Part II

The Employer’s Guide to Onsite Clinics:

How to Optimize Healthcare Dollars
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Did you miss Part I? Get your copy to learn how employers choose and measure their clinic.
Introduction

The 2016 Healthiest Employers® “Onsite Workplace Clinic Survey” revealed a new role for onsite clinics. Part I of this Guide detailed the growth of clinics. With the rapid adoption of clinics, it’s important to ask, "what are the implementation barriers?"

In Part II, we’ll examine these challenges from the employer and the clinic perspective. Part II will also provide insight into where the future clinic model is headed, along with a Request for Proposal (RFP) checklist to help employers navigate this important investment.

Implementation Barriers

Our research identifies several hurdles that successful implementation plans must address. While their rankings vary slightly, employers and vendors share a similar perspective on the most commonly faced challenges during clinic implementations.

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Top Five Clinic Implementation Barriers: Employers vs Clinics

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<th>Employers</th>
<th>Clinic Providers &amp; Consultants</th>
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<tr>
<td>No budget for clinic</td>
<td>Limited physical space</td>
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<tr>
<td>Limited physical space</td>
<td>No budget for clinic</td>
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<tr>
<td>Multiple employee locations</td>
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<tr>
<td>Employer size</td>
<td>Difficulty providing an ROI</td>
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Solutions for each of these barriers vary by workforce. For example, physical space limitations may make a near-site clinic more appealing. A limited budget may argue for part-time clinic coverage, or a more limited scope of services.

The right vendor will demonstrate creativity and flexibility in working through these common issues.
70% of employers agree that "access to care" has been achieved in onsite clinics

40% of employers want improved wait times and time spent by employees with providers

40% want better targeted engagement of high-risk employees

35% want more accurate and timely reporting
“35% want more accurate and timely reporting [...] 40% want better targeted engagement...”

The Future of Onsite Clinics

The Employer Perspective

Our study found that 70% of employers agree that the most fundamental goal of onsite clinics has been achieved: “access to care.” However, while employers are fairly satisfied with staffing, appointment scheduling and efficiency of visits, almost 40% would like to see improvements in wait times and in time spent by employees with providers.

Underscoring the importance of integrated data and predictive analytics, about 35% want more accurate and timely reporting, and almost 40% want better targeted engagement of employees who are either high-risk or already living with chronic health issues.

Opportunities & Gaps in the Current Clinic Model

1. Predictive analytics

Today, clinic vendors are bound, almost exclusively, by historical data. This “rear-view” perspective isn’t conducive for identifying and engaging at risk employees. It also creates less actionable reporting. Predictive intelligence—defined by the ability to forecast health and cost—allows employers to raise the bar. These real-time insights make it possible to achieve much greater returns, both in financial ROI and employee health outcomes.

2. Expanded integration of data

“Big data” is driving innovation in many industries, and worksite wellness is no different. New data sources are emerging, along with the ability to unify the “silos” of information. The modern day clinic and employer can integrate clinical data with claims, pharmacy, fitness tracker, HRIS, payroll and other wellness data. This blend allows richer insights and improved targeting of clinic capabilities and interventions to workforce needs.
3. Identification of gaps in care

A narrow focus on activity metrics like office and urgent care visits, medical claims, and overall costs obscures an equally important driver of health costs: gaps in care.

Defined as the discrepancy between recommended best practices and the care that’s actually provided, gaps in care represent significant health savings opportunities. In the average employee population, 26% of members has a gap in care. What’s more, 39% of future predicted health spend comes from these members.2

Gaps in care harm health outcomes in two different ways. First, providers may fail to follow standard-of-care guidelines in treating conditions. Second, patients may fail to comply with all aspects of an agreed-upon treatment plan.

4. Optimized specialty care

Comparing the effectiveness of different vendors, initiatives and interventions in the context of your specific workforce is powerful. A vendor’s ability to achieve results for other customers in other settings is irrelevant—what matters is their ability to deliver results for your workforce. Tools like Springbuk give employers a way to measure cohorts, or focus populations, to track program efficacy.

5. End-to-end results analysis

“Connecting the dots” between wellness initiatives that occur outside the four walls of the clinic, like pedometer programs and weight loss challenges, has traditionally been a challenge. Now, combining data from longer-term clinical and health outcomes provides executives with a comprehensive look at the payoff from the organization’s investment in health and wellness.
What’s Next for Onsite Clinics?

The clinic door is now open for new and innovative ways to optimize clinic investments. Data-driven decisions grow shareholder value by reducing healthcare costs and enhancing employee productivity, without compromising patient care or employee job satisfaction.

Opportunities for future synergies include:

— Positioning the clinic as a one-stop integrated health hub for employee health and wellness initiatives, from fitness, weight loss, nutrition and stress management to primary care, chronic condition management and more

— Using comprehensive, real-time, integrated and actionable data to manage the clinic not as a static list of services, but as a tool that is constantly honed to capitalize on workforce health opportunities

— Shift in focus from simplistic participation and utilization to targeted engagement based on predictive views of the conditions and costs most likely to manifest in the workforce

— Innovating solutions that allow employers to integrate occupational health without inviting EEOC, HIPAA or ADA claims, and without compromising employee trust in their primary care provider

— Integrating clinic and telehealth capabilities to address behavioral health, which accounts for 21% of healthcare costs but only 4% of claims and is out of scope for many clinics

— Implementation of tools that provide an end-to-end view of the employee/patient’s health journey

As clinics partner with employers to provide end-to-end stewardship of workforce health, more trends, opportunities and successes will emerge. The rapid adoption of clinics is matched by the rising tools available to employers for them to program, measure and adjust like never before. For employers and employees alike, the doctor is in.

Ready to Optimize your Healthcare Dollars?

Request for Proposal (RFP) Checklist

Vendor Experience

- How many primary care clinics by state?
- How many occupational health clinics by state?
- What’s the experience or familiarity with your industry or workforce?

Engagement & Utilization

- On average, how many eligible employees use clinics in Years 1 and 2?
- What are the vendor’s patient engagement programs and strategies, for both employees and dependents?
- How is engagement tracked, measured and reported?

Clinical Capabilities

- Is the clinic capable of serving as a medical home?
- What is the scope of baseline and optional services provided?
- What is the vendor’s philosophy regarding integration of occupational health?

Operations

- How many patients are seen on a same-day or same-week basis?
- What is the appointment scheduling process?
- What is the average visit duration?
- What is the vendor’s staffing philosophy and typical mix of employee and contract MDs, NPs, and other providers?
- On average, what are on-site pharmacy and lab utilization rates and cost savings?
- What is the average % of patients referred to specialists?
- What is the typical provider-to-patient ratio?
- How does the vendor handle multiple locations?
- Can they support both on-site and near-site (shared services) models?

Population Health Management

- What population risk assessment tools does the vendor use?
- What health coaching programs are available? What are the results?
- What disease management programs are available? What are the results?
- How does the vendor perform care gap analysis of clinic data?
- How does the vendor analyze claims and perform predictive, future modeling?

Clinic Management & Oversight

- How is the overall success of the clinic measured?
- How are cost savings and productivity improvements tracked?
- How are high-performing clinic and non-clinic providers identified?
- What are the vendor’s ongoing quality control processes?
- What are the vendor’s quality reporting and patient/employer feedback mechanisms?
- What risk management policies and procedures help detect or prevent unnecessary treatment or charges related to clinic or non-clinic providers? (e.g. clearly excessive claims paid to a large local provider group)

Technology & Data Integration

- How are web-based appointment, HRA, PHR and patient education tools provided?
- Is the vendor’s EHR interoperable?
- Does the vendor provide e-prescribing, online test ordering, and online access to results?
- How does the vendor integrate clinic data with other sources such as biometric, activity tracker, carrier and pharmaceutical data?
- What are the vendor’s “out of the box” reporting capabilities?
- How rapidly is the latest data available for employer review and analysis?

Other Matters

- Is the vendor involved in any pending litigation?
- Has the vendor or its employees been the subject of any malpractice claims?
- Has the vendor experienced any HIPAA or security breaches?