

## **The Power of the Patient-Centered Medical Home in Workplace Health and Wellness Centers**

Source: Ann Bartos Markow, MD, Regional Medical Director, QuadMed, 2016

The patient-centered medical home has certainly captured the attention of the health care profession. And more recently its admirers have included a variety of stakeholders, including employers looking to bring an innovative and value-added approach to their employee health care solutions.

By harnessing the power of the PCMH model in worksite or near-site health and wellness centers, forward-thinking employers are able to implement creative benefit structures that improve the health care delivered to employees. In the employer setting, the PCMH model can not only significantly reduce health care costs, but it can improve population health, and more importantly, sustain those improvements over time leading to long-term health care cost control and a healthier, more productive workforce.

So what is the PCMH model?

It's best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety. It encourages providers and care teams to meet patients where they are on their health care journey, from the simplest to the most complex conditions. Unlike the production model of medicine, PCMH encourages, by design, the allocation of adequate time necessary to truly know the patient and the person behind the patient. Right patient, right care, right time.

So what does this mean for employers?

The onsite health center that embraces the PCMH model is in the best position to influence improvements in the health of an employee population. The PCMH model brings together an entire care team to support and care for each patient. The team may include doctors, nurses, health coaches, nutritionists, nurse educators, physical therapists and others. This personalized and holistic approach to care allows employees to not only get the care they need, but it also creates a culture of health, improving their overall well-being and productivity.

So what does that mean in practice?

The impact of the PCMH can be felt in forms as simple as tackling smoking cessation to more complex conditions like hypertension, diabetes and asthma. While physicians in any setting would counsel a patient to stop smoking, the onsite PCMH model would surround the patient with a care team and the resources to achieve success. Using this model, clients have been able to see success levels approaching 90 percent of patients being able to quit or significantly reduce their smoking.

So how can time and a team approach improve employee health?

The PCMH impact on chronic conditions can be even more profound. Consider this. An employer had been managing their own onsite health center and after failing to see the outcomes they hoped for,

brought in a vendor partner whose philosophy of care was rooted in PCMH. Within a year, referrals to the chronic condition management program increased by more than 50 percent and compliance increased by 30 percent. One patient stated she learned more in 30 minutes on the phone with her health coach than she had in five years of appointments with her physician. In one year this employer was able to drive down inpatient admissions and ER utilization and achieve a first-year ROI of 1.53:1.

Let's take a closer look at the PCMH impact at the patient level.

A 51 year-old female with diabetes presented at the onsite health center. She was five feet tall, weighed 151 pounds, had a BMI of 28.1 and an A1C of 7.5 percent. During her first visit she was introduced to the health center's certified diabetic educator, a dietitian and wellness coach – they became part of her care team. Working together for less than six months she was able to lose 16.5 pounds including six inches around her waist. She had a history of triglycerides over 800 and was able to bring it down to 231, well on her way to getting it below 200. Her fasting blood sugars decreased from 177 to 105 and her A1C decreased to 6.5 percent. She was able to eliminate 75 percent of her diabetes medications and completely eliminate her blood pressure medication by bringing it down to 120/70 after presenting at 132/89. She continues to work to get off all of her medications. By working with her health coach she was able to develop an exercise program she could stick with and the dietitian was able to help her make lasting improvements in her eating habits.

When patients have information and resources made available to them, along with a relationship with their care team, patients are able to take control of their health and move from a reactive to a proactive approach to their health care decisions. They feel empowered to take control of their health and make the kind of changes that contribute to a workplace culture of health and wellness and that results in significant cost savings for their employer.

Practitioners in the PCMH model don't know something that other practitioners don't, but they do have the time and the care team to support patients in a way that the traditional medical model doesn't. In the workplace, the power of the PCMH is even more significant because of the employer partnership, the ability to integrate other employer wellness initiatives and benefit design, along with occupational health efforts. Together they represent the formula for real population health improvement.

So what about cost savings?

As a medical director working with employer populations for the last 20 years, I have seen the direct impact of workplace health and wellness centers over time on the health of companies and their employees. While new and innovative programs have been added to our scope of services and technology advances have enhanced the provision of team-based care, our ability to demonstrate results has been consistent. And this consistency certainly supports the growing interest among employers in onsite or near-site health and wellness centers.

One of our employer partners recently commissioned an independent third-party evaluation of one of our health and wellness centers to estimate the center's financial and population health impact. The

results are indicative of what can be accomplished when the employer and health center partner are aligned in goals and vision.

Evaluation results:

- 3.4:1 ROI for three-year onsite health center
- \$7.1 million net three-year savings
- 15 percent decrease in inpatient admissions
- 16 percent decrease in ER utilization
- 39 percent decrease in outpatient services
- 11 percent decrease in chronic conditions
- Six percent decrease in prescriptions
- Five percent increase in use of generics
- 54 percent unique user penetration rate
- Unique user penetration rate exceeds market norm of 45 percent and ROI also exceeds market norms

Factors that contribute to employer success:

- Alignment between the employer and onsite health and wellness center provider around the vision and philosophy of whole person care (it's not walk-in care or urgent care).
- An employer benefit structure that supports a culture of health and wellness; make it worth it for employees to use the health and wellness center.
- Engaging employees and increasing utilization is key to generating optimal results – both in cost savings and health outcomes.
- Providing ample appointment times to facilitate unhurried and thorough visits, at least 20 minutes and averaging over 30.
- An open scheduling system that allows for same day appointments; helps to reduce unnecessary urgent care or emergency room visits and reduces the amount of lost work time.
- Delivering an exceptional patient experience. Among our more than 90 locations we maintain a patient satisfaction score in excess of 98 percent – and word-of-mouth promotion increases utilization.
- Welcoming patients with an existing primary care relationship. While the goal is to have employees consider the health and wellness center their medical home, it isn't required.
- Integrating wellness data and occupational health efforts with the PCMH care model for real population health management

Dr. Merkow joined her father's internal medicine practice in 1986 and after it was acquired by a local health system in 1996 she left to join QuadMed. She was the physician leader for the patient-centered medical home care model and later became medical director for the Quad/Graphics health and wellness centers and currently serves as regional medical director and medical director of QuadMed's chronic condition management program nationwide.