

The

INSIDE STORY[®]

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FACTS FROM THE GSC 2014 ~~DRUG~~ HEALTH STUDY ARE SURE TO MAKE YOU THINK TWICE—MAYBE THREE OR FOUR TIMES...

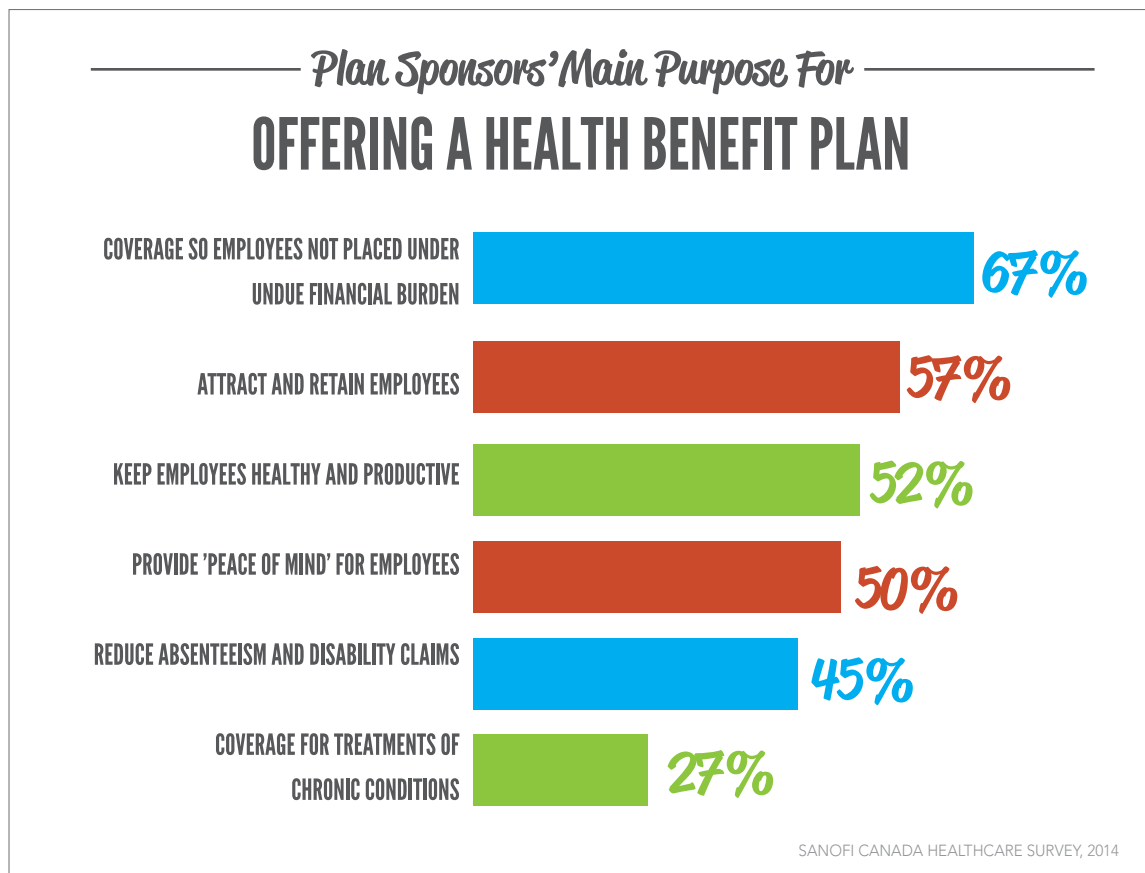
Did we say *Health Study*?! As the Big Mac is to McDonald's and the double-double is to Tim Hortons, so the annual *Drug Study* is to GSC. Have we lost our minds forsaking something so tied to the GSC brand? Fear not, prescription drug data is still close to our hearts, and the brand new Health Study is packed full of it. But we expanded our horizons last year and started digging into even more of the claims data that lives deep inside the famous GSC claims system.

Was it worth it? Anything interesting there?

Oh my, yes...

Startling facts from the inaugural GSC Health Study have got us thinking and reflecting. In fact, we think it's time to take stock—if employee health benefit plans didn't exist and a bunch of us locked ourselves in a room with the goal of emerging only when we had created the first-ever health benefits plan, what would we do? Where would we start? And where would we end up? If we were smart, we'd practice what we always preach in *The Inside Story*—we'd examine the data.

And of course, we'd examine the data within a context. So, since we're starting at ground zero, first we'd need to ask ourselves a question: what is the purpose of a health benefits plan? Last year's *Sanofi Healthcare Survey*—Canada's largest national survey of plan sponsors and plan members—asked the sponsors why they offer their health plan:



While all are legitimate goals, for GSC there are three reasons we are particularly interested in: keeping employees healthy and productive, reducing absenteeism and disability claims, and coverage for treatments of chronic disease. So if we want our health plans to improve plan member health, what kind of help do plan members need? Let's examine the data from the GSC 2014 Health Study and see what the facts reveal...

Like last year's Drug Study, we built an age-band analysis, showing what benefits we use from birth, through school and work, all the way to, ahem, the end. The big change is we have layered health claims data on top of that familiar drug data to give the big picture in total benefits consumption.

ON THE HEALTH BENEFITS (NOT DRUG) FRONT, HERE ARE THE HIGHLIGHTS:

0-10 YEAR OLDS:

Babies are getting chiropractic services—a lot of babies. Yes, you read that correctly, apparently your plan members' babies "need" chiropractic services. Although some of the usage is driven by accidents and injuries, the single highest usage and cost for chiropractic services is for *under one-year-olds*. Why? Although in cyberspace (a.k.a. The Wild West) theories abound about various uses for chiropractic services, like for colic and ear infections, we wouldn't exactly consider any of them scientific evidence.

Rank	Category	Volume
1	CHIROPRACTOR	35.69%
2	SPEECH THERAPIST	12.28%
3	GLASSES	9.63%
4	MASSAGE	7.83%
5	PSYCHOLOGIST	6.69%
6	PHYSIOTHERAPIST	4.67%
7	NATUROPATH	3.90%

11-20 YEAR OLDS:

Already by the early teen years, we see a claiming pattern emerge that continues throughout the age bands. It's a pattern that we're referring to as "the three amigos" of health claim volumes because, from here on in, three health benefits come together as an almost inseparable trio: massage, chiropractic services, and physiotherapy. The three amigos team up to pack a serious punch in terms of both highest-usage and highest-cost health benefits. The impact of the three amigos is far reaching in that they appear to have set the scene for future generations of plan members who have become accustomed to accessing

Rank	Category	Volume
1	CHIROPRACTOR	30.86%
2	PHYSIOTHERAPIST	17.75%
3	MASSAGE	14.09%
4	GLASSES	10.79%
5	PSYCHOLOGIST	5.60%

this trio of benefits. In fact, entering the teen years seems to signal the "need" for teenage girls to have massages with an increase of 543% in massage costs for girls (moving from the kids' age band to the teens). That's tens of thousands of teenage girls who "need" massage—interestingly, the massage usage suggests that boys don't "need" nearly as many.

21-40 YEAR OLDS:

Now it's the same old/same old; the three amigos are well entrenched with massage as the number one cost driver—it is the single most costly health benefit between the ages of 26 and 52. It is also during these years that female spend begins to radically outpace male spend. In their 20s, females spend over 80% more than men on health benefits. In the 30s, it is 73%, dropping to a still significant 47% in the 40s. While this is consistent with female-male trends in drug and dental spends, it is more pronounced in health benefits, and with the societal trend of a spa on every corner, females are being expressly marketed to for some of these services.

41-60 YEAR OLDS:

Now although it continues to be same old/same old with the three amigos leading the charge in terms of top health benefits usage, folks familiar with our Drug Study will easily predict the disease states that our drug data reveal are becoming more prevalent. Plan members are facing the complex challenges associated with managing chronic conditions whose seeds were sown during their 20s and 30s; however, the three amigos continue to dominate all age bands. And once again, massage continues to hold the top cost position in the 40s and 50s—just like the 20s... and the 30s... and the 40s.

The 50s

Rank	Category	Volume
1	CHIROPRACTOR	31.69%
2	MASSAGE	20.48%
3	PHYSIOTHERAPIST	16.88%
4	GLASSES	6.82%
5	OPTOMETRIC SERVICES	4.77%



In the June edition of *The Inside Story*, we'll be reporting on the 2014 study's drug usage and costs, but we couldn't resist telling you this juicy tidbit ahead of time:

In the 50s we see the Impactables—remember them? The plan members who are driving most of the drug costs—the 50s have the highest volumes and cost for drug claims. In fact, of all the drug costs in the study, close to 70% are generated by plan members between 35 and 65 years old.

The 50s

Rank	Category	Cost
1	MASSAGE	20.25%
2	GLASSES	13.69%
3	CHIROPRACTOR	10.97%
4	PHYSIOTHERAPIST	9.79%
5	FOOTWEAR	7.64%

THE 60s AND 70s:

The disease states continue to look like a roll call of chronic diseases, and also like the 50s, chiropractic services and physiotherapy make the list of the top health benefits. We also see age-related benefits entering the scene in the 60s and 70s like home support services and long term care. The 60s is the first age group with a diminishing impact of massage; this is likely because massage is probably not ingrained in the lifestyle of this older generation—something we certainly can't say regarding the younger generations where massage is king and may continue to be throughout their lives.

Rank	Category	Volume
1	CHIROPRACTOR	22.70%
2	PHYSIOTHERAPIST	13.10%
3	HOME SUPPORT SERVICES	10.62%
4	LONG TERM CARE FACILITY	9.60%
5	GLASSES	6.44%
6	MASSAGE	5.40%
7	FOOT CARE PROFESSIONALS	4.67%

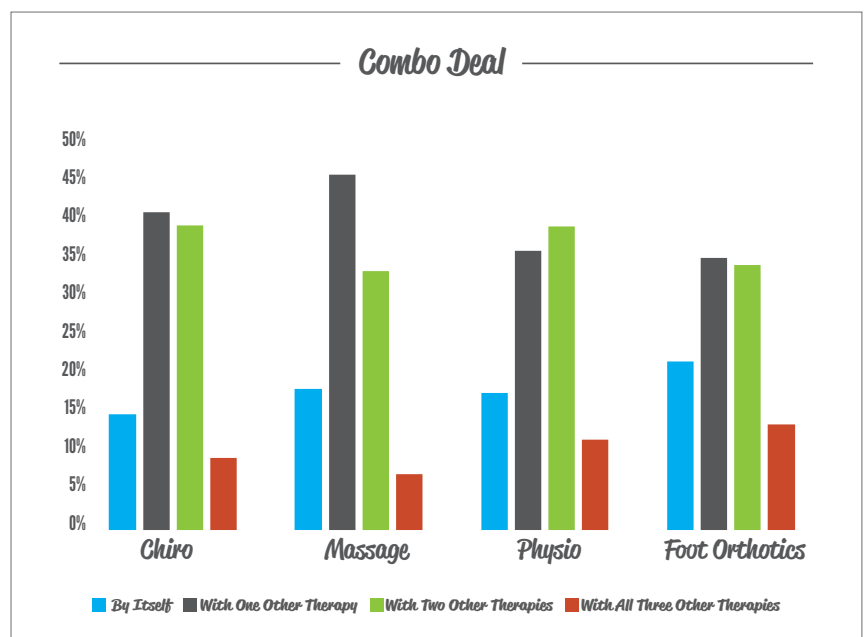
The bigger picture...

We never did say why we chose *now* to move from the famous GSC Drug Study to the broader Health Study. Well, we had a real sense that things in the benefits environment were changing. When we were doing our annual renewals for clients, what used to be a pretty traditional 70/30 cost split between drug and health benefits was moving to 60/40. A sustained drug-pricing “holiday” has been at play, but so has a rapid rise in the use of paramedicals like the three amigos—massage, chiropractic services, and physiotherapy.

And the data revealed in the study has driven home that the use of paramedicals, especially massage, is going to a place where we likely never would have imagined 10 or 20 years ago. We think it's fair to say massage may have its place in health benefit plans—for example, it's been shown to help alleviate aches and pains associated with soft tissue injuries—but the explosion in its usage—at younger and younger ages—suggests that plan members and their dependents don't access it solely as a health care service, but often as a part of their lifestyle.

Next, we see the three amigos running wild throughout the age bands, often used in tandem with each other, especially in our highest-cost claimants. There are situations where this traveling in threes is medically warranted, but the large usage of this combination of benefits suggests that using all three may represent a savvy business model of cross-referrals more than evidence-based health care. It appears that good old-fashioned marketing is increasingly offering these services as a package deal.

In the Drug Study we always look at “The 5%”—this is what we call the plan members who are driving most of the drug benefit costs. Same thing is happening on the health benefits side. In the 2014 study, 5% of plan members are driving 36% of all the health benefits costs. Just take a look at the how the 5% supersedes up from accessing just one of the amigos... to then adding in the second amigo... plus also the third amigo... and often even adding a fourth amigo: orthotics.



Since we've wiped the slate clean and ditched any preconceived notions... To re-group, here's where things stand

If you are a regular reader of *The Inside Story*, you know where we are going with all this...

HERE'S THE CHALLENGE THAT PLAN SPONSORS FACE:

- Canadians believe they are healthy—we have the highest self-perceived health status in the world—nine out of ten of us rank our health as “good,” “very good,” or “excellent.”¹
- Say what? Reality check, Canada. Type 2 diabetes has doubled here since the year 2000. We rank third-worst behind only the USA and New Zealand.²
- Up to 20% of Canadian youth can be considered obese—the adult population is no better.³
- The highest percentage of drug volume and costs is still tied to chronic conditions like hypertension, diabetes, cholesterol, and depression.
- Over the past 12 months, the greatest strain in the group benefits world has been rising rates to cover the costs of new, expensive drugs for hepatitis C, rheumatoid arthritis, Crohn's and colitis, and cancer.⁴

AND RIGHT HERE, RIGHT NOW, IS HOW BENEFIT PLANS ARE MEETING THESE CHALLENGES (NOT!):

- The 2014 study shows that GSC plan sponsors spent approximately \$144 **million** on plan members' glasses, orthotics, massage, and chiropractic services during the one-year study period.
- By contrast, over the same period, GSC plan sponsors only spent \$100 **thousand** on dietitians, even with the type 2 diabetes numbers noted above and knowing eating habits are a significant contributor to the disease.

There are no easy answers in benefits plan design. We all like to get prescription glasses at least partially paid for...and, we admit it, even the team that analyzed the data and wrote the GSC Health Study like their massages. But 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.

Back to our original question—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.

To be continued...

DOING THINGS DIFFERENTLY—THAT'S REAL CHANGE THAT'S CHANGE4LIFE™

In helping plan members adopt healthy lifestyle behaviours to prevent chronic conditions and to more effectively manage them, health management shouldn't just be a “nice to have.” It shouldn't just be a sideline “wellness” strategy.

Fortunately, Change4Life is doing things differently. Now Change4Life components like Pharmacist Health Coaching and a brand-new online health management portal are included in all GSC plans to ensure that the traditionally missing behaviour-change element is ever present. Change4Life is not an “extra” and there are no additional costs.

Sources:

¹⁻³Benchmarking Canada's Health System: International Comparisons,” Canadian Institute for Health Information, November 2013. Retrieved: March 30, 2015. https://secure.cihi.ca/free_products/Benchmarking_Canadas_Health_System-International_Comparisons_EN.pdf

⁴Suzanne Lepage, “Drug plan trends in Canada,” Benefits Canada, March 1, 2015. Retrieved: March 30, 2015. www.benefitscanada.com/benefits/health-benefits/drug-plan-trends-in-canada-62988

A CATALYST FOR CHANGE...

Whether dental services, vision care, prescription drugs, disease management, or mental health support, frontline care can act as a catalyst for a brighter future. Accordingly, through our granting programs we support organizations and initiatives that provide frontline care for uninsured populations like the homeless, the working poor, and those on social assistance. Here's a firsthand look at one of our grant recipients...

When you don't know where to turn to find services, turn to Ontario 211

Thanks to Ontario 211, fewer people are falling through the cracks because they don't know where to turn to access services. Ontario 211 is a telephone helpline and website (www.211ontario.ca) that acts as a gateway to human services information—everything from education and employment to health care and social supports. Building on Toronto 211, launched in 2007 for those living in the 416 and 647 area codes, Ontario 211 became available everywhere in Ontario in 2011.

Ontario 211 partners with hundreds of organizations to help community members, agencies, and governments navigate the complex network of human services. Both the helpline and website make getting information quick and easy; calling and browsing is free and available 24 hours a day, seven days a week, 365 days a year. The helpline is available in 150 languages.

By making it easy to access comprehensive, up-to-date information, people can make better decisions before issues escalate. Although Ontario 211 is for everyone, the majority of callers are vulnerable people who are referred to Ontario 211 by social workers. As a result, it is especially effective in assisting low-income families and the working poor.

GSC funding makes things happen

Results continue to demonstrate the value of Ontario 211. For instance, 86% of callers followed up with referrals—and of those that followed up, 89% got the help they needed from the agency to which Ontario 211 referred them. It's clear that more personal problems are being solved before turning into a potential crisis. It is our hope that in the future fewer people across Canada will fall through the cracks, as funding from GSC helps support the national expansion of 211 service.

SPOTLIGHT ON 'THE SNOWBALL EFFECT' ...

Each GSC Frontline Care™ grant recipient must include a navigator or coach—a concept that can trigger ongoing positive change by connecting vulnerable people to additional services to help improve their specific situation.

As a navigator, Ontario 211 provides callers with information and referral to 60,000 agencies and programs. The helpline is staffed by certified information and referral specialists who listen to callers, assess their needs, and refer them to the most appropriate programs or services—right in their community. Last year, more than half a million callers—individuals, agencies, emergency responders, government planners, and other decision makers—received assistance via the helpline. In addition, the website had more than 1.1 million visits.

GSC NEWS

The Change4Life health portal is coming very soon!

Later this month, at no extra cost, all GSC plans and plan members will be introduced to the Change4Life health portal. Encourage your plan members to visit the portal for support in developing healthy lifestyle behaviours to prevent or effectively manage a wide range of health conditions. The Change4Life health portal provides real motivation to change—with educational information, behaviour change tips, and adherence and health tracking tools—to make a change for life!



We've launched our new Preferred Provider Network for hearing aids

To enjoy great discounts on a variety of hearing aids and accessories, simply visit the GSC website at greenshield.ca and search for hearing aid providers participating in our new preferred provider network (you'll see it under What You Need/ Network Providers). To take advantage of the discounts, you don't even have to be covered for hearing aid benefits—the discounts are available to all GSC plan members and dependents. All you have to do is show the participating provider your GSC ID card.

STUDY FINDS THAT WORLDWIDE WE'RE EATING MORE HEALTHY FOODS, BUT EVEN MORE JUNK FOOD

The study, *Evaluating trends in global dietary patterns*, used a wide range of data sources including 320 self-reported diet surveys from 187 countries between 1990 to 2010 to determine dietary trends. The findings reveal that although people worldwide are eating more healthy foods, there has been an even bigger rise in the amount of junk food they eat.

Over the study's 20-year timespan some countries and regions like Mongolia, Latin America, and the Caribbean saw nutritional improvements. By contrast, some countries in Africa and Asia had no improvement in their diet. Despite access to healthy foods, Western countries are among the biggest junk food consumers. Findings also include that, globally, older adults eat healthier than younger adults and women eat healthier than men. For more information about the study, please visit www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2970011-2/fulltext

THE CONFERENCE BOARD OF CANADA'S HEALTH REPORT CARD RANKS CANADA EIGHTH AMONG 16 PEER COUNTRIES

The Conference Board of Canada's *How Canada Performs* is an ongoing research program to help identify relative strengths and weaknesses in Canada's socio-economic performance. Now for the first time, the research includes provincial and territorial rankings to produce a health report card that compares the health performance of Canada overall, as well as the provinces, territories, and peer countries.

The report card evaluates health performance based on these indicators: life expectancy, premature mortality, infant mortality, self-reported health status, mortality due to cancer, mortality due to heart disease and stroke, mortality due to respiratory disease, mortality due to diabetes, mortality due to diseases of the nervous system, and suicides. Health performance is also evaluated based on self-reported mental health, however, there are no comparable international data for this indicator. Based

on the evaluation, the report card assigns a grade of A, B, C, or D to reflect the overall health of the population. Here's how Canada fared:

- Canada overall scores a B grade; earning a B on most of the indicators with A's on self-reported health and self-reported mental health and C's on infant mortality and mortality due to diabetes. Overall, Canada ranks eighth among the 16 peer countries.
- British Columbia scores an A grade.
- Ontario, Quebec, P.E.I., and Alberta score B grades.
- New Brunswick scores a C grade.
- Nova Scotia, Saskatchewan, Manitoba, Newfoundland and Labrador, and the three territories score D grades.

For more information, please visit www.conferenceboard.ca/hcp/provincial/health.aspx

OUT & ABOUT... EVENTS NOT TO MISS

CPBI Western Regional Conference – April 22-24 Rimrock Resort Hotel, Banff, Alberta
www.cpbi-icra.ca/Events/Details/Southern-Alberta/2015/04-22-CPBI-Western-Regional-Conference-2015

Benefit and Pension Summit, Toronto – April 27-28 The Marriott Eaton Centre, Toronto, Ontario
Come see GSC's Innovation Leader for Health Management, Peter Gove, speak with January's Inside Story Changemaker, Jennifer Carson.
<http://www.benefitscanada.com/conferences/benefits-and-pension-summit>

Benefit and Pension Summit, Calgary – May 13 Downtown Marriot Hotel, Calgary, Alberta
Come see GSC's Innovation Leader for Health Management, Peter Gove, present findings from the 2014 Health Study.
www.benefitscanada.com/conferences/calgary-benefits-summit

Face to Face In Drug Plan Management – May 20 Four Seasons Hotel, Vancouver, British Columbia.
Join GSC's VP of Strategic Market Solutions, David Willows, for a panel discussion on challenges facing plan sponsors in drug plan management.
www.benefitscanada.com/conferences/face-to-face-drug-plan-management-vancouver

CPBI National Forum – May 25-27 New York Hilton Midtown, New York, New York
Come see GSC's Innovation Leader for Health Management, Peter Gove, speak about global success stories in health behaviour change.
www.cpbi-icra.ca/Events/Details/National/2015/05-25-FORUM-2015-Defining-Our-Future

*April
Haiku*

We love our massage
Like we love puppies and cake
But add up the costs

Winner of the draw for an iPad mini

Congratulations to J.Mason, of Courtenay, British Columbia, 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

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