

The

# INSIDE STORY<sup>®</sup>

DECEMBER 2015

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# 'TIS THE SEASON TO LOOK BACK...

## MEMORABLE MOMENTS FROM *THE INSIDE STORY*<sup>®</sup> 2015

This time of year is all about reflection. Memorable topics, informative facts, intriguing opinions, and of course, a lot of analysis—the last 12 months of *The Inside Story* provide a snapshot of what shaped 2015. As another year draws to a close, let's have a look back at where we've been. And let's look forward to where we're headed.

### Where we've been...

In case you missed it, here's all *The Inside Story* buzz from 2015:

#### First-ever GSC Health Study provides a broader perspective

As the industry knows all too well, the GSC annual drug study truly is near and dear to our hearts. In 2014 we made another enhancement; in addition to drugs, we zeroed in on health benefits and rolled the drug study into GSC's first-ever Health Study. Layering the health claims data on top of the drug data provides a comprehensive view of total benefits consumption with some interesting observations:

- Babies are receiving chiropractic services,
- Teenagers are getting tens of thousands of massages,
- By our 20s, the combination of massage, chiropractic, and physiotherapy becomes the highest-usage and highest-cost health benefits,
- Starting in the 20s, health benefits spending by females begins to significantly outpace male spending, and
- As expected, in the 60s and 70s, age-related benefits start entering the scene.

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Our challenge to readers of *The Inside Story* is to consider the long-term health challenges that face us—an aging population, the increase in chronic disease, and the entry of very expensive but very impactful new drugs into the marketplace. If we started from scratch in 2015, with all the best available information at our fingertips, what would a plan look like? If you are one of those plan sponsors looking for concrete health outcomes for your employee population, that traditional plan is not going to cut it.”

*Find out more in the April 2015 edition.*

#### 2015 ChangeMakers in Review

As innovators in health management, the ChangeMakers shared their stories of igniting fundamental change in workplaces across Canada:

- **Jennifer Carson** transformed the Alberta School Employee Benefit Plan's approach to health benefits from a transaction-based philosophy to a people-centred approach. See the January edition.
- **Diana McNiven** steered GE Canada to becoming a leader in building a mentally healthy workplace. See the March edition.
- **Teresa Steinhauer and Cindy Munn** woke up the City of Calgary's 15,000 employees to the importance of good sleep through the “Wake Up!” campaign that changed the way The City engages employees around health and wellness. See the May edition.
- **Marc Mitchell** shared his research which is at the forefront of determining best practices for using financial health incentives to address inactivity and sedentary behaviour. See the July/August edition.

As a sneak peak into 2016, GSC is hard at work scouring the best available research to determine the best applications for paramedical services. We'll be sharing our findings throughout the year. As our recent advertisement suggests, we're all about more research, more rigour, and more options for sound health benefits management.



## Year after year chronic conditions rule with similar drug usage and drug costs

The 2014 drug data seems like déjà vu. Year after year we continue to see unhealthy lifestyle behaviours—which lead to a range of chronic conditions—which lead to increased drug use—which leads to high costs. As a result, the highest percentage of drug volume and costs continues to be tied to chronic conditions like hypertension, diabetes, and high cholesterol. Although it may be same old/same old regarding chronic conditions and their associated costs, the impact of new high-cost drugs is definitely on the horizon—if not already hitting home.

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Like 2013, the age bands covering the 50s and 60s can be summed up in a word: Impactables—the plan members taking a range of drugs for chronic diseases that account for the majority of costs. We relive the impact of the Impactables from one year to the next through the rising incidence of chronic conditions. Regarding costs, although biologics are number one, drugs to treat chronic conditions really add up: over 80% for the 50s and for the 60s.”

*Find out more in the June 2015 edition.*

## Change4Life™ nudges plan members to make healthy changes

In case you missed it (which may be virtually impossible at this point, since we launched the Change4Life portal in May 2015 and have been encouraging participation ever since), plan members can sign up for the online health management portal for free through GSC's Plan Member Online Services or GSC on the Go™. Then the portal encourages them to complete an online health risk assessment, set goals, receive Stick2It medication reminders, sign up to receive health reminder emails, and read educational articles about health topics. And in keeping with behavioural economic principles, the portal offers incentives; plan members immediately receive points when they do certain healthy things—points they can use to buy ballots and bid for rewards.



HOW IS HEALTH BENEFITS SPEND MANAGED?

PRIOR AUTHORIZATION

RANDOMIZED CONTROLLED TRIALS

SPECIALTY DRUG PPN

90 DAY SUPPLY

COMPLIANCE PACKAGING CONTROLS

MEDICATION REMINDERS

INITIAL DAY SUPPLY

DRUGS

BIOLOGICS POLICY

EXPERT REVIEW COMMITTEES

MANAGED FORMULARIES

TIERING

PRODUCT LISTING AGREEMENTS

COMPOUND POLICIES

DISPENSING FREQUENCY LIMITS

## EVERYTHING ELSE

UH, MAXIMUMS?

REAL RESEARCH, REAL RIGOUR, REAL CHOICE FOR PLAN SPONSORS – COMING IN 2016.

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...First off, we've had a great start, during the first six months, we already had over 15,000 plan members sign up. And over 50% of them completed Change4Life's Health Risk Assessment (HRA), which is an unheard of percentage; a more typical response rate is about 20%. We were hoping to see a lot of bids, and so far since the launch, there have been over 50,000. We figure that plan members are getting the concept, and more important, they are working toward improving their health."

*Find out more in the October edition where we talked to Peter Gove, GSC's innovation leader for health management.*

## Health literacy a key consideration for enhancing behaviour change

It's not enough for plan members to just listen to their health care professionals, or just watch a health-related video, or just read health information, they also need to understand it—and ideally, take action. This gets at the often misunderstood issue of health literacy which is commonly described as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Not only is addressing health literacy key to motivating behaviour change, but it also helps ensure that plan members can effectively assess health information for accuracy, quality, and scientific basis.

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The fact that your plan members' health literacy may fluctuate—sometimes high and sometimes low—an essential strategy to addressing health literacy is to focus on clarity. For plan members with low health literacy, clear health information is essential so they are not only able to easily listen, watch or read it, but also understand it, and (hopefully) act on it. For plan members with high health literacy, they appreciate clear health information because it's quickly engaging and easy to act on—no hassles."

*Find out more in the September 2015 edition.*

## Registered dietitians finally take the spotlight

Although diet plays a pivotal role in achieving good health, the role of registered dietitians is not well known. Registered dietitians are specifically trained in how food and nutrition affects health. Accordingly, they can help your plan members and their families improve their eating habits to both preserve good health and prevent poor health. In fact, they can be especially helpful in helping your plan members prevent the risk factors for many chronic conditions.

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If you were to review your health plan, would you say that it is positioned to impact chronic conditions? For instance, although health services like massage, chiropractic services, and physiotherapy do not impact chronic conditions, these services dominate the non-drug spend in most plans. By contrast, very few plans cover registered dietitians."

*Find out more in the February 2015 edition.*

## Where we're headed...

...Helping plan sponsors and plan members tackle chronic conditions...Providing insight into diverse topics that shape our industry... Sharing the experience of interesting people who make an impact.

All are on the agenda for the 2016 editions of *The Inside Story*. And of course, it wouldn't be *The Inside Story* if it didn't always include more than its fair share of data, analysis, and statistics—including reporting the results of the upcoming 2015 GSC Health Study.

# COMMUNITY GIVING PROGRAM

HERE'S HOW WE **ADD TO THE GREATER GOOD...**



## Paving the way for a brighter future

### Take a look at how our grant recipients are making a difference

Frontline care—like dental services, vision care, prescription drugs, disease management, and mental health supports—can act as a catalyst for change. That's why the GSC Community Giving Program is focused on supporting organizations and initiatives that provide frontline care for underinsured or uninsured populations. And all grant recipients include a navigator component—this means ongoing positive change as clients are referred to any additional services they may need.

## Frontline care in action in eastern Canada



### **YMCA of Greater Moncton—Alternative Suspension Program**

The goal of the Alternative Suspension Program is to encourage students suspended from school to continue their studies and to decrease repeat suspensions. This is especially critical since research shows that 78% of dropouts have had repeat suspensions. A youth worker liaises with the suspended student, their family, and the school to design a customized intervention. This often includes addressing mental health issues and learning about topics like self-reliance, social skills, self-respect, and respect for others. As a navigator, the youth worker connects the suspended student and their family with community services and follows up to check progress. GSC funding will allow the program to help as many suspended students as possible to make the time they are away from school a positive turning point. To learn more, visit the YMCA Moncton website at [www.ymcamoncton.com](http://www.ymcamoncton.com) and Facebook at <https://www.facebook.com/MonctonYMCA>.

### **YWCA Moncton—Young Women's Wellness Program**

The YWCA is launching a new Young Women's Wellness Program focused on those who are pregnant, parenting, homeless, or precariously housed. It aims to improve access to health and community services by way of a client navigator who acts as the bridge between the vulnerable young women and the health care and community services they need. For example, the client navigator helps address pre- and post-natal needs, mental health issues, addictions, healthy eating, financial literacy, and employability, as well as issues related to the wellness of their babies. GSC funding will enable the YWCA to launch the program including hiring and training the client navigator. To learn more, visit the YWCA Moncton website at [www.ywcamoncton.com](http://www.ywcamoncton.com), Facebook at [www.facebook.com/ywcaMoncton](http://www.facebook.com/ywcaMoncton), and Twitter at [www.twitter.com/ywcamoncton](http://www.twitter.com/ywcamoncton).

## SURVEY FINDS THE COST OF PROVIDING BENEFITS HAS NEVER BEEN HIGHER

A total of 278 mid- to large-sized employers participated in the Conference Board of Canada 2015 Benefits Benchmarking survey. One of the survey's main findings is that, due to the increasing prevalence of chronic conditions and the rising incidence of mental health issues, the cost of benefits has never been higher. The survey found that the average cost of providing benefits for employees is \$8,330 per full-time employee.

In terms of specific coverage for full-time employees:

PERCENTAGE OF EMPLOYERS SURVEYED	PROVIDE THIS BENEFIT...
92%	Vision care
95%	Private or semi-private hospital accommodation
99%	Out-of-country medical coverage
99%	Paramedical services like massage therapy, chiropractic coverage, and physiotherapy
98%	Major restorative dental services
91%	Accidental death and dismemberment
99%	Long-term disability

In addition, more than half of employers surveyed offer benefits to retirees for prescription drugs, vision care, hospital stays, dental care, and paramedical services.

As employers continue to try to balance the ability to provide benefits while containing costs, strategies they are using include implementing generic substitution, excluding certain drugs from coverage, and increasing employee premiums. Employers are also seeking out health management programs and early assessment and intervention. This is a trend that the Conference Board predicts will continue as employers increasingly focus on health education, promotion, and prevention to improve employee health while reducing benefits claims and controlling costs.

For more information, please visit the Conference Board website at [www.conferenceboard.ca/e-library/abstract.aspx?did=7364](http://www.conferenceboard.ca/e-library/abstract.aspx?did=7364)

## FOR THE SECOND TIME IN 2015, PRINCE EDWARD ISLAND ADDS NEW DRUGS TO FORMULARY

In April 2015, PEI added 18 new drugs to their provincial drug formulary, and now they have added another 10 new drugs:

- Alimta, Pomalyst, Revlimid, Vidaza: for cancer
- HyperSal 7%: for cystic fibrosis
- Difucid: for gastrointestinal infection
- Concerta and Biphentin: for attention-deficit hyperactivity disorder
- Jetrea: for vitreomacular adhesion—an eye condition
- Champix: smoking cessation therapy



To be eligible for coverage, patients must meet clinical criteria and be registered with the provincial drug plan. What does this mean for your plan? There will be no impact on private plans. For plan members in PEI, GSC is the first payer so claims should be submitted to GSC first for reimbursement.

For more information, please visit the PEI website at <http://www.gov.pe.ca/newsroom/index.php3?number=news&newsnumber=10483&dept=&lang=E>

*December  
Haiku*

Ah, 2015  
Lots to talk about in health  
And the Jays were great

**GSC CUSTOMER SERVICE CENTRE 2015 HOLIDAY HOURS**

- Thursday, December 24 – Closed
- Friday, December 25 – Closed
- Monday, December 28 – 8:30 a.m. to 8:30 p.m. EST
- Tuesday, December 29 – 8:30 a.m. to 8:30 p.m. EST
- Wednesday, December 30 – 8:30 a.m. to 8:30 p.m. EST
- Thursday, December 31 – Closed
- Friday, January 1 – Closed

Our regular business hours (8:30 a.m. to 8:30 p.m. EST) resume Monday, January 4, 2016.



**Winner of the draw for an iPad mini**

Congratulations to C.Bitz, of Calgary, Alberta, the winner of our monthly draw for an iPad mini. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.



[greenshield.ca](http://greenshield.ca)

<b>London</b>	1.800.265.4429	<b>Vancouver</b>	1.800.665.1494
<b>Toronto</b>	1.800.268.6613	<b>Windsor</b>	1.800.265.5615
<b>Calgary</b>	1.888.962.8533	<b>Montréal</b>	1.855.789.9214
	<b>Customer Service</b>		1.888.711.1119