AMID WOEFUL TALES ABOUT CHRONIC DISEASE, POOR HEALTH CARE AND SPIRALING MEDICAL COSTS, STORIES ABOUT BUSINESSES SAVING MONEY AND KEEPING EMPLOYEES WELL ARE EASY TO MISS. YET REMARKABLE MODELS FOR WORKPLACE WELLNESS EXIST, OFFERING INSPIRATION FOR OTHERS INTERESTED IN DO-IT-YOURSELF HEALTH CARE.
The attractions are obvious: free, quality health care with medical staff that spends time with the patient. Convenient visits contribute to higher productivity. As one SAS employee told the researchers, “You go to the Health Care Center and you are often back to your office in 30 minutes.”

Big savings in health care costs and enhanced productivity are the major ways on-site health clinics paid the bottom line. “Rosen has saved $21 million annually from its health care plan alone,” Mirabito said. The company also enjoys improved productivity that results from reduced turnover and employees not having to leave the workplace in order to go the doctor.

Mirabito uses qualitative research techniques to understand how businesses can collaborate with employees and the health care system to improve health outcomes and reduce costs. She finds deep insights through a research process involving extended, semi-structured interviews. The work that she and her colleagues have completed has appeared in a dozen publications. She has interviewed about 1,700 employees, employers and thought leaders, and physicians and various health care leaders.

“We look for diverse perspectives,” she said. “We continue interviewing until themes are repeated, until each new interview is leaving us with relatively little new information. That’s a good test for qualitative research.”

As Mirabito and her coauthors note in their most recent article, the movement toward businesses developing on-site medical care is gaining momentum. Twenty-three percent of medium and large businesses nationwide have clinics, according to a 2011 study, and 12 percent planned to establish them in 2012. And although the degree to which some companies delve into workplace wellness is eye-popping, the idea of maintaining a healthy workforce is not new. SAS began its clinic service in 1984, and Rosen Hotels’ operation started in 1991.

Corporate health care costs go even deeper. In the United States, concern about employee health dates at least as far back as the mid-19th century, when railroads and smokestack industries contracted with physicians to provide medical services to employees for work-related injuries. The employers generally paid poorly and tended to attract physicians whose weak training, addictions or emotional problems prevented them from maintaining independent practices. A few employers emphasized quality. Kaiser, a highly acclaimed health care system, had similar origins with shipyard employees in California.

Workplace wellness clinics have become more popular in recent years because of employers’ spiraling health care costs. Employees are also spending more money out-of-pocket, which creates a reluctance to use health care when they need it.

“They are also facing heavy and stressful workloads, so they are often less willing to leave the worksite to get health care,” Mirabito added. Add in medical staff too squeezed to spend much time with patients, and patients not adhering to doctors’ instructions — about 50 percent of patients do not heed instructions for taking prescribed medicines or following up on visits — and employers realized they must do something to ensure a productive workforce.

“All these factors are coming together to make on-site health care worth an additional look,” Mirabito said.

To work well, a health care plan must be established for the right reasons and must equally benefit the employer and worker.

“If the programs are well-designed, they are win-win, popular with employees and employers, saving money and improving health and morale,” Mirabito said. “The best ones offer a more comprehensive, convenient, well-thought-through approach. They focus on wellness. They treat acute issues when they arise, but are particularly designed to keep people healthy and to keep chronic conditions under control. That is a departure from our traditional sick-care-delivery model.”

Ongoing research proves to Mirabito that employers have a better vantage point than the medical community does in ensuring wellness and eliminating barriers to more healthful behaviors.

“Employees have influence and access,” she said. “People go to work every day but see doctors only sporadically and only for short periods of time.” Thus, whether organizations employ a large and sophisticated workforce or a smaller, less educated workforce, a workplace wellness plan can succeed. The key to winning employee trust and ensuring employees use it is that employers possess a passion for improving employee health. An employer without a long-term commitment to workforce health would probably not care for an in-house wellness program. As Mirabito noted, employers need to invest time and resources in designing and managing the clinics.

Mirabito is teaching Principles of Marketing this fall. It’s a course she enjoys because it allows her to introduce marketing to potential majors and also to students in other fields.

“I point out to students that, these days, all successful managers need to understand how to build valuable customer relationships,” she said. Marketing also meshes easily with her interest in health care. She believes personal well-being is one of the most important things for people to strive for, both individually and as a society.

“Marketing done right is about improving the quality of someone’s life,” Mirabito said. “That’s what wellness is. Marketing plays a role in obesity and our sedentary lifestyles. But we can use marketing to improve health and wellness, using a set of tools different from public health. Marketing is adept at crafting incentives to encourage people to change their behaviors.”