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INSIDE STORY[®]

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SOME INSPIRATION TO START THE NEW YEAR!

Throughout 2015, we'll be showcasing a series of ChangeMakers—innovators in health management who are igniting fundamental change in workplaces across Canada. We can learn from their stories of empowering change—and we hope others will adopt their innovative thinking and adapt lessons learned to their environments.

INTRODUCING OUR FIRST CHANGEMAKER:

Jennifer Carson, Chief Executive Officer
Alberta School Employee Benefit Plan (ASEBP)

A story of transformation...

From transaction-based health benefits to taking a people-centred approach

When Jennifer Carson graduated with a business degree and was working in finance, she never imagined that she would become a passionate champion for employee health—with an innovative vision for health benefits.

As Jennifer's career shifted emphasis from paper to people—moving from finance to roles in human resources and public health—it's not just Jennifer's career path that transformed. At the helm of ASEBP, Jennifer changed how that organization looks at health benefits and, in turn, how it can get more actively involved in enhancing individual employee and overall workplace health.

ASEBP provides comprehensive health benefits through approximately 60 school boards to more than 55,000 education sector employees, early retirees, and their dependents in Alberta. Under Jennifer's leadership, ASEBP's focus is on prevention with a commitment to taking a strategic approach to employee health that includes creating resources designed to foster healthy lifestyles and healthy workplaces.

Ironically it's Jennifer's roots as a number-cruncher that provided—and that continues to provide—the underpinning for her approach to driving change, specifically for enhancing employee health. People are the focus, but data sets the agenda for the benefits plan and for proactively enhancing the health of plan members—or covered members (as they're called at ASEBP). Let us show you this ChangeMaker in action...

Talking the talk... but what about walking the walk?

THE HEALTHY LIVING PROGRAM PUTS PHILOSOPHY INTO ACTION

Jennifer encouraged ASEBP to look at health benefits through a different lens. Through this process a new progressive perspective on the role of health benefits in covered members' lives emerged. And thinking differently led to "doing" differently. ASEBP's philosophical shift is embodied in their Healthy Living Program (HLP).

To complement the ASEBP's health benefits plan, the ASEBP implemented their first HLP initiative in 2006, and there have been four additional HLPs undertaken. Participating in the HLP is voluntary; its goal is to foster healthier workplaces by positively influencing the physical, mental, and emotional health of covered members in each participating school board. The HLP accomplishes this by providing each participant with information about their current health status and then offering workplace initiatives aimed at helping them to improve and sustain healthy behaviours.

The HLP also highlights where covered members are embracing positive healthy practices with a view to reinforcing the positive behavior. It's a long-term commitment that is comprehensive—which gets at a main tenet of ASEBP's philosophical shift...

➔ EACH COVERED MEMBER HAS A 'HEALTH JOURNEY' WITH NO END DATE

Jennifer continued to encourage the ASEBP to see itself differently—not in the business of simply providing transaction-based health benefits (claims in, dollars out), but rather, as taking a people-centred approach that recognizes that health is about all aspects of the person, including their family, workplace, community, culture, and the environment.

ASEBP adopted this holistic view to health. Accordingly, for each covered member, ASEBP considers the “whole person” over their “whole life.” ASEBP's goal is to help each covered member find their way along their individual “health journey,” regardless of what stage they are at. This shift in values means that ASEBP no longer considers itself as “just a benefits provider”—it is a health organization.

Each phase of the HLP is tailored to the specific needs of the participating school board's workplaces. For example, **Phase 1** of the HLP establishes a health baseline for each participant via biometric data collected by a nurse (blood pressure, blood glucose, cholesterol levels) and a health risk assessment (individual health data, profile of risks, readiness to change). Each participant receives a confidential report about their current health status. This emphasis on data highlights another critical tenet of ASEBP's philosophical shift:

➔ DATA DRIVES DISCUSSION... DATA DRIVES STRATEGY... DATA DRIVES CHANGE

Jennifer's “inner number-cruncher” surfaced as she guided ASEBP to think of employee health as a business strategy. There is a role for data analysis at the plan level as well as the covered member level, and health management initiatives must have a quantifiable ROI. A focus on data is essential to establish strategic priorities; data drives the conversation and influences how to structure the benefits plan—and which health initiatives to offer—in a way that best addresses covered member needs and keeps people at work.

Phase 2 of the HLP follows a long-term plan developed by a design team made up of the school board employer, employees, unions, and ASEBP representatives. The plan outlines the rollout of a series of workplace-based health initiatives tailored to the covered members' health needs as indicated by the data. For example, 42% of ASEBP's covered members with diabetes are not adherent to their drug therapy and 41% do not test their blood sugars. Accordingly, ASEBP worked with leading researchers to develop a diabetes screening clinic with follow-up support tailored to the needs of school jurisdictions.

The data determines “what” specific initiatives the HLP might want to focus on by health state, but “how” they are offered represents an innovative twist. ASEBP discovered that numerous health initiatives already exist in the public sector but they exist in “silos.” Initiatives are often operating in isolation—and often run in parallel to each other—resulting in a lot of duplication and inefficiency.

ASEBP realized that integration and collaboration can remedy this situation. The HLP partners with existing health initiatives—like programs offered by the local health departments—so that it integrates public and private interests to decrease duplication, improve efficiencies, and get better results.

The HLP also emphasizes cross-functional collaboration to develop the strategy for the HLP. Management, union, and employees are all at the table, reflecting the belief that employee health is a shared responsibility. In addition, when everyone has a voice it fosters increased commitment and engagement.

The spirit of the HLP also encourages collaboration between colleagues; participants in the various health initiatives not only support one another, they also learn from each other. Similar to the role of data, collaboration is an essential thread that weaves through the entire HLP reflecting another important tenet of ASEBP's philosophical shift:

➔ **COMBINED WISDOM THROUGH INTEGRATION AND COLLABORATION...**

In Jennifer's view, integration and collaboration leads to a better use of existing resources—all resources whether private or public. The result is ideal: increased efficiency, decreased costs, and improved health outcomes. Collaboration has become ingrained at ASEBP, which now has a Health Benefits Advisory Panel including a range of multi-disciplinary professionals like physicians, pharmacists, dentists, a dental hygienist, and benefits consultants.

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Phase 3 of the HLP circles back to the data because as a long-term, multi-year employee health strategy, it is important that the data continues to drive and support the strategy. Accordingly, during this phase, participants compare year-to-year results via, for example, additional biometric screening and follow-up consultations with health professionals.

After these first three formal phases, the HLP continues to facilitate health initiatives with various partners, long after ASEBP has extracted itself out of the hands-on involvement. Accordingly, each participant continues to receive a range of support based on tracking their ongoing progress and as their needs evolve. In addition, ASEBP's emphasis on data means that the ASEBP also continues to provide reporting to measure covered member health and assess needs, as well as to determine the return on investment of the HLP. Which brings us to yet another important tenet of ASEBP's philosophical shift...

➔ **MAKE HEALTH MANAGEMENT A WAY OF LIFE, NOT AN EVENT**

In keeping with each covered member having their own individual "health journey," Jennifer emphasizes that the approach to health management must be long term. For example, the HLP is a multi-year commitment because it recognizes that a focus on employee health must be ongoing. In fact, evaluation of the HLP shows that if wellness is a one-time project, even though some savings may be generated, it's unlikely that the intervention will be sustainable.

Overall, make incremental changes that build trust

Through Jennifer's leadership, the ASEBP continues to support covered members along their "health journey" using data, integration, and collaboration—all with a long-term view. However, in putting the ASEBP philosophy into action and walking the walk, there are bound to be bumps along the road to navigate.

Many traditional barriers can exist, like differing management versus union or association perspectives, as well as differing viewpoints between health care professionals. Fortunately, a few key methodologies help the ASEBP overcome many of these potential challenges. For example, the ASEBP makes sure it is not perceived as "Big Brother" or that it is "taking things away."

In addition, through collaboration that includes all workplace stakeholders, everyone gets heard. And everyone receives information and communication—like the plan analysis data, which speaks for itself providing a rationale for the health strategy. Based on this foundation, the ASEBP is able to make incremental changes that gradually establish a strong level of trust.

With Health Management,

CALCULATING QUANTITATIVE RESULTS IS POSSIBLE

In 2012, based on four completed HLPs, ASEBP conducted an ROI analysis, predictive modeling, and risk analysis reflecting 2006 to 2011 by comparing the benefits experience with similar-sized school boards that did not participate in an HLP.

Based on projected pre-wellness plan costs in relation to actual plan costs, the HLP achieved a positive ROI. The analysis showed how the HLP can help decrease expected increases in plan costs, as well as help shift covered members out of higher risk health segments.

In addition to a quantifiable ROI, the analysis highlighted the importance of ongoing data analysis to guide strategy. Continuing with preventive activities targeting healthy covered members will be critical to ensure ongoing good health.

OUT & ABOUT... EVENTS NOT TO MISS

WHY NOT ATTEND THIS UPCOMING INDUSTRY EVENT?

CPBI Benefits Ball – February 5, 2015

Liberty Grand, Toronto, Ontario

www.cpbi-icra.ca/Events/Details/Ontario/2015/02-05-CPBI-Charity-Benefit

A CATALYST FOR CHANGE...

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

REACH Community Health Centre Dental Clinic is more than just a regular dentist's office... a lot more

As part of the REACH Community Health Centre in East Vancouver, the dental clinic is addressing one of the biggest gaps in health care—access to affordable dental care. Through the clinic's dental subsidy program, low-income families not covered by dental insurance and those on social assistance are receiving the dental care they need.

Dental patients are referred to the subsidy program from the health centre as well as dental networks in the region. They receive preventive services like hygiene and recall appointments as well as emergency dental care and denture work.

By offsetting the cost of the dental subsidy through a combination of donations, internal subsidies, and short-term project grants, over 35% of patients are able to receive subsidized dental care. The subsidy is especially critical because low-income dental patients tend to have poorer than average dental health, which requires more expensive care than the average patient.

GSC funding makes things happen

Support from GSC will help cover the dental subsidy and dental emergency fund. In addition, because the clinic's facility is no longer functional, GSC funding will enable a move to a more efficient space where they will be able to expand services. GSC funding will also allow the clinic to expand their Medical Patient Navigator program to help dental-subsidy patients. Not only is GSC proud to be helping vulnerable populations receive dental care, but we're also delighted to be part of the clinic's innovative approach that goes far beyond just dental care.

SPOTLIGHT ON 'THE SNOWBALL EFFECT' ...

Under the Frontline Care strategy, each 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.

- ➔ The clinic is planning to expand its Medical Patient Navigator program to assist dental patients—very rare for a dental practice. Dental subsidy patients will be referred to community services like food, shelter, child care, and job training. This is especially beneficial because those with low incomes and those on social assistance typically have higher rates of complex health and social issues.

Your plan members' New Year's resolution:

REGISTER FOR PLAN MEMBER ONLINE SERVICES TO ENJOY EVEN MORE TYPES OF CLAIMS SUBMISSION

Now on Plan Member Online Services your plan members can submit claims and check eligibility for osteopath services and emergency ambulance services, as well as over 40 medical items and supplies. Your plan members can also have their health care providers submit these claims on their behalf via providerConnect™—plus claims for additional medical items like certain types of sleep apnea machines and wheeled walkers.

PRINCE EDWARD ISLAND ADDS 10 DRUGS TO ITS PHARMACARE PROGRAMS

PEI's Pharmacare programs now cover 10 additional drugs for PEI residents who meet the program and clinical eligibility requirements. The High Cost Drug Program and Catastrophic Drug Program now provide coverage for:

- Revlimid: for treating multiple myeloma after a treatment failure (e.g., chemotherapy and/or disease progression after successful stem cell transplantation) and for treating myelodysplastic syndrome

In addition, the Family Health Benefit Drug Program, Financial Assistance Drug Program, Seniors Drug Program, Nursing Home Drug Program, and Catastrophic Drug Program now provide coverage for:

- Fragmin, Innohep, and Lovenox: for preventing and/or treating deep vein thrombosis or pulmonary embolism
- Ondissolve ODF: for preventing nausea and vomiting in cancer patients
- Pregabalin: for managing neuropathic pain
- Tudorza Genuair: for treating chronic obstructive pulmonary disease
- VFEND: for treating invasive aspergillosis (fungal infection) and for treating candidemia (fungal infection in the blood)

And the Diabetes Control Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, and Catastrophic Drug Program now provide coverage for Lantus and Levemir for treating patients with type 1 or type 2 diabetes.

What does this mean for your plan? For plan members in PEI, GSC is the first payer so they should submit claims for reimbursement to GSC first.

For more information, please visit the government of PEI website at:

www.gov.pe.ca/newsroom/index.php?number=news&dept=&newsnumber=9945&lang=E

BRITISH COLUMBIA CHANGES ITS COVERAGE OF DIABETES BLOOD GLUCOSE TEST STRIPS

The British Columbia Ministry of Health conducted a review of existing policies regarding blood glucose test strips that many diabetics use to check their blood sugar levels. Research shows that patients with type 2 diabetes who do not use insulin can test their blood less often and it will not negatively affect their health. Accordingly, based on consultations with patients, doctors, nurses, diabetes educators, pharmacists, and test strip manufacturers and recommendations from the Canadian Diabetes Association and the Canadian Agency for Drugs and Technologies in Health, the ministry has decided to set limits on covering blood glucose test strips.

As of January 1, 2015, based on the testing needs of patients, the ministry will allocate the number of test strips covered by PharmaCare each year. In cases where patients have a medical need for more test strips—and it is authorized by a physician—PharmaCare will provide coverage for the additional test strips. This change in coverage should not affect insulin-dependent patients who will continue to have access to up to 3,000 test strips each year.

GSC has had a blood glucose test strip policy in place since December 2011 which is integrated with BC PharmaCare. For example, if BC PharmaCare pays 200 test strips, GSC will count those strips toward our maximum as well. A plan member allowed 400 test strips by BC PharmaCare will still be eligible for 200 test strips from GSC after exhausting their BC PharmaCare maximum.

For more information, please visit the British Columbia Ministry of Health website at:
www.health.gov.bc.ca/pharmacare/bgts.html

January
Haiku

Change Makers are here
Finding ways to workplace health
Lessons for us all

Winner of the draw for an iPad mini

Congratulations to K.Henry, of Perth, Ontario, 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.



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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