

CASE STUDY:

Pipe Trades Services Minnesota



Headquarters:	White Bear Lake, MN
Industry:	Plumbing and pipe fitting
Sector:	Trade unions
Employees:	5,000 active, 2,500 retired and total of 18,000 individual lives including dependents
Plan funding:	Self-funded

Key takeaways

1. The Pipe Trades Services Minnesota Wellness Centers were created to provide convenient, comprehensive primary care services and associated care onsite, at low or no cost, for a 99% male population that typically avoids going to the doctor.
2. Despite being used by only 25% of the 5,000 active plan participants, all union members, the centers have proved so successful financially that premiums have not risen in seven years. That's an unparalleled achievement compared to other union-affiliated plans, many of which have had to reduce benefits to cover rising plan costs.
3. Over the years, Pipe Trades Services Minnesota has continued to add services at its centers, such as physical therapy and personal trainers, as well as full-scale behavioral health offerings and a range of fitness and other classes.

By banking on bolstering primary care services as the key to reducing health plan costs and improving members' health, Pipe Trades Services Minnesota (PTSM) has developed an innovative

care model that not only better serves its six participating unions but also helps workers access convenient care when and where they need it. Essentially, by bringing comprehensive primary care “in house” through a network of sponsored wellness centers in which physicians, not actuaries, determine how care will be delivered, PTSM has turned the prevailing depersonalized volume-driven care-delivery model on its head. PTSM has also achieved the unthinkable: containing health-care costs so that the plan’s 5,000 active members haven’t had to incur a higher premium in more than seven years.

“Ten years ago, we were watching the cost of health care go up and up, especially on the primary care side, and not necessarily seeing any value for that,” said Jim Hynes, who administered the plan until his recent retirement and had three decades in the field. “The physicians we’ve hired to work in our wellness centers don’t have daily or hourly patient-volume quotas, and they’re not paid based on the number of patients they see. Our physicians are allowed to do what they were trained to do—spend their time developing a trusted relationship, without being encumbered by billing and coding decisions. And that’s what’s making a difference and changing lives.”

The PTSM Wellness Centers—four are operating in Minnesota today—offer a broad range of services including not only primary care but also behavioral health providers and psychiatrists, cardiologists, and chiropractors and personal trainers, and they provide those services for a nominal \$10 copay. There’s no billing and almost no paperwork. However, union members who obtain services at the centers are required to make a Health and Wellness Commitment to incorporating better nutrition and exercise, finding ways to create joy in their lives and, most important, establishing an ongoing relationship with a primary care physician. “It’s a holistic approach,” Hynes said.

Commitment to personal wellness, robust services underlie wellness center model

That's a tall order, given PTSM's population of 99% male plumbers, pipefitters and construction workers. "They're not just regular males, but tough construction worker males who think they don't need doctors. We need them to establish that commitment to support their health and wellness goals and their families," Hynes said.

In return, plan members can expect robust, comprehensive care that's "quarterbacked" by the physician regardless of the services needed. In that preliminary visit, the physician spends a full hour with the patient and takes the medical history in a face-to-face, personalized manner—not by having the member complete a multi-page form with a bunch of checkboxes. That authentic gesture and the unrushed visit, Hynes maintains, helps establish the trusted physician-patient relationship and makes it more likely that members will stick with the program.

The wellness centers' structure is designed comprehensively to support members' needs, with a focus on some of the common health issues workers in the trades experience: physical injuries, low back pain and sub-optimal nutrition that can lead to a whole host of ailments and chronic diseases. The centers have a dedicated low back pain program with four chiropractors on staff, and physical therapists and personal trainers available five days a week. Those providers work together as a team to coordinate needed care and track members' progress.

The centers also have health coaches on staff to help members who want to make life-style changes to improve their health, such as eating better or quitting smoking, for example. The centers have a Healthy Living Club once a week, where a physician provides wellness guidance and answers questions. Vision services are also provided onsite, and PTSM has used a centers of excellence model to contract cost-effectively for other services, such as imaging and gastroenterology.

To support members on their journey to improving health, PTSM also offers a range of classes—from yoga and meditation to exercise and fitness classes—and even a cooking class that’s been immensely popular with members’ families. In addition, the wellness centers also provide a meal service that members can access to have healthy, fresh-prepared meals delivered at work two days a week or available for pickup on Sundays. “It’s all fresh—nothing is frozen and there’s no processed food. And it’s all healthy, like free range chicken and wild-caught fish,” Hynes said.

Initially, there was some pushback by union leadership and board members regarding the rationale for and cost of operating the centers, but that has diminished over time as total costs have stabilized and the centers’ popularity and effectiveness have become apparent. “One of the things I’ve heard, from one of my female physicians, is that some of the younger single males look to the female physicians as their mother hens—helping them figure out some of the health stuff,” Hynes said.

Behavioral health services address an underserved need

One of the key differentiators in PTSM’s care model is the full range of behavioral health services it offers, onsite at its wellness centers. In addition to mental-health therapists, members also have access to a psychiatrist, as needed, just by walking down the hall. “In my opinion, mental health is the most underserved area in our primary care system, and there are lots of access issues. We wanted to remove that barrier so that members don’t have to miss work, find services on their own and pay out of pocket,” Hynes said. “We also wanted to reduce the stigma issues associated with mental health, so we call our providers ‘coach therapists.’” Those teams are in place at all four wellness centers.

PTSM also eradicated any cost barrier to mental health services, by providing the services as no cost—no deductibles and no copays. That mental health program has worked out far more

successfully than expected. As of July 2018, the centers were seeing approximately 400 patients per month for behavioral health visits. And established patients also have the option of using virtual visits to work through any concerns or crises that arise in between visits.

“Things happen. Life happens. And people might need help coping,” Hynes said. “Maybe a teen-aged child is addicted to opioids, or the member has just learned that he has diabetes and had a father who died of the disease at a young age.” Those are visits that most typical union members wouldn’t be accessing, Hynes observed, because there are too many barriers to obtaining that care elsewhere.

While the wellness centers model has been very successful from the standpoint of helping contain costs, and encouraging disease prevention and driving satisfaction among those who’ve signed on to the program, PTSM would like to see increased participation, which today stands at approximately 25% of plan members. Hynes acknowledges that increasing participation is expectedly challenging, with a population of predominantly young to middle-aged men who work in the construction trades. “It’s something the company is working on, getting more members to establish a relationship with a physician, but it can be difficult with men and particularly with younger men,” Hynes said.

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– Jim Hynes, former plan administrator