



First Monday Roundtable

Selecting a Health Center Manager

March 4, 2024

Roundtable Format

- ▶ Welcome and Introduction of Participants
 - Name, Organization, Title and Responsibilities
- ▶ Overview of Topic by Content Expert
- ▶ Sharing of Experiences, Information and Recommendations

- ▶ While any slides used will be available to participants and others, the Roundtable discussion will not be recorded to allow for open and frank discussion of topic.

Content Expert



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Content Source



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Purchasing Guide for Selecting an Onsite or Near-site Health Center Manager

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Employers have options when deciding how to manage center

- ▶ Employers have the option of either:
 - Managing and staffing the center themselves or
 - Outsourcing these responsibilities to an external entity
- ▶ Depending on the employer's relationship with its workforce, opting for external management can be advantageous:
 - It fosters patients' trust and ensuring confidentiality which are crucial for maximizing utilization of the center.
 - Patients may otherwise perceive health care providers in these clinics as employees of the employer or union who report all patient information to their employer

Pros and Cons of Different Management Approaches

▶ Self-Management

Pros

- Complete control over the program, data, staffing, and management
- Often preferred by entities who always administer and manage their own benefits

Cons

- Difficult with limited resources, physical space, and expertise in operating a medical practice (especially within a rapidly evolving healthcare landscape)
- Potential liability exposure
- Employee concerns around privacy and trust

Pros and Cons of Different Management Approaches

- ▶ Community Health Care Provider:
 - Hospital, Health System or Medical Group

Pros

- Easier to backfill for clinical staff (can draw on existing provider system)
- Flexible time and staffing, including community resources under the hospital/health system
- Multiple reimbursement options
- Known brand of provider groups or hospitals can support employee trust and reduce confidentiality concerns

Cons

- Less experienced with employer settings, health services, and benefits; reporting and meeting performance guarantees; or customizing programming for an employer
- Potential conflict/misalignment with employer objectives (e.g., reduce unneeded lab tests, specialty referrals)
- May not provide per employee, per month (PEPM) cost model or broad/national coverage options

Pros and Cons of Different Management Approaches

▶ Third-Party Service Vendor

Pros

- Vendor manages solution build, staffing, and management in a more turnkey way
- More experience in employer benefit and broker programs
- Typically has broader regional and national coverage models and various cost and contracting options
- Broad menu of services and staff \

Cons

- Vendor name may not be familiar to or trusted by patients (e.g., confidentiality concerns)
- May have difficulty quickly replacing providers
- Potential for vendor to be acquired or changed in the consolidating market
- Potential geographic coverage limitations

Recommendations on Making Decision on Management Approach

Become familiar with the breadth of your options for health center management (even when working with a benefit advisor)

- Find a health benefit advisor with knowledge and experience in matching employers with the health center management model that best fits the culture of the firm, its objectives, and space and budget limitations.
- Don't limit your search to just those vendors known by your health advisor or used by other employers—there are dozens of options in the market.
- Visit other employers' centers and those operated by potential management partners to observe their operations and gather feedback from patients.
- Ask questions about the vendors' long-term stability. Inquire about any recent or upcoming changes in ownership.
- Consider the healthcare technology solutions used by vendors—seek understanding of how they approach technology and their consideration of factors like data sharing and IT security.

Recommendations on Making Decision on Management Approach

Determine the right health center location based on your needs

- Factors to consider:
 - On-site, near-site, or shared site
 - Distance from workplace, employee homes; ease of access
 - Virtual versus in-person services
 - Use of a mobile clinic, hosting care events
 - Health care staff and licensure requirements in your area
 - Location safety, security, and confidentiality so dependents can easily access services
- Possible tactics:
 - Complete a geo-access study to determine where you can place the health center to get the greatest utilization by workers and their dependents.
 - Conduct a survey and/or focus group of employees to see how far they are willing to travel to the center.
- Plan with growth in mind—assuming your health center is successful, you'll need to address questions like what other services can be provided within the health center footprint or whether you can add more space to accommodate increasing demand.

Recommendations on Making Decision on Management Approach

Assess how well vendors align with your culture, benefit strategies, demographics, values, and goals

- Regardless of who manages your health center, interview the health providers who will be delivering services to your employees/members to ensure they understand the workplace environment, culture, and population and are comfortable providing the types of services you want in settings where you want care delivered.
- Conduct multiple reference calls for vendor finalists.
- Be picky about references—ask for a list of clients that are similar in industry, size, and potential staffing and scope of services.

Recommendations on Making Decision on Management Approach

Clearly define and align how the vendor calculates financial value and measurement of performance

- Ask these questions:
 - What approaches and reports does the vendor provide to help you see value on investment and/or return on investment?
 - How well do these approaches and reports align with your needs and what you want to measure?
 - Do you have the technology, tools, and experience to measure all areas of performance required?

Get a clear picture of the legal and regulatory considerations

- Work with attorneys who are experienced in the field of worksite health centers so you understand the many legal considerations and regulatory requirements (e.g., ERISA, COBRA, HIPAA).
- If appropriate, learn how Health Savings Account (HSA) plans or other high-deductible health plans will coordinate with your health center.

NAWHC Members “Lessons Learned”

- **Do an RFI** before sending out an RFP to determine whether the vendors and providers you are considering will meet your requirements and expectations.
- **Integrate all health and wellness data and programs.** This helps avoid fragmentation, as does requiring all other health benefits vendors to share data with the health center vendor.
- **Provide the vendor with access to your health plan and PBM data** so (1) the manager knows the prevalence of high-risk conditions and health care costs, with the goal of supporting partnered outreach and clinic service offerings, and (2) providers can plan to address these effectively. Have the center submit zero-dollar claims to your health plan so they have a full picture of service utilization.
- Make sure your center is considered a **network provider** within your health plan’s network.
- Have any patient portal, health navigation tool, or advisor service **list the center as the most accessible and affordable location** for care to increase utilization and acceptance.
- **Encourage patients to inform their personal physician** of the center’s services and share visit data, labs, and other reports with the center.



Roundtable Sharing of Experiences, Information and Recommendations