

The

# INSIDE STORY®

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# THE FIRST-EVER GSC DENTAL STUDY

## NOW THAT'S SOMETHING TO CHEW ON!

First came the GSC Drug Study...then came the GSC Health Study...and now (drum roll please), we present GSC's first-ever Dental Study. As the story goes, millions saw the apple fall, but only Newton asked why—the same goes for dental data, which is rarely put under the microscope. But at GSC, we're living proof that curious minds are hard to tame. And we know you're as curious as we are because plan sponsors and advisors asked us to share the down and dirty on our dental data (...maybe it's not *that* exciting—but we love unlocking data's hidden meaning).

### Rooting for the underdog of benefits

First, to set the scene, let's regroup regarding the often overlooked value of dental benefits. Although drugs and extended health services (EHS) often hog the spotlight, dental is just as important. The eyes may be the windows to the soul, but the mouth can be a window to overall health. Sound familiar? We covered the mouth-to-overall-health connection in the March 2014 edition of *The Inside Story*®.

What the dentist sees in plan members' mouths today may help improve their health tomorrow—and we're talking conditions here. Research has found an association between oral health and heart disease, diabetes, respiratory illnesses, and various cancers. All in addition to proactively identifying dental issues like early signs of cavities and gum disease.

However, due to the often under-emphasized role of dental benefits, even health management programs rarely touch on dental care. No more taking a backseat—with the 2014 GSC Dental Study we're giving dental benefits as much air time as drugs and EHS.

### And spending triggers curiosity...

Just like with drugs and EHS, we need to understand where the dollars are going, and of course, we need to relay this to you. During the GSC Dental Study's 12-month period from July 1, 2013, to June 30, 2014, dental expenditures were \$472M over our entire book of business. As with the drug and health studies, we drilled down by age band and discovered that the top ten categories of dental procedures for each age band account for \$462M of entire dental spending or 98%—here's the lowdown:

### Decoding Dental Procedures

- **Preventive:** procedures to maintain good oral health (e.g., cleaning, scaling, polishing, fluoride treatments, oral hygiene instruction)
- **Diagnostic:** procedures to assess treatment needs (e.g., examinations, lab tests, x-rays)
- **Restorative:** procedures to repair teeth or replace missing teeth (e.g., filling cavities)
- **Basic oral surgery:** procedures to address tooth and gum issues (e.g., removing impacted teeth and teeth in an unusual position)
- **Periodontics:** procedures to improve the tissues that support and surround teeth (e.g., treating gum disease)
- **Endodontics:** procedures to address issues with the inside of the tooth called the dental pulp, which is the soft tissue containing nerves and blood vessels (e.g., root canal)
- **Prosthodontics:** procedures to repair damaged teeth, replace missing teeth, and anchor dentures, crowns, or bridges (e.g., "prosthodontics fixed" is a bridge, "prosthodontics removable" is a denture)
- **Orthodontics:** procedures to improve the positioning of teeth and the development of the jaw (e.g., braces, removable retainers, head gear). Payment for "ortho treatment" reflects the regular (usually monthly) fixed expense for orthodontic treatment.

## The Kidz

So far, so good regarding the dental procedure categories that dominate volume as it looks like the wee ones don't need root canals (yet), so preventive and diagnostic procedures like cleaning, fluoride treatments, and hygiene instruction rank highest. In terms of costs, prevention is the lowest cost per claim category, so even for kids, restorative procedures like filling cavities take the highest cost rank. In fact, this theme is here to stay across the age bands and regardless of gender—restorative procedures rank number one from a cost standpoint (except females in their 60s, where it ranks second).

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Preventive	46.04%	1	Restorative	34.66%
2	Diagnostic	31.04%	2	Preventive	24.68%
3	Restorative	13.06%	3	Diagnostic	21.49%
4	Basic Oral Surgery	2.82%	4	Payment For Ortho Treatment	6.25%
5	Payment For Ortho Treatment	2.24%	5	Basic Oral Surgery	5.58%

## The Teens

Brace yourself, here come the teen years—and you guessed it, here come (along with other drama) braces and their associated costs. But first, in terms of volume, preventive procedures continue to prevail. Regarding costs, although restorative procedures are still in the lead, orthodontics spike. There is some orthodontics before and after the teen years, but it's during the teens where things really get mouthy (but you probably already knew that).

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Preventive	37.00%	1	Restorative	22.24%
2	Diagnostic	27.05%	2	Preventive	16.99%
3	Periodontics	11.92%	3	Payment For Ortho Treatment	16.61%
4	Restorative	10.83%	4	Diagnostic	15.35%
5	Payment For Ortho Treatment	7.11%	5	Basic Oral Surgery	14.60%

## The 20s

Once plan members hit their 20s, in terms of volume, periodontal procedures, such as the treatment of gum disease, are neck and neck with preventive and diagnostic procedures for both females and males. Regarding costs, once again, restorative procedures are number one and they are creeping up; 10% more now than with the Teens.

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Preventive	29.49%	1	Restorative	30.93%
2	Diagnostic	29.21%	2	Diagnostic	18.13%
3	Periodontics	21.39%	3	Periodontics	17.34%
4	Restorative	14.72%	4	Preventive	14.57%
5	Basic Oral Surgery	2.92%	5	Basic Oral Surgery	8.84%

## The 30s

Regarding volume, like the 20s, periodontics continues to creep up; it is in the third spot, but is now almost the same percentage as the first and second spots. Interesting note—a few very large GSC clients have a plan design that allows only one unit of regular scaling. After that, a periodontist must perform the service; this drives these numbers in our data. As well, for the cost ranking, although restorative services is still number one, periodontics has climbed the ranks to number two. In fact, periodontics will remain in second spot behind restorative for the rest of the age bands for both females and males.

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Preventive	29.56%	1	Restorative	28.09%
2	Diagnostic	27.34%	2	Periodontics	22.45%
3	Periodontics	25.92%	3	Diagnostic	16.38%
4	Restorative	12.90%	4	Preventive	14.97%
5	Basic Oral Surgery	1.28%	5	Endodontics	4.83%

## The 40s

Like in the 30s, although periodontics is still third for volume, the gap is narrowing between preventive and diagnostic procedures. As for costs, the "restorative-followed-by-periodontics" trend continues with periodontics a very close second to restorative procedures.

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Preventive	28.16%	1	Restorative	28.09%
2	Diagnostic	27.51%	2	Periodontics	22.45%
3	Periodontics	27.12%	3	Diagnostic	16.38%
4	Restorative	12.56%	4	Preventive	14.97%
5	Major Restorative	1.47%	5	Endodontics	4.83%

## The 50s

Although preventive procedures have a long run as highest volume, in the 50s other issues start intervening. There are a couple of newbies on the scene—endodontic treatment, a.k.a. root canals (ouch!), takes the lead for volume and prosthodontics fixed (bridgework) takes the third spot. Regarding costs, it's same old/same old; expected restorative procedures lead the way followed closely by periodontics.

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Endodontics	27.91%	1	Restorative	24.96%
2	Preventive	27.15%	2	Periodontics	22.98%
3	Prosthodontics Fixed	26.07%	3	Diagnostic	14.11%
4	Restorative	13.14%	4	Major Restorative	12.19%
5	Periodontics	2.24%	5	Preventive	11.76%

# The 60s

Interestingly, diagnostic procedures now take the lead—we can think of this as the preamble to restorative procedures because it's mainly assessments for additional restorative procedures. And once again for costs, restorative and periodontics persist in the first and second cost rankings.

RANK	CATEGORY	VOLUME	RANK	CATEGORY	COST
1	Diagnostic	28.19%	1	Restorative	23.85%
2	Periodontics	26.48%	2	Periodontics	22.53%
3	Preventive	24.94%	3	Diagnostic	13.75%
4	Restorative	13.25%	4	Major Restorative	12.69%
5	Major Restorative	2.33%	5	Preventive	10.97%

## What stands out in the data?

- **The “high-cost specialty drugs” of dental:** As we've seen, restorative procedures is the highest-cost category across all the age bands. Thankfully they are much (much!) cheaper than specialty drugs, but they grab our attention in the same way. For example, the average cost for a dental claim is \$70.28, whereas, the average cost for a major restorative claim, e.g., a crown, is \$410.48. But to put it into perspective, these claims only account for 1.5% of total claims and only 9.3% of total expenditures.
- **The 80-20 rule:** With cause and effect, it is common to find that 80% of the effect or outcome is due to 20% of the cause or influencers. Dental costs follow this typical distribution pattern: 20% of claimants account for 54% of costs (which is not as pronounced as the 2014 drug study where 20% of claimants account for 75% of costs).
- **Colour costs:** Of the \$122M spent on restorations, nearly all (93.1%) is due to tooth-coloured fillings, which most, but not all plans cover. Unlike amalgam fillings (mercury alloy), the dentist uses a filling material coloured to match the other teeth. This preferred option means more claims at a higher cost per claim: 775,295 claims for coloured fillings versus 64,409 claims for amalgam fillings at a cost of \$146.84 per coloured filling versus \$94.06 per amalgam filling. Coloured fillings also have a shorter lifespan at 7.8 years compared to 12.8 for amalgams so they need to be replaced sooner.
- **Male apathy or are females just keeners?** Across the age bands, preventive procedures for females persists as the second highest-cost category, but for males it drops to the fourth spot. After 18 years old, this trend of what could be seen as male apathy seems to set in; interestingly we see the same phenomenon regarding drugs and health benefits (...perhaps once sons leave the nest with no parents breathing down their necks, they slack off regarding health). Is this male apathy? Or are women just doing what women do; they go to the doctor... and turns out they also go to the dentist.

## Reality bites... especially where aging is concerned

The dental data has unfolded as expected. For instance, major restorative procedures creep up exactly like we'd predict. By the 50s restorative tops the ranks because...well, reality bites—aging tends to mean not just increased dental spend but increased health care overall. As plan members age, the number of dental procedures and the cost per procedure increases. And as we know, aging typically leads to an increase in chronic conditions. However, dental benefits can provide insight because what's happening in plan members' mouths may provide a view to what's going on in their bodies. Regarding what the future may hold, dental benefits may give us a heads up!

# 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 Southwestern Ontario

### National Service Dogs – Post Traumatic Stress Disorder Information Services

Located in Cambridge, Ontario, National Service Dogs (NSD) is the only accredited organization in Canada that provides certified service dogs as an innovative component in treating people suffering from post-traumatic stress disorder (PTSD). Their new program called PTSD Information Services serves as a resource for individuals, families, and health care professionals to help them navigate through treatment options including using service dogs. As a navigator, the program also includes a program manager who liaises between treatment professionals and clients. Support from GSC will enable NSD to launch the new information services program. To learn more, visit [www.nsd.on.ca](http://www.nsd.on.ca), <https://www.facebook.com/National-Service-Dogs>.

### Youth Opportunities Unlimited – Youth Dental Services Project

Youth Opportunities Unlimited—known as YOU—is the largest service provider for underprivileged and at-risk youth in London and Middlesex County. More than 3,600 youth access YOU services for assistance with skills development, job search, housing, health care, mental health, and addiction. Their new Youth Dental Services will provide free dental services and, as a navigator, will act as a catalyst ensuring that youth receive other essential services. Support from GSC will enable YOU to fully develop the dental services program through comprehensive planning and coordination. To learn more, visit: [www.you.on.ca](http://www.you.on.ca), [www.facebook.com/youthOpportunitiesunlimit](https://www.facebook.com/youthOpportunitiesunlimit), [https://twitter.com/you\\_london](https://twitter.com/you_london).

### Sanguen Health Centre – Mobile Outreach Van

Sanguen Health Centre's goal is to meet the needs of those in Waterloo Region and Wellington-Dufferin-Guelph who are living with, or at risk of, hepatitis C by providing education, support, and comprehensive medical care. Their new Mobile Outreach Van will enhance outreach activities by bringing services directly to isolated individuals. As a navigator, the mobile services also will help connect clients to additional services like mental health support, housing, and social assistance. Support from GSC will cover operational costs like the van and hiring an outreach worker. To learn more, visit: [www.sanguen.com](http://www.sanguen.com), <https://www.facebook.com/pages/Sanguen-Health-Centre>, <https://twitter.com/SanguenHepC>.

What'sUp...  
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## NEW DEVELOPMENTS FOR THIS YEAR'S FLU SEASON

Getting the flu shot will continue to be convenient for plan members as numerous pharmacists across Canada now have the specialized clinical training required to give the vaccine. What's new for the 2015/16 flu season are changes in this year's vaccine formulation.

Historically, the flu vaccine has been made up of three strains of inactivated virus: two influenza A-strains and one of two B-strains. The poor performance of last year's vaccine was attributed to a mutation in an A-strain and a mismatch for the B-strain. This year's vaccine for adults 18 years and older includes what should be a more effective mix of strains: the evolved A-strain and the B-strain that circulated last year plus another A-strain.

In addition, for the first time, the provinces are offering children who are six months to 17-years-old a vaccine that protects against four strains instead of three. The added protection is against a B-strain that affects children and youth more frequently than adults. Depending on the province, some adults and seniors may also be eligible for the four-strain vaccine.

And also new this year, as an alternative to an injection, parents now have the option of having their children vaccinated by way of a new nasal spray called FluMist. Although it is available across Canada, it is only fully funded in certain provinces.

What does this mean for your plan? To find out about provincial coverage of FluMist, plan members should ask their pharmacist or check with their province's health department. If your GSC plan covers flu vaccinations, plan members will require a prescription from their doctor and the pharmacy receipt. To ensure your plan receives the best cost/benefit, we will coordinate your plan's coverage with any potential provincial funding.

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## PLAN MEMBERS CAN NOW ACCESS CHANGE4LIFE™ VIA GSC ON THE GO™

GSC's mobile app, GSC on the Go, now includes the Change4Life portal so, no matter where your plan members are, they can easily access all of the tools and resources—and even the rewards! Mobile convenience may be precisely what your plan members need to take the Change4Life plunge. They will learn about their current health status and then can make improvements, all with the support of personalized tips, easy-to-use online tools, and important health information—now at their fingertips anytime, anywhere! Downloading GSC on the Go couldn't be easier, simply direct your plan members to the GSC website at: [greenshield.ca/sites/corporate/en/what-you-need/online-services/Pages/GSC-on-the-GO.aspx](http://greenshield.ca/sites/corporate/en/what-you-need/online-services/Pages/GSC-on-the-GO.aspx)

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## PHARMACIST HEALTH COACHING PROGRAM NOW AVAILABLE IN EIGHT PROVINCES

Do you have plan members in British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island or Newfoundland? Now GSC's Pharmacist Health Coaching is available for them right in their community. Under the banner of GSC's Change4Life™ initiative, it is a counselling service delivered by pharmacists and focused on cardiovascular health, including blood pressure and cholesterol management. It is an excellent way to empower your plan members diagnosed with hypertension and elevated cholesterol to take ownership and responsibility for their overall health—it focuses on nutrition, exercise, smoking cessation, drug adherence, and personal health monitoring.

# OUT & ABOUT... EVENTS NOT TO MISS

## Healthy Canada: Financial Models and Fiscal Incentives in Health and Health Care – December 1

GSC's Vice President of Strategic Market Solutions, David Willows will participate in a panel discussing Canada's private sector experience with using rewards systems to motivate changes in behaviour including physical activity and healthy eating.

InterContinental Toronto Centre, Toronto, Ontario

<http://www.conferenceboard.ca/conf/healthsummit/agenda.aspx>

## Face to Face Drug Plan Management Forum – December 2

GSC's Pharmacy Strategy Leader Ned Pojskic will participate in a panel discussion exploring drug plan management and plan sustainability.

The Fairmont Royal York, Toronto, Ontario

<http://www.benefitscanada.com/conferences/face-to-face-drug-plan-management-toronto>

November  
Haiku

First dental study  
Fillings and crowns and bridges  
Chew on the data

## Winner of the draw for an iPad mini

Congratulations to L. Beneteau, of Amherstberg, ON, 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)

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