Onsite/Near Site Clinic Concept
Request for Information

Please submit your PDF response via email to Karen van Caulil at karen@flhcc.com by close of business on June 23, 2014. Response should not exceed 30 pages in length and should not be larger than 8 MB in size. Please send the document with a delivery/read receipt to ensure it has reached the intended email. If there are difficulties in sending the document, please email Karen van Caulil directly. Thank you.

June 6, 2014
The following specifications and questions seek to describe elements of a highly scalable onsite or nearsite clinic model providing comprehensive primary care, integrated with onsite occupational health. The clinic model should be characterized by a highly evolved approach to medical management that can become a fully realized medical home for participants. This RFI asks for a detailed description of how and why your firm, as a candidate clinic vendor, has specific design elements.

FHCC assumes the following:

- Properly constituted onsite/nearsite clinics represent an opportunity for our members to amplify medical management in ways that significantly improve quality and reduce cost.

- Fragmentation among medical services and programs is one acknowledged root of poor medical management. Modern onsite clinics are much more than a conventional doctor’s office; they are platforms that facilitate:
  - The delivery of comprehensive primary care.
  - The realization of medical homes, including preventive/wellness services, management of chronic conditions, and management of acute episodic conditions.
  - Walk-in, acute, convenience care.
  - Full-continuum medical management that disrupts institutionalized mechanisms of health care over-utilization and encourages appropriate care and cost.
  - Comprehensive management of occupational health services.

- Clinics sponsored by and integrated with comprehensive health plan programming can further leverage quality and cost improvements.

- Collaboration among health care purchasers, both on clinics and on the purchase of other high-value health care products and services, can translate to significant market leverage, yielding enhanced health outcomes and powerful savings.
Submitting Organization - Experience and Qualifications

Company / Organization Name:

Public/private – name of organization owning company, if applicable:

Years in worksite clinic business:

Contact information (title, address, phone number and email address for the authorized individual(s) responding to this RFP):

Number of clinic clients:

Total number of clinic locations:
  - Total number of primary care clinics:
  - Total number of occupational health only clinics:

Provide a brief description of your organizational history, business philosophy and management structure.

Provide three client references, preferably with 3 or more years using your services.

Describe any litigation, pending or in the past, arising from the performance of your company’s clinic operations.

Eligibility, Participation and Staffing

Please describe in detail how patients access your clinics? What is the typical co-payment for the office visit and the drugs? Please explain your rationale for the approach.

Provide documentation showing what percentage of eligible patients use the clinic – i.e., have a clinic office visit – in Years 1 and 2 of the clinic’s operations. What do you believe are the key drivers of clinic participation by enrollees?

Is your clinic led by physicians or nurse practitioners? Why? If you use both, how do you orchestrate the hours for each.
What is the ratio of a “lead clinician” - e.g., a physician or nurse practitioner - to patients in your clinics?

How do you calculate how many lead clinician hours you will need in your clinic?

How long are your typical initial and established office visits? Why? Are there documented improvements in care and/or cost that result from your approach?

Do you provide disease management/lifestyle management/coaching through your clinics? Is it telephonic or face-to-face or web-based? What are the results? What is the rationale for this approach?

Does your clinic use Medical Assistants or clerical staff to help run the clinics? If so, in what ratios and what are the rationales?

Do you have a “philosophy” that undergirds your staffing model? What is your overarching approach and why?

Do doctors/nurses like working in your clinics? Why? How do you know?

How do you recruit clinic staff? What procedures do you use? Provide examples of their compensation?

**Scope of Services**

Please detail the scope of standard and optional services provided through the clinic.

**Clinic Management**

What is the management structure for the clinic?

Who oversees the operational management? Who oversees the clinical care delivered in the clinic?

Describe the line of reporting up through your organization. On average, how many hours per week do you budget for in your fees for a physician to be onsite to see patients, support staff via clinical consultations, chart audits and other QA processes?
Clinic Hours
Assume an eligible population of 3,000 participants. How many hours would the clinic be open, and why?

After Hours Access
How would you accommodate after-hours care to optimize savings and quality?

Locations
How do you recommend accommodating patients spread throughout a large metropolitan area?

Eligibility Identification
What approach do you recommend to identify whether a presenting patient is actually eligible to participate in the clinic?

Formulary/Dispensary
Please describe in depth your clinic’s Rx program, along with documented figures on its utilization and cost savings. Do you typically implement a full pharmacy capable of dispensing scripts for non-clinic providers? If so, please describe the financial incentives related to this program.

Referral Management
Describe how the primary care physician will work collaboratively with network specialty physicians to manage care outside of the clinic.

Describe your referral management process. How do you determine which physicians/services to steer to and away from? On average, what percentage of your clinics’ patients are referred to specialists during the course of a year? Please provide measures of pre- and post-implementation population-level health status.

Laboratory Testing
Do you collect laboratory specimens onsite at your clinics? What relationships do you have with laboratory vendors to pick up and process the specimens? Is this vendor able to report the
results directly into your electronic health record system? Please describe the arrangement and process in detail. Do you typically provide complete lab testing in the clinic and if so, what are the financial implications of that service?

**Health Information Technology**
Please detail your clinic’s HIT capabilities, including whether you have the tools listed below, which tools are client-server, which are web-based, and what part of your fees are dedicated to covering your HIT infrastructure. Also indicate which tools are leased or owned. If leased indicate the pricing structure to the clinic.

- Appointment schedulers
- A Health Risk Assessment survey tool
- Claims analysis, including predictive modeling, which applies an accepted algorithm to historical claims data to identify enrollees at-risk for chronic conditions and/or an acute event.
- An inter-operable Electronic Health Record
- Care gap analysis of claims, drug, lab and EHR data to identify actionable care items for each clinic participant.
- Point-of-care access to evidence-based best practice guidelines.
- ePrescribing
- Connectivity with a database that can, for most patients, identify filled prescriptions over the past year.
- Electronic laboratory test ordering and results
- A Personal Health Record (PHR).
- Importation and analysis of HR presence/time off data.
• Identification of enrollees with chronic conditions (low back pain, arthritis, CHF, diabetes, asthma, hypertension, etc).

• Incentive programs that promote behavioral change.

• Provider profiling to identify high and low performing specialty physicians, ambulatory services and hospital services available through the health plan network.

• Quality reporting.

• A data warehouse that can merge clinical encounter data from the electronic health record with monthly claims and Rx data transfers, and then provide detailed monthly utilization, quality and cost dashboard reports to track the clinic’s impact.

• Listings of preferred online health engagement sites that patients may be directed to for engagement and more personalized content.

**Data Integration**
Is your clinical data management software system able to integrate with other systems? If yes, describe your integration process.

Does your current clinical data management software system provide for data export to other HIPAA compliant sources? Describe your process to facilitate this.

Can you receive data from the health carrier for use by clinicians in the clinic? What types of health carrier data triggers the clinician to reach out to the employee?

**Medical Home**
Would you describe your clinic as a medical home? Please explain in detail.

**Initial Risk Assessment**
What approaches/tools do you use to identify patients at risk for chronic disease? What steps do you take once a patient has been identified as having one or more chronic diseases?
Walk-In Care
Please describe in detail your clinic’s staffing and procedures to accommodate walk-in patients.

Lifestyle Counseling/Coaching and Education
Please describe your disease management/wellness/coaching program, and provide documented measures of its impact.

Clinical Integration
Please describe in depth how the clinic integrates internal and external programs to manage care inside the clinic and throughout the continuum?

Occupational Health
Please present a plan demonstrating that the clinic can appropriately integrate personal health and occupational health services, and that members of the staff have appropriate experience in each. Occupational health services in this context includes:

- Workers’ compensation primary care
- Retention and Recruitment
- Human Resource Testing (e.g., pre-employment screens, drug screens, Department of Transportation examinations.)
- Productivity (i.e., absenteeism, presenteeism)
- Disability Management

Quality Assurance
Describe your quality management process including clinical surveillance, patient feedback, as well as evaluation of employee and client satisfaction.

Describe your approach to ensure high quality care.

What is your process for staff evaluation?

Describe your process and standards used for quality review of patient care.
Employee and Dependent Engagement
Describe your approach for promoting the Health Clinic to employees and their dependents.

Describe the type and frequency of communications provided and your engagement statistics.

HIPAA Privacy/Security
Is your company HIPAA compliant?

Present a privacy/security plan to demonstrate the policies/procedures you have in place to comply with the Health Insurance Portability and Accountability Act.

Have your network security systems ever been breached? If so, please explain.

Medical Malpractice
How has your firm indemnified, to the degree possible, your clients from medical malpractice liability? Please describe this program in detail.

Orientation
The clinic vendor will submit a plan detailing an employee outreach and orientation program that can occur prior to the clinic’s opening.

Physical Plant
Describe your philosophy on your clinics’ physical plants.

Purchasing
Do you purchase products or services – e.g., drugs, laboratory tests, office supplies – for your clinics. How are these purchases paid for by the clinic sponsor? What impact does your approach have on total value?

Under what circumstances do you contract for non-clinic external services – e.g., advanced imaging, ambulatory surgery, musculoskeletal management, pain management - on your client's behalf?
Cost
Please detail, with your rationales, the cost structure associated with developing and running your clinic. Indicate all expenses which are a pass through including any loads or mark-ups included. If you can arrange for startup clinic costs independently from the participating employer, please describe this financing program in detail.

Cost Effectiveness/Value
Please provide documented data on cost-reduction and improved health outcomes pre- and post clinic implementation in three client groups, each with at least 1,000 eligible lives. Please describe in detail your calculation methodology, and provide references for each client who can verify the results.

Reporting
Please detail the measures that you typically report back to the client.

Provide samples of your standard reporting package, including a financial summary and savings report. List all available reports.

How do you measure the outcomes and success of the overall program / services?

Describe your custom reporting capabilities and their associated costs.

Describe your procedure for tracking and reporting risk level changes over time, by individual member, family and reporting groups.

Multiple Employer/Multiple Site Clinics
Do you presently manage multiple employers through a common clinic site? If so, please describe how this is handled contractually, staffing and financially.

Do you presently manage multiple sites for a single employer? If so, please describe how this is handled financially and staffing.

Do you presently manage multiple sites for multiple employers? If so, please describe how this is handled contractually, staffing and financially.
Please provide your corporate position on the advantages and disadvantages of multiple site/multiple employer clinics.

If you do multiple site /multiple employer clinics, describe how the initial financial investment in the facilities, equipment, stock and training is typically handled?

**Risk Management**
Give examples of 5 risk management mechanisms you employ that reduce unnecessary care and cost. Are there others that you intend to incorporate in the future? Please provide specifics, including your rationale for pursuing these activities.

Review of an employer’s claims data show egregious paid claims costs to a regionally dominant health system who is on the health plan's provider network. Is this a problem that you try to solve through the clinic? If so, how do you proceed?

Thank you for your time and effort in responding to this innovative idea that FHCC hopes to implement!