

# Occ Docs

## Within Reach

### MORE SELF-INSURED EMPLOYERS OFFERING ONSITE OR NEAR-SITE OCCUPATIONAL HEALTH CLINICS THAT MAY SUPPLEMENT PRIMARY CARE SERVICES

**A**s America's convenience culture gains traction both at home and work, self-insured employers increasingly see value in offering onsite or near-site medical clinics. Benefits include reducing absenteeism, improving productivity and getting a better handle on soaring health care costs.

The same can be said about occupational health services at or near the worksite, whose larger purpose is to expedite return to work. But there are nuances to consider along the way to deciding whether to pursue these two approaches and understanding how they evolved.

"Most worksite health centers have established occupational services, especially the older ones, and have added primary care in many cases," reports Bruce Bartholomew, business development officer for OnSite Care, which integrates occupational medicine with primary care, wellness, disease management and onsite medication dispensaries.

Written by Bruce Shutan

If a primary care clinic is already established in the workplace, then he believes it's only natural that there would be a desire to expand into some occ health services that may include drug testing and first aid for workplace injuries. "We kind of got pulled into occupational health care," Bartholomew explains.



Tim Ross

### CONVERGENCE OF SERVICES

The convergence of occ health and primary care at or near the worksite is quite apparent to Tim Ross, senior VP and executive director of the National Association of Occupational Health Professionals (NAOHP), which he operates with his wife Cindy Ross. Also an administrative director for 15 clinics that include urgent and primary care as well as occ health facilities, he has embraced onsite primary care physician

(PCP) arrangements under NAOHP's direct-to-employer division.

"We as a hospital organization are getting into it because more employers are becoming direct payers," he reports, noting their preference for customized vs. cookie-cutter programs. Ross recently met with a global company hoping to establish an onsite urgent care facility that also would provide occ health services for employees and their dependents.

He predicts more integration of primary care and occ health, adding: "at least in the sense that I see it as hospital systems are going to have to integrate those two within one division in some sense or another." The result would be blending some of those services and having them overseen by one individual.

Mike La Penna, a principal with the La Penna Group, Inc., who has helped develop model workplace health clinics and wrote the first book dedicated to onsite clinics, recognizes that occ and non-occ clinicians are rightly rabid about protecting their territory and area of specialization.

It wouldn't make sense, for instance, to have a PCP address environmental factors, ergonomics or safety equipment. Also, there would have to be a separate recordkeeping function for work-related injuries to comply with workers' comp governance if onsite or near-site services include both occ health and primary care.

But there are always occasions when occ health bleeds into primary care, For example, he says occ health may handle some population intervention like

administering flu shots or checking blood pressure. The medical staff in an occ health setting also can treat minor acute types of urgent care such as treating a headache.

"Almost every primary care clinic that we know of is serving sick-at-work and some key injury-at-work situations," La Penna observes, adding that pre-employment testing represents another issue that could straddle both worlds. "You've got to look at the grey area and decide who goes where and under what circumstances."

One such scenario may involve back injuries, whose treatment will be the same irrespective of whether an employee shoveled snow at home or lifted a box at work that was too heavy. He says it's important to first define functions and determine how the occ and non-occ areas morph into one another when dealing with such maladies.

The push-pull nature of these services poses opportunities and challenges alike. "We often tell the employers, you've got a great potential here for tremendous collaboration, cooperation and integration, but by the same token, you've got tremendous potential for internally competitive programs which are hugely antagonistic to each other," cautions La Penna, who's a big proponent of integration. He believes "important core information can be shared across the record barrier by thoughtful people who are working toward a more common good."



Mike La Penna



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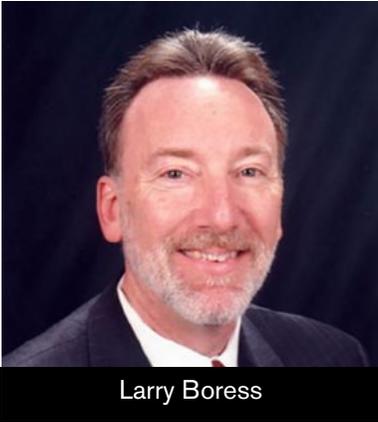
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Larry Boress

## GROWING PREVALENCE OF FACILITIES

Onsite clinics date back to the late 1930s when Kaiser industrial companies provided medical support for construction, shipyard and steel mill workers – a model that was rolled out to the public in 1945. Heavy manufacturers pioneered this concept, which included managing accidents and injuries at the worksite, as well as speeding up the return to work. Decades later it spread to

Silicon Valley and other sectors of the U.S. economy.

“Occ health will always be necessary because productivity is the bottom line, and having it either on site or near site is really critical,” observes Larry Boress, executive director of the National Association of Worksite Health Centers (NAWHC). He describes the clearest benefit to self-insured employee populations as immediate access to care.

One-third of U.S. employers with 5,000 employees or more offer medical clinics at the worksite vs. 24% in 2012, according to 2018 surveys of companies with 500 or more employees done by the NAWHC in conjunction with Mercer and the Benfield Group, a division of AJ Gallagher.

Included in the mix are onsite or near-site occupational health services that include OSHA exams, drug testing, physicals, return-to-work services, travel medicine and disability management to help rein in work comp costs.

Occupational health is often offered as part of a broad range of clinical services at the worksite, cited by 68% of employers surveyed. Another 10% of survey respondents indicated an interest in doing the same within two years. Occ health services are most commonly found in the health care field (45% offer it), followed by government (24%), manufacturing (23%) and financial services (18%).

Most occ health providers work for near-site clinics available to multiple employers typically as part of a fee-for-service operation, according to Boress. In stark contrast, he says 60% of on-site and near-site health and wellness centers “don’t charge anything, and those are more contracted on a cost-plus or per-member-per-month basis.”

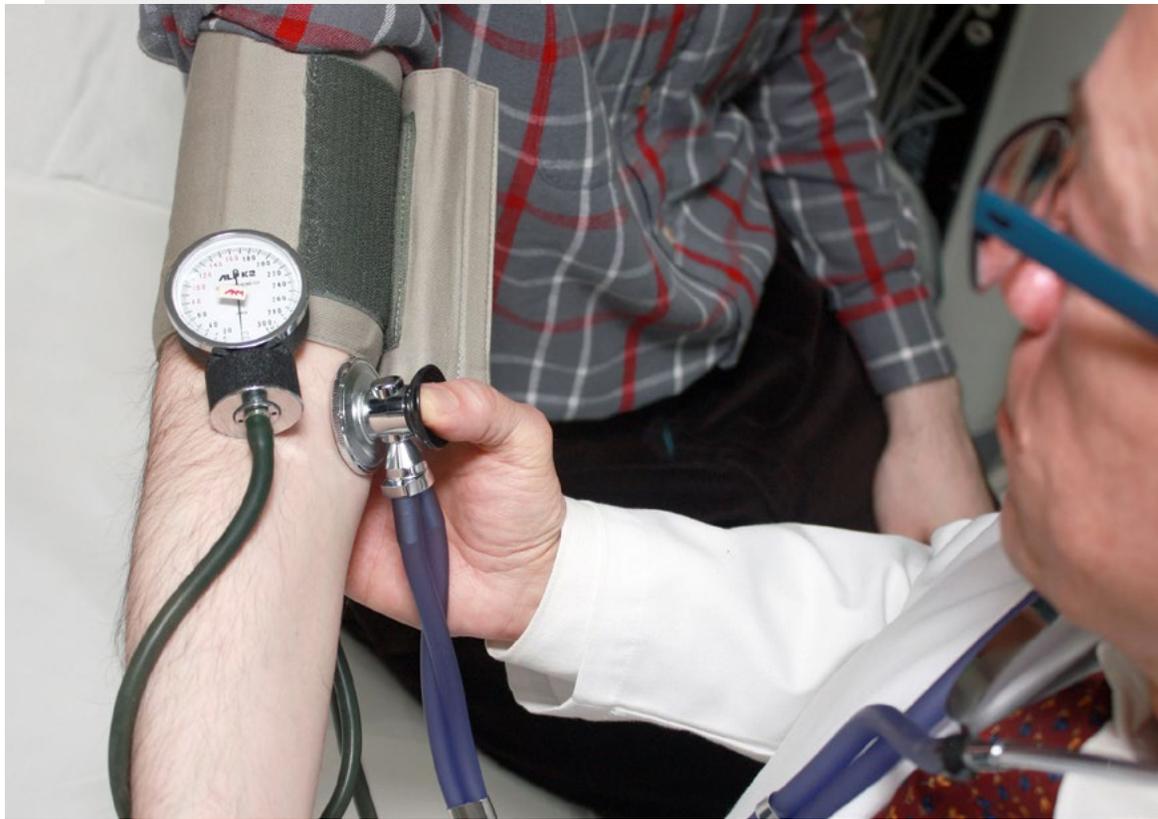
There are key differences between onsite and near-site services, the most obvious being a productivity savings associated with the former vs. the latter. “If you have to send somebody off site to seek treatment for a work injury, you lose some control over care management, and people are away longer,” Bartholomew explains.

He says onsite care is not only faster and more accessible, but also can reduce many downstream costs. And in some industries such as health care, Bartholomew notes that medical services are already built into the workplace. Still, that arrangement isn’t always a practical one.

A shared clinic model might be a better fit for smaller companies or those in the same industry and regulatory zone, as well as members of an employer coalition or group captive that band together for competitive pricing. A near-site facility also would work best for employers gathered in industrial parks given their close proximity.

Occ health concerns no doubt run deep in a manufacturing setting where workers may be more prone to work-related accidents or injuries. “You don’t see a lot of occupational health clinics in phone banks and places where people just do not have physical aspects to their jobs,” Bartholomew explains. It also depends on other factors such as the presence of stress or chronic conditions, which he says can also make workplace mishaps more likely to occur.

Self-insured employers that offer onsite or near-site occ health services surely will reap the benefits of “an improved safety program and lower injury experience,” he says. “I think companies that have clinics tend to have stronger safety and health cultures, or at least ones that I’ve seen,” Bartholomew adds.



## ASSESSING INDUSTRY OPERATORS

The nation's largest onsite or near-site health clinic operator is Premise Health, which Boress says also offers occ health. Another leading national occ health services provider is Concentra, whose acquisition of U.S. HealthWorks made it an even bigger player in this arena as well as Medcor and Marathon Health.

But most of the occ health services provided involve local, state or multi-state programs embracing the primary care onsite or near-site clinic model, according to Ross. "We have a lot more of those types of competition than we do on-site occ med," he reports, noting that occ health programs are usually localized.

appearance when shopping for a facility operator. He recalls visiting several facilities in Pennsylvania about 25 years ago that didn't look very inviting. "I didn't want to sit there," he says. "There were no magazines. You walk in, and it's all linoleum and cinderblock construction. It's not consumer friendly at all."

But by today's standards, he'd expect to see an environment that emulates a physician office that's equipped with the latest recordkeeping and electronic medical records (EMR) functionality. "There are only two or three EMRs that are common to occ health, and if they named one that didn't seem to ring a bell, I'd say I'm in the wrong place," he adds.

Finally, La Penna stresses the need to assess the health outcomes across a facility operator's book of business. Key metrics include access, return to work, presenteeism vs. absenteeism, employee satisfaction, facility staff turnover and confidence. While some of these areas are hard to measure, his point is that any decision should not be based on cost alone.

In assessing onsite or near-site occ health program quality measures, Ross says it's a matter of determining how many visits it takes to return a work comp claimant to work after an injury, as well as the ratio of follow-up visits.

When quantifying the value of these services, Bartholomew cautions that there's no "standardized, non-subjective yardstick" by which to measure results and the multiple variables used to calculate clinic outcomes. He says another key consideration is

Since there are numerous players serving this market niche, how can self-insured employers decide which one is the right fit? La Penna has a few suggestions.

Beyond the basic issues of price, hours of operation and access to services, he says it's critical to gather four or five references. It's also important to examine the credentials of the board certified physician who's overseeing the operation and how many hours he or she focuses on that site.

Another consideration is an onsite or near-site occ health clinic's



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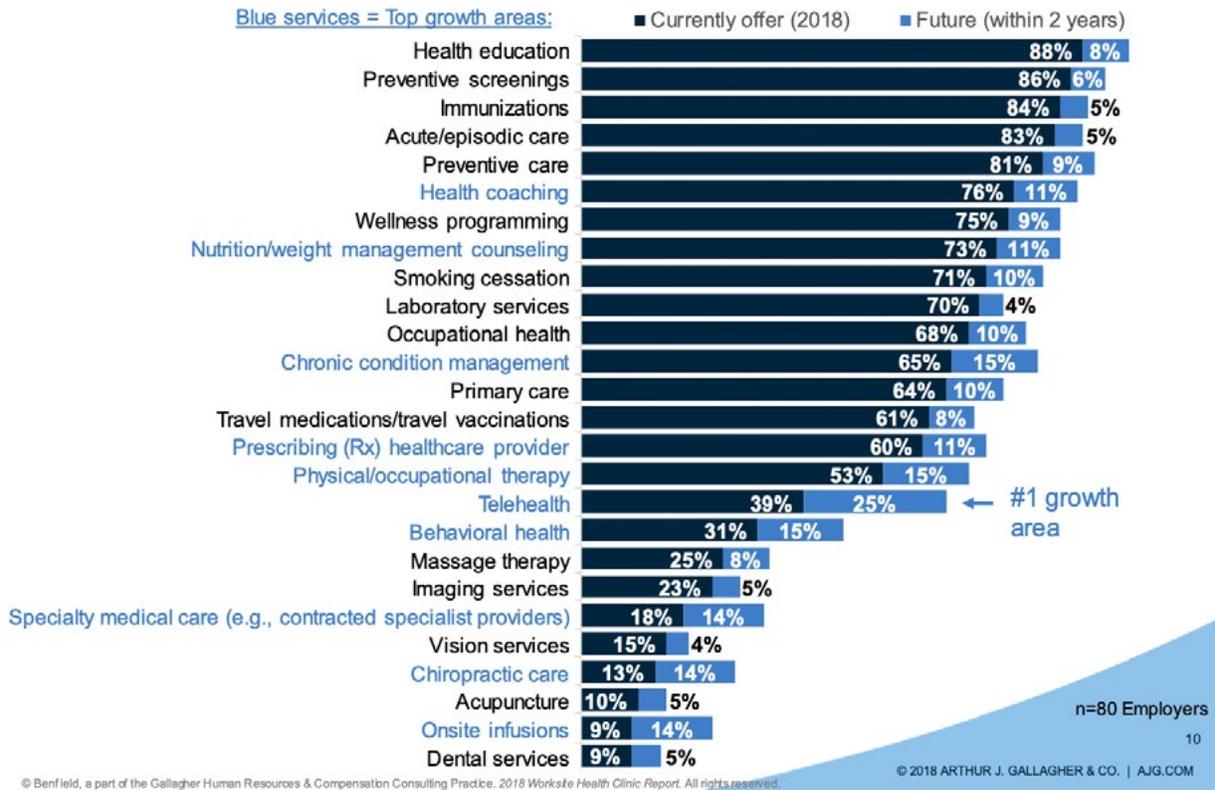
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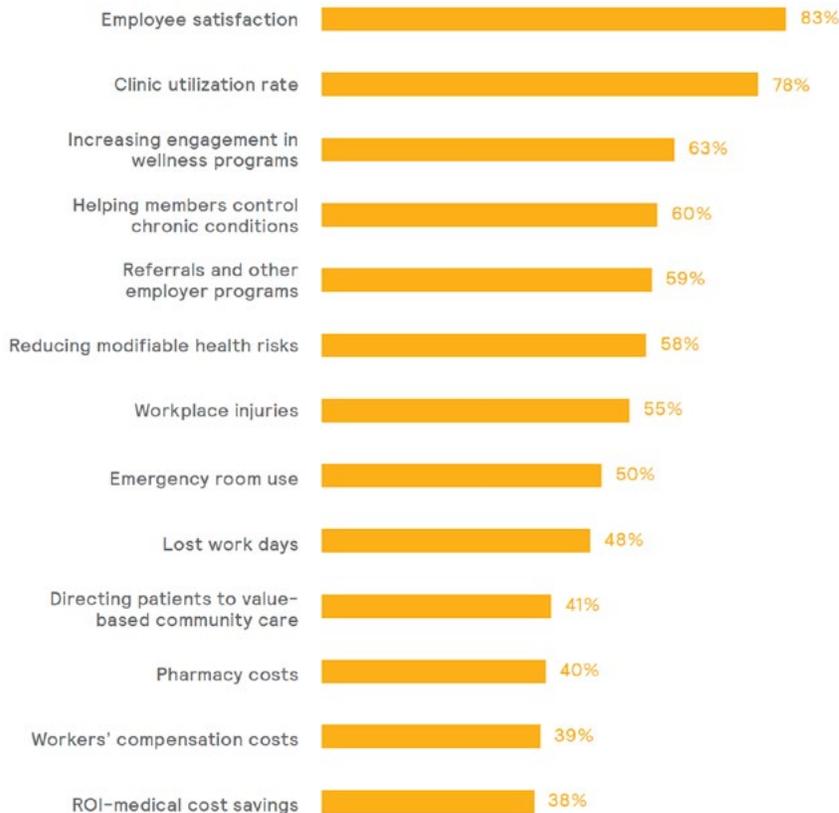
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## The evolution of a broad range of clinic services continues, with large clinics leading the way

### Services Offered at Largest Clinic Location



### Percentage of respondents rating clinic performance as successful



2018 NAWHC-Mercer Survey

that the duration of injuries and return-to-work strategies “are impacted both by management as well as the provider,” making it difficult to objectively compare results.

Still, there are tools available for helping ease vendor selection. NAWHC, for example, created “The Guidebook for Measuring the Performance of Worksite Clinics” to help hold vendors accountable and include value-on-investment metrics such as patient satisfaction and productivity gains, and lower absenteeism and hospital ER visits. About 25% of employers don’t do any measurement at all, Boress reports.

As the old axiom goes, you cannot manage what you cannot measure, but self-insured companies that make an attempt to gather and understand the data will at least be on the right track toward fostering a culture of health and safety. ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.

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