Why large corporations are purchasing, delivering health care in the workplace

29 November 2022, by Katie Cavender

The field of primary care is struggling. According to a report from the Primary Care Collaborative, it is financially underresourced and is experiencing workforce shortages. With overwhelming workload and lower average salaries than most other medical specialties, medical students increasingly choose other fields of medicine.

So why are large corporations, such as Amazon, CVS, Walmart, and JPMorgan Chase now entering the primary care space? Across many industries, corporations are paying large sums for their employees' health care.

"Health care is now among the largest—if not the largest—costs for most U.S. employers, including large self-insured employers who bear their own risk of workers needing health care," said Zirui Song, director of research in the Harvard Medical School Center for Primary Care.

"Many large employers and private sector entities have pursued their own approaches to structuring primary care delivery," said Song, an associate professor of health care policy in the Blavatnik Institute at HMS. "We are beginning to see employers purchase or deliver primary care in more industry-specific or employee-friendly ways."

Who benefits from the new model?

JPMorgan Chase recently announced it is piloting office-based clinics for employees and their families. With a clinician only steps away, JPMorgan Chase is hoping to ensure that more employees receive the preventive care they need to stay healthy. When employees stay healthy, companies save money and experience less disruption, experts say, but some have concerns.

The care that these companies provide may be "a priority for the company but not necessarily what would maximize their employees' long-term health and well-being," said Kirsten Meisinger, clinical lead for leadership and system transformation at the Center for Primary Care and HMS instructor in medicine at Cambridge Health Alliance.
"About 80 to 90 percent of our health is determined by where we live, clean air, access to exercise and other social determinants of health," she said.

Making an effort to "treat the person, the family, and the community," Meisinger added, is the underlying philosophy of family medicine.

"Treating workers in the context of the company, rather than where they live, risks many of their social needs going unaddressed," she cautioned.

To provide resources within its own local community, for example, CHA has partnered with the Greater Boston Food Bank to host a food distribution market where fresh fruits and vegetables are made available to the community for free.

"Many patients live in challenging food deserts. We know this is a serious health problem," Meisinger said. "We can't fix it entirely, but we can be a partner to help people through challenging times."

The question remains whether corporations will ensure that health equity and community-centered care become part of their business plans.

"Additional financing for primary care from the private sector gives practices and clinicians more resources to address patient needs while potentially making primary care a more attractive career choice," Song said.

"However, it's important to discern whether such financing can ultimately improve health beyond yielding the desired economic returns for its investors," he added.

The study is published in the journal *JAMA Internal Medicine*.
