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Occupational Medicine Takes a Population Health Approach

By Anthony Vecchione

The synergy between occupational medicine and population medicine is strong and getting stronger. Population health or medicine can be defined in a variety of ways, including: a group of people who are associated with a particular provider or healthcare organization, employment site or who are part of a health plan.

The American Medical Association's (AMA) *A Primer on Population–Based Medicine* (www.ama-assn.org/ama/pub/physician-resources/public-health.page) states that a key goal of population health is to reduce disparities in the distribution and impact of diseases and conditions in a population.

According to the AMA, examples of population-based approaches include: health promotion screening activities, patient reminders for mammography or influenza vaccines, comprehensive preventive services for high-risk populations, adolescents and the elderly and comprehensive chronic illness management programs such as diabetes or asthma.

These goals and initiatives are familiar to occupational health professionals. In its position statement, *Optimizing Health Care Delivery by Integrating Workplaces, Homes, and Communities,* The American College of Occupational and Environmental Medicine (ACOEM) (www.acoem.org) says, "Occupational and environmental medicine physicians enhance the health of workers through preventive medicine, clinical care, disability management, research and education."

It is no surprise that leading experts in occupational health are taking a closer look at how a marriage of occupational

medicine and population medicine can benefit the common patient populations they serve.

Mark Russi, M.D., professor of medicine and epidemiology at Yale University and director of occupational health services at Yale New Haven Hospital (www.ynhh.org), contends that occupational medicine is ideally situated to play a major or participating role in population health. "In the end, it is employers who are going to bear the financial burdens of whatever health conditions their employees have," Dr. Russi said. He pointed out that all the motivations are lined up in the right way and that it makes sense for employers to invest in programs that are going to help their employees be healthier. "The workplace is an ideal setting to work on things like wellness and disease management, and I think part of the distinction when you start talking about population health as opposed to the traditional wellness programs we had in the past is that to do population health well, you need to understand better the health of your population [so you can] characterize what the risks are among the individuals [in] your large population."

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Blended Clinics: More Than Just a Passing Fancy

By Isabelle T. Walker

Running a pure-play occupational health clinic isn't the straightforward endeavor it was two decades ago, when workplace injuries, drug screens, Department of Transportation (DOT) exams, physicals and on-site prevention kept providers busy and ledgers in the black. With fewer manufacturing jobs in the U.S., a business sector still smarting from the recession, and better injury prevention programs in place, occupational medicine clinics need a competitive edge.

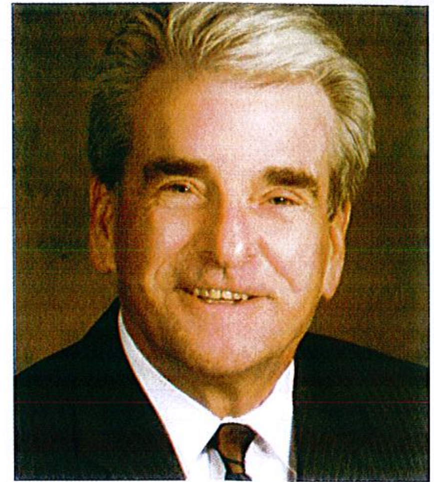
For many programs, adding urgent care to their menu of services has become a popular solution. Concentra (www.concentra.com), the nation's largest occupational medicine provider, added fuel to this strategy in 2008 when its 320-plus clinics began offering varying levels of urgent care services, including the trademark conveniences that urgent care clinics are known for . . . walk-in appointments and extended hours. In late 2010, when the health insurance giant Humana bought Concentra for $790 million, industry leaders realized the trend was converging with the new and unfolding needs of a rapidly changing healthcare system.

Meanwhile, from the other direction, more and more of the nation's approximately 9,300 urgent care clinics have been recognizing the business opportunities that occupational medicine programs can bring to their practices.

Michael Rothwell, M.D., president and CEO of Tennessee-based Smoky Mountain Urgent Care, said that in 2010, his company was doing just a limited amount of occupational medicine—including pre-employment physicals and drug screens—to fill up slow times. But then area employers began asking for more services, such as wellness and episodic care. By April 2011, the center was beginning to bundle employer services to market packages of care for a monthly fee.

"The blended clinic model is what the employer is looking for more and more," Dr. Rothwell said. "Urgent care centers are set up to be efficient models of healthcare, and employers are looking for that."

Whether you are coming from the occupational health side or the urgent care side, expanding to a blended clinic invariably presents challenges. But with the coverage expansion that the Affordable Care Act (ACA) is about to trigger, and the growing focus on cost control, many experts think multi-service walk-in clinics with a community focus are going to be extremely attractive to consumers, employers and third-party payers.



Dr. Steve Schumann

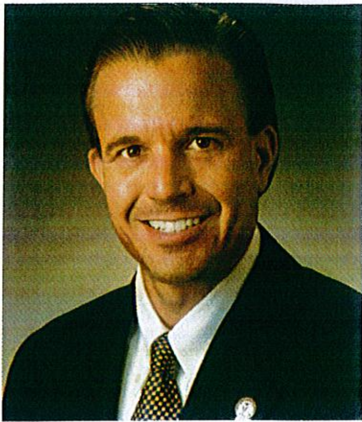
"I do not think you have a choice today," said Donna Lee Gardner, R.N., M.B.A., senior principal at RYAN Associates. "If you are an urgent care, if you don't provide occupational medicine and look to blended services, you are going to lose out in your market. And if you are a stand-alone hospital occupational health program, you would be foolish not to get into the community focus of a blended clinic, because your market is going to demand it."

In the NAOHP's 2012-13 national member survey, 16 percent of responding programs—or 28 of 175—reported having one or more blended clinics. Of the remaining 84 percent, 18.3 percent, or 32 programs, planned to add one this year. Another 26 percent were considering it.

Steve Schumann, M.D., medical director of occupational health at the Doctors on Duty clinic in Salinas, California—one of the chain's 11 Central Coast sites—said in many cases it is the employers who urge their

10 Reasons for Going Blended

1. The Accountable Care era emphasizes broad based community involvement.
2. Population medicine initiatives should involve both employee and community populations.
3. Blended clinics provide a hedge against a profit downturn on either side.
4. Blended clinics add value in the case of future divestiture.
5. Cross-training stimulates staffing and operational efficiencies.
6. Common information management systems are more efficient and a reduce IS costs.
7. Exposure on either side of the house provides point of contact free marketing for the other.
8. Shared capital expenses (space, equipment, furnishings) offer economies of scale.
9. The competition has or may be going blended and you cannot be at a strategic disadvantage.
10. It is more difficult to close a blended clinic – not throwing the baby out with the bathwater.



Mr. Alan Ayers

occupational medicine provider to add on urgent care services. Today, pure-play occupational medicine clinics are burdened by lagging reimbursement rates, paper work and reports, he said. "It's so much easier to do urgent care."

At Dr. Schumann's Salinas clinic, occupational health comprises 50 percent of the care provided. His patients derive largely from the surrounding agriculture industry—field workers, truckers and machine operators among others.

Alan Ayers, M.B.A., vice president of strategy at Dallas-based Concentra Urgent Care, said when one of their clinics has a lease up for renewal, the company examines where its occupational medicine clients come from. If they can move the clinic within one to three miles, retain all of its occupational medicine clients while also appealing to residents who want the convenience of a retail location, business can grow, Mr. Ayers said.

"With the flow of urgent care patients, we get a location that is easier to find, that is nicer, better and more efficient, with better flow and better aesthetics," he said. Ultimately, that appeals to employers too. At some Concentra clinics, 95 percent of the business is occupational medicine, at others it is evenly split between the two.

A July 2013 survey by The Center for Studying Health System Change (www.hschange.com/CONTENT/1367) found hospitals and health plans optimistic that urgent care centers could improve access

> "The demand from patients and the demand from employers going forward in medicine is a comprehensive care place for the patient."

and reduce emergency department visits in coming years. With the roll out of the ACA (www.hhs.gov/opa/affordable-care-act/index.html) set for January 1, 2014, and the anticipated surge in demand for primary care providers that will follow, general practices could see longer wait times for appointments. With multi-service walk-in clinics poised to catch the overflow, health plans are continuing to recognize opportunities for efficiency. In 2012, Wellpoint (http://www.bizjournals.com/philadelphia/blog/peter-key/2012/07/wellpoint-llr-invest-in-physicians) invested in the 20-clinic chain Physicians Immediate Care (www.physiciansimmediatecare.com) and Blue Cross/Blue Shield of North Carolina invested in FastMed (www.fastmed.com), a network of physician-owned urgent care centers.

The two models have many similarities, according to Ms. Gardner. Both are customer service oriented; the practicalities of the care provided are similar too. As Ms. Gardner puts it, "A stitch is a stitch, a cut is a cut." However, in an urgent care setting, the patient is always the customer. In occupational medicine, the patient is the customer and the employer is also the customer. It is a different mindset that takes getting used to.

"In occupational medicine, there can be a mindset that the patient isn't the person paying, the patient is not the one deciding to use the center, therefore [he is] someone who gets acted upon," said Mr. Ayers. "Urgent care is really a retail business. Patients have to choose to go to the facility, and you need them to have a good experience so they can tell others."

In addition, occupational medicine is regulation based. Clinic managers need a full understanding of workers' compensation, OSHA regulations, the Americans with Disabilities Act (ADA) and more. Urgent care centers bill private insurance, Medicare and Medicaid, and their providers are specifically credentialed for those plans. Occupational medicine clinics bill employers and workers' compensation carriers, sometimes receiving pay out of pocket at the time of service. Electronic Medical Records (EMR) systems must

Ten Must Dos for a Blended Clinic

1. Have a solid operational plan.
2. Find providers with the right mix of skills.
3. Do a cost analysis to learn what your market will bear in terms of prices.
4. Know your state's scope of practice laws before hiring ancillary staff.
5. Be sure your providers are credentialed for private insurance, Medicare, Medicaid billing and workers' compensation billing.
6. Familiarize yourself with government and legislative regulations—OSHA, ADA, Workers' Compensation and CDC.
7. Understand the differences between billing models, i.e. Medicare v. workers compensation.
8. Be sure your EMR will accommodate occupational medicine, family practice and urgent care.
9. Cross market—use your employer contacts to market your urgent care services and your urgent care customers to market your occupational medicine program.
10. Cross train all staff.

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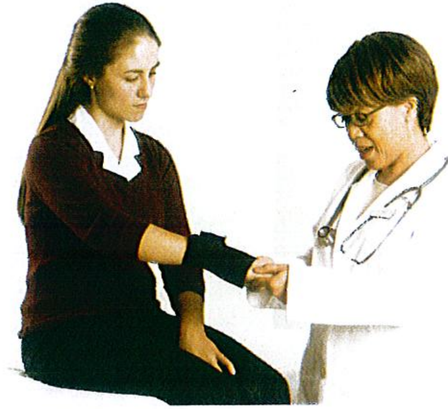
Blended Clinics, continued from page 7



be chosen with care to ensure that they can handle both urgent care and occupational medicine IT needs. According to Ms. Gardner, managers and owners need to understand the scope of practice laws in the state(s) they are operating in. Such practice laws will dictate which staff members can perform which duties.

In 2005, Scott Burger, M.D., partnered with a college roommate and another friend to found the Doctor's Express urgent care center in Towson, Maryland, with an eye on establishing a nationwide franchise. Two years into operation, they added occupational medicine services to their menu of services. In 2009, when the company began selling franchises, they suggested all their new franchises do the same.

"In terms of the logistics, (for) the workers' compensation [billing], there was a learning curve," recalled Dr. Burger. "Getting paid at first was a challenge. I'm not sure you are ever 100 percent smooth, [but] it's going fine. It gives you another opportunity to engage patients you might not otherwise encounter."

"The demand from patients and the demand from employers going forward in medicine is a comprehensive care place for the patient," said Dr. Rothwell of Smoky Mountain Urgent Care. "And if you are not at least thinking about it and planning towards it, you are going to be outdated and left behind."

Ten Pitfalls to Avoid When Launching a Blended Clinic

1. Investing in EMR software without first ensuring it will accommodate both occupational medicine and urgent care operations and trying it out
2. Hiring staff prior to a thorough investigation of your state's scope of practice laws
3. Adding occupational medicine services to your urgent care clinic without fully understanding pertinent regulatory requirements, including OSHA, ADA and workers' compensation
4. Neglecting to obtain Medicare and Medicaid credentials for your urgent care providers
5. Opening your blended clinic in a location that is not retail friendly, i.e., not easily accessible to car and foot traffic or that is lacking adequate parking
6. Failing to market your new urgent care services to your existing occupational medicine clients
7. Hiring too many or too few ancillary staff
8. Hiring providers who lack the right mix of skills, including at least one with pediatric experience
9. Maintaining a large inventory of expensive medications
10. Not using N.P./P.A.s for provider support and M.A.s if state practice act allows

Population Health, continued from page 4

However, said Dr. McLellan, some employees may be concerned that an employer is poking into their personal business if they begin deploying health risk assessments that ask about personal risk factors.

"The employer is required by law to maintain appropriate privacy, but there is a big trust issue around that privacy. That is probably one of the most important issues to deal with in the early stages of a program like that." A second major challenge is that you can build the best program in the world with all kinds of services and yet if people do not engage in them the resources will be useless. "Figuring out how to incentivize, motivate and engage people in the services that have been made available to them is another huge challenge."

Yale's Dr. Russi agrees there are challenges facing occupational health programs seeking to adopt a population medicine approach. "We're really getting to the point where most of us who are trying to do this need to take the next step. Wellness programs have been offered for years and years. The next step is biometric screening and helping employees identify what their own health risk factors are and then trying to provide them the tools to work on them."

Dr. Russi said that Yale New Haven's occupational health program undertook biometric screening for its health system this past summer. "We were successful in screening 50 percent of our complete work population and we incented people to do that. We actually deducted $500 from their insurance premium if they took part in the screening."

Yale employees now have their own personalized confidential health-risk assessment, Dr. Russi said, and a wealth of information they can get to help them modify their own risk factors. In addition, employees have access to smoking cessation, weight-loss programs as well as disease management programs for employees that have an established illness. "We started a pilot program for people with diabetes so they are adequately informed about their disease and understand the medications they take." The ultimate goal is to inform people about their own health risks and offer them things like biometric health screening and follow-up programs that allow them, in a very personalized way, to modify their risks.