Olin Corporation
Brass & Winchester Divisions

History of Olin
Olin Medical Department
Model Practice Programs

1. On-site Primary Care
   • Evolution of the Concept
   • Implementation Challenges
   • Clinical Perspective
   • Key Measurements

2. Diabetes Management
   • Innovative approaches
   • Quality Outcomes
The Olin Story

- Founded 1892 in East Alton, Illinois as a Powder Manufacturing Company, the East Alton site is the current home of the Winchester and Brass Divisions.

- Olin today is a major industrial company with annual sales of approximately 2.5 billion.
The Olin Story

The Brass Division is an Industry Leader in the production of high-performance copper alloys
The Olin Story

Winchester produces small, medium and large caliber ammunition for law enforcement, military and sport applications.
The Olin Story

• Headquartered in Clayton, Missouri
• 6000 Employees Worldwide
• Approximately 3600 located at the original site in East Alton, Illinois
• Heavily Unionized Workforce
On-site Primary Care: Evolution of the Concept

Brass and Winchester Divisions Represent a Challenging Work Environment

- Double digit increases in annual health care costs
- 30% Smokers
- 70% Overweight
- 57% do not exercise
- 55% of employees have a chronic disease
On-site Primary Care: Evolution of the Concept

Directed to develop a strategy to control health care costs

Benchmarking trips to identify corporate best practices

☑ Primary Care – based upon sufficient patient numbers

☑ Data Warehouse - key to understanding the drivers of health care costs and an important tool for measuring outcomes
On-site Primary Care: factors favoring success

- Concentration of employees at the East Alton facility (approximately 3600 employees)

- Existing On-Site Occupational Medicine Clinic; 82% of employees visited the clinic at least once in 2005

- Good Company / Union relations
On-site Primary Care

Established July 2004 as a benefit for employees, spouses and pre-65 year old retirees*

Non-occupational and Primary Care accounted for 45% of Medical Department visits in 2005

*Spouses and retirees required to be a participant in an Olin health plan
The Challenges of Implementing On-Site Primary Care

- Challenges Associated with implementing primary care in a busy Occupational Health clinic:
  Jamie McEvers, BSN, COHN-S
  Manager Clinic Services
Olin Medical Department

Established in 1940s to provide care for injured workers

Staffed by RN’s, OHN’s, NP, Wellness Coordinator, Medical Assistants & MD

Current Activities also include:
- OSHA medical surveillance
- Wellness Programs
- Disability Management (STD, LTD, WC)
- Primary Care
The Challenges of Integrating Primary Care into an existing Occupational Health Clinic

- Staffing Issues
- Medical Records
- Confidentiality
- CPT / ICD-9 Coding
- Communication
- Growing the Practice
  - Referrals out of existing Occupational Medicine Programs
  - Voluntary Health Risk Appraisals
  - Walk-Ins
On-site Primary Care Services

Free On-site Services include:
✓ Exam
✓ Laboratory
✓ Radiology
✓ Dietitian Consults
✓ EAP

Specialty Services:
✓ Optometry
✓ Podiatry
✓ Physical Therapy
✓ Physiatry
Current Clinic Enrollees

45% Female
55% Male

77% Employees
✓ Hourly 85%
✓ Salary 15%

20% Spouse

3% Retirees
Prevalence of Disease within the Clinic Enrollees

- Hypertension 29%
- Hyperlipidemia 23%
- Diabetes 10%
- GERD 10%
- Depression 6%
- Osteoarthritis 5%
Primary Care Practice in an Industrial Setting

Key elements of a successful clinical practice

Mindy Bingham, MSN, APRN, BC
TIME

- Time To Talk With Patients to Obtain a Good History
- Time to Assess
- Time to Teach & Validate Patient Understanding
- Time to Answer Questions
- Time to Hand Hold & Reassure
THE PERSONAL TOUCH

• Make Appointments to Consultants for the Patients
• Follow-up Phone calls to check Progress/Improvement
• Copy of Lab and Letter of Explanation with all Lab results
• Personal Hospitalist
CONVENIENCE FACTOR SAVES LIVES

• DM with no Rx for 2 Years, Now comes in for Quarterly Visits
• Sore Throat? Had No Provider, Came In because we were Convenient
• UTI? Persistent Hematuria, Free Second Opinion
• “Mild Chest Pain, but I’m sure it is Nothing!”
Primary Care Practice
Key Measures

• Financial results
• Employee satisfaction data
• Clinical outcomes
Outcomes: Cost Effectiveness

- Evaluated 5 Months of Clinical Data
- Noted reasons for Primary Care Visits
- Computed Olin’s costs for those Services had they been rendered by community providers (net discounts and co-pays)
- Identified actual costs of those services (laboratory charges, X-rays, Salaries for 2.5 FTE positions, etc.)
- Annualized the difference, which represented cost avoided by providing on-site services... $777,000.00
Primary Care Outcomes
All Service Categories
October 2004 – September 2005

Clinic Enrollees

$217

$348

$374

Age/Gender Adjusted, Paid PEPM net of $30K

Clinic Enrollees

Yes

NO

HDMS Benchmark
Average Covered Charge per Episode of Care

- **Routine Medical Examination**
  - Community Provider: $120
  - On-Site Clinic Provider: $108

- **Pharyngitis**
  - Community Provider: $100
  - On-Site Clinic Provider: $79

Primary Provider identified through ETG logic:
- Community Provider
- On-Site Clinic Provider
Outcomes: Employee Surveys

Satisfaction Surveys are distributed to individuals upon registering with the Medical Department receptionist. The proportion of responses rated “good” or “excellent” is indicated for each question:

- Were you helped within 15 minutes or less? .................................................................89%
- Was the nursing staff courteous and helpful? .................................................................96%
- Did you feel the nursing staff was knowledgeable about your problem? ........96%
- Did the medical professional seeing you spend enough time with you? ......96%
- Would you recommend this office to your coworkers for care? .........................95%
- Would you return to this office for future care? .........................................................96%
Outcomes: Time

Average Wait Time…………..8.2 minutes.
The average total time that elapsed from registration to the completion of the examination and discharge from the clinic.

• Primary Care………………..36 minutes
• All other visits……………….28 minutes
## HEDIS Effectiveness of Care Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Olin Clinic Enrollees</th>
<th>Commercial Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>85.7%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>95.3%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>89.8%</td>
<td>49%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>87.1%</td>
<td>66.8%</td>
</tr>
</tbody>
</table>
Diabetes Management: Innovative Approaches

Access database
- To identify patients for appointment reminder calls
- Summarizes outcome metrics for quarterly performance reviews

Diabetic Care flow sheet in patient charts

Routine and Specialty Evaluations on-site

Targeted Physician lead educational programs
## HEDIS Effectiveness of Care Measures

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<th>Commercial Health Plans</th>
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</thead>
<tbody>
<tr>
<td>HbA$_1^C$ test</td>
<td>100%</td>
<td>31%</td>
<td>86.5%</td>
</tr>
<tr>
<td>HbA$_1^C &gt; 9%$</td>
<td>21%</td>
<td>NA</td>
<td>30.7%</td>
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<tr>
<td>LDL-C Screening</td>
<td>100%</td>
<td>49%</td>
<td>91.0%</td>
</tr>
<tr>
<td>LDL-C &lt; 100mg/dl</td>
<td>58%</td>
<td>NA</td>
<td>40.2%</td>
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<tr>
<td>Eye Exam</td>
<td>76%</td>
<td>40%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Microalbuminuria test</td>
<td>92%</td>
<td>12%</td>
<td>52.0%</td>
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</table>
Conclusions

- On-site primary care services are well-received by Olin employees.
- On-site primary care does not compromise patient privacy or confidentiality.
- On-site primary care can be performed within measurable standards of quality.
- On-site primary care is a convenient and cost-effective alternative to community medical care for employees, family members, and retirees.