



Are You a Fit for an Onsite Clinic?

By Larry S. Boress

Early worksite health programs were developed to provide first aid and emergency care to employees working in remote or dangerous locations. Over time, many employers, particularly manufacturers, offered a company nurse or doctor to provide occupational health services to comply with federal and state

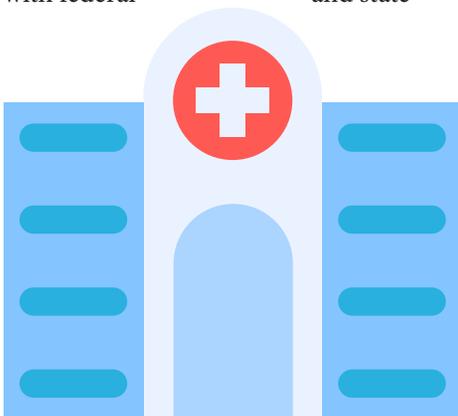
workplace requirements, manage absences and disability, prepare employees for foreign travel, physical therapy, and acute (non-emergent) medical triage.

Today, the services provided by employers at the worksite run the entire spectrum of health care from first aid to primary care medical homes, as well as offering pharmacy, dental, vision, chiropractic, acupuncture, behavioral health, and other services. Leading employers realize to manage the cost and health of their covered populations, they need to develop a strategy that integrates and analyzes the data from all of their vendor and employer-sponsored health-related programs and activities. This type of population health approach can effectively be done through an onsite “health and wellness center” that identifies gaps in care, as well as opportunities for savings, productivity, and quality improvements.

Recent surveys by the National Association of Worksite Health Centers indicate over a third of employers of all sizes and industries are offering some form of onsite or near-site centers, with over 50% of large employers having such benefits and intending to increase that number in the next two years.

Employer-sponsored onsite and near-site clinics are effectively becoming the hub and integrator of all worksite activities. Rather than adding another fragmentation of health care to the medical marketplace, the onsite health center offers the ability to be an extension of a patient’s physician’s office into the worksite. It also offers a source of primary and acute care for those 40-60% of employees who don’t have a personal physician.

Providers of occupational health services to employers can expand their value by evolving into worksite health and wellness centers, but merely adding



services or changing the name of the clinic is insufficient for a variety of reasons.

An occupational health clinic's services are typically focused on triaging and treating work-related injuries and conditions under a fee-for-service relationship with one or more employers. Many employers may contract to have a company nurse or doctor onsite. These providers are commonly tasked with addressing the issues presented, determining the patient's ability to return to work, and informing the employer or supervisor of the patient's status.

Today's worksite health and wellness center is intended to address problems with workers' access and cost of medical services, lower employer medical spend, improve productivity and clinical outcomes, and support recruitment and retention. The center is not intended to be a revenue center, so services are typically not billed to health plans. Over half of employers don't charge for any of the services provided through the clinic.

Vendors and providers managing centers do so primarily under a cost-plus or a per member per month flat fee that covers all administrative and clinical

services offered to the eligible population, which not only includes the active employees, but often their dependents.

Under state workers comp laws, occupational health providers are to provide an individual's medical report to the patient's employer and make recommendations on return to work. However, workers in an acute or primary care health center need to trust their personal information will be confidential and not shared with supervisors or used in employment decisions. Medical record systems in health and wellness centers need to comply with HIPAA and state confidentiality laws.

Staffing is also an area needing attention when moving into the health and wellness arena. Not all occupational health providers are interested in or good at delivering primary care or communicating with patients on an ongoing basis. A primary care health center needs staff who are trained and comfortable in providing holistic, integrated care, often delivered not just in the clinic office, but on the work floor, call center, or local ball field. These providers need to understand the culture and demographics of the population, not

only the tasks required.

To address the differences in recordkeeping and staffing, many vendors will offer integrated or separate services based on employer requests. Some employers use separate vendors/providers, clinical staff, and buildings for occupational health and non-occupational health services.

Employers who have a good relationship and experience with an occupational health provider will often be receptive to proposals to expand the services into acute, primary care, chronic disease, and wellness areas. To make this shift in focus, you may have to change your business model, systems, staff, and perceptions of medical settings to be successful.



Larry S. Boress

Executive
Director,
National
Association
of Worksite
Health Center