

*Editorial***PRIMARY CARE IN THE WORKPLACE:  
COST SAVINGS AND IMPROVED HEALTH OUTCOMES**

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The major portion of health care dollars is spent on illness care and yet the health outcomes of the United States are poorer than many countries that spend much less. A shift must occur in spending to place more emphasis on prevention. Increasing health promotion and wellness programs in industries is one prevention strategy for decreasing health care costs and improving health outcomes. Although the workplace is a logical site for health promotion, few small employers offer programs and few understand how to balance program costs against benefits. Yet, while at work, the employees are a captive audience and are more likely to engage in wellness activities.

There are numerous reasons for incorporating wellness programs in small industries. Considering the high percentage of illnesses that can be prevented, that most small industries are self insured and the rising health care costs, health promotion and prevention programs are gaining popularity. Two chronic diseases which are readily impacted are cardiovascular disease and diabetes mellitus. In 2001, the Healthcare Utilization Project was conducted by AHRQ to determine average hospital discharge costs and length of stays for diagnosis. On average one hospital discharge for diabetes with complications costs \$15,721; on average one hospital discharge for hypertension with complications costs \$18,955 and a coronary artery bypass graft costs \$60,853. When employers are made aware of these potential costs, wellness programs cost effectiveness becomes more apparent. Besides decreasing the incidence of possible costly hospitalizations, employee productivity and morale can increase with wellness care.

One model for a wellness program in small industries includes nurse practitioners and nurse case managers working as a team. Nurse practitioners provide physicals and lab work screenings and a nurse case manager provides follow-up on lab values and individualized health teaching. This prevention model has proven to improve the population's health outcomes and has provided cost savings for the involved industries.

**REFERENCE**

Healthcare Cost and Utilization Project. (2001). National Inpatient Sample database. Retrieved November 5, 2005, from <http://www.ahrq.gov/data/hcup/hcupnis.htm>