DEVELOPMENT AND PRESENTATION OF AN EMPLOYER SPONSORED HEALTH CENTER PROPOSAL

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Johnna Costello

Pittsburg State University

Pittsburg, Kansas

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Johnna Costello

APPROVED:

DNP Scholarly Project Advisor

 Dr. Kristi Frisbee, DNP, RN, Irene Ransom Bradley School of Nursing

Committee Member

 Dr. Karen Johnson, PhD, APRN, Irene Ransom Bradley School of Nursing

Committee Member

 Dr. Pawan Kahol, PhD, Dean of Graduate and Continuing Studies

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An Abstract of the Scholarly Project by

Johnna Costello

 Employer sponsored health centers were investigated in order to develop a business proposal to present to a Midwestern city for implementation. Benefits to the employer and employee were investigated and included in the proposal. Companies of varying size have implemented successful onsite health centers and help to increase employee productivity while decreasing the overall cost of health care and health care insurance. Self-insured companies with at least 1,000 employees are recommended and will provide the earliest return of investment. Lost productivity is a significant cost to the company, on average a company will spend more on lost productivity than on medical and pharmacy costs. Utilization of an employer sponsored health center provides the convenience of onsite care which can help to lower the risk and reduce sequelae of chronic illness. A presentation with this information was developed and presented to a large employer in Midwestern Kansas.

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**CHAPTER I**

**INTRODUCTION**

 Rising costs of health care and health insurance are of concern for employers and employees. To help combat the rising cost to the employers, they are pushing more of the insurance cost onto their employees leading to many of the employees opting out of health care insurance. This is a problem causing employees to stop taking care of themselves, which then leads to the spread of acute illness, uncontrolled chronic conditions, and decreased productivity at work. The purpose of this scholarly project is to focus on the lack of convenient health care options to address acute illness and provide follow up care for acute and chronic conditions without interfering with work or personal schedules.

**Description of the Clinical Problem**

 The typical day of a working adult does not include time to see a healthcare provider. Most community health centers have the same hours of operation as the employees at the company, have long wait times, and schedule a very small amount of time with the patient.

**Significance to Employers**

 According to Shahly, Kessler, & Duncan (2014), an onsite health center versus a community health center yields approximately an additional three hours of productive work time due to eliminating the travel time, release, and wait time to see the provider. Increased job satisfaction, increased employee retention, and a positive morale in the workplace could result as well because of the convenience and caring atmosphere that would be created.

 Many companies are introducing employer sponsored health care through an onsite health center to help address the problem of rising health care costs, absenteeism, and presenteeism. It has been found that allowing the employee to address a health concern earlier on and while at work, rather than waiting for it to progress, improves outcomes. Preventive care is also addressed more proactively when an employee is allowed to do so at work (p. 1). A 2012 survey conducted by Towers Watson regarding onsite health centers “revealed that 62 percent of companies build on-site health centers to enhance worker productivity, 57 percent to reduce medical costs, 48 [percent] to create a center of health to better integrate health productivity efforts, and 46 [percent] to improve access to care” (Horwitz-Bennett, 2014, p. 1). Accommodating busy lives can be achieved by offering services where people work, sleep, and play; therefore, an onsite health center would be ideal at achieving a balance.

**Significance to Patients**

 All healthcare professionals want the best for their patients. One way to ensure that patients receive the best care possible is to maintain communication between primary care offices and acute care offices. This communication between different providers the patient may see is to maintain a continuity of care. Another way to provide the best possible care to patients is to allow for more frequent and/or longer appointments. This would help to improve the overall health of the patient by addressing all issues and fully answering all questions, which would in turn reduce the long-term medical cost to the patient in premiums. An employer sponsored health center would have the ability to address each of these.

 Providing continuity of care helps to put the patients’ needs first. Having all medical records in one place and available to all health care workers, will be less stressful for the patient. The addition of an employer sponsored health center would ensure that there is continuity of care by providing open communication between all providers, within the onsite health center and outside of the onsite health center. Some patients will prefer to continue seeing a provider outside of the onsite health center but may choose to use the centers services periodically; therefore, the onsite health center’s staff would ensure the patients’ other provider(s) had a copy of the encounter summary for their records. Taking this extra initiative will show the patients that the onsite health center is committed to making them a priority. This will also show the patients that even though they are seeing more than one provider at more than one location, their medical records are the same at each location. This would help to ensure continuity of care and reduce stress and frustration to the patient.

 Providing a sufficient amount of time for each patient encounter also allow the provider to deliver the best possible care to the patient. Longer appointments allows time to obtain a full medical history, conduct a thorough exam, and would ensure the patient’s understanding of education discussed during the appointment. One way onsite health centers encourage a trusting patient-provider relationship is through longer appointment times which provides a sufficient amount of time to discuss health concerns and issues (Gorman, Boaz, Wade, & Miller, 2012a). This also helps to establish a good foundation of trust. Redmond and Kalina (2009) state that “motivation improves when patients have positive experiences with, and trust in, the clinician” (p. 512). Therefore, strengthening the relationship provides an easier transition to improve the patients’ overall health through lifestyle changes.

 A lower out-of-pocket expense also correlates to improved health and improved outcomes. Experts say that a lower expense encourages seeking health care quicker resulting in a healthier country, more productive economy, less absence from work, and earlier identification of illness (Rozga, 2009). Lost productivity could also be addressed by the health center staff by identifying trends, good and bad, and then providing education to all employees regarding symptoms to look for and how to prevent the spread of illness, or ways to improve and maintain wellness.

**Significance to Society**

 The benefits to society of an employer sponsored health center would be improving the overall health of the community, improving medication adherence, and decreasing the overall cost of health care. Each of these are will have a greater impact to society if each are addressed simultaneously by the health center.

 Providing employees with a health center that is conveniently located will encourage them to better manage their health. Showing employees statistics of other comparable companies that have been using an onsite health center will help create buy-in and encourage them to use the services. The employer sponsored health center would provide resources the employees need to better manage their health, helping to improve the overall health of the community.

 Medication adherence not only contributes to the overall health of the individual and the community but also to the overall cost of healthcare for the individual and the community (Gorman et al. 2012a). Improving medication adherence through wellness initiatives can substantially reduce the cost of healthcare. Increased access to care, frequent follow-up, convenience, and cost-effective care have all been attributed to increased medication adherence and can all be provided by an onsite health center. This in turn leads to increased productivity, increased quality of life, and a decrease in costs of health care (Gorman, Snell, Hou, Kaspin, & Miller, 2012b).

**Significance to Nursing**

Employer sponsored health centers can provide more attention to nursing profession. Nurses of all educational levels and backgrounds would be a significant asset to the health center. Patient education is a key role of nurses and having nurses available to employees to ask questions and receive recommendations could have a huge positive impact on patients’ health. According to a Gallup survey regarding honesty and ethics, nurses ranked highest at 85 percent and medical doctors ranked third at 67 percent (Gallop, 2015). Nurses have been at the top of the list since 2002 (Swift, 2013). Therefore, nurses could play a pivotal role in gaining the trust of the employees to utilize the onsite health center. Onsite health care is a newer innovation and could provide more roles and opportunities to nurses with advance practice degrees.

Onsite health centers are able to function effectively and efficiently with nurses, both registered nurses and advanced practice registered nurses. The availability of nurses at the employee’s worksite provides increased access to healthcare information. Nurses spend a lot of time educating patients about health conditions and preventive measures. The increased exposure to nurses by the employees could have a more positive outcome on the employees’ overall awareness of their health. The increased access also provides convenience and flexibility, which is another way nurses can show they care about their patients and want to help them make the necessary changes in life to become healthy.

 Onsite health centers are an innovative way to deliver care and provide education to patients. This newer innovation is something that nurses at all levels should be aware of and encourage throughout their communities. Employer sponsored health centers can help to reduce the overall cost of health insurance for their group and the overall cost of health care. This would happen through detailed education, elimination of unnecessary tests, procedures, and medications, and thorough exams to identify issues quickly and prevent sequela. Nurses provide a significant role in these areas currently in other healthcare settings and would be an excellent addition to onsite health centers.

**Specific Purpose**

The purpose of this scholarly project is to develop and present a proposal for an employer sponsored health center to an employer of over 1,000 people in a Midwestern City.

**Theoretical Framework – Diffusion of Innovation**

 The theoretical framework being used to aid with the scholarly project is Rogers’s diffusion of innovation theory (Sahin, 2006; Sanson-Fisher, 2004). This will help to show the adoption process and what to expect in relation to the change. The diffusion of innovation theory is comprised of four main elements: innovation, communication channels, time, and social system (Sahin, 2006). Each component will be discussed in further detail and in relation to this proposed clinical change. The first element, innovation, is an idea or practice that is perceived as new by the social system. An onsite health center would be the innovation for this clinical change. The second element, communication channels, is the mode in which information is communicated from the source to the receiver via a channel. Mass media and interpersonal communication are the two different types of channels. Interpersonal communication is the preferred method because it is face-to-face with two or more individuals and diffusion is considered a very social process. The main communication channel for this clinical change would be the communication between co-workers. Communication between co-workers is not an expectation but an assumption of what may happen between some co-workers. Each employee will be given information regarding the Health Insurance Portability and Accountability Act (HIPAA) so they are fully aware that their health and personal information shared with the health center staff will be kept confidential and only given to other health center workers if needed to do their job, each employee will also be asked to sign this form acknowledging that they understand. This communication channel is independent from the health center and voluntary by the employee only – it is assumed that some employees will discuss non-personal information about the health center with each other, providing additional awareness of the health center throughout the company. Time is the third element in the diffusion of innovation theory and is mostly related to the innovation-decision process, adopter categorization, and rate of adoptions. The fourth element of the theory is social systems, which is a group of individuals with a common interest. The employees of the prospective company are the social system. Each of these will be discussed in more detail in the following paragraphs.

 **Innovation-decision process.**

 The innovation-decision process is an information-seeking and processing activity where uncertainties of the advantages and disadvantages of the proposed innovation are discussed. This process is divided into five steps or stages and must follow one another (Sahin, 2006). They are as follows:

1. Knowledge Stage: the individuals learn about and seek information about the innovation.
2. Persuasion Stage: this stage is affective-centered and peers’ evaluations have great influence on the individual forming a positive or negative feeling about the innovation. This stage can only happen once the individual has developed knowledge about the innovation.
3. Decision Stage: the individual decides to either adopt or reject the innovation.
4. Implementation Stage: the innovation-decision process is complete and the innovation is put into practice; there is a possibility of reinvention during this stage and could lead to quicker adoption.
5. Confirmation Stage: the change agent looks for support and confirmation of the practice change. At this point, discontinuance may occur either as replacement or disenchantment. With disenchantment discontinuance, the innovation is rejected because it is not seen as satisfactory or it is not meeting the needs of the individual or social system, meaning it “does not provide a perceived relative advantage, which is the first attribute of innovations and affects the rate of adoption” (Sahin, 2006, p. 17).

 **Attributes of innovations.**

 According to “Rogers (as cited by Sahin, 2006) described the innovation-diffusion process as ‘an uncertainty reduction process’ and he proposes attributes of innovations that help to decrease uncertainty about the innovation”. The attributes of innovations have five characteristics: relative advantage, compatibility, complexity, trialability, and observability. The perceptions that the individuals have of these characteristics help to influence and predict the rate of adoption of the innovation.

 Relative advantage is defined as “the degree to which an innovation is perceived as better than the idea it supersedes” (Sanson-Fisher, 2004, p. S55). The innovation is the implementation of an onsite health center, and the idea it would supersede is community clinics. Research will be provided regarding the cost-effectiveness and possible benefits to the company and the individual employees. Information regarding the average amount of time that an individual spends away from work to be seen by a healthcare provider will also be researched. The given amount of time away from work multiplied by the number of employees would result in a rough calculation as to the amount of lost work hours. Lost productivity will play a large role in showing that the new practice change will supersede the current practice. Providing a solution to help improve the health of the employees will contribute to lower costs for health insurance; resulting in relative advantage for the employer.

 Adoption of the new change would provide indirect earnings for the company. Indirect earnings would result from a variety of sources – the increase in productivity related to the reduced amount of time away from the office; the reduced cost of the insurance premiums related to employees seeking health care in a more timely manner and monitoring health conditions which would put them in a lower risk category and in turn lower the health insurance premiums; and reduced cost in educating and training new employees related to employee satisfaction and low turnover rates.

 Compatibility is a crucial part of obtaining company buy-in because the morals within the practice change must coincide with the company’s morals and values. Compatibility is defined as “a measure of the degree to which an innovation is perceived as being compatible with existing values, past experiences, and the needs of potential adopters” (Sanson-Fisher, 2004, p. S55). A company with the same values and morals as those motivating this clinical change, namely helping others live and maintain a healthy and happy life both personally and professionally, will pursue this innovation.

 Complexity is “the degree to which an innovation is perceived as difficult to understand and use” (Sanson-Fisher, 2004, p. S55). The utilization of a health center at the workplace rather than within the community would be an easy change to adopt. Convenience is a huge variable with this proposed practice change because people want things that can easily fit into their busy schedules. Having the ability to spend a short break or part of their lunch hour being treated for a health concern is very appealing because they don’t have to worry about finding longer amounts of time to do so in a private provider office with all of the other commitments they may have.

 One potential problem with complexity may be a concern with privacy and confidentiality. This will be addressed by having each patient sign a HIPAA consent form, acknowledging they understand the law. Another measure to help with privacy is where the health center will be located. If it is in a higher traffic area, then adding a side or back entrance will be beneficial. A third way to help with the patient’s privacy would be allowing to make appointments via the internet and then notifying the employee via encrypted email, phone call, or secured messaging when it is their turn to be seen, helping to eliminate the amount of employees in a waiting room area. This option would also decrease the wait time and allow the individual to stay focused on work up until the appointment time. A fifth way to address privacy concerns, would be to install separate phone and internet lines for the health center’s use only.

 The forth component is trialability which is defined as “the degree to which the innovation may be [trialed] and modified” (Sanson-Fisher, 2004, p. S55). The ability to test a clinical change on a smaller scale allows for further exploration of the implementation, how well it is perceived and accepted by the target population, and the potential outcomes. However, the proposed clinical change of implementing an onsite health center would be difficult to test due to the amount of time that would be spent and the dollar amount needed for start-up. For this type of clinical change, the research gathered from other companies with an onsite health center combined with surveys sent out to the employees of the prospective company could take the place of a formalized trial. With the amount of cost and materials that go into starting a health center, it would not be financially appropriate to develop a smaller version to do a test.

 The final characteristic of innovations is observability, which is “the degree to which the results of the innovation are visible to others” (Sanson-Fisher, 2004, p. S55). This component stimulates talk and discussion about the change and can have significant influence on the success or failure of the innovation. The types of healthcare professionals working in the health center will also have a significant amount of impact on this. A more positive experience will result if the employees feel that the healthcare workers were respectful, knowledgeable, and excited about the change. The positivity from the healthcare workers will transfer to the employees using the health center, causing visibility. Independent and voluntary discussions may also occur within employees who work closely together. It is likely that if an employee was seen at the health center and diagnosed with a contagious illness and recommended he or she leave work early, he or she will choose to tell other employees he or she works closely with as a courtesy. These employees would then have another reminder of the onsite health center and would be able to make an appointment for themselves if needed.

 **Adopter categories.**

 The final part of the diffusion of innovations theory is the categories of adopters (Sahin, 2006). These categories classify the members of the social system according to their innovativeness and rate in which they adopt the innovation or clinical change in comparison to the rest of the social system. The categories of adopters are innovators, early adopters, early majority, late majority, and laggards.

 Innovators make up about 2.5% of the social system and are the first to adopt a change because they want to experience new concepts (Sahin, 2006). They are also known as the gatekeepers because they are responsible for bringing the innovation or change into the social system. Those involved with implementing an onsite health center and some leaders would be the innovators. The early adopters make up 13.5% of the population of the social system and have a significant amount of influence on the diffusion process within the social system. This is due to this group being mostly comprised of employees who hold leadership and/or management roles and from whom other employees will seek out information regarding the change. The early majority and late majority make up 34% of the social system each, and the early majority adopts change just before the late majority. Only after interpersonal networks persuade the late majority and they feel that it is a safe change to make, will they commit to the change. Finally, the laggards who comprise 16% of the social group, will commit to change after it has been proven successful (Sahin, 2006). For the implementation of an onsite health center, the laggards would be presumed to be the people that do not trust seeing a different healthcare provider and wish to only see the provider that they are established with; however, once they see the convenience and ease of use of the onsite health center, it is hoped they will adapt to the change at least in times of acute illness.

**Research Questions**

 The research questions for this scholarly project are:

* What information must be included in an employer sponsored health center proposal?
* Is an employer of 1,000 or more people in a Midwestern city willing to consider implementation of an employer sponsored health center?

 Additional questions that will help to guide the literature review and development of a proposal include:

* What are the start-up costs for implementing an onsite health center?
* What are the yearly costs of running an onsite health center?
* What is the probable timeline for the company’s return of investment?
* How will the company benefit financially from an onsite health center?
* How will the employees benefit from an onsite health center?
* What will be the scope of practice for the onsite health center?
* What equipment is needed for daily operation of onsite health center?
* What are the staffing needs for an onsite center?
* What will be the hours of operation?

**Definition of Key Terms**

* Absenteeism – “frequent or habitual absence from work, school, etc.” (“Absenteeism”, 2016).
* Employer Managed Health – “(1) A condition that results when the firm that employs a worker actively manages that worker’s healthcare benefit. (2) An approach undertaken by self-funded firms when they finally tire of failed cost-control measures and exorbitant third-party intermediary fees. (3) The natural response of employers to the current market conditions that promote increasing healthcare costs without any relation to performance or value” (LaPenna, 2010, p. xiii). Employer sponsored health centers and onsite health centers are used interchangeably because the employer sponsored health center would be located within their property, or onsite.
* Presenteeism – “the practice of coming to work despite illness, injury, anxiety, etc., often resulting in reduced productivity” (“Presenteeism”, 2016).
* Sequelae – “an abnormal condition resulting from a previous disease” (“Sequelae”, 2016).

**Logic** **Model**

Innov-

ators

Early Adaptors

Early Majority

Laggards

Late Majority

Attributes of Innovation

Knowledge

Persuasion

Decision

Implementation

Confirmation

**Innovation-Decision Process**

**Adoption Categories**

**Innovation**

Employer Sponsored Health Center

**Social System**

Company Employees

**Communication Channels**

Between co-workers

**Time**

\*Dependent on innovation-decision process and adoptions categories

**Summary**

 This scholarly project has two purposes; develop and offer a proposal for an onsite health center that would potentially help provide convenient access to health care, increase productivity at work, increase knowledge of and compliance with health conditions, decrease health care costs, improve health outcomes, and assist the employees in achieving a work-life balance. Convenience and a positive patient experience are keys to obtaining buy-in from the employees and providing a high-quality onsite health center would provide that. Employees would be more likely to seek advice from a healthcare provider earlier if it didn’t involve waiting for an appointment, taking time off work, driving to a facility within the community, waiting to be seen, and then returning to work hours later. This also indirectly affects the company because of the lost work hours causing a decrease in productivity. Presenteeism due to acute and chronic illnesses also contributes to decreased productivity. The health care providers in the onsite health center would be able to provide generalized information to the entire company about illnesses along with treating individuals in the health center, all of which would improve the patients’ health and in return lower health risks, lower the health care costs and subsequently lower insurance rates.

 One main goal is to help provide a balance to personal and professional lives for the associates of the company. If an employee has a concern about their health, they could take a quick break from work and see the onsite health care provider and receive a treatment plan quickly. If an employee was traveling, he or she could consult the health center and receive information about travel vaccines and medications.

 There is a lack of convenient options for health care in the targeted Midwestern city area for working adults. Therefore, after reviewing the literature and researching the costs of starting a health center, a business proposal for an onsite health center was developed and presented to a major corporation in the area. It was imperative to address the indirect effects of an onsite health center as well. Increased job satisfaction, increased employee retention, decreased presenteeism, and a more positive morale within the company could all be indirect outcomes of the implementation of employer sponsored health care.

**CHAPTER II**

**LITERATURE REVIEW**

 Employer sponsored health care centers are a newer innovation only recently documented in the literature. An exhaustive review of literature was conducted regarding the topic of onsite health centers. The search engines of CINAHL, ProQuest, and PubMed full-text search were used with the search terms of “worksite”, “clinic”, “presenteeism”, “occupational health”, “worksite health clinic”, “corporate health”, “start-up”, and “convenience clinic” used in each of the three search engines. This resulted in 24 articles, 20 research and 4 informational.

 Experts in the field were also interviewed. The founder and chief executive officer (CEO) of an advisement group that assists companies in starting workplace health centers was contacted and a phone interview conducted. The medical executive for the Population Health Services for Cerner Corporation was also contacted via email and a phone interview conducted.

**Benefits**

There are numerous benefits to the employees and the employer with the addition of an onsite health center. Some benefits include: increased convenience or access to healthcare, increased continuity of care, improved health of the employee, increased productivity, a decrease in cost of healthcare and health insurance, and possibly an increased revenue for the company.

 **Convenience.**

 Convenience (or access) is perhaps the most important benefit to employees. Berry, L.L., Beckham, D. Dettman, A., & Mead, R. (2014) states that “patient-centeredness starts with access” (p. 1413) and an onsite health center encompasses each of these concepts. Implementing an onsite health center and allowing employees to be seen for medical advice during working hours is extremely accessible and shows that the health center is centered on the patient or employees’ health. Patient-centered care also requires the ability to be flexible; having the ability to see an employee quickly over a break or to schedule a longer visit to discuss several issues is a key factor to providing care centered on each individual employee. An onsite health center is also convenient in that the employees do not have to miss several hours or more of work to be seen by a provider. This also allows providers to diagnose issues earlier and allow for treatment before the condition worsens (Wells, 2006).

 **Continuity of care.**

 One important benefit is continuity of care. With the convenience of an onsite health center, employees will likely choose to be seen at the health center for all health concerns. In doing so, all of their medical records will be in one place, causing less stress and frustration for the patient and provider. If the patient sees a provider outside of the onsite health center, by choice or referral, the health center will follow-up to ensure copies of outside encounters are obtained to add to the medical record with the onsite health center.

 **Improved health.**

 Another benefit the onsite health center may provide to employees is improved overall health. With the ability to easily acquire health information regarding a diagnosis, the employee will be better equipped to self-monitor allowing them to improve health and prevent sequelae (Wells, 2006). Employees should have access to information regarding health promotion and disease prevention to help them prevent illness.

 Improved overall health is also an important benefit for the employer and company. Redmond & Kalina (2009) state “a healthy worker is a safe worker” (p. 508) who helps reduce injury and illness that could occur at work or at home. Assisting to improve the overall health of the employees is best accomplished through an onsite health center and shows the employee that his or her employer cares about their well-being and in turn also boosts “employee loyalty and morale” (Tu, H. T., Boukus, E. R., & Cohen, G. R. 2010, p. 15) in the workplace.

 **Productivity.**

 Several studies note that individual productivity increases with a fewer amount of health conditions, making them more productive at work. Therefore, health care maintenance through proper follow-up and education is crucial and would be addressed by the onsite health center (Cancelliere, C., Cassidy, J. D., Ammendolia, C., & Cote, P. 2011; Loeppke, R., Nicholson, S., Taitel, M., Sweeney, M., Haufle, V., & Kessler, R. 2008; Loeppke, R., Edington, D., & Beg, S. 2010; Redmond & Kalina, 2009; Rothberg, A., Coopoo, Y., Burns, C., & Franzsen, D. 2009; Rozga, 2009). Having health center staff that motivates the employees with enthusiasm and engagement is a very important quality to help them better their health (Rothberg et al. 2009). With the significant amount of time that is spent at work, the workplace is an excellent place for health education, follow-up appointments, and a source of motivation; also, promotion of a healthier lifestyle in the workplace has great potential to help reduce the amount and severity of health conditions. There are several factors, both environmental and occupational, that contribute to absenteeism and presenteeism and include conditions like anxiety, depression, burnout, obesity, cardiovascular disease, inactivity, unhealthy diet, and substance abuse (Rothberg et al. 2009). Despite being difficult to measure, many companies are noticing the decreased productivity and are starting to implement employer sponsored health care with onsite heath centers, or wellness programs at the least, to help offset the reduction in productivity.

 Presenteeism is a significant cost to the company, “the average employer health-related productivity costs (presenteeism and absenteeism) were found to be 2.3 times the medical and pharmacy costs alone” (Loeppke et al. 2010, p. 275-276). Chronic conditions are becoming more common and the management and outcomes are substantially contributing to the rise in presenteeism and healthcare cost (Gorman et al. 2012b). A Milken Institute study stated that nationwide prevention in the homes and workplaces could reduce the economic impact of chronic disease by 27% which would reduce chronic disease by 40 million cases and save $1.1 trillion annually by the year 2023 (Loeppke et al. 2010, p. 276). The chronic conditions used in the study were: hypertension, diabetes, mental disorders, pulmonary conditions, heart disease, cancer, and stroke. Loeppke et al. (2010) also cited that these seven conditions cost the economy over $1 trillion annually in the United States alone. Some of those chronic conditions are caused or worsened by obesity. Obesity alone is also a major contributing factor to presenteeism and lowering obesity rates could avoid $60 billion in treatment costs and lead to a gain of $254 billion from an increase in productivity (Loeppke et al. 2010, p. 276).

 Absenteeism and presenteeism are the biggest factors in a company’s decision to provide corporate wellness program. Martinez-Lemos (2015) stated that “currently, the most important reason companies give for providing [corporate wellness programs] are closely related to workforce productivity and health, because both have become critical factors in the strength and sustainability of a company’s overall business performance” (p. 202). He also states that there is evidence proving that productivity and health status are directly related to the idea that “healthy people are associated with healthy businesses” (p. 201). Absenteeism, or missing work due to illness or injury, and presenteeism, or performing below normal due to illness or injury, both affect productivity. One study calculated the productivity loss at 12.8% for absenteeism and 19% for presenteeism, while other studies have estimated the loss at +/- 2% for each health condition for each employee (Rothberg et al. 2009). A separate, more recent study, estimated that out of all lost productivity from employees 77% of the total would be from presenteeism and only 23% from absenteeism (Merrill, Aldana, Pope, Anderson, Coberly, Whitmer, & HERO Research Study Subcommittee, 2012, p. 293).

 As previously mentioned, presenteeism is difficult to measure and there is not a widely accepted method of doing so. Many companies measure the associated costs from the reduced work output, costs associated with on the job errors, or costs associated with failure to meet production standards the company has set (Cancelliere et al. 2011, p. 2). Employers can also use a combination of these methods. Regardless the chosen method, it is difficult to assign value to a subjective matter and therefore, recommended to use more than one method and to calculate separate from the return on investment (ROI).

 It is also important to note that some occupations are more susceptible to presenteeism than others. Sanderson and Cocker (2013) mention that occupations “with strong attendance demands such as physicians, nurses, allied health professionals, and welfare and teaching occupations” (p. 173) are at increased risk. They go on to say the probable reason for this is due to a strong sense of responsibility and feeling of being irreplaceable. In slight contrast, Merrill et al. (2012) found in their study that higher presenteeism was among employees at lower levels, with those that felt their work was interdependent of others and also at higher levels with workers that felt equity in the company. They also list many other factors that contributed to a higher level of presenteeism and are as follows: smoking, having a BMI in overweight or obese category, having a sedentary lifestyle, a lack of fruits and vegetables in diet, having financial problems, being stressed, having difficulty concentrating on work, being female, having chronic health issues, and having chronic pain. Having too much to do in a small amount of time was listed as the biggest factor causing difficulty concentrating and overall stress.

 **Financial benefits.**

 Employers want to decrease the financial burden from health care costs for both the company and the individual employees. Overall wellness and disease management are crucial to cost savings, diabetes and cardiovascular disease alone account for twenty-five percent of health care cost for employers (Tu et al. 2010). Cost savings are generated by having “the ability to change practice patterns…with the potential for early diagnosis and treatment to avoid [emergency department] visits, hospitalizations and other costly downstream complications” (Tu et al. 2010, p. 5). Many do not realize that employers want their employees to obtain quality healthcare to result in healthier employees throughout the company (Brugh & McCarthy, 2014). Therefore, implementing an onsite health center would allow for access to health care for all employees and “may reduce existing socioeconomic and racial health disparities by improving general health care access” (Shahly et al. 2014, p. 311).

 The cost of health insurance impacts the employer and the employee, “the second largest expense beyond payroll for many employers, is linked directly to employee health for employers that self-fund or purchase medically underwritten plans” (Loeppke et al. 2010, p. 275). This is important to note because it is stated throughout the research that a self-funded company will benefit more from employer sponsored health care compared to a company that is not self-funded (Horwitz-Bennett, 2014; LaPenna, 2010; Loeppke et al. 2010; McCaskill, S., Schwartz, L., Derouin, A., & Pegram, A. 2014; Tu et al. 2010 and Wells, 2006). It is also stated by Loeppke et al. (2010) that about 75% of health care costs originate from a preventable chronic condition like: chronic obstructive pulmonary disease, cancer, stroke, diabetes, and heart disease. The most effective way to reduce the financial impacts of the increase in health care costs is to eliminate preventable diseases.

 **Return of investment.**

 When discussing ROI there are a couple factors to consider. The first factor to consider is if the company is self-insured. This is an important factor that should be addressed in the beginning stages of planning an onsite health center because self-insured companies “reap the most reward from on-site health [center]s” (McCaskill et al. 2014, p. 163). This is due to the company’s ability to control the insurance plan and where money is spent. The addition of an onsite health center will allow employees to be seen for a fraction of the cost that would be spent at an immediate care or emergency department. Money spent seeing specialists will also likely decrease due to the employees’ ability to better manage chronic conditions and through prevention from health education received at visits to the onsite health center.

 The second factor to consider is the probability of recuperating initial capital, short-term and long-term savings, and sustained profitability. Return on investment can be divided into two groups, “hard ROI” and “soft ROI”. Hard ROI is a measure of savings from direct medical costs and soft ROI includes gains from productivity from reduced absenteeism and presenteeism. A timeline to breakeven with hard ROI is dependent on several factors including the type of health center and amount of people with access to the health center. Tu et al. (2010) suggest that a wellness health center should expect a loss for one to two years, stay even for an additional year or two, and then show reasonable returns after four to five years. This would be expected due to the limited scope of practice within the health center and because positive impacts on lifestyle changes take time to establish and show improvement. However, onsite health centers providing primary care can reach a breakeven point much earlier, possibly around one year but years two through five are more realistic (Tu et al. 2010). Soft ROI is more difficult to measure therefore many companies look at the number of absences, time that would have been spent traveling to community clinics, and any cost relating to an increase in production.

 Another option to measure the potential ROI is to compare the overall cost of health care for the company and to a company of the same size in various location in the Midwest region that has an onsite health center. Once the health center is implemented, the company can compare health care costs before and after implementation to use as an ongoing assessment. The company can also compare employees that use the health center to employees that do not use the health center. Return on investment figures range from 2:1 to 7:1 over two to five years; this is very dependent on the type of health center, geographic location, demographics of the employees, and amount of time the health center has been available (Arena, R., Guazzi, M., Briggs, P., Cahalin, L., Myers, J., Kaminsky, L., Forman, D. E., Cipriano, G., Borghi-Silva, A., Babu, A., & Lavie, C. J. 2013; Tu et al. 2010; Wells, 2006). A more realistic figure would be somewhere between 1:1 and 2:1 (Tu et al. 2010). The author does not state specifically but implies this figure would be obtained in the first two to five years. Shahly et al. (2014), reported that “financial returns range from 10% to 30% savings off total health care expenditures, an estimated $7 to $20 billion savings for the 1200 employers currently operating them” (p. 312). This shows that the addition of an onsite health center has the potential for very significant and tangible payoffs.

**Capital Investment.**

 Start-up costs are a very important aspect for a company to look at when deciding if they want to implement an onsite health center. Through the literature review, this researcher found that the start-up costs for an onsite health center are dependent on many variables. The main variables include: the type of management the company chooses – outsourcing or managing it themselves, whether or not to consult with an advisor, health center model to be implemented, and location of health center – remodel of current space or new building, health center staff, along with others listed below. The exact costs for starting an onsite health center will vary between companies, and largely depends on the decisions made by the company’s senior leadership in regard to the different aspects of the health center. Tu et al. (2010) state that most perceive “that one of the biggest challenges to establishing a workplace health center is the initial capital outlay. The cost of building or remodeling the physical plant and installing equipment varies widely, ranging from several hundred thousand to many millions of dollars” (p. 9). Other variables that will impact the start-up costs include:

* Scope of Service, including ancillary services – lab, x-ray, pharmacy, behavioral health, and therapies like physical therapy and chiropractic care
* Health center staff employed – physicians, nurse practitioners, registered nurses, nurses’ aides, medical assistants, therapists, and pharmacy staff, and/or x-ray technicians
* Information technology (IT) – IT specialist - separate from the companies or the same; internet service, phone lines, secure software, and electronic medical record (EMR)
* Number of exam rooms, lab, x-ray room, break room, office space, storage area, bathroom
* Property – current space available for remodel or construction of new addition
* Office equipment – copiers, printers, computers, telephones, furniture, etc.
* Medical equipment – exam tables, chairs, scales, et cetera
* Insurance – malpractice, workers’ compensation, business liability, casualty coverage for personal property, health insurance for health center employees
* Payroll – as a part of the company or individually with bookkeeper or software
* Credentialing of physicians, nurse practitioners, and physicians’ assistants with the insurance company, state, and drug enforcement agency (DEA)

After the company makes decisions about all of these variables, the amount needed for start-up could then be more tailored and specific.

**Health Center Operations**

 There are many aspects of the health center operations that need to be discussed and decided at the start of the planning phase, with the most prominent being deciding on a health center model. After the health center model has been decided, the company leaders need to decide if they want to manage the health center or if they want to outsource to someone else. Once this is decided, the responsible party for the health center management will work on staffing and marketing of the health centers services.

 **Models of care.**

 There are several ways to classify onsite health centers and each is based on the services provided. One way of classifying is retail clinic, urgent care, modified primary care (MPC), full primary care, and the employer-sponsored ideal, and micro-practice model. The “[retail] clinic model provides employee convenience and limited care for minor illnesses and injuries” (Brugh & McCarthy, 2014, p. 21). This clinic type is for basic care only and does not address chronic issues or provide health screenings. The main advantage to the employer is that only a small amount of space is needed due to the limited scope of practice which requires less space for lab, imaging, and multiple providers, assistants, and therapist. However, the disadvantages are greater with the most prominent being the lack of relationship between the employees and the clinic provider due to this being a convenience and not a main source of medical advice. The “urgent care model provides greater medical services and is capable of caring for and evaluating more complex injuries and medical complaints” (Brugh & McCarthy, 2014, p. 21). This model provides the care one would receive with the retail clinic model but also provides health screenings and gives appropriate follow-up recommendations. The “MPC model provides convenient care for minor illnesses and injuries along with most primary care services, including detailed medical history taking, annual physical examinations, medical screenings, test interpretations, ongoing recommendations and chronic disease management” (Brugh & McCarthy, 2014, p. 21). This is a more identifiable model to employees and they see the providers as more trustworthy and are more likely to act upon advice. The “full primary care model provides all the services of the MPC model and provides after hours provider call” (Brugh & McCarthy, 2014, p. 21). Using this model would encourage employees to switch primary care providers and use the onsite health center as their primary care home. Lastly, the “employer-sponsored ideal micro-practice model limits its care to high-risk and complex medical case care” (Brugh & McCarthy, 2014, p. 21). This model is used to target specific chronic disease processes that employees may have. There are many disadvantages of this model, with the main disadvantage being that specific employees are singled out according to specific diagnoses which will likely cause the employees to be reluctant to utilize.

 Clinic models can also be categorized into the following groups: occupational health, acute care, preventive care, wellness, and disease management. These definitions are more easily recognizable but experts have said that “there is substantial overlap among categories” (Tu et al. 2010, p. 5) possibly causing confusion. Occupational health centers address work-related issues like employment physicals, monitoring compliance for work safety regulations, travel medication and vaccines, drug screens, and injuries incurred at work. Acute care clinics treat episodic illnesses ranging from sore throats to rashes to asthma exacerbations. Preventive care clinics provide health promotion only with services like physicals, health screenings, and vaccinations. Wellness clinics provide the same services as a preventive care clinic but also provide follow-up to risk assessments, lab and biometric screenings, health coaching, and health education. Disease management clinics provide ongoing care and management to employees with an established chronic disease process (Tu et al. 2010, p. 4-5). With this type of classification it is common for companies to “pick and choose” the services they want to provide, hence the possible confusion with the specific classification of clinics.

 **Health center management.**

 Several other factors need to be considered by the company when deciding if an onsite health center should be implemented, such as: the company goals for the health center, geographical distribution of employees, number of employees, scope of services, and type of current health promotion initiatives. Common goals for both the health center and company is to provide easy access to health care for all employees, improve the overall health of employees, lower the cost of health insurance, and to become a more productive company.

During a phone interview with A. Michael LaPenna, CEO of The LaPenna Group, Incorporated and author of *Workplace Clinics and Employer Managed Healthcare: A Catalyst for Cost Savings and Improved Productivity,* he suggested that the company should have at least 1,000 employees within the city, all dependents covered by the company’s insurance plan should have access to the health center, and they must have a robust benefit program already established (personal communication, November 13, 2015). He also stated that the health centers that provide primary care rather than only treating acute illness or providing health promotion have better outcomes in terms of reduction in costs of health care and making a profit. Dr. Ross Miller, Medical Executive of Population Health Services for Cerner Corporation concurred during another phone interview on April 5, 2016. He stated that a company should have at least 1,000 employees before considering an onsite health center; however, if the company was only interested in a wellness program there is not a specific recommendation of the number of employees. Due to his experience with overseeing 42 employer sponsored health centers, 32 of which being onsite, he stated that a company considering the addition of a pharmacy as part of the health center should have about 5,000 employees (personal communication, April 5, 2016).

 **Health center staffing.**

Another important decision for company leaders to make is how the health center will be staffed and managed. Staffing and management of the health center can be an internal process or it can be outsourced to a third party. While this is dependent on the company, the type of health center being implemented, and the other factors previously mentioned, it has been found that “more and more employers are choosing to outsource because running health centers is far afield from their core competency” (Tu et al. 2010, p. 3). It has also been noted that the senior management of the company needs to have a working relationship with the health center employees. Meaning, even when the health center operations are outsourced to a vendor, if the company’s management does not stay involved and give support, it will be a failure.

 **Marketing.**

 Marketing and providing awareness to employees and their dependents, if permitted to use the health center, will be perhaps the most critical aspect of the success of the onsite health center. It is suggested to use a wide variety of communication methods in order to connect with everyone; “e-mail, newsletters, bulletin boards, fliers, home mailings, health fairs and information sessions” (Tu et al. 2010, p. 10) are a few methods the company should consider. A multitude of marketing strategies will help to ensure that everyone who is eligible to use the health center is aware of the location, hours, and services provided. Providing an open house before opening will allow the employees to tour the facility and meet the staff. It would also be suggested to the senior leadership to provide a tour as part of orientation for new employees, assuring they are fully aware of the additional benefit.

 The company’s senior leadership also has as an essential role in marketing. They are able to reduce skepticism of the motive for implementing a health center simply by using it themselves. It was suggested by Tu et al., that by “having senior corporate leaders use the new health center in a highly visible manner is an effective way to boost awareness and interest among the workforce” (2010, p. 10). In order to maintain privacy and comply with the HIPAA regulations, information regarding the use of the health center by senior leadership should be released solely by the senior leader willfully and independently.

**Concerns**

 Provision of information regarding the adherence of the health center to all HIPPA regulations is the most important way to allay concerns. Each employee, at their first visit as a patient and yearly, would be asked to sign a HIPAA agreement form, acknowledging they understand that by law the health center workers cannot discuss personal health information outside of performing their job duties. As part of the information provided during initial marketing, it is important to stress that all patient information will be kept confidential and the health center will comply with all state and federal regulations.

 Other concerns surrounding onsite health centers are “conflicts of interest, corporate paternalism, and ability to treat the entire family” (Shahly & Duncan, 2014, p. 311). Emphasizing to the employees that the health center is a separate entity will help to resolve conflict of interest and corporate paternalism concerns. Also, assuring the employees that they are welcome to continue using their current methods of seeking health care and will not be penalized with higher premiums will eliminate potential concerns.

At first, an onsite health center may be seen as being competition with current primary care clinics, but in reality it will help to close the gap of the primary care provider shortage (Rozga, 2009, p. 215). If the onsite health center is for acute care only, the employee’s primary care provider will have more time to address chronic conditions; if the onsite health center functions as a primary care office, the providers within the community will have more time available for other patients. Regardless of which health center model is selected, it will aid in the reduction of visits to immediate care and the emergency department (Hayden, 2009, p. 167).

**Summary**

 There are many components to consider when a company is deciding whether or not to implement an onsite health center. Deciding on a health center model and management type is an important first step. After these decisions are made, figuring start-up costs and potential ROI’s will be more realistic. Experts also strongly suggests that all covered dependents should also have access to the health center; this will help to obtain employee buy-in and help to increase the profitability of the health center and the impact they have on health insurance premiums.

 Onsite health centers have the potential to significantly benefit the employees and the employer, specifically with an increase in productivity and increased morale in the workplace. Allowing employees to visit a health care provider while at work encourages the employee to seek medical attention earlier and to more closely monitor chronic conditions. An onsite health center can also eliminate hours of lost work time due to travel and wait times. The additional benefit provided by the company along with healthier employees will boost the overall morale of the entire company.

 Continuous communication with the employees will help to avoid confusion and address concerns the employees may have. The open communication would inform the employees, and possibly dependents, of information regarding the location, operational hours of health center, services provided at the health center, and emphasize confidentiality. It is imperative that the employees know that health center is operating independently and all personal health information will be kept confidential as it is in all other medical offices and facilities.

**CHAPTER III**

**PROJECT PLAN**

 The project design and target population were chosen after completing a thorough literature review and discussing the areas with less research with experts in the field. The target population was analyzed and a presentation was developed to present to the target. There are a variety of evaluation measures for the onsite health center used in order to evaluate all aspects of the health center and the quality of care and service provided to the employees. Strong emphasis was placed on employee and patient satisfaction and is the foundation for a sustainable onsite health center.

**Project Design**

 Information gathered from the literature and experts was utilized to develop the project design. The researcher started with gathering aggregated de-identified data about the target population and then met with the administrator to discuss the concept and potential of an onsite health center. This initial meeting concluded with the administrator being open to more meetings with other administrators and stakeholders to discuss the desired outcome of implementing an onsite employer sponsored health center for the school district in the future.

 **Development.**

The business proposal was developed based on the literature review, information obtained from experts in the field, and insight obtained from a meeting and residency with a major corporation leading in the industry of employer sponsored health centers. As much information as possible regarding the target population was gathered. Information included current insurance rates, number of employees, and the company’s contribution to the insurance premiums. It was emphasized that the start-up cost is very dependent on several variables that have been discussed previously, and if an onsite health center were be to pursued, a best estimate of start-up cost would be determined based on estimate from other employer sponsored health centers of equal size.

 **Approach.**

 Initial approach was to the administrator with a short summary of the intent, purpose, and benefits of an employer sponsored health center. It was mentioned that a future meeting with the school board and/or other members of the district involved with decisions regarding insurance and budgeting may be possible, as they are looking into different options for health care in the upcoming year. This would allow the administrator, board of education, chief financial officer, insurance officer, human resources personnel, and other stakeholders to ask questions, and the presenter would seek clarification on variables in order to come up with a more tailored budget.

 **Outcome.**

The desired outcome was that the target population, a large Midwestern school district, would accept the proposal. This outcome was partially met. The administrator stated the district would start looking at different health care options after the first of the year and this proposal is something he will keep in mind. He also stated that he would ask his assistant to forward non-proprietary information on to the DNP student. This information will be used to help with future meetings and presentations.

**Target Population**

 Employees of the Midwestern school district and their dependents are the target population for this project. The school district is the largest district in the state and employs “more than 4,100 teachers, 2,360 classified and support staff, 178 school administrators and 51 central office administrators” (District Information, 2016a, p. 1). This school district is the third largest employer in the metropolitan area, which is a large reason they are the target population for this project. The majority of the employees work, at minimum, 8:30 a.m. to 4:20 p.m. Monday through Friday and many are involved in extracurricular activities like sports, clubs, and tutoring programs that require them to be on the premises past 4:20 p.m. This leaves very little time to see a primary care provider.

 **Recruitment.**

The DNP student contacted the administrative assistant via phone call to discuss the availability of the administrator. A formal letter (Appendix A) was sent via email to the administrative assistant to forward onto the administrator to explain the purpose in asking for a meeting with him. A meeting was set up to discuss a potential opportunity that could provide a benefit to the school system as a business as well as all of its employees regarding healthcare and health insurance. The administrative assistant set up the meeting to occur at the Administrative Center, with the DNP student and the administrator. The DNP student was prepared for a discussion regarding the concept of employer sponsored healthcare and onsite health centers with an informational data sheet (Appendix B) to aid in the discussion. The DNP student arrived to the appointment in business professional attire with multiple copies of the informational data sheet. The data sheet included information regarding key statistics of onsite health centers, ROI, decreased presenteeism, increased health, and decreased cost of health insurance; key benefits of onsite health centers, and the main goal of implementation. Copies were left with the administrator.

During this meeting, the administrator stated that the district had looked into onsite health centers a couple years ago. At that time, it was determined that it was a better financial choice for them to continue contracts with one of the local hospitals. However, new information regarding employer sponsored health centers was discussed at this meeting and he wishes to look into it again. He stated that their current contracts were up for renewal in one year and at the beginning of the upcoming calendar year, the administration would start looking at their options again. This is when he stated he would be open to another meeting with the DNP student to discuss the onsite health center with a larger group of decision makers. The administrator also stated he would ask his administrative assistant to look for the information gathered in the past and forward all non-proprietary information on to the DNP student.

 **Protection of human subjects.**

 Due to the project not affecting individuals but entailing a business proposal for implementing an employer sponsored health center on school district property for employee and dependent use, there was no personal data collected for this project.

**Procedure**

 The process started with approval from IRB with an exempt status. After approval, the initial meeting with the administrator was obtained and conducted. All future meetings will also involve other school administrators, stakeholders, and human resources. These meetings will consist of all aspects of data collection and planning.

 **IRB approval.**

Approval from IRB was obtained with exempt status due to personal identifiable information about individuals not being included in the proposal.

 **Timeline.**

Time was spent putting together a proposal and an informational data sheet before inquiring about a meeting with the administrator. The initial meeting was between the administrator and DNP student only. This meeting discussed the possibility of future meetings, but an exact day was not set. The DNP student will contact the administrator again, closer to the beginning of the year, and ask if he is still interested in another meeting.

If they decide to implement an onsite health center, there would be a significant amount of time between the initial meeting and opening the health center doors. The initial meeting occurred in July 2016 and the idea will be revisited by the administrator and school board in early 2017. If they decide to implement an onsite health center, it would be in the goal to open by the beginning of the 2017 school year. Due to the minimal amount of time, the health center would have to be in an existing building and the amount of services may be limited at opening.

Ideally, the administrator will decide to move forward with implementation and a committee comprised of the DNP student, administrator, school board members, human resources, and other key stakeholders will be devised and will hold frequent meetings. First, to discuss the timeline in more detail with subsequent meetings to discuss progress, set-backs, and questions. The timeline is very dependent on several variables like the chosen health center model, if the health center management is going to be outsourced, and the desired location for the health center, all of which will be largely determined by the board of education. More information regarding a timeline for opening a health center will also be obtained by the DNP student from experts in the field.

 **Resources.**

 Few resources were required for the meeting with the administrator. The meeting took place in the administrator’s office where the DNP student delivered the proposal with the help of an informational data sheet. This was a focused meeting discussing the main points of the proposal. Ideally, the administrator will be open to further discussion in early 2017 and subsequent meetings will be planned and involve the chief financial officer and members of the school board. The DNP student will use handouts to aid in the meetings/presentations. A short PowerPoint presentation will also be developed to aid in the presentation to the group. The handouts will include copies of the slides and a shortened, one-page summary of the highlights. The PowerPoint handout will help the members to follow along during the presentations and the summary will be a quicker reference of the information covered.

 **Market analysis.**

The large Midwestern school district was chosen as the target population primarily because they are the third largest employer in the metropolitan area and it was recommended by experts, Dr. Ross Miller and Michael LaPenna that the company have at least 1,000 employees. The district was also chosen because they are self-funded for their insurance and they cover a majority of the monthly cost for a majority of employees and would benefit financially from a decrease in the cost of healthcare and health insurance. Another reason is because teachers would greatly benefit from this added value. Teachers are unable to easily take days off, making it difficult for them to see their primary care provider. Teachers are also role models to their students, therefore, the students will notice that their role model(s) is taking care of their health and making healthy choices and that will help to influence the student to do so as well and, hopefully take those thoughts home with them to their family members.

 **Eligibility.**

The district will decide who is eligible for use of the employer sponsored health center. Two primary options are available for the company to choose from – include all employees or include all employees and all their dependents, spouse and children included. The district will also need to determine if the individuals are only eligible if they are on the school’s health insurance plan. Currently, the district allows retirees to be on the school’s insurance plan; they will need to determine if they will continue allowing this.

 The main eligibility criteria for the target population included being located in the metropolitan area, having at least 1,000 employees, and the company being self-insured. The target population was strongly encouraged to allow all dependents access and that the health center functions as a primary care, these are two important variables with a direct impact on ROI.

 **Data collection.**

Personal information regarding the employees was not discussed or collected. Information regarding the company was generalized. General information regarding the district, including insurance information for 2016 and 2017 is public information and available on their website. All steps that would include specific information are beyond the scope of this proposal and presentation, would require consent from the school to include in the scholarly paper.

**Evaluation Plan**

 Evaluation of the proposal has taken place during each phase of development. The first goal, after a literature review, was to approach a company that met the eligibility criteria. The first target population declined the opportunity for a meeting regarding an onsite health center. This required more research on potential companies which lead to the next target, the school district. The next goal was to meet with individuals involved with health center operations at Cerner Corporation’s World Headquarters. This company was chosen because they operate four “in-house” health centers, referred to as Healthe at Cerner, and 42 outside health centers for various companies nationwide. In order to gain more information on their health center operations and see first-hand how they run health centers, an in-person meeting and tour was set up with the chief medical officer of all Cerner health centers (Appendix C). A separate phone meeting, was also set up with the medical executive of health centers sponsored by outside employers but managed by Cerner. These meetings helped provide insight in regard to starting and managing an employer sponsored health center, and also lead to a brief shadowing of the chief medical officer of Cerner health centers.

 **Evaluation measures.**

Evaluation measures would be tailored specifically to the district if they decide to implement the onsite health center. There would be a variety of evaluation measures, including looking at patient data, surveys, and audits.

 One form of measuring outcomes involves retrieving different datasets from the electronic medical record (EMR). Retrieved data would include, but is not limited to, the following: percentage of employees that utilize the health center, percentage of dependents that utilize the health center, percentage of acute verses chronic visits, compliance with follow-up visits, specific diagnosis codes to compare on a monthly basis (to provide valuable information regarding the impact of probable increased management of chronic condition).

Patient satisfaction surveys will also be evaluated. Listening to concerns from the patient’s perspective helps to improve the experience thus increasing the utilization of the health center. Likewise, listening to praise also provides encouragement to the health center staff and lets them know their efforts are appreciated.

 Other evaluation measures include HEDIS scores, chart audits, health center audits, continuing education, certifications, and quality improvement measures. It would be suggested that each health center employee is assigned a specific quality measure, likely based on findings through EMR data and chart reviews along with audits and patient satisfaction surveys, to evaluate in more detail and develop a quality improvement plan. This would help to gain buy-in from the health center employees because they will become personally invested in their assigned measure leading them to the result of providing the highest quality of care possible while providing outstanding customer service (Dr. Miller, personal communication, April, 5, 2016).

As far as the financial evaluation with the health center and the school district, the evaluation would be determined by the amount of money spent and saved with the health center compared to the amount spent in the previous year without the health center. A significant amount of money is required to start a health center, but that is off-set by the amount of healthcare dollars saved by not filing insurance claims, by not requiring a co-pay which entices more employees to seek care, by having appointments available in a timely manner, and by the increase in productivity for each employee that utilizes the health center. The health center helps employees to become and stay healthy which will in turn show on the decreased rate of insurance premiums rather than the typical increase each year. Putting the employee’s health first creates a positive work environment and will manifest through improved productivity, higher retention rates, and increased job satisfaction. This all goes back to Loeppke et al. who said, “prevention is an investment to be leveraged rather than a cost to be justified” (2010, p.283).

**Plan for Sustainability**

Providing a convenient, confidential, and patient-centered way for the employees to receive healthcare is the most important factor in planning for sustainability. A consistent amount of patients seen in the health center is crucial to the success. Without a good foundation of patient-centered, convenient, and confidential care, the health center will not be a success. Therefore, a lot of emphasis will be placed on the overall patient experience.

Another important factor in planning for sustainability is maintaining a happy and healthy work environment. Richard Branson has been quoted saying “Employees come first, if you take care of your employees, they will take care of the clients” (Nelson, 2015, p.1). Ensuring the employees have the tools to do their jobs and making them feel valued will result in high quality customer service.

The Walt Disney Company’s core competencies, leadership, employee engagement, and service, will be utilized to educate the health center employees so they think differently and pay attention to details (Disney Institute, 2016). This improved way of thinking will result in excellent customer service which will in turn produce an exceptional patient experience.

**Summary**

The administrator of the target population, the large metropolitan school district, was approached to discuss the opportunity of increasing their value as a business and employer through the implementation of an onsite health center. The district has more than 4,000 employees and it is self-insured – making them an ideal candidate for an employer sponsored health center. They were strongly encouraged to operate as a primary care center and allow dependents and retirees to utilize the health center. These two factors will directly affect their ROI.

 Evaluation measures will take place in an assortment of ways. Specific data will be retrieved from the EMR system, HEDIS scores, chart audits, health centers audits, utilization percentages, patient satisfaction surveys, and quality management measures and improvements are some of the main measures that will be evaluated. Information gathered from these measures will be given to the company on a quarterly basis.

 The key to sustaining an employer sponsored health center will ultimately be the patient’s utilization of the health center which will be significantly influenced by the overall patient experience. As mentioned in the previous chapter, word of mouth is a powerful form of advertising. Therefore, the patients experience needs to be exceptional, seamless, and convenient. This will encourage the patient to comply with treatment plans, spread positive opinions of the health center, and encourage them to continue utilizing the onsite health center. All of which will result in happier, healthier employees and an added benefit the company can leverage for future employees.

**CHAPTER IV**

**EVALUATION**

 Developing and presenting a proposal for an employer sponsored health center to an employer in the Midwestern metropolitan area was the specific aim of this scholarly project. While developing the proposal, the research questions of the project were considered. An informational data sheet was created to show some information that needed to be included in the proposal and included several key benefits, selected statistics, and figures regarding return of investment. This informational data sheet and proposal was presented to an administrator of a Midwestern school district to inform and determine if the district would be willing to consider implementation of an employer sponsored health center.

**Description of Population**

 The employees of a Midwestern metropolitan area were the targeted population for this project. This district employs over 4,100 teachers, about 2,360 support staff, 178 administrators, and 51 administrators for the central office (News Room, 2016). The school district is the third largest employer in the metropolitan area and the employees span across the city occupying 82 schools which cover over 8.5 million square feet.

**Description of Variables**

 Before scheduling a meeting to present to the administrator, an informational data sheet was developed. This was completed first so that the presenter would be ready for the meeting at the administrator’s earliest convenience. The goal of the data sheet was to mention the main elements of key benefits, statistics, and ROI while keeping it short and simple. Key benefits are listed first on the data sheet because these are the main points that will help to intrigue the administrator. Improved health, increased job productivity, increased job satisfaction and retention are benefits that most employers are striving to achieve. A visual diagram was also developed; this was printed in color to help visualize the benefits. This helped the reader to picture the possible chain reaction of having an onsite health center. The convenience of onsite care leads to improved health, increased productivity, and increased satisfaction, which then leads to increased retention and decreased costs. It was decided that statistics were also an important element to add. Statistics related to the cost of lost productivity, comparisons of cost of care in different settings, and annual savings for two companies were included. Return of investment ratios were also included because this is something that all companies will want to know when considering implementation. Hard and soft ROI ratios were included and each explained to ensure the school administrator understood the differences in each. Finally, a statement found while researching was printed in bold at the bottom of the data sheet. This statement from Loeppke et al. (2010) stated that “prevention is an investment to be leveraged rather than a cost to be justified” (p. 283). This statement was chosen because starting an onsite health center is a large expense initially but the benefits will help to pay for itself in the long term through prevention of chronic disease.

 The school administrator’s administrative assistant was contacted via phone call on July 5, 2016 to discuss setting up a meeting. The assistant’s email address was shared with the DNP student so the details of the request could more easily be relayed to the administrator. A formal letter of request for a meeting was typed and emailed shortly after. The DNP student called the administrative assistant July 6th to verify that she had received the letter. Later in the week, the assistant called the DNP student to state that the school administrator agreed to a meeting. The meeting between the student and administrator was set up for July 26, 2016 at 1:30 p.m. in his office. The DNP student arrived 10 minutes early to ensure enough time to park, clear security, and arrive at the administrative assistant’s desk on time. After introductions, the assistant excused herself and the meeting took place with just the school administrator and student. The presentation was informal and consisted of a lot of discussion after the administrator stated the district had previously considered this concept. At that time, the student focused more on the statistics of savings of other companies and the importance of prevention. This part of the discussion intrigued the administrator and led to the thought of revisiting the idea of implementation. This meeting lasted about 45 minutes. Overall, the DNP student felt the meeting went very well because the information presented sparked continued interest in implementation for the target population.

**Analyses of Project Questions**

 This scholarly project had two primary research questions: “What information must be included in an employer sponsored health center proposal?” and “Is an employer of 1000 or more people in a Midwestern city willing to consider implementation of an employer sponsored health center?” Information and knowledge gained from researching the topic and talking to experts in the field were used to determine the type of information that should be included in the proposal.

 **Information to include in an employer sponsored health center proposal.**

 Key benefits to both the employer and the employee are important elements to include. The top three elements included were improved health, increased productivity, and increased job satisfaction and retention. Statistics related to these top elements were also included on the informational data sheet presented and discussed with the administrator.

 By improving the overall health of the employee, the health insurance premiums will decrease. This is especially significant to the target population because the employer pays the monthly premium for most of the beneficiaries and nearly three quarters of the employer’s budget goes toward salaries and benefits (News Room, 2016). Placing more focus on prevention of illness will also impact the cost of premiums, “for every health care dollar spent in the United States, 75 cents is spent largely on preventable diseases and 5 cents is spent on prevention” (Healthe at Cerner, 2013).

 Presenteeism and absenteeism are very costly to employers, approximately three hours of work time could be gained in productivity by decreasing presenteeism through better management of health care (Shahly et al. 2014). According to Merrill et al. (2012), presenteeism accounts for 77% of lost productivity and absenteeism accounts for 23% of lost productivity, with teachers being one of the most at risk professionals for presenteeism (Sanderson and Cocker, 2013).

 Increased job satisfaction and retention is an important aspect to be considered by all employers. Greatly increasing the convenience of obtaining health care would likely increase employee satisfaction, improve employee health, and increase employee productivity which would in turn increase employee retention and decrease employer costs on health care premiums and lost productivity.

 Significant statistics were also provided on the informational data sheet. Key statistics that appeared to stimulate more interest from the administrator included the following: one company of 187 employees, has reported an annual savings of $4,587 per employee (Wells, 2006), the loss of productivity costs employers $1,500+ per employee per year (Arena et al. 2013), and the cost per episode of care was $276 at an onsite health center and $645 in a community (Schilling, 2010). These figures combined with estimated return of investment figures of 1:1-2:1, for direct medical savings, stimulated additional interest from the administrator.

 **Will a large employer consider implementing an employer sponsored health center?**

 The second primary research question – if an employer of 1000 or more employees in a Midwestern city is willing to consider implementation of an employer sponsored health center – was also answered. The target population had considered opening an employer sponsored health center in the recent past. When the health insurance contracts were last due for renewal, the administrator enlisted information and costs from several third-party companies that specialize in employer sponsored health centers. At the time, it was determined that the savings would not be significant enough for the metropolitan school district to invest into onsite health center(s). However, after discussing the topic and hearing key statistics from the presenter, the administrator was intrigued and would like to revisit the concept when the current contract is close to expiring in 2017.

 **Secondary questions.**

 The secondary research questions were not discussed in detail during the proposal presentation, but it was discussed that the employer would benefit from the health center. The addition would be a significant benefit the employer would be able to offer current and future employees. The health center would provide easy access to health care which would in turn slow the increase in health insurance premiums, increase productivity, and decrease the amount spent on substitute teachers. Any additional profits made by the health center could then be invested into the school’s reserves, which are used to pay the monthly premiums for the qualified employees. It was also briefly discussed that the employer had also sent a survey to select employees regarding the location of the health center(s) and it was determined that they did not want it centrally located in the current administrators building. The reasoning given was the traffic and parking in the area around the district administration building. The employer was then going to analyze the zip codes of the insured and then look at possible locations for a health center based off the saturation levels of insured employees in relation to open property and proximity to the schools. The employer also stated it would like to start small with one or two health centers and perform at the level equivalent to a retail clinic, with the intentions of expanding in scope of practice and locations as needed.

**Summary**

 The purpose of this scholarly project was to research different types and benefits of employer sponsored health centers in order to develop a proposal to present to a prominent employer in a Midwest metropolitan area. Significant information regarding major benefits to the employer and the employees were the main guide while developing the proposal and presentation. Statistics and return of investment figures were also included in the presentation. These key elements were compiled into an “Informational Data Sheet” which was a one page, easy-to-read summary. Copies of the data sheet were provided at the beginning of the meeting and left with the administrator at the conclusion of the meeting.

 During the meeting, the administrator stated the district had looked into employer sponsored health centers in the recent past. The proposal provided additional information and figures to the administrator that appeared to re-spark interest in the implementation of onsite health centers. The current health insurance contracts with the school district will expire at the end of 2017, and the administrator would like to revisit the idea and obtain new figures from various third-party companies in the beginning of 2017.

**CHAPTER V**

**DISCUSSION**

 The final chapter of this scholarly project will consist of an evaluation of the overall project and its outcomes. Areas of limitations in the research, implications for future projects over employer sponsored health clinics, and general observations of the project will also be discussed.

**Relationship of Outcomes**

 The aim of this scholarly project was to investigate employer sponsored health centers and develop a proposal to present to a major company in a Midwestern metropolitan area. Information was gathered through a literature review, phone interviews with two experts in the field, and shadowing a chief medical officer of an employer sponsored health center. During the course of the project, it was evident that this concept is still new and there is little current literature. There appeared to be a gap in the literature related to the economic recession. The DNP student interpreted that the lack of literature during this time period was probably due to the lack of financial freedom most companies had at that time. The recession could have resulted in companies that were in the process of developing onsite health centers to stop their plans.

 The meeting with the administrator of the Midwestern metropolitan school district confirmed that a large employer in a Midwestern city was willing to consider implementation of an employer sponsored health center. After describing the intent of the scholarly project and giving an overview of the research to the administrator, he revealed to the DNP student that he, along with a few other administrators, had researched employer sponsored health centers in the past. He also disclosed that the district decided to stop pursuing the idea after receiving financial information from several third party companies and their current health insurance company. This comment sparked interest in the DNP student and shifted the conversation to discuss some statistics and ROI information discovered during the research. The administrator displayed new interest in the discussion and expressed interest in pursuing this idea again for the district. Employer sponsored health centers were first discussed a couple years ago when their current health insurance contract was up for renewal, and it will expire again in 2017. The administrator believes it would be in the best interest of the school district to revisit the concept of an onsite health center before renewing another contract with a health insurance company. He indicated that more research and reconsideration for the health center would be on his agenda for the beginning of 2017.

 It is believed that the chosen company has interest in the implementation of an employer sponsored health center because of the overall benefits. The metropolitan school district pays the monthly health insurance premiums for qualified employees. Therefore, slowing the rise of the overall cost would be in the district’s best interest financially. The requirement for the employee to qualify for the district to pay their monthly premium is to accumulate 100 wellness points (District Information, 2016b). See appendix D for complete list of wellness activities that qualify for points. The spouse will also qualify for the wellness point incentive if they do not qualify for health insurance through their own employer.

 Another probable reason for implementing the onsite health center would be the additional incentive to the benefit package to offer to current and future employees. Benefit packages are a large variable when considering a job offer as well as contributing to job satisfaction. Providing a service like an onsite health center shows the employees that the employer cares about them and their well-being.

**Observations**

 It was interesting to discover that the target population had considered implementing an onsite health center in the past but decided against it due to the financial benefit not being sufficient. The metropolitan school district administrators were able to negotiate a specific health plan with the insurance company and co-payments and discounts with various health care offices in metropolitan area. The administrator is eager to revisit the topic because the investment of starting an employer sponsored health center may be the superior choice for the future. The outcome of the meeting with the administrator was positive and reassuring. Communication with him will continue in hopes of the district deciding to further pursue implementation.

**Lessons Learned**

 While investigating employer sponsored health centers, it quickly became apparent that this type of project is more than nursing or healthcare alone. To successfully implement an employer sponsored health center, other disciplines should be involved, such as business management and information technology. It was difficult to develop and present a presentation over a topic that included areas that the DNP student was less proficient in. However, input from experts on the topic provided a considerable amount of knowledge and helped to overcome the learning curve. Help from an expert will be requested to achieve the desired outcome of the target population implementing an onsite health center when moving forward with the project.

 It would also be recommended that a researcher uncover as much information as possible about the target population and make an appointment with the most appropriate person at the company that is involved in making company decisions. A first attempt was made by the DNP student to persuade a different company in the Midwestern metropolitan area to implement an onsite health center. With a little more research and a meeting with a different department senior leader, the meeting could have resulted in a different outcome.

 Thinking back through the process of developing this topic, it is hoped that this scholarly project will encourage future DNP students. Despite this project having limited information in research journals and requiring some knowledge of non-healthcare subjects, it was rewarding to learn about new concepts and add information to the topic. This DNP student hopes that future DNP students will develop scholarly projects on multi-disciplinary concepts.

**Evaluation of Theoretical Framework and Logic Model**

 At the conclusion of this project, the chosen theoretical framework is still supported. The diffusion of innovation theory is good to use for a framework because it is based on taking an innovation or idea and then using social communication to diffuse the innovation or idea throughout the different social systems.

 The logic model developed for this project is also supported because it was developed around the theoretical framework. With the logic model, one can quickly visualize the direction the diffusion of innovation must take, from the four main elements, to the stages of the innovation-decision process, the attributes of innovations, and to the adopter categories.

**Limitations**

 The main limitation for this project was finding a company that met the requirements of employing at least 1,000 people within a Midwestern metropolitan area and the surrounding area that was also self-insured. With this in mind, the metropolitan school district become the target population and the audience for the presentation. A limitation that became apparent during the presentation was that information that had been previously obtained from third party companies is confidential and cannot be viewed and taken into consideration for this project. The administrator stated he is not willing to revisit the idea of implementation until the beginning of 2017 is a limitation for the continuance of the project moving forward with more meetings and presentations with other members of the school administration, school board, teachers, and other stakeholders.

 The lack of research specific to the investment of an onsite health center is a substantial limitation that impacts the ability to provide a practical estimate of startup costs and monthly budgets to the district. Having realistic information regarding the costs of the various aspects of a health center would strengthen the presentation and overall project.

**Implications for Future Research**

 The literature is lacking in information regarding ROI, startup costs, and sustainability and more research on them would improve the knowledge base of the topic. The employer sponsored health center is a newer concept that the DNP student believes more employers will begin to consider; therefore, having more information about the financial standpoint will provide important information that the employers are seeking. Before taking on a project of this magnitude, the company executives will want to know that they are making a wise investment. They will want to know the amount of money needed to open a health center, amount needed to sustain a health center, and when they will recuperate their investment.

 To improve upon this project, the DNP student would suggest finding a company that has implemented an employer sponsored health center, has about the same number of employees, and is in the same region, which would provide needed information regarding the implementation process and amount needed for startup. Having information from a company that has already gone through the process would be a huge asset to aid the prospective company in making decisions and to guide the researcher.

**Implications for Practice**

 The clinical significance of this project is that the development of onsite health centers is another way for nurses to impact patients. The topic of employer sponsored health centers should be added to the nursing curriculum to help bring attention to the idea and help spread awareness. Onsite health centers are a great way to influence and encourage others to seek out information regarding their health and make lifestyle changes to improve their overall health.

 Employer sponsored health clinics would be a great topic for research for future DNP students. Their project work could add to the literature regarding this topic while bringing attention to advanced practice nurses. Doctor of Nursing Practice students are able to research and develop projects around new and upcoming concepts rather than only expanding on previous research, which could inspire new developments in the healthcare field.

**Conclusion**

 The goal of this scholarly project was to investigate the topic of employer sponsored health centers and develop a proposal to present to a large employer in a Midwestern metropolitan area. The knowledge gained was very enlightening and sparked a lot of interest in the topic. In presenting this project, the DNP student hopes that a new light will be brought to the nursing profession and the DNP degree. Another goal of this project was demonstrating that nursing scholarly work can involve more than nursing-specific concepts and can expand and involve other disciplines. It is hoped that the same idea will continue with future DNP students.

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**APPENDIX**

July 5, 2016

\*\*\*\*\*\*\*\*\*\*

Administrator

Metropolitan School District

XXX North Street

Metropolitan Area, Midwest XXXXX

Dear \*\*\*\*\*\*\*\*\*\*:

I am a family nurse practitioner and have been practicing in the metropolitan area for the last four years. Last summer I enrolled in Pittsburg State University’s Doctor of Nursing Practice program. I will complete my degree in December 2016. This is a new and exciting degree for Nursing and I hope to contribute research which will advance the profession. Part of the requirements for my final scholarly project is to discuss my research thus far with the head of a large employer. Since this school district is one of the largest employers in the metropolitan area, I feel you would provide the best input and I hope you’ll consider meeting with me.

My research throughout the program has been on employer sponsored health centers. This is a very intriguing concept and many large companies are seeing great returns and improved employee retention with the addition. If you’re willing to share your thoughts on the implementation and impact of these clinics, I would love to meet at a location convenient for you. I would only need about 20 minutes of your time.

Thank you for your time and I look forward to hearing from you.

Sincerely,

Johnna Costello

DNP Student

Pittsburg State University

913-475-4654

jcostello9@outlook.com

**Employer Sponsored Health Center**

**Key Benefits**

* Improved Health
	+ Healthy employees = healthy premiums1
* Increased Productivity
	+ Gain approximately 3 hours of work time2
	+ Presenteeism is about 3 times more costly than absenteeism - teachers high risk3-4
* Increased Job Satisfaction and Retention
	+ Convenience5-6
	+ Time is valuable to employer and employees5-6

Convenience

Increased Retention & Decreased Costs

Increased Productivity

Increased Satisfaction

Improved Health

**Statistics**

* Loss of productivity costs employers $1500+ per employee per year7
* Cost per episode of care was $276 at onsite clinic and $645 in a community clinic – a difference of $3695
* One company of 187 employees, has reported an annual savings of $4,587 per employee6
* A larger company has reported a savings of $100,000 by using the onsite clinic and saved $50,000 in replacement labor expenses in 18 months and that’s just 1 of their 11 company clinics6

**Return of Investment**

* Hard ROI (direct medical savings) – 1:1- 2:1 and Soft ROI (indirect savings) – 3:1- 5:15,8

**“Prevention is an investment to be leveraged rather than a cost to be justified**9**”**

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| --- | --- |
| 25 Wellness Points | 15 Wellness Points |
| \*Annual Physical including lab work | Attend District Health Fair |
| \*Proof of Normal Blood Pressure (systolic <120, diastolic <80) | Well-Woman Mammogram |
| \*Proof of Normal Cholesterol (total cholesterol <200, LDL <100, HDL >60) | Well-Woman Pap Test |
| \*Proof of Normal Blood Sugar (fasting glucose <100) | Well-Man PSA Test |
| \*Proof of Normal BMI (18.5- 24.9) or Normal % Body Fat | Annual Eye Exam |
| Non-Tobacco User (subject to audit and confirmation testing) | Dental Cleanings two times per year |
|  | Flu Shot |
| \*Normal values with or without the use of medications  | Colonoscopy |
|  | Completion of Tobacco Cessation Class |
|  | Coventry Disease Management Program |
|  | Coventry or Dillon’s Diabetes Program |
|  | Coventry or Dillion’s Nutrition Counseling |
|  | Completion of Coventry Education Series |
|  | Participation in organized fitness events |
|  | Weight-Management Program |
|  | Attend lecture(s) sponsored by EBIM |