Among clinic sponsors with fewer than 5,000 employees, 47% offer a shared center, compared to just 7% of those with 5,000 or more employees
- ▶ An employer that offers an onsite center at its largest location might choose to contract with a shared center to provide a similar benefit to employees working in a smaller location

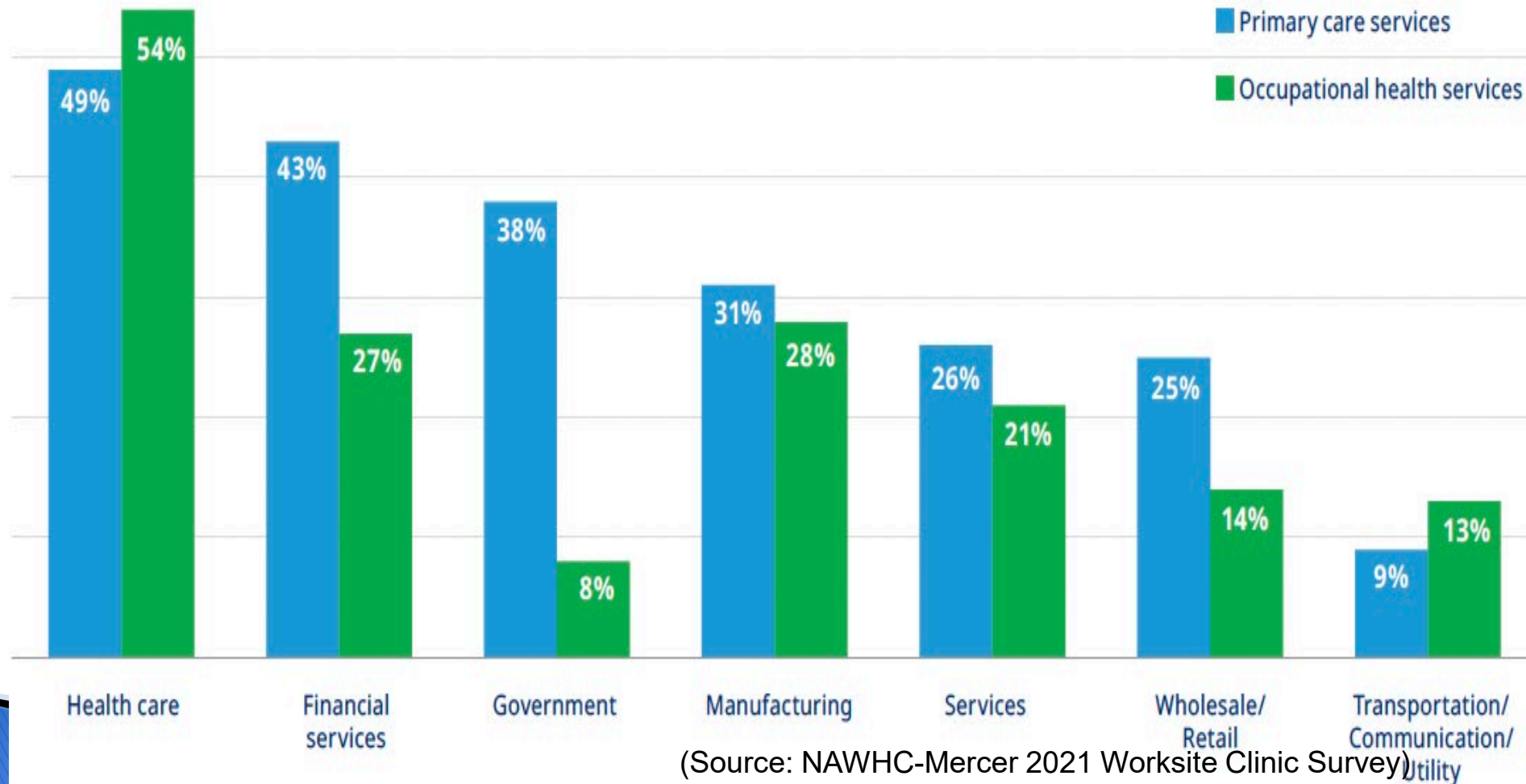
(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Benefits of a Near-site or Shared center

- ▶ **No or low initial capital investment** – center could be shared
- ▶ **Access equals savings** –center is outside work location, enabling dependents and remote workers to gain access
- ▶ **Primary Care Focus** –Centers go beyond urgent care, prioritizing primary care that improves outcomes, and lowers costs
- ▶ **Personalized Care** – With more time to spend, providers get to know everyone that comes through the door
- ▶ **Cost-Effective** – Near-site centers reduce need for ER and immediate care centers and offer highly personalized care by known providers
- ▶ **Equity in benefits** – Expanded access with near-site or shared centers means you can serve much more of your workforce regardless of their location or headquarters

Types of employers providing worksite or near-site medical clinic

(Employers with 5000 or more employees)



(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Worksite center management and payment approach

- ▶ Management Options: (Those with multiple locations may use hybrid approach)
 - 63% use 3rd party clinic vendor
 - 15% use local medical provider
 - 9% self-managed by employer
 - 7% use local hospital
- ▶ Payment Options:
 - 47% are cost-plus
 - 44% are a capitated amount
 - 29% use fee-for-service, billing the employer's health plan
 - 3% are shared-risk

(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

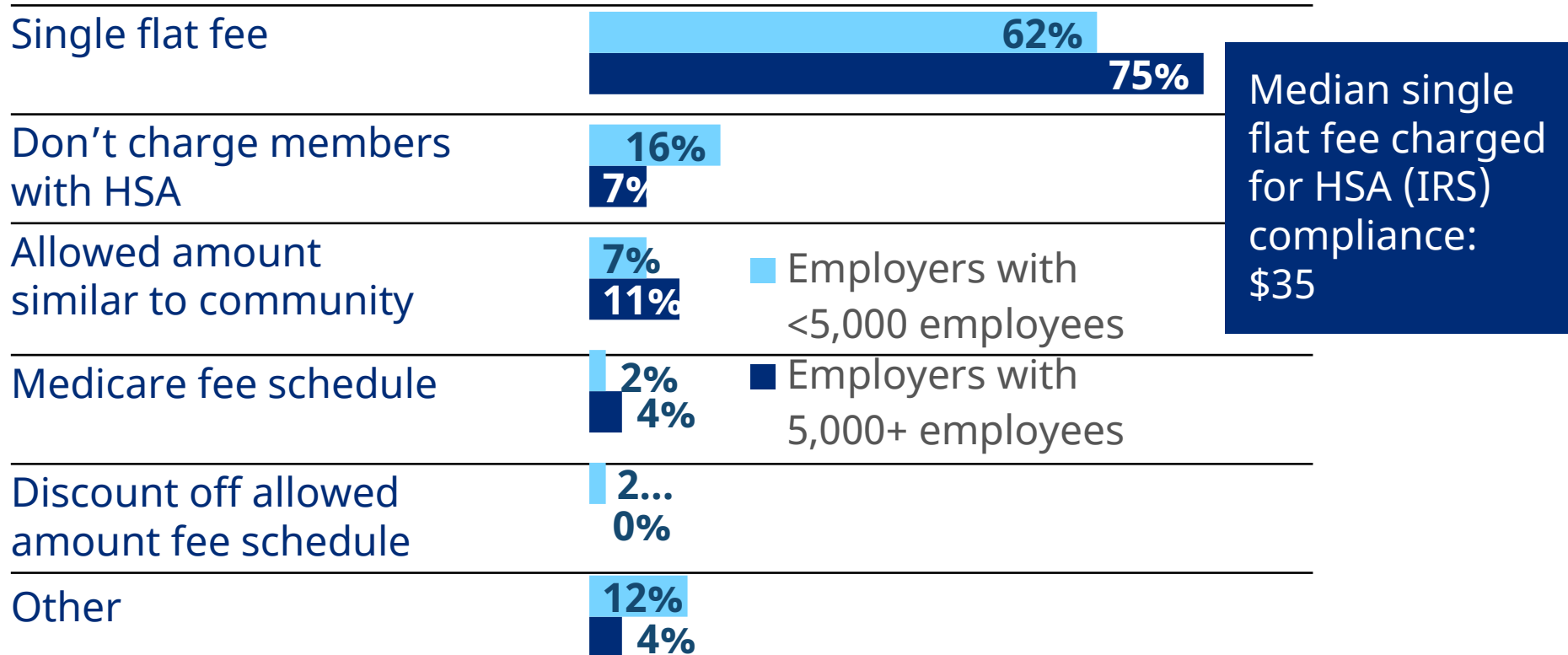
Shared near-site payment models

- ▶ Shared multi-employer clinics often bill clients based on:
 - The number of hours the clinic is operational
 - 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
- ▶ Payment models:
 - 61% use a capitation membership or subscription fee per employee
 - 20% pay a management fee split by percentage utilization
 - 12% pay via fee-for-service

(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Charging for clinic services when an HSA-eligible plan is offered

Based on respondents that offer an HSA-eligible plan and offer clinic services beyond preventive / wellness



Return on investment (ROI)

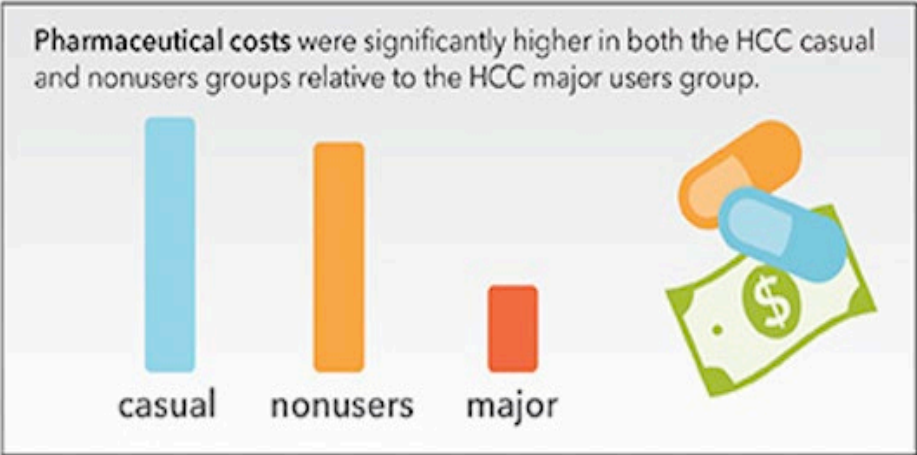
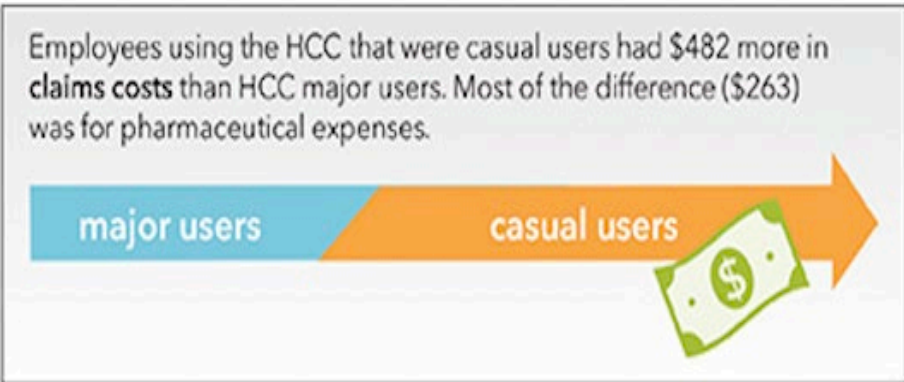
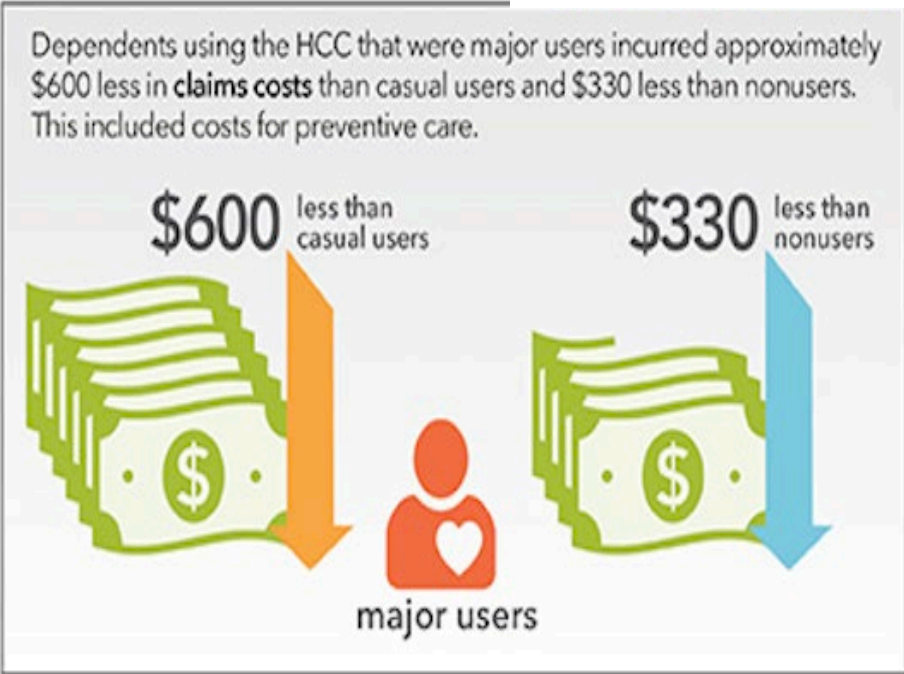
Many don't know or haven't measured

- ▶ Return on Investment requires an objective methodology agreed to by employer and vendor, encompassing:
 - Comprehensive data aggregation including medical, pharmacy, absence management and workers' compensation claims
 - Accurate accounting of center implementation and operating costs, including vendor fees
 - Comparison of experience and claims from population served at the center vs those using community providers
- ▶ 56% haven't attempted to measure the ROI of their center
- ▶ 43% report ROI of 1.5:1 or higher
- ▶ 31% report ROI of 2:1 or higher
- ▶ 12% report ROI of 3:1 or higher

NAWHC recommends “Value of Investment (VOI)” approach to measurement

- ▶ VOI of performance includes measurement of:
 - ROI – return of capital investment
 - Improved outcomes – better quality
 - Reduced risk factors for those with chronic conditions
 - Patient satisfaction (Net Performance Score)
 - Absenteeism
 - Productivity
 - Medical and pharmacy costs
 - Recruitment and retention

Savings from Employer A



VOI from Employer B

Cost Savings:

- ▶ Clinic members with chronic conditions cost on average 30% less than a risk-adjusted control group of non clinic users
- ▶ Clinic members utilized the ER 23% less than the control group

Improved Health:

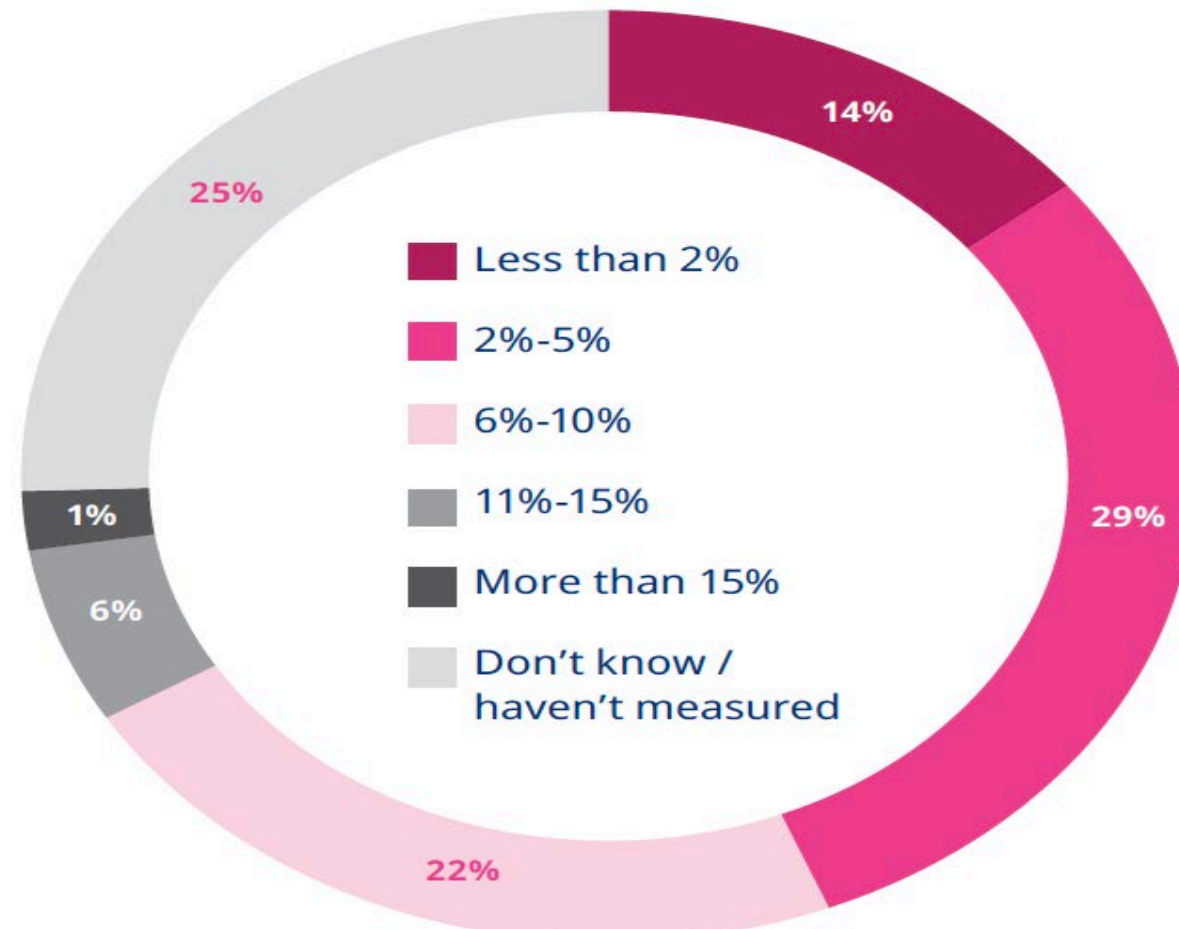
- ▶ 79% of clinic members reported that their health had improved due to the clinic's help

Retention:

- ▶ 80% of clinic members reported that their opinion of their employer improved by having access to their clinic

The cost of a worksite health center depends on the range of services and staffing levels

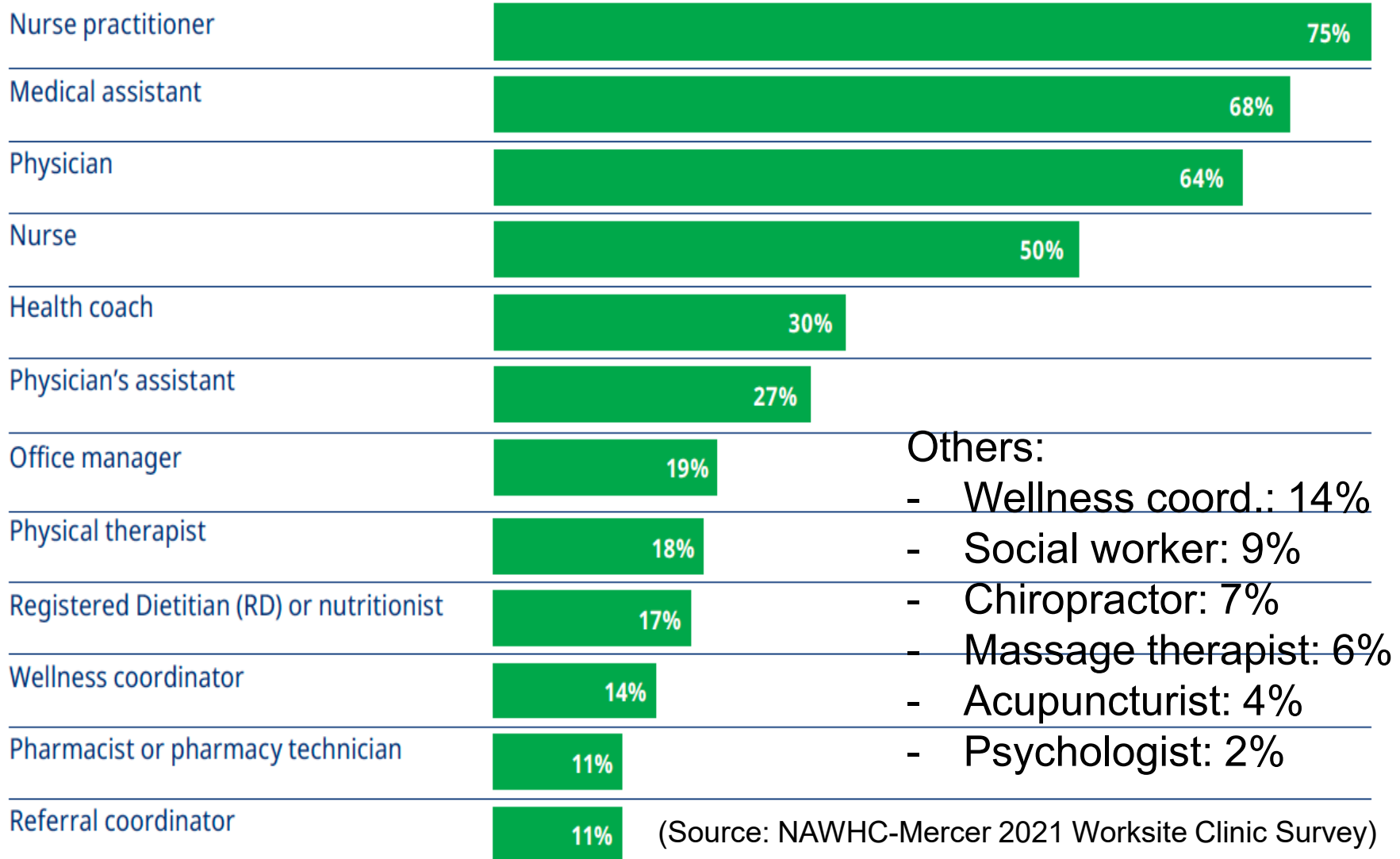
Percentage of annual total health spending (on all active employee health plans and worksite clinics) attributable to the worksite clinic(s)



(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Worksite health center staff

Percentage of respondents



(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Center primary care services offered

- ▶ Lab –84%
- ▶ Screenings –82%
- ▶ Preventive care exams –80%
- ▶ Immunizations –74%
- ▶ Chronic disease mgmt –71%
- ▶ Health coach–58%
- ▶ Urgent care other than workplace injury – 57%
- ▶ Diabetes educator –46%
- ▶ Mini–dispensary pharmacy –39%
- ▶ Behavioral health –33%
- ▶ Others: dietitian, physical therapy, dental, vision, x–ray, chiropractic, acupuncture

Center usually credentialed within the health plan network



37%

Clinic is not a part of the health plan network

27%

Zero-dollar claims are submitted to the health plan to ensure clinic services are part of total health data on population

13%

Credentialed in the health plan, but claims are not submitted to health plan for reimbursement

17%

Credentialed in the health plan, fees collected through the clinic are submitted to the health plan for accumulation towards deductible and out-of-pocket maximums

6%

Credentialed in the health plan, and claims for services provided through clinic are submitted to health plan for reimbursement

(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Real-time integration with the local community ecosystem (e.g., clinic is notified of member ER visits or inpatient admissions)



15%

Integrated via the electronic medical record

8%

Integrated via health information exchanges

2%

Integrated via custom application programming interface (API)

4%

Integrated via other methods

72%

Not integrated

Eligible population

(In addition to employees working at the site)

Covered dependent adults



Covered dependent children



Employees from other locations



COBRA participants



Employees who waived medical coverage

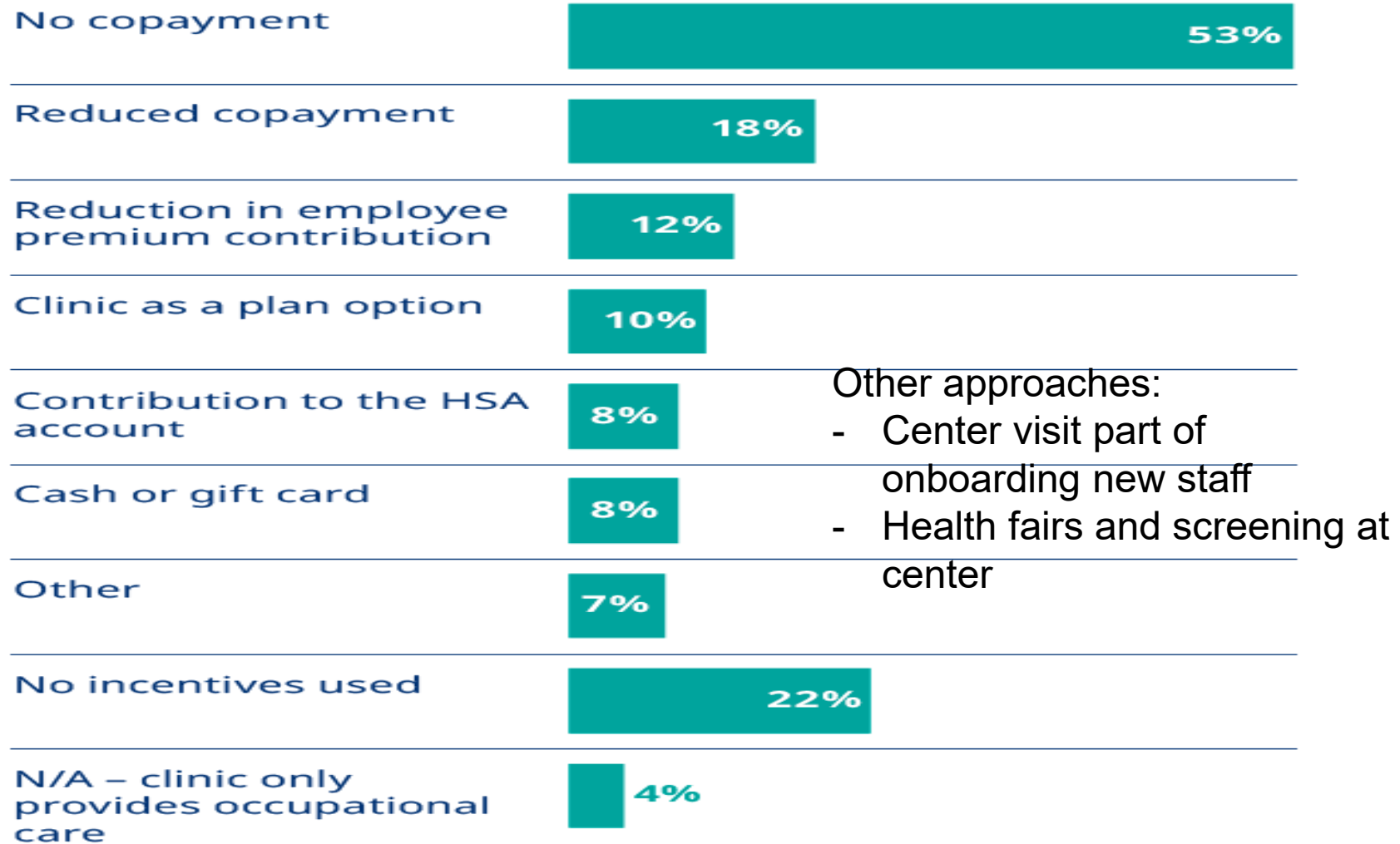


Retirees



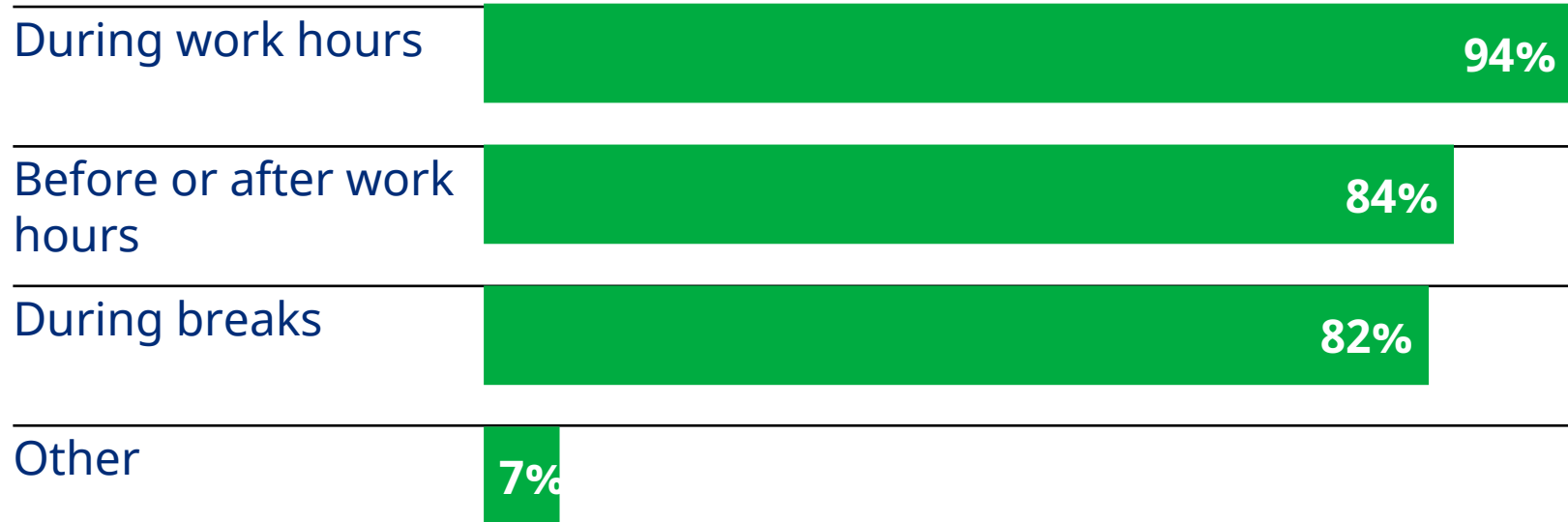
(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

Strategies for increasing utilization of center



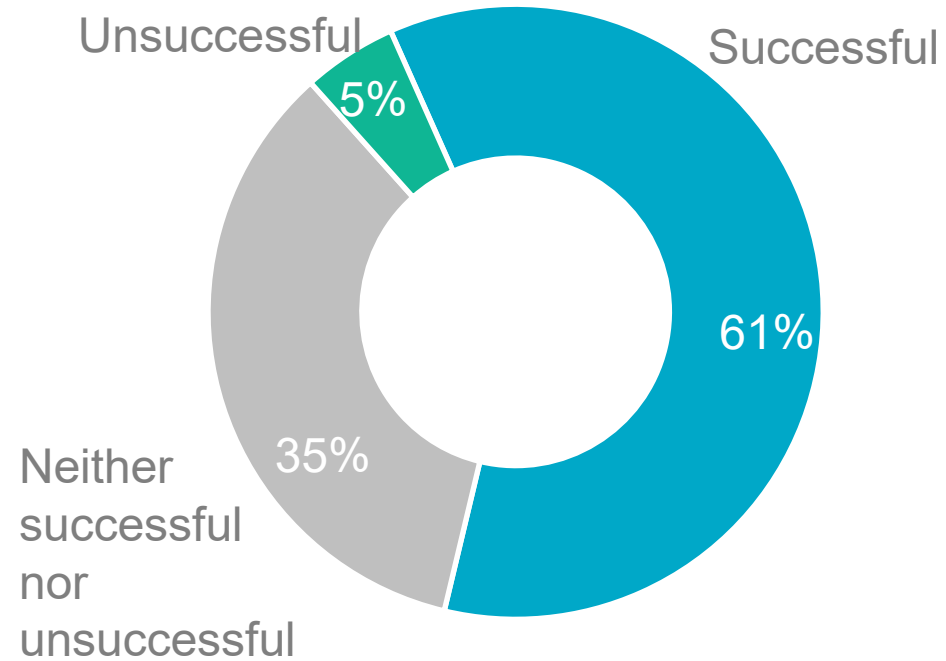
(Source: NAWHC-Mercer 2021 Worksite Clinic Survey)

When employees may access in-person clinic services

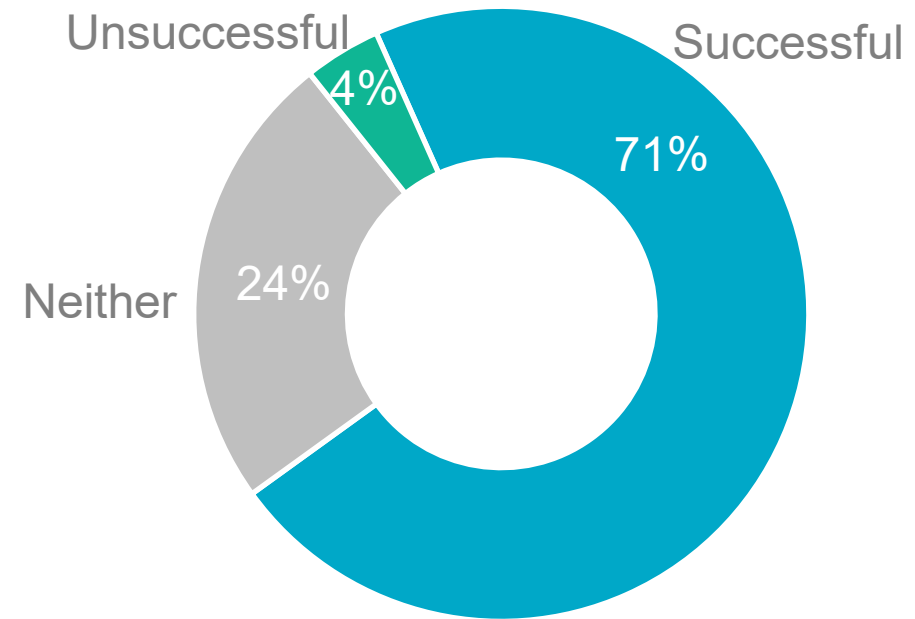


Organization's general perception of the success of the clinic

Financial success:
reducing cost trend



Health and wellness
success: improving the
health and wellness
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 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 employees often don't have
- ▶ Focus on prevention and close management of chronic illnesses

Worksite centers offer 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 of programs 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



Upcoming programs on worksite works centers

Register at www.nawhc.org/events



- ▶ ***Selecting A Worksite Health Center Partner and Transitioning Clinic Vendors*** – January 25, 2021 12:00 pm – 1:00 pm CT
- ▶ ***Planning Your First Worksite Health Center and the Value of Accreditation*** – February 8, 2022 – 11:00 am – 12:00 pm CT
- ▶ ***Creating Hospital-Managed Worksite Health Centers for Employees and Area Businesses*** – February 23, 2022 – 9:00 am – 2:00 pm CT
- ▶ ***Behavioral Health Services and Innovations*** – April 12, 2022 – 10:00 am – 11:00 am CT

For more information on these topics or NAWHC:

- ▶ Larry Boress
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 - www.nawhc.org
 - NAWHC LinkedIn Group



Questions & Answers

Please use Q&A to submit your questions to the moderator.

THANK YOU!



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