A Care Delivery Model That Works
Workplace Nurse-Managed Wellness & Primary Care Program for Foodservice Workers

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Objectives

• Describe a workplace NMHC with an emphasis on key principles for successful development of a workplace NMHC

• Discuss outcome analysis strategies for a workplace NMHC with presentation of an example cost analysis study and results

• Discuss how factors contributing to the success of this workplace NMHC may be applied to different NMHC settings
American Workers

• Adult Americans spend approximately one third of their life in the workplace

• Creating a culture of wellness at work can significantly improve the physical and psychological health of employees

• Worksite-based interventions have great potential for huge positive impact on the health of our nation
Late-midlife American Workers

• Late-midlife workers, age 45-65, are an emerging high-risk demographic in terms of health

• Late-midlife, low-income, minority adults in the workplace are more likely to:
  – Be living with chronic illness
  – Not meet recommendations for healthy life choices
  – Not have access to routine health care due to work schedule constraints and/or financial limitations
The Worksite

- A privately owned, international company based in Chicago, Illinois with over 4000 international employees
- Caters food destined for guests of customers in airline catering, grocery, food service and specialty markets
The O’Hare Kitchen

- ORD kitchen is located in Schiller Park, IL and employs ~450 people from over 24 countries around the world

An assessment in November 2012 identified an employee population that is predominantly minority, low-income, and late-midlife to older adult age:

- Average annual salary is $20K
- 58% are engaged in line production work
- 87% self-identify as from a racial minority group
- 60% of the employee population is aged 41-60
- 8.5% of employees are aged 61 and older
O’Hare Kitchen Healthy Living Program

- Pilot project providing onsite access to health and wellness services to the ORD Kitchen employee population
- Established in 2009 through a partnership with Rush University College of Nursing Faculty Practice and Community Outreach
- 3000+ annual patient visits, 2000+ annual student clinical hours
The Healthy Living Program

Primary Care Health Clinic
- Primary care of chronic and episodic illness for entire employee population
- Care coordination and collaboration with off-site primary care and specialist providers
- Individual health coaching
- Referral to appropriate offsite providers
- Department of Transportation (DOT) physical exams and drug screening program

Health Promotion Activities
- Company-wide monthly health article translated to Spanish and Chinese
- Weight loss and healthy living classes monthly
- Health fairs quarterly with biometric screening and individual coaching
- Flu vaccination program annually for influenza
- Healthy menu development for company cafeteria
- Lunch walking groups

Research & Scholarship
- Program Evaluation –
  - Clinical outcomes studies
  - Employee and management satisfaction surveys
  - Cost analysis studies
- Improved employee morale and productivity measures
- Nurse Practitioner and prelicensure Nursing student clinical rotation site through Rush University College of Nursing
- GNE Demonstration Project Site possible through the Affordable Care Act

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Outcome Evaluation Strategies

Biometric Measures: BP control, FBG control, etc.

Utilization evaluation: How many employees use the clinic, For what kinds of services, etc.

Productivity evaluation: How many patients seen per day, Length of time per visit, etc.

Detailed cost analysis evaluation: Control for disease, demographics, job description, SES, etc.

Employee satisfaction survey: Accessibility, staff professionalism, programming, self-assessments

Management satisfaction survey: Staff communication, transparency of services, meeting programming needs and expectations
Cost Analysis Overview

- **Purpose**: To conduct a cost analysis of services provided by a nurse practitioner in a worksite health clinic for hypertension only, and compare the company’s out-of-pocket costs for comparable health insurance claims within the same timeframe.

- **Design**: Cross sectional, two-group, comparative retrospective analysis

- **Hypothesis**: The cost of providing healthcare for hypertension at the worksite nurse-managed health clinic is lower than comparable offsite care during the study time period.
Cost Analysis Overview

• **Data Sources:**

1. **Worksite clinic encounters:**
   Teleform data collection system developed and revised, staff and research assistant training

2. **Company-paid insurance claims:**
   Permissions and access obtained

3. **Worksite clinic costs:**
   Data from a 2011 pilot analyzing gross cost of operations

• **Time Frame:** October 1, 2011 to March 31, 2012
Cost Analysis Overview

• **Why Hypertension:**
  - Most frequently diagnosed and treated chronic illness at the study site
  - Among the most common chronic illnesses in the U.S. workforce
  - Cost of HTN is well-studied and documented in the literature

• **Why This Time Frame:**
  - When the data was available
  - Retrospective minimizes unintentional investigator bias
Cost Analysis Overview & Findings

- Expert panel formed including a senior nurse researcher, an economist, and a statistician
- Consent obtained from worksite CEO
- Worksite encounter data management system created
  - 434 worksite clinic encounters from October 1, 2011 to March 31, 2012
    - 152 HTN worksite clinic encounters
    - 24 unique HTN subjects
    - 4 unique subjects with HTN who utilized worksite health clinic and also initiated an insurance claim during study period
- Insurance data obtained for all claims from October 1, 2011 to March 31, 2012
  - 7091 individual insurance claims
    - 51 HTN-related insurance claims
    - 15 unique HTN subjects

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Cost Analysis Results

- 7091 individual insurance claims were filtered and analyzed
- The average cost for a single hypertension offsite insurance claim is $119
- Onsite cost for all clinic encounters is $47.82, regardless of diagnosis

First Major Finding:
Onsite cost of HTN at this site is less than half the cost if received offsite
Cost Analysis Results

- 152 individual onsite encounters were filtered and analyzed
- 24 unique HTN patients were identified
- 10 of these patients had the company insurance

Second Major Finding:

Four unique subjects were identified who were seen in a worksite health clinic for hypertension and who also initiated an insurance claim
Cost Analysis Results

• The four unique subjects collectively visited the worksite clinic for HTN management 51 times
• These visits incurred a total cost of $2438.82
• Had these hypertension healthcare encounters been generated offsite, the projected cost may have been $7000

Third Major Finding:
These numbers reflect the conservative 3:1 ROI estimate for workplace health programs
Cost Analysis Implications

- Employers and employees are motivated to curb healthcare spending

- Government agencies are interested in supporting access points to primary care for low-income, underserved populations

- Onsite nurse-managed wellness and primary care services are a promising and innovative way employers can save on healthcare costs while also supporting a healthy and productive workforce
Take Home Points

• Unique and innovative opportunities exist for nurse-managed care models in today’s healthcare economy

• It is important to measure practice outcomes to demonstrate nurse-managed model efficacy and to justify investment

• Strong clinical and outcome evaluation teams are necessary to produce positive clinical results and meaningful data to support this care delivery model
References


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THANK YOU FOR YOUR TIME