

The

INSIDE STORY[®]

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IF THE NAME FITS, WEAR IT PROUDLY...

Change4Life[®] is changing lives!

Time really does fly when you're having fun—especially when you're having fun while improving people's health. It's hard to believe that it's been almost two years since we launched the concept of Change4Life: our broad health management initiative that uses a targeted approach—and the fun-factor—to nudge plan members toward better health.

Of course, as you can imagine, one of the biggest fun-factors for us has been the opportunity to not only collect data but (even more fun) to also analyze data. This month, we'd like to start sharing with you what we are learning as we zoom in on the Change4Life portal, our online health hub—live since June 2015—where plan members can work toward the ultimate reward of better health while having fun doing it through earning points and having the chance to win cool rewards.

But first, here's where we've been...

Change4Life was born from our annual health studies that show the world our claims data and that clearly identify the high incidence (in fact, scary incidence) of plan members diagnosed with—or at risk of developing—chronic disease. Fortunately, plan members can curb many of the risk factors that lead to chronic conditions by making changes in their everyday lives.

While lots of people saw our health studies, what they did not see was the GSC team immersing itself in the research around behaviour change. As we explained in the October 2014 edition of *The Inside Story*, behavioural economics draws on economic theory and psychology to demonstrate human decision-making is anything but rational.

However, our irrational actions *are predictable*, so we believe we can potentially intervene to help plan members make healthier choices. We can nudge them by giving them a nudge. Nudging comes in all shapes and forms as Richard Thaler, author of the book *Nudge: Improving Decisions About Health, Wealth, and Happiness* explains, "by a nudge we mean anything that influences our choices."¹

First, in late 2013, we launched the Stick2It reminder program to nudge plan members to improve their medication adherence. Next, we launched the Change4Life initiative (and the brand) in September 2014 with specific disease-state education to targeted plan members ("new starts" on hypertension, diabetes, and/or cholesterol meds). Then in June 2015 we built ourselves a home—we launched the Change4Life portal.

Snapshot of

Change4Life

Here's what the Change4Life initiative includes today:

Change4Life portal: includes a health risk assessment and personal health score, health education modules, health and physical activity trackers, medication and health reminders, plus participation points and rewards.

Chronic disease education: simple, engaging infographics about specific health conditions targeted to new starts on chronic disease medication.

Medication adherence reminders: Stick2It medication reminders available via the Change4Life portal.

Health coaching: a cardiovascular health coaching program and a smoking cessation program lead by pharmacists who provide plan members with guidance and support. Coming in December—Dietitian Health Coaching!

So, what is the portal already telling us?

Since the portal launch, over 40,000 plan members have registered to use its health risk assessment (HRA), health trackers, and education modules. Here's some early data:

- Average time spent per visit: **eight minutes**
- Average number of pages viewed per visit: **11**
- Total number of participants who synched Change4Life with their Fitbit (since this enhancement in March 2016): **over 2,000**

Upon registration, participants have the option of completing an HRA—the Change4Life HRA was very well-received with over half of the portal registrants completing it. This is very exciting and not just for us number nerds. It's also exciting for plan members because, based on a completed HRA, Change4Life tailors an action plan specifically for that plan member. And we mean action! Unlike most standard HRAs, the Change4Life version focuses mainly on modifiable risk factors rather than things that can't be changed like family history (although, not to boast, our HRA measures that too).

In terms of gender, more women completed the HRA than men—a lot more. In fact, about two-thirds of HRA completers were female. It's not clear why we see this gender bias but the general consensus is that women are, in fact, more health conscious than men.

Is this online health stuff drawing only the younger generation? No, the majority of HRA completers are getting up there into their 40s and 50s. Are they participating because they've had a wake-up call as they start to experience some health issues? We hope not; we prefer to think they're being proactive.

Now on to the HRA results regarding the **modifiable** risk factors. This is where things get really revealing because remember, modifiable means changeable. (Quick refresher: Risk-factors are conditions that increase your risk of developing a health issue. They are either modifiable, meaning that you can take action to change them, or non-modifiable, meaning that you can't change them—like your genetic makeup.)

In a nutshell, regarding the over 20,000 HRA completers, the data about modifiable risk factors provides a snapshot of their health:

- **Inactivity** is the biggest risk factor with 75% of HRA completers reporting they do not meet the Health Canada recommendation of 150 minutes of moderate to vigorous physical activity each week. The HRA completers do not represent Canadian society overall because of the gender and age bias. However, it is interesting (disturbing actually) that this risk factor is way above (like getting close to double) the national average of 44.8% of Canadians who do not complete the Health Canada recommendation for daily activity.
- **Stress** is next, especially stress related to financial health. Almost half of HRA completers have elevated risk related to stress. And over 40% of those experiencing stress indicated that financial health is the source of their stress.
- **Diet** follows closely behind stress with 46.8% of HRA completers with an elevated risk related to diet. Although we can't make a direct correlation between diet and weight, it is interesting that 65% of completers defined themselves as overweight or obese based on their body mass index. In addition, like inactivity, although not completely generalizable to the Canadian population, the HRA completers' degree of overweight/obese is higher than the national average of Canadians who are overweight or obese.

The HRA is a questionnaire that asks plan members to self-report on a number of areas that contribute to overall health and well-being including:

- Modifiable risk factors like physical activity, diet, smoking, alcohol consumption, stress, and sleep
- Non-modifiable risk factors like family history and genetic factors
- Current health status
- Medication adherence
- Healthy weight versus unhealthy weight
- Flu shot completion

Responses to the HRA provide the foundation for a personalized health "report card" with an overall health score, as well as a recommended action plan filled with targeted tips, tools, and resources to encourage a "small-steps" approach to making lifestyle changes.

→ **Medication adherence** comes next as about 20% of HRA completers have elevated risk related to poor medication adherence. No surprise here as, of course, we don't need to tell you (again) that we've been on a mission for some time to improve medication non-adherence.

Inactivity, poor diet, stressed out, and worried about finances, plus low medication adherence—definitely room for improvement (a very large room). But that's just the point; although not a happy story, the HRA data does start to provide us a snapshot of plan member health. That's opportunity knock, knock, knocking—plan sponsors can use their plan members' aggregate HRA data to take a more targeted approach to their health management initiatives.

You may have plan members who need to change, but aren't ready to change

As you may recall (or maybe not, so here goes...), the July/August 2014 edition of *The Inside Story* described a well-known behaviour change theory: the Transtheoretical Model, also called the Stages of Change Model.

This theory identifies that as a person makes changes, they go through various stages that reflect how ready they are to make that change. Depending on what stage a person is at, different interventions are more effective than others. Accordingly, health management initiatives can be more effective if they take into consideration readiness to change.

The Change4Life HRA includes a section that asks plan members to rate their confidence in making changes associated with each risk factor. Fortunately, on high-risk areas, the HRA completers indicated that they feel empowered to change.

But what about the other modifiable risk factors? Fortunately, it's not all bad news...

- **Smoking prevalence:** only 7.3% of HRA completers currently smoke. This is well below—way, way below the national average of 18.1% of Canadians who currently smoke.
- **Alcohol consumption:** is also low with only 4.9% of HRA completers reporting that they regularly drink excessive levels of alcohol (defined as more than 10 drinks a week for women or more than 15 drinks for men). The national average is 17.4% of Canadians who drink excessive levels.

When risk factors join forces...

Not only does the HRA provide insights about each risk factor, but it also really packs a punch by reporting on multiple risk factors. As the number of risk factors increases, so too does the likelihood of chronic disease.

Over 15% of completers have five or more risk factors, and almost 65% of completers have two to four risk factors. And there's more: when non-modifiable risk factors like genetics are also considered, over 60% of HRA completers have elevated risk related to heart health, diabetes, and kidneys.

Fortunately, by accessing the various Change4Life features, plan members should be well on their way to making positive health changes to help avoid chronic conditions from developing. Hopefully Change4Life is providing just the nudge they need...

A nudge in the form of Change4Life rewards

The rewards aspect of Change4Life is based on the behavioural economic principle that people tend to focus on *immediate* costs and benefits, whereas they undervalue future costs and benefits. As a result, it can be motivating to receive an immediate "payoff" for a behaviour that usually wouldn't have a benefit right away.

Change4Life participants immediately receive points when they do certain healthy things. They use the points they earn to buy what are referred to as “ballots” that they can then use to bid for rewards. Since launch, the average participant has earned about 1,300 points per month and cumulatively, they have placed over 140,000 bids. Plan members are earning points, so there is work being done toward improving their health.

Last, a nudge in the form of goal-setting and tracking

Behavioural economics also tells us that people are often more motivated when they enter into a commitment. Change4Life participants can develop a S.M.A.R.T. goal, which means that it is S (specific) M (measurable) A (achievable) R (realistic) T (timely). Then they track progress as they work toward achieving their goal.

Since launch, about 9,000 participants set S.M.A.R.T. goals and used the various health trackers to support them. The Weight Tracker was the most popular followed by the Steps Tracker. And over 2,000 participants synched the Step Tracker with their Fitbit—they’ve generated two billion steps, averaging close to the 10,000-steps-per-day recommendation.

Interestingly, the Fitbit integration also shows behavioural economics in action. It shows how breaking down barriers can encourage behaviour change—in this case with technology replacing the need to count and track steps. (Be sure to check out the October edition of *The Inside Story* where we will specifically focus on the emerging use of technology in health management.)

So what’s next?

Newsflash: We’ll have aggregate HRA reports ready for plan sponsors by early 2017. Much like the data provided here, the report will identify health risks and provide a solid foundation for following up with more targeted health management interventions.

In the meantime, we’ll continue to nudge plan members to participate in the portal with a Grand Prize Draw. And we mean grand! Change4Life participants who earn 1,000 points between October 24 and December 2, 2016, will be eligible to enter a draw to win a grand prize package worth \$5,000.

Also remember we’re always here to help you encourage participation with free fact sheets and posters. Just give your GSC account executive a nudge!

Now that’s nudging theory put into practice...

Interestingly, when we did an experiment where we offered \$25 gift cards for completing the HRA, the completion rate jumped up by 300%.

Sample rewards...

Participants bid on a range of gift certificates at different levels in monthly draws from well-known retailers with locations across Canada.

A sneak peek

of what’s in the hopper...

Here’s a quick look at some of the Change4Life health portal enhancements in the works:

- New content, as well as new and exciting rewards on a regular basis
- Customization options for plan sponsors like adding a company logo and setting up customized challenges with unique prizes
- Activity calendars that plan sponsors can update with company-specific initiatives
- Additional integration options for fitness devices
- Option for dependents and spouses to take part (for a fee)

Source:

¹Richard Thaler, *Nudge: Improving Decisions About Health, Wealth, and Happiness*, Amazon.ca, “From the author.” Retrieved August 2016: <https://www.amazon.ca/Nudge-Improving-Decisions-Health-Happiness/dp/014311526X>

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 helps at-risk youth identify a path to success and remain on it



Canada is experiencing an extreme rise in homeless youth. And the longer youth remain homeless, the worse their health and life chances become. Fortunately, the following GSC funding recipients provide shelter and support services for homeless and at-risk youth who are 16 to 24 years old in Toronto.

Horizons for Youth – Mental Health Support Program

The Horizons for Youth shelter's mission is to shelter, prepare, and guide homeless and at-risk youth to become contributing community members. About 60% of the shelter youth have mental health issues and helping them move forward requires very specialized care. Accordingly, GSC funding helped the shelter launch its new Mental Health Support Program. It provides specialized services helping youth dealing with mental health issues to access doctors and proper services—accompanying them to appointments, assisting them with applications, monitoring their medication, and providing counselling. To learn more, visit www.horizons4youth.org.

Youth Without Shelter – Primary Case Management Prescription Support

The shelter provides both emergency and longer-term transitional accommodation so that homeless youth have a safe haven when they have nowhere else to turn. In addition, Youth Without Shelter acts as a referral agency and provides a range of support programs. For example, at-risk youth often don't know how to get important prescription medications, or don't have proper identification, and they usually can't afford the medications. To remedy this situation, GSC is supporting the cost of essential prescription drugs through the shelter's Primary Case Management Prescription Support program. Based on each youth's care plan, they now receive the medications they need for any number of health issues like antibiotics for infections and pain relief for broken bones and dental care, as well as drugs for mental health conditions. To learn more, visit <http://www.yws.on.ca>.

NEW CONFERENCE BOARD OF CANADA RESEARCH ABOUT SPECIALTY MEDICATIONS

The Conference Board of Canada has released the first briefing in a research series that aims to provide insight into the impact of specialty medications on employer-sponsored private drug plans. The series' objectives are to:

- Provide background information on specialty drugs so that employers can make informed decisions about their benefits plans
- Quantify how much investment in specialty drugs, in particular for the management of chronic conditions, can translate into savings to the organization
- Determine the costs and benefits of providing specialty drugs from an individual employer's perspective, an overall corporate perspective, and societal perspective in Canada

The first briefing in the series—*Specialty Medications: Background Information for Employers*—defines specialty medications and explains their significance for employees and employers. It highlights challenges that some employees face when trying to obtain specialty medications and provides strategies for employers to manage the impact of specialty medications on their benefits plans.

For more information, visit The Conference Board of Canada at www.conferenceboard.ca/e-library/abstract.aspx?did=8121.

RESEARCH SHOWS SEBs COMPARABLE TO BRAND-NAME COUNTERPARTS

Biologic drugs have improved the lives of patients across the world, including Canada, and are in fact the fastest growing sector of the pharmaceutical market. More recently, we have seen the emergence of subsequent-entry biologics (SEBs) or biosimilars. There have been a lot of questions as to whether SEBs or biosimilars could be considered comparable to originator products in safety and effectiveness. If SEBs are more readily embraced, then new treatment options would become more widely available to more patients, especially as biologics come off patent.

In a recent review study, researchers analyzed 19 studies by comparing originator and biosimilar forms of a class of drugs called tumour necrosis factor- α (TNF- α) inhibitors used to treat conditions such as rheumatoid arthritis, inflammatory bowel disease, and psoriasis. The researchers concluded that the available data suggests that the biosimilar drugs have very similar safety and effectiveness as their brand-name counterparts.

Although this study applies to only one class of biosimilars (TNF- α inhibitors), and further research is necessary, the information is encouraging in that it provides further evidence of the bioequivalence of biosimilar products.

For more information about the study, visit the *Annals of Internal Medicine* at <http://annals.org/article.aspx?articleid=2540851>.

SEBs, also known as biosimilars...

For an SEBs refresher, check out the Summer 2016 and Fall 2014 issues of *Follow the Script*[®] where we explain that an SEB is a biologic product that is similar to an approved originator (or innovator) biologic product. To be approved by Health Canada, an SEB application follows the New Drug Submission process and must demonstrate the same clinical outcomes in terms of safety and effectiveness as the originator product.

STUDY SUGGESTS EIGHT HOURS OF SITTING REQUIRES ONE HOUR OF ACTIVITY

A new study that analyzed information from 16 previous studies (based on about one million adults, 45 years and older, from the United States, Western Europe, and Australia) provides some intriguing insights about our sedentary lifestyles.

On the upside, the study's findings suggest that it is possible to reduce—or even eliminate—an increased risk of death due to a sedentary lifestyle by becoming more active. Interestingly, the study suggests that the amount of physical activity necessary is not a fixed number, but is based on a ratio that depends on the amount of sitting you do each day.

Here's the downside: If you sit four hours a day, you need to do at least 30 minutes of exercise each day. If you sit eight hours a day, you need to do at least an hour of exercise each day. Although an hour of activity per day sounds like a lot, the researchers hypothesize that the exercise doesn't have to be overly rigorous and the hour of activity could be spread out over the entire day.

Taking the good with the bad, overall the findings are positive in that people who sit longer aren't necessarily worse off. For example, those who sat for eight hours a day but were physically active were better off in terms of risk of death than those who sat for fewer hours but were not physically active.

For more information, visit *The Lancet* at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30370-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30370-1/fulltext).

OUT & ABOUT... EVENTS NOT TO MISS

CPBI Regional Conference – Quebec & Ontario – September 12-14, 2016

Fairmont Tremblant, Mont-Tremblant, Quebec

www.cpbi-icra.ca/Events/Details/Québec/2016/09-12-2016-CPBI-Regional-Conference-Quebec

CPBI – Atlantic Regional Conference – September 14-16, 2016

The Algonquin Resort, St. Andrews, New Brunswick

www.cpbi-icra.ca/Events/Details/Atlantic/2016/09-14-2016-Atlantic-Regional-Conference

CPBI – Western Regional Conference – October 5-7, 2016

The Westin Whistler Resort & Spa, Whistler, British Columbia

www.cpbi-icra.ca/Events/Details/Pacific/2016/10-05-CPBI-2016-Western-Regional-Conference

September
Haiku

Dawn of the data
Change4Life will teach us more
About member health

WINNER OF THE DRAW FOR A FITBIT

Congratulations to **G.COOMBER**, of **Burlington, Ontario**, the winner of our monthly draw for a Fitbit. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.



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London	1.800.265.4429	Vancouver	1.800.665.1494
Toronto	1.800.268.6613	Windsor	1.800.265.5615
Calgary	1.888.962.8533	Montréal	1.855.789.9214
	Customer Service		1.888.711.1119