

Keeping Workers Well and Your Practice Profitable

Urgent message: Adding a corporate wellness component to a UCOM initiative fosters better relationships with clients and good care for their employees—as well as more business for the practice.

Donna Lee Gardner, RN, MS, MBA

Corporate wellness is one of the five basic service lines an urgent care occupational medicine (UCOM) clinic is advised to offer in order to position itself as a truly comprehensive resource for employers and their employees.

Other primary occupational medicine product lines—health surveillance, injury/loss management, rehabilitation and on-site services—complement the corporate wellness product line. Health surveillance and injury/loss management were discussed previously in *JUCM* (April and June 2008, respectively; also available at www.jucm.com), and the remaining two product lines will be addressed in forthcoming articles.



© Bruno Budrovic / Getty.

Background

The implementation of corporate wellness services in a UCOM practice improves overall access to healthcare for a large segment of the population. The focus is on the effective management of employers' medical and indemnity costs through injury prevention, health promotion, and disease management initiatives.

The prevalence of obesity, hypertension, diabetes, asthma, depression and other debilitating conditions, combined with the aging workforce, are among issues forcing U.S. employers to devel-

op a more effective way to manage worker absence and productivity loss. Consequently, employers are turning to local medical providers for assistance.

UCOM physicians and allied professionals have an

opportunity to position themselves as primary providers of wellness programs by leveraging their established relationships with employers in their markets. However, they need to be exceptionally well prepared in order to be successful.

Corporate Wellness Defined

The corporate wellness service line provides a variety of health programs and screening options to client companies. These range from activities as basic as flu shots and individual blood pressure checks to an array of training programs and health interventions designed to address identified health risks in a given workforce.

A UCOM practice preparing to introduce a corporate wellness line should first ensure the feasibility of providing adequate clinical support for activities such as a high volume of flu vaccinations, health-risk assessments, health fairs, smoking cessation programs, weight loss and nutrition counseling, stress reduction, and other programs that promote healthy lifestyles.

Proposals to client companies for these programs should identify the rationale for need, screening procedures, and proposed post-screening activities, including appropriate referrals for at-risk employees.

When explaining the value of the product line to employers, UCOM practitioners may point out that many potentially costly health conditions can be easily treated if they are detected early through screening. Meanwhile, people with chronic conditions periodically need education and help to manage their condition so they can stay on the job safely.

Program Components

Training and screening components of a corporate wellness service line that should be feasible for a UCOM practice or clinic network to offer include:

- *OSHA and Your Company*—A two-hour program looking at the role of the Occupational Safety and Health Administration and how workplace regulations affect business. An overview of OSHA standards is an integral part of the program. Contact your OSHA regional office for a speaker, and hold this program annually. (An interactive map with OSHA regional offices is available at www.osha.gov/html/RAmap.html.)
- *Blood-borne Pathogens*—This specialized one-hour course covers OSHA's blood-borne pathogens standards, epidemiology, pathogen-related symptoms, modes of transmission, and universal precautions. Typically, the curriculum includes an overview of

the components of a control plan. This program can be offered in the worksite. The trainer must be familiar with the regulations, transmittable diseases, and universal precautions.

Clinical personnel, such as a registered nurse, seem to be best prepared to answer questions employers may have about blood-borne exposures and vaccines.

- *Health Risk Assessments (HRAs)*—An HRA is an assessment tool used to evaluate a person's health. The assessment usually takes the form of an extended questionnaire about lifestyle issues, personal health, and family medical history. The assessment may also include a physical examination, laboratory tests (e.g., cholesterol level), blood pressure, and physical fitness levels. The outcome is a profile identifying specific risks (e.g., hypertensive, heavy smoking, and sedentary lifestyle) with strategies and targets for reducing the risks.

There are many vendors providing online HRA-related services, including online and paper instruments and health coaching. The cost varies by product complexity.

- *CPR and First Aid Training*—CPR training requires a minimum of six, but not more than 10, participants. CPR training can be combined with a first aid course and offered at the worksite. The trainer must be a CPR-certified instructor. The clinic may want to consider partnering with the American Red Cross or another local resource to provide this service.
- *Flexibility Training*—This program provides guidelines and demonstrations to supervisors to help them implement a 10-minute exercise and stretching program at the worksite.

The trainer must be a qualified fitness trainer, exercise physiologist, physical therapist, or sports medicine professional. An understanding of how certain muscles are used to perform specific work tasks is necessary. The program may include workstation evaluations.

- *Alcohol and Controlled Substance Abuse Training*—This program is designed to help supervisors manage employees who perform safety-sensitive functions as defined under Department of Transportation (DOT) regulations. The training includes education on DOT screening requirements, the effects and consequences of alcohol and controlled substance abuse, the manifestations and behavioral causes that may indicate alcohol and/or drug use, and recommended resources.

Data Validate the Need for Corporate Wellness Services

U.S. Healthcare Costs vs. Other Developed Countries

The Commonwealth Fund, a private foundation that focuses on “creating high-performance health systems” (www.commonwealth.org), reports the following per capita healthcare costs for select developed countries:

New Zealand	\$2,083
Britain	\$2,546
Australia	\$2,876
Germany	\$3,005
Canada	\$3,165
United States	\$6,102

How can it be that U.S. healthcare costs are 50% to 70% more than these other countries? Is it due to socialized medicine in other countries? Is it because the American healthcare system is that much better, or the American lifestyle that much worse? Is the healthcare system overused in the U.S.?

Regardless, conservative estimates indicate the per capita healthcare costs in the U.S. will be about \$12,000 by 2016. This provides an extraordinary opportunity for UCOM to become the method of choice for reducing modifiable health risks—and thereby moderate healthcare cost increases.

According to the Blue Cross and Blue Shield Association 2007 Medical Cost Reference Guide, healthcare expenditures in the U.S. represent a greater percentage of gross domestic product (GDP) than in any other country. At \$2.2 trillion, or 16.5% of GDP, 2006 U.S. national health expenditures dwarf other major sectors of the economy—and they are projected to represent as much as 20% of GDP by 2015.

The majority of the U.S. population (68.6%) is covered by pri-

vate health insurance; 59.5% by employer-based private insurance and 9.1% by direct-purchase private insurance.

Growth of Severe vs. Moderate Obesity

A study conducted by the Rand Corporation and published in the journal *Public Health* indicates severe obesity is increasing significantly faster than moderate obesity.

The study identified a severely obese person as having a body mass index (BMI) of 40 or more, with a severely obese male weighing about 300 pounds and a severely obese female weighing about 250 pounds.

According to the study, the number of Americans with a BMI of 30 or more increased 24% from 2000 to 2005, while the number with a BMI of 40 or more increased by 50%. The average healthcare cost for a middle-aged person with a BMI of 40 is double the cost of a similar age person with a normal BMI (18.5-24.9).

The Cost of Diabetes and Heart Disease

Diabetes is the fifth-leading cause of death by disease in the U.S. Since 1987, the death rate due to diabetes has increased by 45%, while the death rates due to heart disease, stroke, and cancer have declined. Total cost of diabetes in 2007 was \$174 billion, including \$116 billion in excess medical expenditures, and \$58 billion in reduced national productivity.

Heart disease remains the number-one killer of women in the U.S. African-American women have a higher death rate than any other population, according to the American Heart Association. Estimated annual cost of heart disease among women alone \$74 billion.

The trainer should be a health professional with a social service and substance abuse background. Typically, the training includes an overview of the DOT regulations; education on the effects and consequences of alcohol and substance abuse on personal health and safety, and the manifestations and behavioral causes that may indicate alcohol and/or drug use or abuse.

- **Healthy Back**—Back injuries are a common, costly, and often preventable complaint. Employers and employees who are educated about the anatomy and functions of the back, as well as the care and protection of the back, including proper body mechanics, are better prepared to avoid back-related complaints.

Instruction may be provided by a physical therapist or other rehabilitation professional through a

didactic presentation and demonstration of posture, body mechanics and lifting techniques, and a practice session on recommended back-strengthening exercises.

- **Workstation Design**—This program is geared for upper- and middle-management personnel. The goals of the program are to introduce basic principles and concepts of worksite design through didactic presentation of theory and application of ergonomics and worksite design, discussion of poor worksite design, and managerial workbooks with emphasis on the use of desktop computers.

The trainer must be knowledgeable of ergonomics in both office and industrial settings.

- **Physical Fitness**—This component can be provided via a contract with a credible fitness facility. The

program provides an overview of fitness, explains how to start a personal training program, do's and don'ts of exercise, and nutritional guidelines. A two-hour presentation can be provided with options for the company to enroll in a discounted health club membership plan.

The goal for the UCOM facility is to receive a finder's fee for all companies or individuals who join the club. To ensure continued financial gain, the clinic may also seek a percentage of client company membership renewals.

- **Wellness Programs**—A variety of wellness services may be packaged and sold to meet all of an employer's wellness and health promotion needs. The UCOM clinic partners with qualified vendors to provide the services.

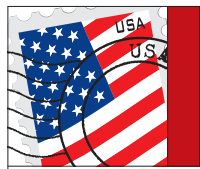
Examples of services include health-risk assessments, biometric screening, health coaching, stress management, smoking cessation, nutrition, and weight control. The clinic bills the clients for all the services and pays the subcontractor according to their contractual agreement.

- **Women's Health**—A variety of approaches can be used to present women's health issues to employers and their employees. Many facilities offer discounted screening during Women's National Health Week (May 11–17) or National Breast Cancer Awareness Month (October).
- **Health Fairs**—A health fair gives organizations an opportunity to disseminate health information to the public at booths and/or to provide health screenings. Health fairs are usually cosponsored by groups, including hospitals, churches, sororities, and community organizations. They may last anywhere from a few hours to a few days. Representation at a health fair can be excellent exposure for a UCOM practice.
- **Health Seminars**—A health seminar is typically a half-hour to two-hour event at which one or more speakers present information on a particular health issue.

One example is a "lunch and learn" seminar, at which people bring their lunches and listen to the speakers during a lunch break.

Seminars may be large or small, or formal or informal. If your practice has a dynamic physician (or other staff member) who enjoys public speaking, by all means consider this as an outreach option. Consider having the presentation recorded by a professional videographer and make the material available to other employers via a DVD or on your website.

The development of the corporate wellness service line is an opportunity for the UCOM to demonstrate its commitment to local business and industry. Addressing the total health needs of employers helps establish the UCOM as the healthcare provider of choice for the employers and their employees. ■



LETTERS TO THE EDITOR

Regarding Our July/August Issue

Acute Ankle Injuries in the Urgent Care Setting

To the Editor:

Acute Ankle Injuries in the Urgent Care Setting (Janet D. Little, MD and William E. Saar, DO, *JUCM*, July/August 2008) was a thorough review. However, there was no mention of referrals to physical therapy for ongoing rehabilitation.

It was standard procedure in our small ED to refer any ortho injuries to physical therapy within two days of their injury to facilitate maximized positive outcomes from ED treatment. The patients would routinely follow up with primary care or orthopaedics when an appointment was available during the next several weeks.

The physical therapists appreciated getting the patients early in course of their rehabilitation, and the primary and orthopaedic physicians appreciated the coordinated care. The patients appreciated literally getting back on their feet and back to their regular activities of daily living because of the prompt involvement of physical therapy in their treatment at the ED."

Mary B. Sebas, MS, RNC, FNP
Minneapolis, MN

Dr. Saar responds: Thank you for the insightful thoughts. I agree that patients with ankle sprains and instability who undergo physical therapy that concentrates on proprioceptive exercises do seem to return to pre-injury level sooner. However, I have two concerns.

First, a small number of patients with apparent ankle "sprains" may be referred to a therapist, and an exercise rehab protocol recommended. If the patient had sustained an occult fracture, therapy could exacerbate the symptomatology.

This brings up the second issue, which probably varies from state to state. Some patients may not be able to see a physical therapist for evaluation, due either due to legal reasons or insurance protocols, without a prior prescription from their primary care physician or specialist. I am unclear as to how a prescription from either an urgent care or emergency department would factor into this equation. ■