ANNALS OF HEALTH LAW
Advance Directive

VOLUME 23 FALL 2013 PAGES 115-123

The Nurse Practitioner is in: Onsite Health Clinics and Their Benefits

*Erica Cribbs**

I. INTRODUCTION

As our nation moves closer to the full rollout of the Patient Protection and Affordable Care Act (PPACA), two key focuses of healthcare industry players are lowering costs and increasing competition among insurers and providers.[1] As a result, traditional providers are evolving the scope of services they provide in order to fall into more cost-effective options for patients and insurers.[2] In this quickly changing environment, employers in particular face the challenge of complying with the PPACA's coverage mandate at costs that are amenable to running a viable and profitable business.[3] One way employers can control rising healthcare costs is to become more hands-on in how they provide options for care to employees.[4]

This paper will discuss the model of employer-provided, onsite health clinics, their role in expanding affordable access to primary care, and their ability to do so best when they utilize lower-cost nurse practitioners (NPs) instead of physicians.[5] An NP's scope of practice involves not only managing employee health risks, but also focusing on long-term health and

* Juris Doctor Candidate, Loyola University Chicago School of Law, Class of 2015. Ms. Cribbs is a staff member of *Annals of Health Law*.

1. HA T. TU ET AL, THE CENTER FOR STUDYING HEALTH SYSTEM CHANGE, WORKPLACE CLINICS: A SIGN OF GROWING EMPLOYER INTEREST IN WELLNESS (Res. Brief No. 27, 2010), *available at* http://www.hschange.com/CONTENT/1166/1166.pdf.
2. *Id.*
3. *Id.*
4. *Id.*
5. Onsite health clinic used interchangeable with onsite medical clinic in this paper; sources use the terms interchangeably.

prevention of costly medical care down the line.[6] Part II explains the origin and history of onsite health clinics, while Part III describes why onsite clinics are gaining ground in this era of reform. Parts IV, V and VI offer an argument for why NPs are the better onsite health clinic cornerstone moving forward. Ultimately, with expanded scope of practice for NPs, employer-provided onsite health centers are a viable option to meet employer needs, and work best when they utilize NPs instead of physicians.

II. WHY ONSITE HEALTH CLINICS

Large-scale employers demand that their insurance providers assume more responsibility for providing care options that better engage employees in good health practices and more comprehensive management of their health conditions.[7] One option for employers who have large coverage plans is to bring providers to the office with an onsite health clinic.[8] These health clinics involve health management services that broadly encompass wellness programs, biometric screenings, condition management, and support for onsite wellness centers or clinics.[9] Several onsite health centers utilize physicians, while others utilize NPs.[10]

Regardless of what model an employer chooses, employers today cite four reasons for choosing to build onsite medical clinics: 1) attracting high-quality workers, 2) cost savings, 3) quality, and 4) workplace safety and

---

6. TU ET AL, *supra* note 1, at section 6.

7. Randall Abott & Christine Egan, *Health Plan Vendor Selection in a Post-Reform World: An Updated View*, 27 No. 2 J. OF COMPENSATION & BENEFITS ART 2.

8. *See* Paula Santonocito, *More Employers Offer Onsite Health-Care Facilities*, 24 NO. 17 EMP. ALERT 3, Aug. 9, 2007. Onsite health clinics help employees take responsibility for their health emphasize wellness and condition management; help manage conditions such as diabetes and high blood pressure – resulting in greater productivity and higher employee satisfaction, reduce health care costs. . .onsite health clinics vary in size and services offered, but a full-service clinic generally has physicians on staff, physician's assistants and nurses, as well as pharmacy services.

9. *Id.*

10. TU ET AL, *supra* note 1, at section 6.

risk management concerns.[11] Employees also benefit, despite potential concerns for the intermingling between work and possibly sensitive and private personal health care.[12] In the past, organizations hesitated to open an onsite heath center out of concern that it might be perceived as an intrusion into employees' personal health information.[13] However, employees are becoming more comfortable with health care delivered at their worksite because the benefits outweigh the risk of intrusion.[14]

Achieving a successful onsite health clinic model that wins employee trust is dependent upon the ability to recruit and retain quality providers.[15] NPs bolster an onsite clinic's ability to win employee trust by delivering primary care, as NPs often take the lead in innovative primary care models such as onsite health clinics.[16] Further, the recent shortage of physicians, especially primary care physicians, represents a barrier to establishing successful onsite health clinics, and further highlights a benefit of NP-backed models.[17] Studies repeatedly show that NPs' contribution to high-

---

11. Maureen Minehan, *Onsite Health Clinics: Factors that Make 'em or Break 'em*, EMP. ALERT, Aug. 23, 2007, at 1.

12. TOWERS WATSON, 2012 ONSITE HEALTH CENTER SURVEY REPORT 2 (2012), *available at* http://www.towerswatson.com/en/Insights/IC-Types/Survey-Research-Results/2012/07/Onsite-Health-Center-Survey-2012.

13. *Id. See also* Maureen Glabman, *Employers Move Into Primary Care*, Managed Care, June, 2009 (some workers could be deterred from seeking care at a company clinic because of privacy considerations if they perceive that clinicians are working only in the company's interest and not in the interest of employee health).

14. TOWERS WATSON, *supra* note 12, at 2. A significant number of employers intend to offer health services onsite, indicating that organizations believe their employees are becoming comfortable with health care delivered at the worksite; ninety-one percent of companies surveyed with an onsite health center say they offer or plan to offer biometric screening onsite and sixty-one say they provide or plan to provide counseling onsite. *Id.* Ultimately, easy access to care, and careful privacy provisions might assuage any concerns employees have over privacy at the workplace). *Id.*

15. TU ET AL, *supra* note 1 (particularly challenging for areas with provider shortages).

16. *Id.*

17. Mark Naylor and Ellen Kurtzman, *The Role of Nurse Practitioners in Reinventing Primary Care*, 29 HEALTH AFFS. 893, 894 (May 2010). The number of medical students and residents entering primary care or pursuing careers in general internal medicine or family practice is steadily declining. *Id.* While at the same time, the nation is benefiting from the relative grown among nurse practitioners (per capita supply is expected to increase annually by an average of nine percent). *Id.*

quality patient outcomes in primary care are often equivalent to that of physicians who see patients in a primary-care setting.[18] Further, patients seeing NPs are more satisfied because they enjoy longer consultation time with the provider, and have more tests administered than when a physician provides care.[19]

III. THE RETURN OF THE COMPANY "DOCTOR"

Though the onsite health clinic model falls nicely in line with the PPACA-influenced trends of convenience, access, wellness and prevention, onsite health clinics are not a new concept.[20] Traditionally, they existed in the manufacturing and mining industries to treat occupational injuries and minor illnesses that arose on the job.[21] The recent uptick in onsite health clinics, however, stems from a focus on health promotion, wellness and primary care services, rather than occupational or convenience care.[22] Today, onsite health clinics provide a variety of services, including flu shots, screenings, preventative and urgent care, primary care, and more specialized areas such as onsite employee assistance programs, wellness counseling, and chronic condition management.[23] These are all services that NPs can provide in states where scope of practice laws are less restrictive, thus opening the door for clinics to use NPs to provide care in

18. *Id.* Congressional Office of Technology Assessment (OTA) concluded that "within their areas of competence, nurse practitioners. . .who quality is equivalent to that of care provided by physicians."

19. *Id.* at 895. Nurse practitioners also provide better results on measures of patient follow-up, consultation time, satisfaction and the provision of screening, assessment and counseling are all important factors to making an onsite health clinic successful to improve employee health long term. Id.

20. TU ET AL, *supra* note 1, at Section 6.

21. Lori Thayer Oliphant & Cheryl Camin Murray, *Fit for an On-site Clinic*, HR MAG., Jan. 1, 2012, *available at* http://www.shrm.org/publications/hrmagazine/editorialcontent/2012/0112/pages/0112legal.aspx.

22. TU ET AL, *supra* note 1, at section 1.

23. TOWERS WATSON, *supra* note 12, at 2.

those states.[24]

Present-day onsite health clinics exist in an array of industries and communities, and are mostly undertaken by large, self-insured employers.[25] For instance, in 2008, Toyota Motor (Toyota) built an onsite medical center at its truck factory in San Antonio, Texas, managed by Walgreens' Take Care Health Systems division.[26] As of 2008, Walgreens' Take Care Health Systems division was the largest clinic vendor, with a list of clients including Disney World, Harrah's, and Sprint.[27] Walgreens' Take Care Health Systems operates clinics that use both NPs and physicians; however Toyota's clinic uses the physician-backed model.[28]

Toyota's San Antonio clinic treats around sixty percent of the location's staff; seven thousand employees and families use the clinic for primary care.[29] Toyota's nine million dollar project includes a 20,000 square foot health center with twenty-two exam rooms, blood-draw laboratory, digital radiology, and a high-volume pharmacy dispensing up to 200 prescriptions daily.[30] The Toyota clinic utilizes a physician-backed model, and has the ability to take x-rays, treat broken bones, and handle various emergencies that arise without referring patients to specialists outside the clinic.[31]

---

24. Naylor and Kurtzman, *supra* note 17, at 896.
25. TU ET AL, *supra* note 1, at section 1.
26. David Welch, *Health-Care Reform, Corporate-Style*, Bloomberg Businessweek, Jul. 28, 2008, *available at* http://www.businessweek.com/stories/2008-07-28/health-care-reform-corporate-style.
27. Maureen Glabman, *Employers Move Into Primary Care*, Managed Care, June, 2009.
28. Zachary Wilson, *Why Walgreens is Building its own Universal Health-care System*, FAST COMPANY, Jul. 1, 2009, *available at* http://www.fastcompany.com/1298100/why-walgreens-building-its-own-universal-health-care-system. "Walgreen's Take Care Health Systems is now known as Walgreens Health and Wellness Division also operates the retail clinics that are found in Walgreens stores and open to the public. Walgreen's Work-site centers can feature amenities such as x-ray facilities, a pharmacy, and a fitness center. Some have full-time primary care physicians, while others do not. Toyota's clinic has dental care. (San Antonio facility provides about 60% of all primary-care visits for employees and their families."
29. Welch, *supra* note 26.
30. Glabman, *supra* note 27.
31. Welch, *supra* note 26; Glabman, *supra* note 27.

Though Toyota's clinic employs physicians, physician-provided care is not a necessary boon for the quality of primary care that employers benefit from in providing onsite clinics.[32] Texas happens to be one of the most restrictive states in terms of granting broad NP scope of practice, as its laws require Texas employers with onsite health clinics to employ a supervising physician.[33] States with less restrictive scope of practice laws allow clinics to provide the same type of care without employing a physician; doing so does not lower quality of care, and employers enjoy overall lower operation costs.[34]

IV. THE ONSITE TREND CONTINUES TO GROW

As demonstrated in the Toyota onsite clinic example, employer health plan sponsors are increasingly in search of an all-inclusive solution to health benefit services and health management services.[35] In the fast-changing environment of healthcare reform where industry players are striving to lower costs, onsite medical clinics help employers achieve organizational health goals.[36] When clinics take advantage of lower-cost NPs[37] as opposed to physicians to provide primary care, where state laws allow, they are even more attractive to employers.[38]

While estimates vary as to how many companies currently offer onsite medical centers, a 2008 study indicated that thirty-one percent of employers

---

32. Ben Fischer, *All Claims Considered: NPR hopes Onsite Clinic Cuts Insurance Costs*, WASH. BUS. J., APR. 24, 2013, *available at* http://www.bizjournals.com/washington/blog/2013/04/all-claims-considered-npr-hopes.html.

33. Mary Katherine Stout, COMPARING STATE REGULATION OF NURSE PRACTITIONERS (Texas Public Policy Foundation, eds., 2007), *available at* http://www.texaspolicy.com/center/health-care/reports/comparing-state-regulation-nurse-practitioners.

34. Naylor and Kurtzman, *supra* note 17, at 895. The average cost of a nurse practitioner visit is twenty to thirty-five percent lower than the average cost of a physician visit. *Id*.

35. Randall Abott & Christine Egan, *supra* note 7.

36. TU ET AL, *supra* note 1

37. Naylor and Kurtzman, *supra* note 17, at 895.

38. TOWERS WATSON, *supra* note 12, at 1.

with 500 or more employees offer such centers, and thirty-three percent of employers with 20,000 employees or more offer onsite clinics.[39] This trend is growing, and could be more prevalent if more onsite clinics utilize NPs as scope of practice laws change.[40]

Onsite clinics work because employers want to focus on preventative medicine in an effort to keep productivity high.[41] Employers want clinics to help employees avoid problems that are expensive to treat, yet are responsible for high rates of absenteeism, like diabetes, hypertension and heart conditions.[42] Onsite clinics are especially beneficial to employees where the holistic approach to patient health and a broad scope of NP services are offered to promote wellness and disease management and prevention.[43]

V. THE NURSE PRACTITIONER IS IN

Onsite clinics are most successful when the center integrates services to provide holistic care.[44] Consider an example in which a fifty-eight-year old male employee arrived at an onsite clinic complaining of chronic back pain.[45] In addition to treating that pain, onsite health clinic providers discovered that he was a smoker, hospitalized twice in the past year.[46] By integrating all of the clinic's health management offerings, the onsite center

---

39. Patty Murphy, *Onsite Health Clinics: Who Should Consider Them?*, HNI, Aug. 21, 2013, *available at* http://hni.com/blog/bid/86379/Onsite-Health-Clinics-Who-Should-Consider-Them?__hstc=243918234.c9ce4aa81a7ab405f6fe91a42c9c5e1a.1386709726869.1386709726869.1386709726869.1&__hssc=243918234.1.1386709726869&__hsfp=439197974.

40. Naylor and Kurtzman, *supra* note 17, at 896.

41. Welch, *supra* note 26. .

42. *Id.*

43. TOWERS WATSON, *supra* note 12, at 3. "More than fifty percent of companies surveyed with onsite medical centers currently allow or are planning to allow spouses of employees to use their centers and forty-six percent currently allow or are planning to allow their children to use them. . .expansion as indication that employers and employees consider the onsite centers to be particularly valuable and successful." *Id*.

44. Minehan, *supra* note 11.

45. *Id.*

46. *Id.*

was able to manage his chronic pain, provide information on preventative care and exercise, refer him for a vocational assessment for a possible job transfer, and finally, discuss nicotine replacement and smoking cessation options.[47] Discovering the causes of various illnesses, in addition to managing care and monitoring employee health in a way that utilizes close proximity, convenience, and long-standing relationships, allows an employer to retain a more productive and healthier workforce.[48] All of these tasks fall under the scope of services that a traditional nurse practitioner provides.[49]

National Public Radio (NPR) recently devoted several thousand square feet on its ground floor to the wellness and health care of its 650 employees in April 2013.[50] NPR's onsite clinic grew out of expanding its partnership with its insurer, Cigna; Cigna supplies resources and manages the onsite clinic while also maintaining its role as the primary insurance provider for employees.[51] An NP staffs two exam rooms, and services are free to any benefits-eligible employee.[52] NPR is still estimating the clinic's benefits in its early stages, but it estimates that it will save $390,000 in insurance costs over the next three years by avoiding lost work time, switching prescriptions from name-brand to generics at the clinic, and making it easier for workers to stay ahead of illness or disease.[53]

The new NPR clinic is fully NP-staffed, unlike the earlier example of Toyota's physician-backed clinic.[54] However, NPR's onsite health clinic is located in an area where NPs enjoy the least amount of regulatory

47. *Id*.
48. Oliphant and Murray, *supra* note 21.
49. Naylor and Kurtzman, *supra* note 17, at 893.
50. Fischer, *supra* note 32.
51. *Id.*
52. *Id.*
53. *Id.*
54. *Id.*

oversight, making it possible for NPs to provide primary care independently, and for employees to get the range of care they would expect from a primary care physician.[55]

VI. CONCLUSION

As the different pieces of the PPACA rollout come into play, employers will continue to make changes to the way they offer care to employees. Worksite health clinics that focus on comprehensive primary care and wellness can do so through either a physician-backed or NP-backed model.[56]

Ultimately, it will be most beneficial to employers to develop NP-backed onsite health clinics so that their employees can access holistic care at a lower cost, with greater satisfaction and accessibility. Further, there is an abundance of evidence that supports passing new state legislation that allows NPs to contribute more towards patient primary care; establishing onsite health clinics is an arena where this could play out to the benefit of employers and employees.[57]

---

55. Stout, *supra* note 33. District of Columbia permits fully independent practice and prescriptive authority for nurse practitioners, no provision for physician collaboration or oversight. *Id*. Contrast this to Texas, where regulations impose restrictions on nurse practitioners from working at a site without a physician on the premises at least twenty percent of the time. *Id*.

56. TU ET AL, *supra* note 1, at section 6.

57. Naylor and Kurtzman, *supra* note 17, at 896.