

The

# INSIDE STORY<sup>®</sup>

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What's  
Inside

**STRAIGHT TALK FROM  
THE DOCTOR'S OFFICE**

**PAGE 2**

**COMMUNITY GIVING  
PROGRAM:**

Frontline Care in Action

**PAGE 5**

**WHAT'S UP...**

Generic Drug Prices in Canada

Pharmacist Care for Cancer Patients

Sustainable Solutions Report

**PAGE 6**



# FROM THE FRONTLINES...

## STRAIGHT TALK FROM THE OCCUPATIONAL HEALTH DOCTOR'S OFFICE

This month we decided to get the word on the street. Or should we say, the word from the doctor's office—the occupational health doctor's office (which is just a fancy way of saying a doctor who works right onsite at the workplace). Who better to provide us with insight into plan member health than the kind of doctor who is in the trenches day in and day out, seeing patients in clinical settings *and* the workplace? Introducing Dr. Alain Sotto—he supports individual plan members and, through his work, he helps plan sponsors create strategies to address health issues impacting the overall employee population. Now that's the kind of unique perspective we need to hear about...

### 'It's all about **chronic conditions**'

When asked what number-one health issue he sees in his workplace practice, Dr. Sotto is quick to answer, "Clearly, it's chronic conditions: diabetes, cancers, cardiovascular conditions, mental health issues, and musculoskeletal conditions like arthritis." And he goes on to say that "it's obvious that the effects of chronic conditions—meaning poor quality of life followed by premature death—are devastating for plan member health. But that's not the whole story, the effects are also devastating for an organization's costs and productivity. And here's the kicker, even with chronic conditions already at an epidemic level, their incidence in Canada is rising each year. In fact 51.8% of Canadians have at least one chronic disease and 14.8% have two or more chronic diseases. So we know that the number one plan member health challenge is chronic conditions—the urgent question is, what are plan sponsors going to do about it?"

### 'Plan members spend most of their waking hours at work—it's the ideal place to make an impact'

Although many plan sponsors are taking action to help improve plan member health, Dr. Sotto often finds that those who aren't see chronic conditions as an issue that our health care system should address. "Preventing and managing chronic conditions requires a concentrated, ongoing effort that requires time—precisely what the family doctor doesn't have. The family doctor's short office visits focus mostly on acute care, and this is just not going to cut it. We have to work as a team—everyone from the family doctor and other health care professionals, to benefits providers and plan sponsors, to the plan members themselves—we all have to get in on the act."

In terms of teamwork, he points out that what he sees in many workplaces is that they historically rally around the concept of plan member safety. (Hint: that is *legislated*.) However, by contrast, plan member health is the poor cousin that doesn't receive its fair share of attention. "Although most organizations have health and safety committees—with everything from educational materials and presentations about safety topics to training programs about how to stay safe—the focus is on *safety, safety, and more safety*—it's rarely about health. Organizations need to make a paradigm shift—they need to make a fundamental change in their approach to plan member health that raises it to the same status as plan member safety—it's a matter of improving lives and downstream costs."

#### **Dr. Alain Sotto**

Hon. BSc, MD, CCFP(EM), FCBOM

- Certified specialist in Emergency and Family Medicine
- Board-certified specialist in Occupational Medicine
- On staff in Family Medicine at William Osler Hospital (Emergency Department for 19 years)
- Family practice in Brampton (26 years)
- Toronto Transit Commission's Occupational Medical Consultant
- Director of the Medcan Wellness Clinic
- Investigative Coroner for York Region

## ‘What is the **cost of a life?**’

The perception that health management programs can be costly is another barrier, however, there are many inexpensive options. “The reality is that the cost of doing nothing is too high. I tell plan sponsors to view the return on investment [ROI] of health management programs within the context of improving plan member lives, or even better, saving their lives and improving organizational profitability. Early detection of chronic diseases and of the risk factors to chronic disease reduces the risk of much higher costs now and in the future. The reality is that it’s just not possible to run a business if employees simply aren’t there. They may be absent temporarily or they may end up on long-term disability and absent for good...or worst-case scenario, literally gone for good, as in dead.”

## ‘Let the **numbers** do the talking’

Research shows that sponsors are looking for more information and analysis regarding their plans, and Dr. Sotto feels data is essential to guide health management initiatives. “I tell plan sponsors to start by analyzing their plan’s drug usage related to the top five to ten chronic conditions—this is essential to provide insight into the conditions for which plan members are receiving treatment. Combine this data with other claims data and indicators like absenteeism rates, and the numbers will reveal which health issues to focus on. Then plan sponsors need to make sure their programs address the complex nature of chronic conditions by incorporating numerous strategies to educate, engage, empower, and enable plan members to take action.”

## ‘There are **lots of successes** out there’

In terms of real-life success stories, Dr. Sotto shares the diabetes and metabolic syndrome (a precursor to diabetes) prevention program that he recently spearheaded at the Toronto Transit Commission (TTC) in 2015 and a few years ago at Ontario Power Generation. Activities to reach plan members included:

- In-person educational presentations by Dr. Sotto about metabolic syndrome and diabetes; posters; onsite blood pressure testing; onsite pinprick blood sugar, cholesterol, and A1C (three-month glucose average) testing; and a special insert in the staff newsletter that included a “know your numbers” chart that plan members could review with their family doctor.
- Screening programs to determine whether they have any of the warning signs for metabolic syndrome, or diabetes, or hypertension.
- Resources about the lifestyle changes they could make to prevent and, as necessary, effectively manage metabolic syndrome and diabetes, such as dietary advice and access to exercise facilities.

The colorectal cancer screening program at the TTC provides another example of a health management program that used a range of activities to reach plan members:

- In-person educational presentations and a DVD of Dr. Sotto explaining what colorectal cancer is and the role of prevention.
- Information about what is considered the gold standard for prevention—the colonoscopy, which can catch polyps before they become cancerous, and if cancer exists, it can detect it early.
- Referral forms to clinics that provide colonoscopies to those over 50 years old were attached to pay stubs and were made available on the intranet.

*Research shows that chronic conditions are prevalent and costly, and that plan sponsors are hungry for more targeted benefits plan information:*

- Approximately four out of five Canadians have at least one modifiable risk factor for chronic disease.<sup>1</sup>
- Chronic disease is the major cause of death and disability worldwide<sup>2</sup> and costs the Canadian economy \$190 billion annually with \$68 billion attributed to treatment and the remainder to lost productivity.<sup>3</sup>
- In the 2015 Sanofi Canada Healthcare Survey, 72% of employers said they would like better reporting/evaluation of the ROI of their health and wellness program, 76% would like a better understanding of how their benefits plan affects health outcomes, productivity, and absenteeism, 62% would like a better understanding of their claims data, and 68% would like a better understanding of connections between claims and utilization of programs.<sup>4</sup>

Dr. Sotto considers Ontario Power Generation and the TTC as organizations that have made the paradigm shift—their focus is on **health** and safety.

## ‘Where’s the health in **health and safety**’

To sum it up, Dr. Sotto leaves us with this big-picture message: “As I mentioned, overall plan sponsors need to take a hard look at their approach to workplace occupational health and safety—that’s **health** and safety. Although an emphasis on safety is entrenched in most workplaces, employees can’t be truly safe unless they are first healthy. Employee health is in fact an essential part of keeping employees safe. Put the health back in health and safety.”

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Sources:

<sup>1</sup> Risk Factor Atlas: About the Risk Factor Atlas, Public Health Agency of Canada. Retrieved March 2016:  
<http://www.phac-aspc.gc.ca/cd-mc/atlas/index-eng.php>

<sup>2</sup> “Chronic diseases and health promotion: Integrated chronic disease prevention and control,” World Health Organization. Retrieved March 2016:  
[http://www.who.int/chp/about/integrated\\_cd/en/](http://www.who.int/chp/about/integrated_cd/en/)

<sup>3</sup> “Against the Growing Burden of Disease,” Kimberly Elmslie, Public Health Agency of Canada presentation, Slide 12. Retrieved March 2016:  
<http://www.ccggh-csih.ca/assets/Elmslie.pdf>

<sup>4</sup> “Employers with Health Benefit Plans Question the Value of their Plans,” Sanofi Canada, June 3, 2015. Retrieved March 2016:  
<http://sanoficanada.mediaroom.com/2015-06-03-Employers-with-Health-Benefit-Plans-Question-the-Value-of-their-Plans>

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# OUT & ABOUT... EVENTS NOT TO MISS

### Pharmacists Manitoba Conference – April 8-10, 2016

RBC Convention Centre, Winnipeg, Manitoba  
[www.msp.mb.ca/conference/home.html](http://www.msp.mb.ca/conference/home.html)

### BCPHA Annual Conference & AGM – May 26-28, 2016

Delta Grand Okanagan, Kelowna, B.C.  
[www.bcpharmacy.ca/conference](http://www.bcpharmacy.ca/conference)

GSC’s David Willows will be presenting and sharing insights on the challenges for private payors in the current benefits landscape.

# 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...

**Touchstone Family Association—Community Action Program for Children (Richmond, B.C.):** This program connects parents, grandparents, caregivers, and their children (from birth to six years old) to community support. This includes a navigator focused on helping Chinese-speaking people build a support network. To find out more, visit [www.touchfam.ca](http://www.touchfam.ca).

**Cerebral Palsy Association of British Columbia—Community Connector (Navigator) for Youth with Disabilities (Vancouver, B.C.):** This service provides telephone, online, and web-based support for people with cerebral palsy (and other disabilities) and their families, including a navigator that provides information and referral to programs, supports, and other resources to help youth plan and successfully transition to adult services. To find out more, visit [www.bccerebralpalsy.com](http://www.bccerebralpalsy.com).

**Little Mountain Neighbourhood House Society—Heart, Health, Hood Community Education and Mentorship Program for Building Healthier Selves & Neighbourhood (Vancouver, B.C.):** This program helps people create and achieve health and lifestyle goals through goal-setting, education, one-on-one and group support, as well as connections to community health resources through the help of a health navigator. To find out more, visit [www.lmnhs.bc.ca](http://www.lmnhs.bc.ca).

**Heritage Skills Development Centre—Scarborough Youth Healthy Mind Project (Scarborough, Ontario):** This project provides support for visible minority youth with mental health and substance abuse issues by providing activities like community workshops, monthly support groups, individual counselling, referrals, and networking. A community outreach worker helps youth access additional resources and services. To find out more, visit [www.hsdconline.org](http://www.hsdconline.org).

**Canadian Centre For Women's Education and Development—Rebuilding Hope: Trauma Recovery Program (Scarborough, Ontario):** This program helps prevent further victimization of girls 15-18 years old who have been sexually exploited. A case worker helps them rebuild their lives by connecting them to a range of services like health care, mental health services, crisis support, and legal assistance. To find out more, visit [www.ccwed.org](http://www.ccwed.org).

## REPORT COMPARES GENERIC DRUG PRICES IN CANADA WITH ELEVEN OTHER COUNTRIES

The Patented Medicine Prices Review Board (PMPRB) has released its most recent edition of a series of reports on generic drug pricing called *Generics 360: Generic Drugs in Canada, 2014*. The report compares generic drug prices in Canada between 2010 and 2014 with generic prices of eleven other industrialized countries: United States, United Kingdom, France, Germany, Netherlands, Italy, Sweden, Switzerland, Spain, Australia, and New Zealand. The main report findings include:

- 2010 to 2014 saw significant declines in domestic generic price levels.
- Declines in domestic generic price levels reduced the gap between Canadian and foreign prices by more than half, however, average Canadian generic prices remained relatively high in 2014.
- Provincial pricing policies were mainly responsible for the reduction in the generic price difference between Canadian and foreign markets.
- The gap between Canadian and foreign countries was wider for drugs with higher sales and a greater number of domestic suppliers.

For more information, see the report at the PMPRB website at [www.pmprb-cepmb.gc.ca/view.asp?ccid=1233#exec](http://www.pmprb-cepmb.gc.ca/view.asp?ccid=1233#exec).

### PMPRB refresher

The PMPRB limits the prices set for patented prescription and over-the-counter drugs sold in Canada to ensure that the prices are not excessive. It also reports on pharmaceutical trends and monitors spending on research and development. For more information, visit the PMPRB website at: [pmprb-cepmb.gc.ca/home](http://pmprb-cepmb.gc.ca/home).

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## PHARMACISTS IN THE NEWS...

As pharmacists become more visible in the community providing an expanded scope of services, we're hearing more about how their services are helping and what we may see in the future.

### **New training program to provide high-quality care for cancer patients**

This April, the University of Toronto's Leslie Dan Faculty of Pharmacy—in collaboration with Cancer Care Ontario—offers the first component of their new pharmacist training program called *Oncology for Pharmacists: A Person-Centred Approach to Caring for People Living with Cancer*.

The goal of the program is to help pharmacists who work in all kinds of settings to provide the best care possible to patients undergoing cancer treatments. Through a combination of in-person and online learning opportunities, program participants learn about best practices in cancer treatment. They also develop their skills through a range of practical tips, tools, and real-world examples, as well as the chance to build a network of peers and resources.

For more information, visit the Leslie Dan Faculty of Pharmacy section of the University of Toronto website at <http://cpd.pharmacy.utoronto.ca/programs/oncology>.

## A big part of the solution regarding medication non-adherence

A new report called *Sustainable Solutions Report: Pharmacist Interventions in Medication Adherence* by Shoppers Drug Mart and CARP (a national, non-profit association promoting financial security, better access to health care, and freedom from discrimination as people age) conveys that pharmacist services are helping improve adherence, which not only improves patient health but also means less waste and lower costs. The report highlights research indicating that there are a variety of services that pharmacists can now offer in many provinces that are having an impact on adherence including:

- Assessing, adapting, and renewing prescriptions,
- Making follow-up calls to ensure patients pick up prescription refills on time, and
- Providing support and solving problems through personal consultations.

To learn more, the report is available at <http://tinyurl.com/zqp4o93>.

*April  
Haiku*

Talking to the doc  
And his focus is quite clear  
Make health like safety

## Winner of the draw for a Fitbit

Congratulations to J. Muir, of McCreary, Manitoba, 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.



[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