



ONSITE CLINIC SURVEY REVIEW

SEPTEMBER 2, 2021

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CITY OF LEE'S SUMMIT ONSITE HEALTH CLINIC INTEREST SURVEY

1. Survey opened on May 3rd and closed on May 17th. Two reminder emails were sent to members who did not respond.
2. All eligible employees were asked to respond.
3. The response rate was 40% over-all or 260 of 652 surveyed.
4. Lee's Summit residents accounted for 142 or 55% of respondents while 45% or 116 were non-residents.
 - Most questions ended up being approximately 50% positive/50% negative
 - In the following slides, any data set where there were 10+ responses and a delta of at least 20% between the resident and non-resident response was been noted to the right.

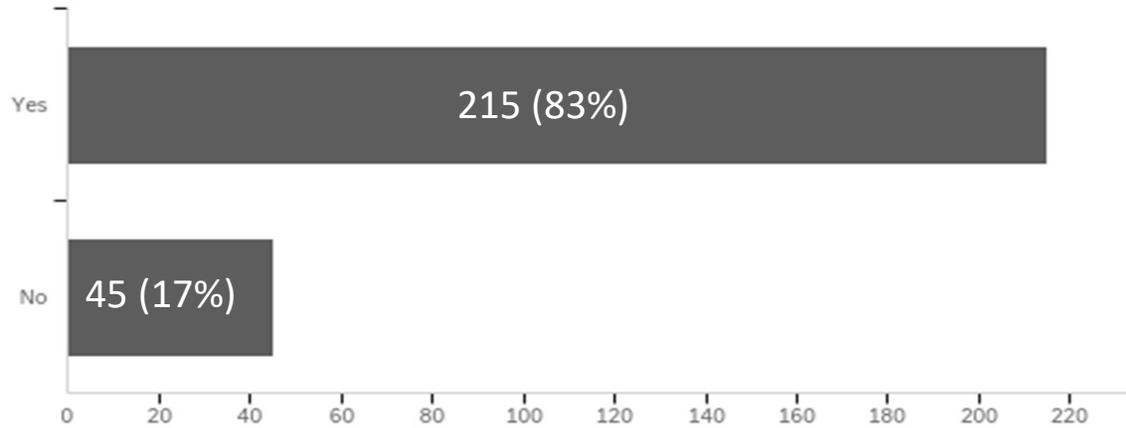
RESPONDENT BREAKDOWN BY DEPARTMENT

Department	# of Respondents	Total in Department	Response Rate
Administration	9	11	82%
Airport	2	7	29%
Animal Control	4	8	50%
Cemetery Grounds	0	1	0%
Central Building Services	1	6	17%
City Clerk's Office	2	2	100%
Development Services	16	38	42%
Finance	7	16	44%
Fire 1	17	41	41%
Fire 2	8	39	21%
Fire 3	27	41	66%
Fire Communication	5	12	42%
Fire Headquarters	12	19	63%
Fleet	5	9	56%
Gamber Center	1	2	50%
Harris Park	1	3	33%
Human Resources	4	6	67%
ITS	16	27	59%
Law	7	11	64%
Longview Community Center	1	4	25%
Lovell CC at Legacy Park	2	4	50%
Municipal Court	4	10	40%
Operation Construction	2	16	13%
Parks Administration	5	7	71%
Police Admin	37	88	42%
Police Patrol	16	87	18%
Procurement & Contract Svcs.	3	4	75%
Public Works Engineering	20	40	50%
Public Works Operations	2	31	6%
Solid Waste	1	1	100%
Summit Waves	0	1	0%
Water Utilities Business Svcs	10	24	42%
Water Utilities Operations	8	36	22%
(Blank)	5		
Total	260	652	40%

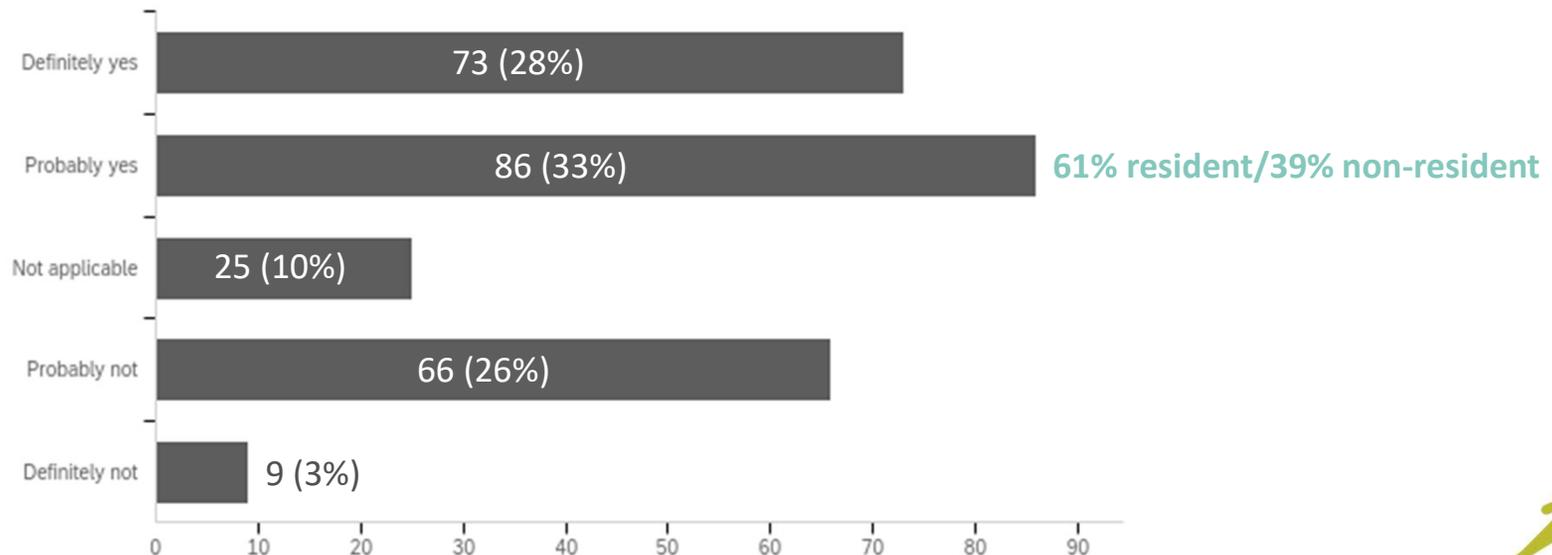
The background is a solid teal color with several large, overlapping, semi-transparent shapes in lighter shades of teal. These shapes are abstract and organic, resembling soft-edged triangles and rounded rectangles, creating a layered, modern aesthetic.

SURVEY RESULTS: PROVIDER

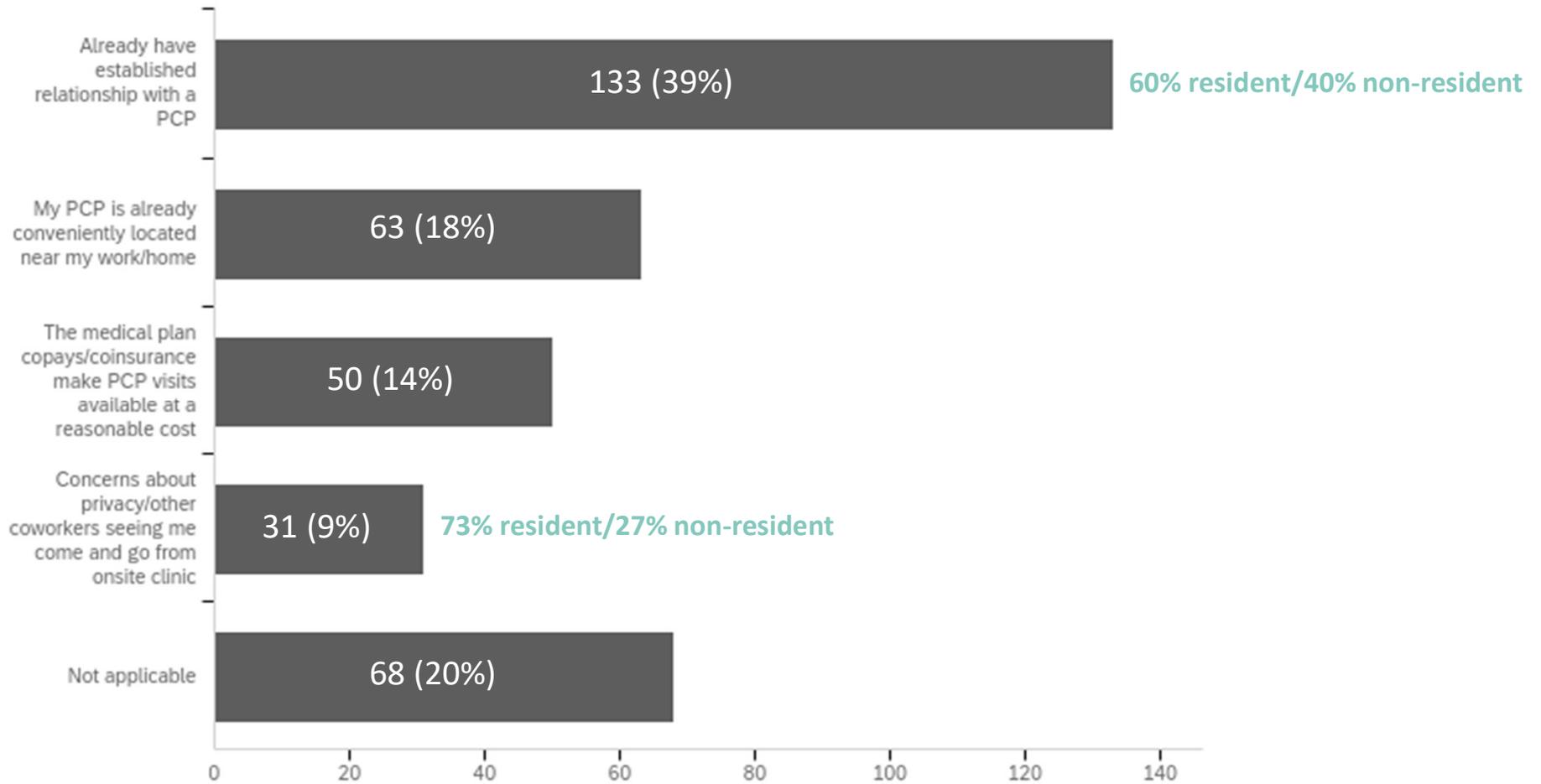
Do you presently have a primary care provider (PCP)?



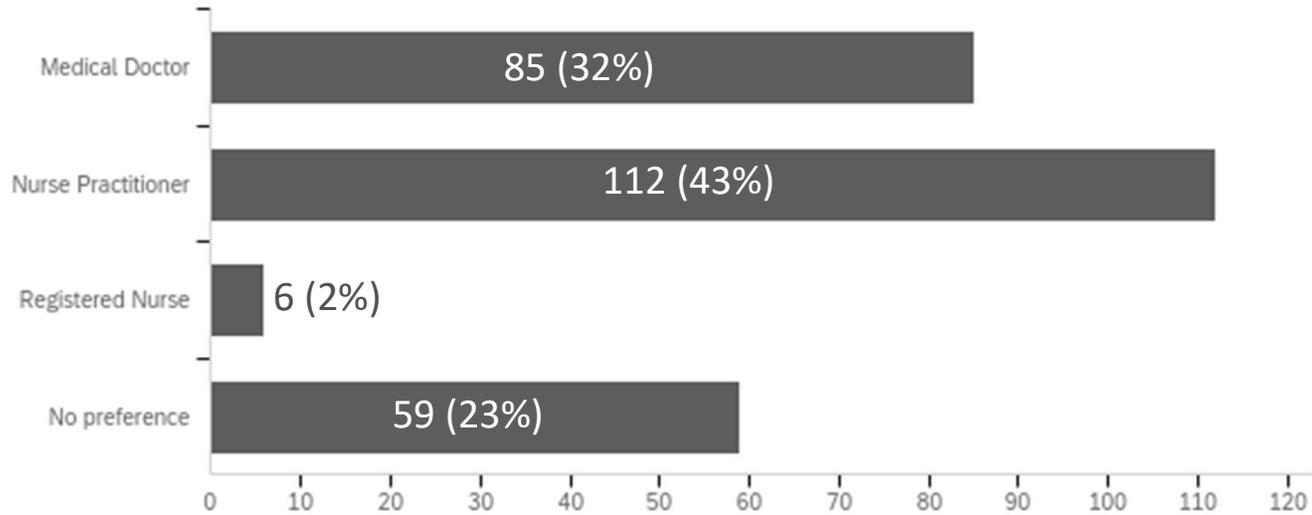
Would you still utilize your current primary care provider (PCP) if the City offered an onsite health clinic that offered primary care services?



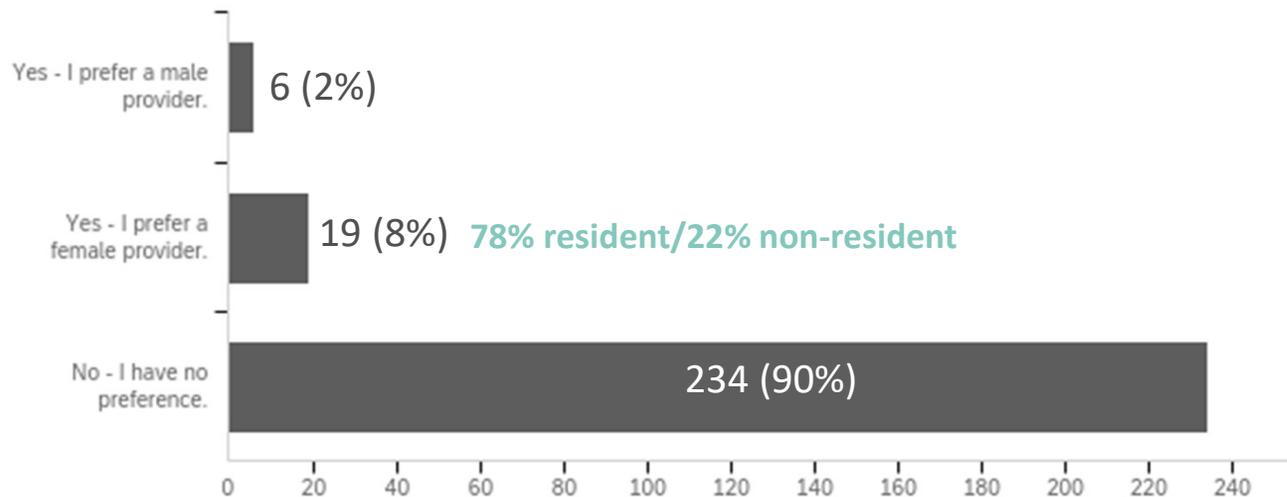
If you answered yes to the previous question, which reasons apply? (Please check all that apply.)



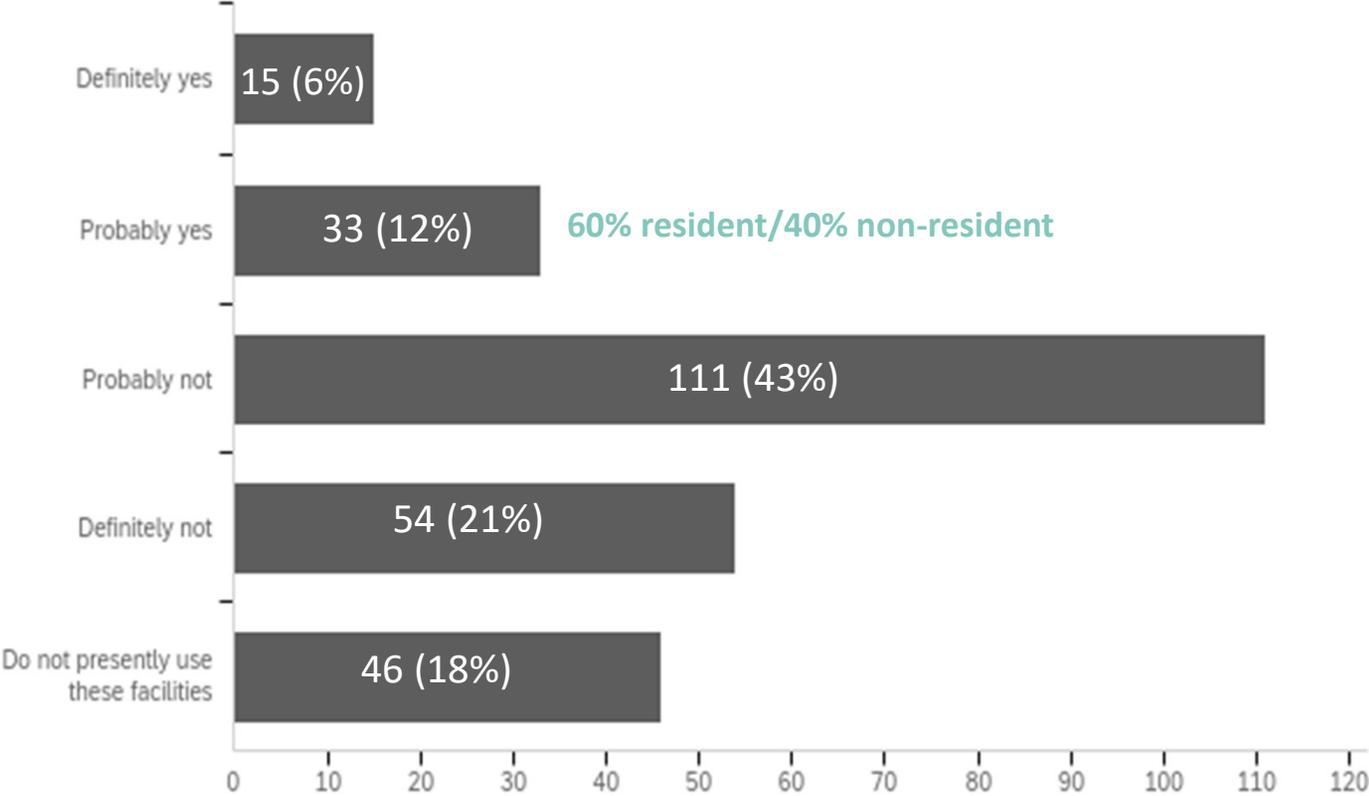
What is your preference for type of provider for health services at an onsite health clinic?



Does gender of provider matter to you?



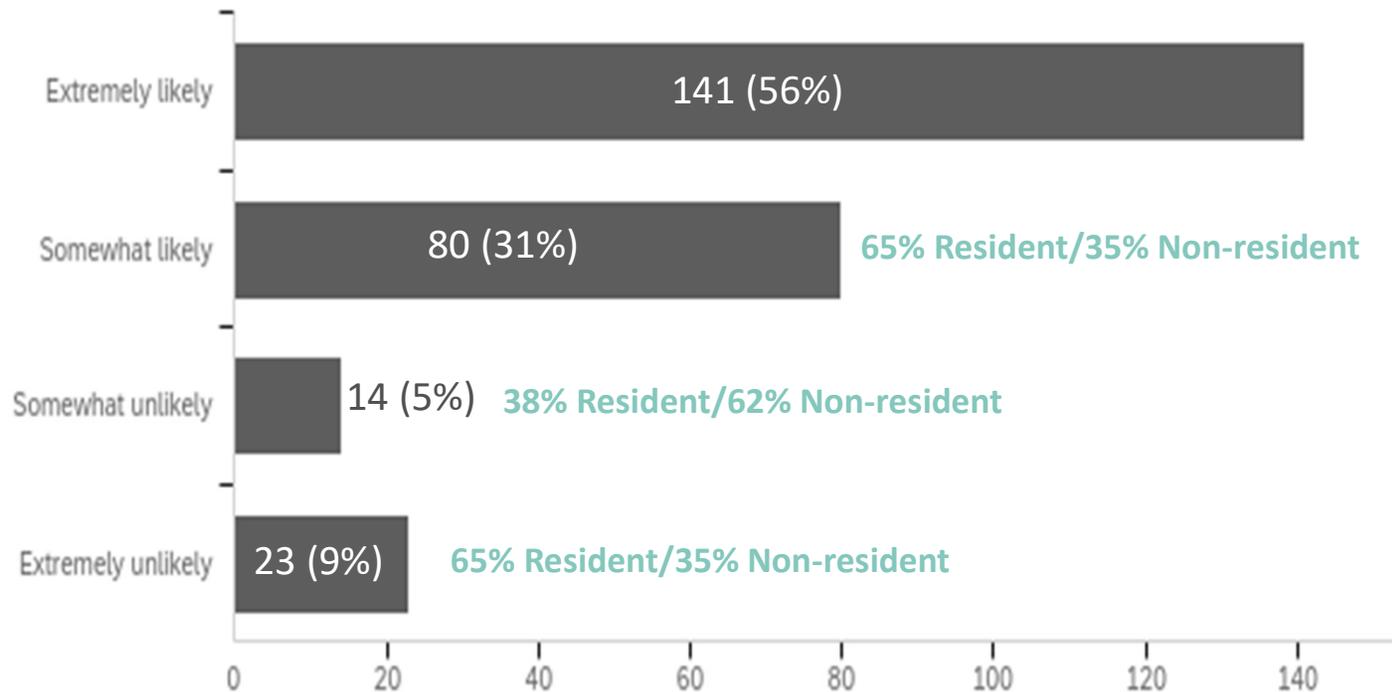
Would you still utilize stand-alone convenience care clinics (e.g. Walgreens, Hy-Vee, CareNow, CVS, etc.) if an onsite health clinic were available?



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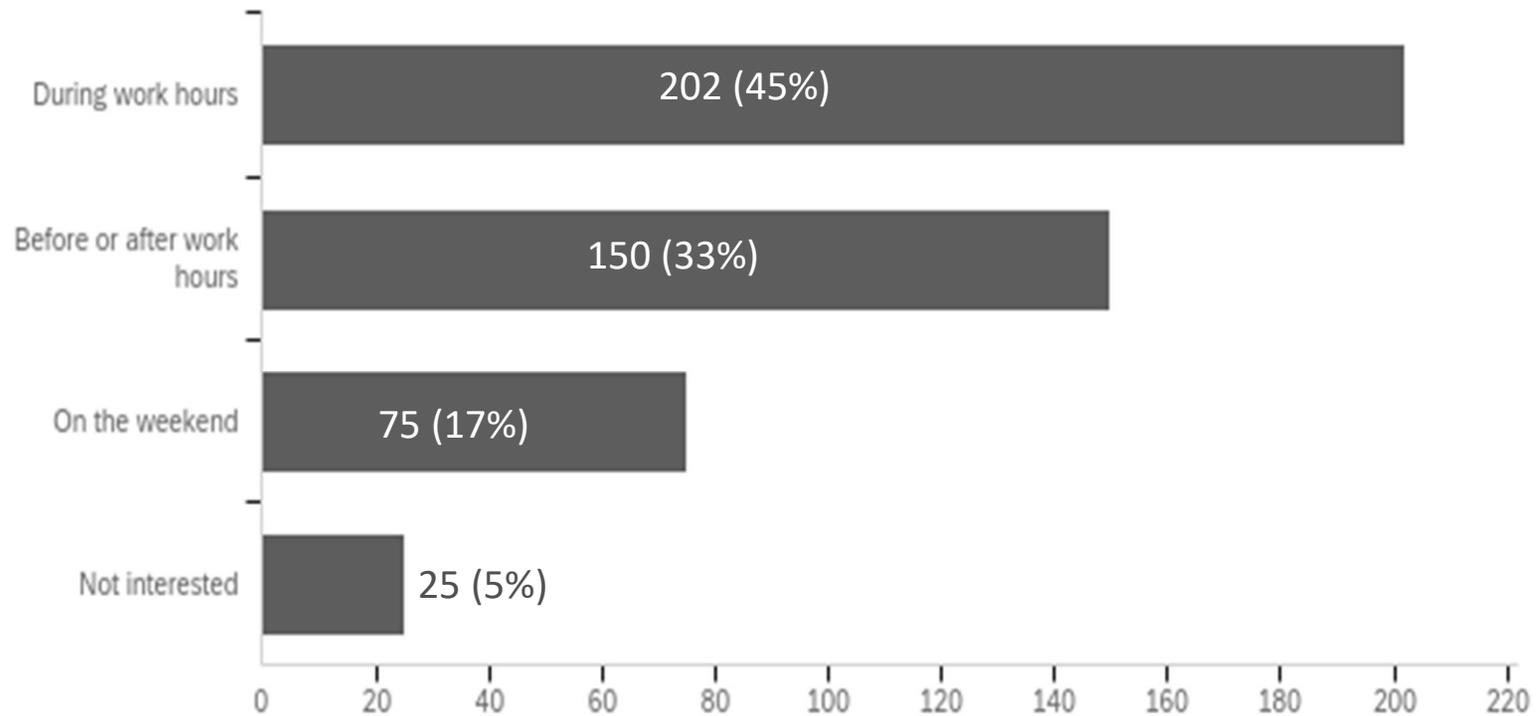
SURVEY RESULTS: UTILIZATION

If the City provided an onsite health clinic for your use, how likely would you be to utilize the resource?

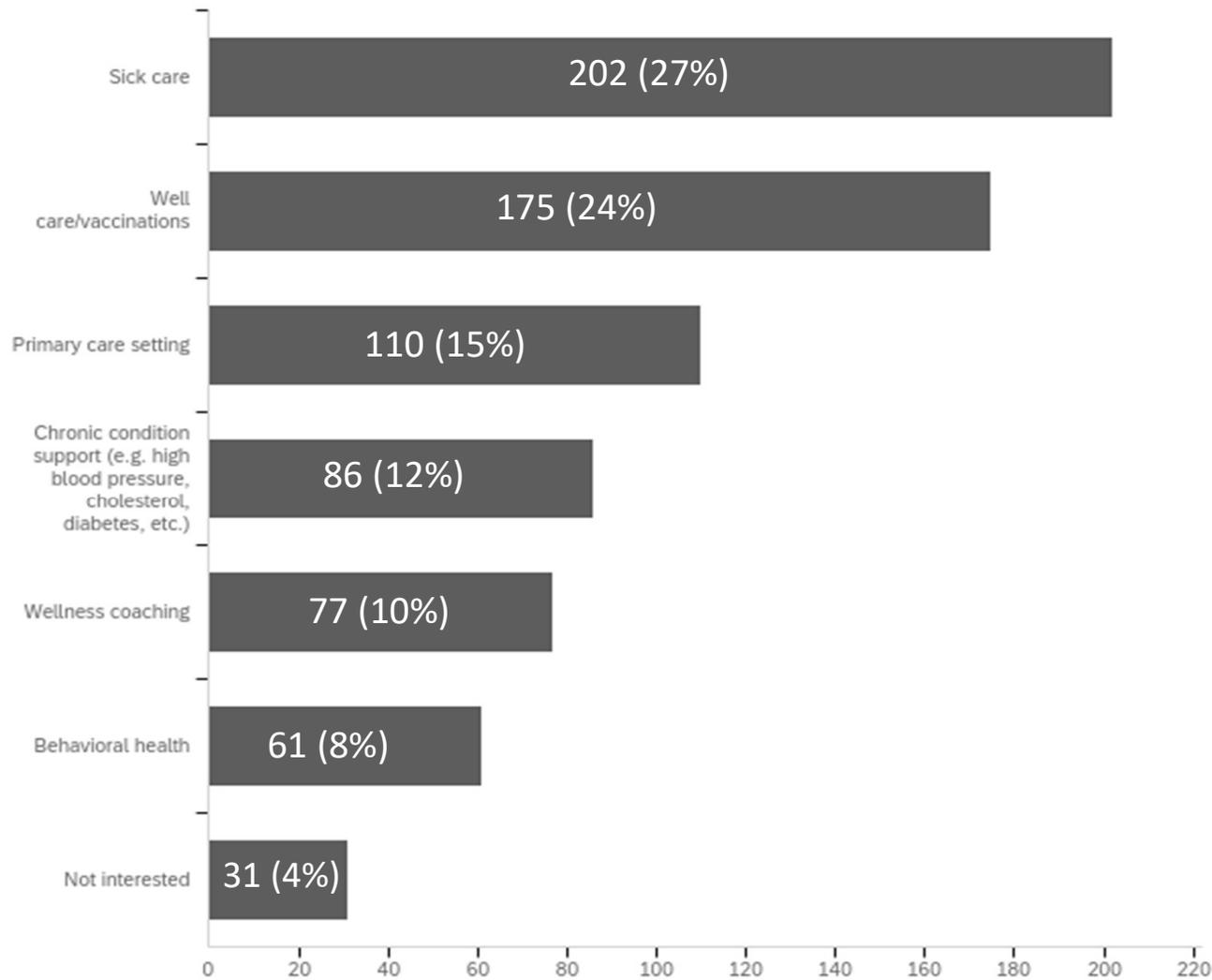


Note: This data only captures the 40% of those who responded to the survey, while the likelihood of clinic utilization for the 60% who did not respond remains unknown.

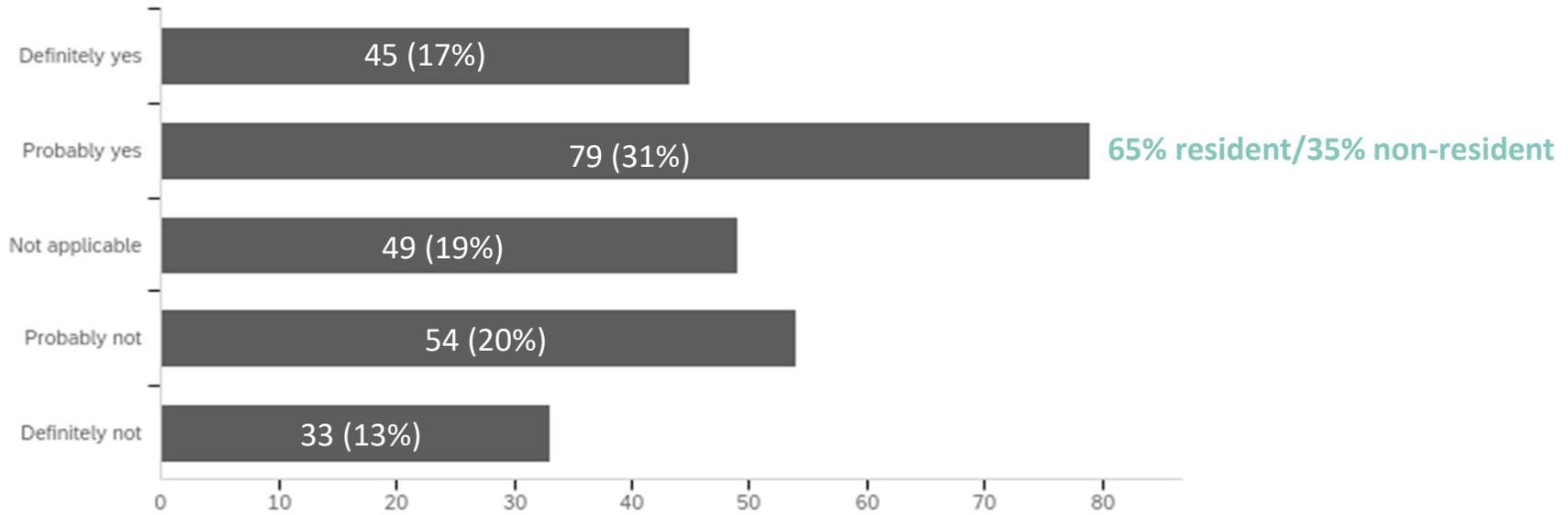
**If an onsite health clinic is available, in what hour setting would you most likely visit?
(Please select all that apply.)**



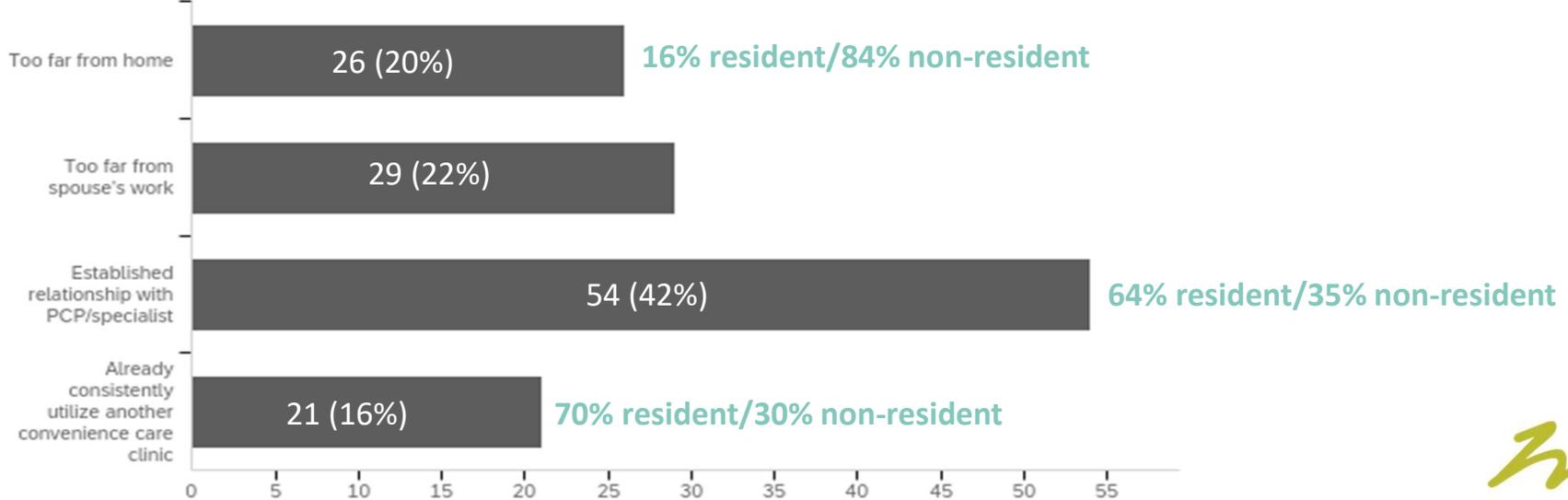
What services would most interest you at an onsite health clinic? (Please select all that apply.)



Would your spouse utilize the clinic if it were available?



If you answered no to the previous question, which reasons apply? (Please check all that apply.)

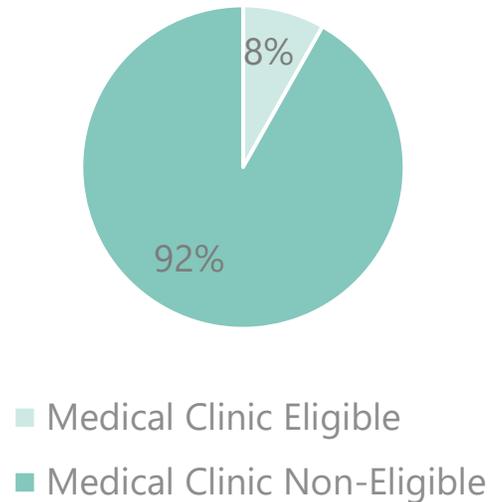


WHAT ARE SOME CHALLENGES OF OPERATING ONSITE CLINICS?

- 1. Stringent regulations/liability regarding operation compliance**
 - Care model offered (nurse/nurse practitioner/MD) can restrict what services can be offered and which services each type of provider is able to provide
- 2. Management of clinic vendor relationship and any potential issues/complaints related to services received or provider concerns by employees**
 - Employees and their families could view the quality of care received by providers there as a direct reflection of the City, even if clinic is operated by a third-party vendor
- 3. Promoting and maintaining a steady flow of patients into the clinic to ensure it is driving value**
- 4. Potential competition with local physician practices and/or retail clinic settings**
- 5. Ongoing evaluation of investment and return versus goals of operation**

OVERALL AND TOP CLINIC ELIGIBLE SERVICES

COLS MEDICAL SPENDING



Rank	% of Services	% of Allowed	Description
1	10%	14%	office visit - evaluation
2	10%	18%	office visit - evaluation / history
3	7%	1%	venipuncture
4	4%	4%	metabolic panel
5	3%	1%	lipid panel
6	3%	1%	blood count
7	3%	5%	office visit - new
8	2%	1%	subcutaneous injection
9	2%	2%	blood count w/o wbc
10	2%	1%	thyroid test
Subtotal	48%	47%	

1. 8% of all medical expenses would be eligible to be served in an onsite clinic based on annual medical claims (@ \$720k)
2. Of the 350+ procedure codes that could be served in an onsite clinic (the 8%), the top 10 for the City encompass 48% of all volume and 47% of allowed payments
3. Not surprisingly, these services are all primary care office visits and accompanying labs

DECISIONS EMPLOYERS MAKE REGARDING HOW TO OPERATE AN ONSITE CLINIC

1. Who should the onsite clinic be offered to?

- a) Employees only?
- b) Spouses and dependents?
- c) Pre-65 retirees?
- d) Shared with another employer group?
- e) Available to the public?

2. How will the clinic be managed?

- a) Employer managed
 - Note: most employers don't want to take on the compliance, staffing and management tasks
- b) Third party vendor managed
 - The vast majority are managed by third party vendors that specialize in clinic operation
- c) Provider partnership managed
 - Some hospitals/physician groups are moving into the space to operate employer clinics. Not common in KC area.

3. Do employees/patients have to pay to use the clinic?

- 1. HDHP plan enrollees would have to pay a "fair market rate" for visits to an onsite clinic as to not disqualify their HSA account contributions.

DECISIONS EMPLOYERS MAKE REGARDING HOW TO OPERATE AN ONSITE CLINIC

5. Does the employer have enough demand for services or would a partnership with another organization be necessary?

1. What will the hours of the clinic be to meet demand of different shifts?

6. Where will the clinic be located?

1. Space available in a current building? Considerations regarding technical needs of build out would have to be scoped.
2. Will it be in a space only accessible by employees? Or more publicly accessible if dependents/retirees or another employer group can access?

7. How will employees be incentivized/encouraged to utilize the clinic?

8. How will return on investment be measured?

1. Vendors handling the clinic operation will all provide metrics, but which are credible?

9. What will the employer's definition of success be for the Onsite Clinic?

1. ROI?
2. Employee satisfaction and/or ability to recruit/retain top candidates?
3. A certain percentage of utilization by employees/plan members?

DECISIONS EMPLOYERS MAKE REGARDING HOW TO OPERATE AN ONSITE CLINIC

10. What will the scope of services be? How will it be staffed?

Level of Primary Care	Description	Staffing model and function
Level 0	Special Function Clinic	Variable staff: Hormone therapy, weight loss, pain, worker's comp clinic
Level .5	Triage Nurse Clinic	RN service model: Triage and Health system direction and basic first aid
Level 1	Acute Care Clinic (Urgent Care)	NP Based: Reactive care; evidence-based medicine, value if shifted from urgent care/ER to clinic
Level 2	Acute Care Clinic with Some Chronic Disease Support	NP based: Proactive care; Co-management with PCP in community, less time away from work
Level 3	Usual Primary Care	NP with MD support: Reactive care, <u>similar to</u> a Primary Care Physician Office
Level 4	Patient Centered Medical Home(PCMH) with Care Coordination and Management	MD driven: Proactive care; full responsibility for primary care, most effective model; requires more intense resources and higher cost

Level of clinic intensity increases both expense and possible return on investment

ADDITIONAL CONSIDERATIONS ON THE SPECTRUM:

- **Conservative (Level 0):** Dedicated room equipped to hold telehealth appointments with a minimum charge and an Administrator to manage the operation (check in/out).
- **Aggressive (Level 5):** Hybrid model of Level 4 (above) to include both City employees and the general public.

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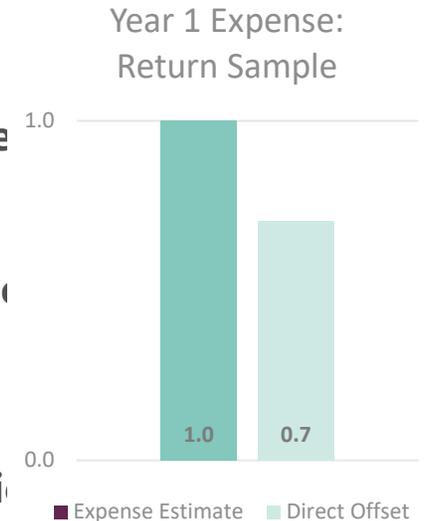
APPENDIX

CLINIC FOOTPRINT; DIRECT RETURN ESTIMATE

1. Based on the 375 procedure codes typically served in an onsite clinic, the City of Lee's Summit has ranged between \$671k and \$717k in claims spend that could be captured in a Level 3 / Level 4 clinic environment

	Paid Claims	% of Total Claims
2017/18	\$671,970	10.0%
2020 Annualized	\$717,720	7.4%

2. The ROI of an onsite clinic is determined primarily by the amount of services that can be captured within the clinic. Scope of services and clinic provider response would ultimately determine expense of the clinic
3. For a Level 3 / Level 4 clinic for the City of Lee's Summit, expense range for staff salary/benefits, supplies, IT, insurance and implementation without buildout could be \$400k to \$500k+
4. Assuming 35% penetration of services in year 1, \$251k of the expense could be offset with services funneled through the clinic and not through the medical plan
5. If some ER and specialist visits could be avoided, direct savings could be near \$300k at year 1 penetration
6. Fullness of ROI can come over time with heavily increased use, integrated care management, referral patterns and primary care focus; but engagement with the right clinic partner is crucial if ROI is to be achieved



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