

The

# INSIDE STORY<sup>®</sup>

OCTOBER 2018

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PLAN MEMBERS  
DON'T HAVE TO  
GO IT ALONE



# PLAN MEMBERS DON'T HAVE TO GO IT ALONE

## ...HEALTH COACHING NUDGES THEM TOWARD LASTING LIFESTYLE CHANGES



What do your old high school gym teacher, your book club buddies, the worker at the home improvement store, your family, and (we hope) your boss, and even some colleagues all have in common? They all provide support and guidance—in this case, for getting active, expanding your mind, renovating your kitchen, and having successes at home and work. Essentially, they are all coaches. And to begin where the September 2018 edition of *The Inside Story* left off, health coaching is an example of smart spending because it nudges your plan members toward lasting lifestyle changes. Here's how...

## INNOVATIVE APPROACHES MORE NECESSARY THAN EVER

We need not remind you why innovative approaches like health coaching are more necessary than ever, but of course, we will...

### High incidence of chronic medical conditions

By now we hope you are very familiar with the distressing trend in GSC's annual health studies: middle-aged chronic-disease sufferers continue to significantly drive up costs. This high incidence of chronic conditions is also reflected in the bigger picture as the World Health Organization cautions that chronic diseases are the leading cause of death globally.<sup>1</sup> And the Public Health Agency of Canada's 2013-16 strategic plan for preventing chronic conditions reports that three out of five Canadians who are 20 years and older have a chronic disease and four out of five people are at risk.<sup>2</sup> In terms of how this high incidence affects the workplace, the 2018 edition of *The Sanofi Canada Healthcare Survey* found that 83% of plan members with chronic conditions take at least one medication on a regular basis, and 37% take three or more. And almost half of employees with chronic conditions report missing work or finding it harder to do their jobs due to their condition.<sup>3</sup>

### High incidence of medication non-adherence

In the 2016 *Health Care in Canada* survey conducted by McGill University, among the 43% of Canadian adults prescribed an average of 3.4 medications per person per day, more than 50% reported some form of non-adherence.<sup>4</sup> Similarly, the 2018 Sanofi survey indicates that among those taking three or more drugs, 40% agree they sometimes forget to take their medications, increasing to 51% among those who also report high levels of daily stress.<sup>5</sup>

### Low incidence of support

Research across various countries, including Canada, indicates the length of the average doctor appointment ranges from five to 15 minutes.<sup>6</sup> And that's if you can even get an appointment. A Canadian Institute for Health Information 2016 survey of 12 countries indicates that Canadians experience some of the longest wait times. For example, only 43% of Canadians report being able to get same- or next-day appointments at their regular doctor, and around 20% end up waiting about a week. In addition, 43% of Canadians say it takes more than a month to see a specialist; the international average for a month-long wait is about 36%.<sup>7</sup>

## And, just checking... what exactly happened to all those New Year's resolutions?

If your answer is “absolutely nothing,” you’re not alone. In fact, if you’re like most people, try as you might, your resolutions eventually fall by the wayside. However, also if you’re like most people, “absolutely nothing” is a bit harsh. With lifestyle changes, most people have really good intentions and try things like purging their cupboards of any evil sugary treats, going cold turkey with no cigarettes or alcohol, and throwing money at the situation by joining a gym or health program. But alas, most people struggle with behaviour change and sadly, often fail. Why is that?

### Without a nudge, it's hard to budge

Remember all those behaviour change theories introduced in the July/August 2014 edition of *The Inside Story*? What's common to all of them is that behaviour change is hard. Unfortunately, there is no quick fix—and lasting change typically requires various strategies and many kicks at the can. That's where nudging theory comes in (as elaborated on in the October 2014 edition of *The Inside Story*). In a nutshell, to positively influence behaviour change, little nudges guide your plan members toward a specific choice in a way that still leaves them in control. Accordingly, nudges create self-reliance. And nudges come in all shapes and forms; one is health coaching.

A health coach isn't necessarily a doctor and increasingly not a doctor. As explained in the March 2016 edition of *The Inside Story*, pharmacists, dietitians, nurses, and exercise physiologists can all act as health coaches. This is typically considered a good thing given the time limitations most doctors face. In addition, a variety of types of health coaches means easier access.

Recognizing the many benefits of health coaching as a way to help address today's cash-strapped and chronic-disease-abundant environment, health coaching skill development is gaining traction in Canada. As a result, health coaching is a part of many health professionals' work to various degrees. For example, as described in the March 2016 edition of *The Inside Story*, the University of Waterloo's pharmacy program weaves elements of health coaching into its curriculum. Health coaching is also a growing part of dietitian training.

In addition, although there is no accreditation body for health coaches in Canada, a variety of certificate programs in health coaching are now available through Canadian colleges and universities, as well as private educational organizations. Most programs are continuing education with eligibility based on already having a diploma or degree from a college or university in, for example, nursing, social work, nutrition, or kinesiology. In-person classes, online modules, and work placements are typically part of the certificate program.

Regardless of the type of condition or setting, health coaching has a common purpose: to help move patients toward their health prevention or management goals by motivating and supporting them to take responsibility for their own health and progress. Taking responsibility is key; health coaching is successful to a large part because it represents a significant shift away from the patient simply taking direction as a passive recipient of care (as in, “my doctor knows best and tells me what to do”). By contrast, health coaching focuses on collaboration where the patient is actively involved in their health care (as in “my health coach works *with me* to problem solve to help me make better lifestyle choices”).<sup>9</sup>

## GIVE THE PEOPLE WHAT THEY WANT

Not only does health coaching help address some of our health care system's current barriers by effectively supporting patients to prevent and manage chronic conditions, it also gives the people what they want. Remember the 2018 edition of *The Sanofi Canada Healthcare Survey*? Of plan members who have chronic conditions:

- 84% would like to know more about their condition and how to treat it—a result unchanged from 2016.
- 51% would like recommendations for health care professionals or experts who could help with their conditions.
- 75% (who have a chronic condition and are taking three or more medications) would be interested in receiving coaching from a pharmacist to learn more about their medications and conditions.<sup>8</sup>



“  
Give the man  
(or plan member) a fish,  
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eats for a lifetime.”

### It's time to teach them to fish (OK, not literally...)

Due to an emphasis on self-management, health coaching is sometimes compared to the old adage: “Give the man (or plan member) a fish, and the plan member eats for a day. Teach a plan member to fish, and he eats for a lifetime.”<sup>10</sup> By giving plan members a “fish”—drugs for conditions like high cholesterol and hypertension—we are helping, but to a limited degree. Whereas, what plan members need to successfully prevent and manage chronic conditions is not just fish/drugs, they need to learn to fish.

Health coaching teaches your plan members how to fish—they learn the skills to self-manage their lifestyle behaviours. Research shows that self-management is precisely the component that is essential for long-term, consistent behaviour change. For example, an analysis of 53 randomized controlled trials concluded that self-management support improves blood pressure and glucose control.<sup>11</sup> Research also shows that the addition of support in the form of coaching to increase a patient's skills and confidence in managing their condition and setting realistic goals can be significantly *more effective* than education alone.<sup>12</sup> Overall, the evidence reveals that health coaching in many forms is leading to positive health outcomes.

## GSC RESEARCH MIRRORS THE EVIDENCE

- A 2014 study conducted in partnership with GSC and the Ontario Pharmacists Association assessed the impact of a hypertension management program that included health coaching by pharmacists for GSC plan members who met the study's eligibility criteria. Findings include that the number of participants effectively controlling their blood pressure quadrupled. The study also concluded that a pharmacist-led hypertension management program—provided as a benefit to employees—can represent a cost-effective return on investment that produces healthier, more productive employees.<sup>13</sup>
- Another 2014 study conducted in partnership with GSC, Loblaw Canada, and the Ivey Business School (Western Ontario) investigated the potential role of pharmacists and dietitians in the grocery store environment. Findings include that working together as health coaches in a multidisciplinary team, pharmacists and dietitians can collaborate to significantly impact the health of customers by helping them prevent and manage chronic conditions. Many Loblaw stores now have registered dietitians on staff and available to customers.



### In-person health coaching shows benefits...

A 2015 study published in the *The Annals of Family Medicine* investigated whether in-person health coaching by medical assistants improves the ability to control cardiovascular and metabolic risk factors like blood pressure and cholesterol levels, when compared with standard care. It involved a 12-month randomized controlled trial with 441 patients. Results include that the intervention group, which received health coaching, improved control of average blood glucose level and “bad” cholesterol (low-density lipoproteins that leads to a buildup of cholesterol arteries) compared with usual care.<sup>14</sup>



### Telephone health coaching shows benefits...

A 2014 study published in the *Journal of Occupational Health Psychology* explored whether a six-session, telephone-based coaching intervention helps employees with chronic conditions manage the challenges they face when compared with employees with chronic conditions who did not receive health coaching. It involved a 12-week randomized controlled trial with 59 participants. Results include that the intervention group that received telephone coaching showed significantly improved perceptions of their ability to work, less burnout due to exhaustion, and better resilience. These positive effects were still present 12 weeks after coaching ended.<sup>15</sup>



### Internet health coaching shows benefits...

A 2016 study published in *Diabetes Technology & Therapeutics* examined whether using an internet-based diabetes management program helps patients with type 2 diabetes, who are starting insulin, to achieve better glycemic control compared with patients who just receive standard clinical practice. It included a 14-week randomized controlled study with 40 patients. Standard practice included face-to-face care with phone follow-up as needed. The internet-based program included regular communications about glycemic control and insulin doses and was conducted via patient self-tracking tools, shared decision-making interfaces, secure text messages, and virtual visits (audio, video, and shared-screen control) instead of office visits. Results include that the intervention group receiving the internet-based diabetes management program had better glycemic control compared with the control group. The researchers also conclude that mobile health technology could be an effective tool in sharing data and enhancing communication, while enabling collaborative decision making in diabetes care.<sup>16</sup>

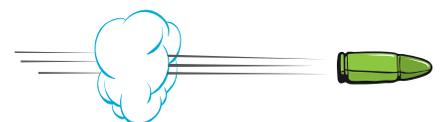
The facts have spoken: Relying on the best available evidence from the scientific research reveals that health coaching delivers health value in terms of behaviour change. In other words (or in GSC-speak), that means smart spending.

### If it walks like a duck, and talks like a duck, it's a duck...

First a fish, now a duck... applying the deductive reasoning “duck test,” health coaching represents smart spending. It can not only deliver positive health outcomes, its high level of flexibility—in terms of type of professional coach, health condition, and setting—means it also adds value in numerous ways. For example, with telephone and internet-based health coaching, in addition to leading to positive health outcomes, these virtual approaches overcome barriers, like cost, accessibility, and time commitment.

So why is it that health coaching delivers this bundle of benefits; what exactly is its magic bullet? Turns out there are many magic bullets as Peter Gove, GSC’s innovation leader, health management, explains:

*Magic Bullet*





“It seems that health coaching has a number of attributes built into it that help patients develop the self-management skills necessary to successfully change their behaviour. For example, health coaching is highly customized to each person’s specific situation. So the coach’s advice isn’t generic, instead it’s tailored to specific needs and individual environments. Also, of course, coaching in essence is support so people don’t feel like they’re going it alone; they have support for better or for worse. This is important because behaviour change typically involves two steps forward, one step back. And inherent in health coaching is also a sense of accountability and commitment so the person feels a combination of determined and dedicated, plus they don’t want to let the coach down.

### TAPPING INTO HUMAN NATURE...

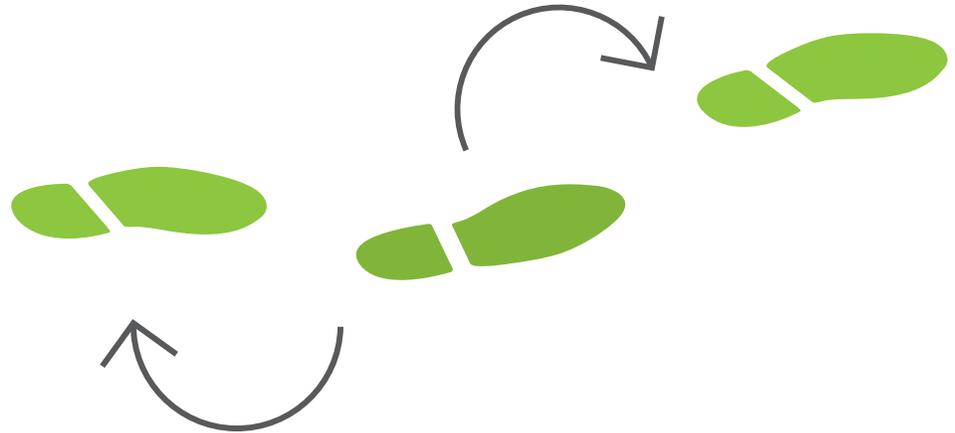
As experts Richard Thaler and Cass Sunstein put it in their ground-breaking book called *Nudge*, “The bottom line is that humans are easily nudged by other humans. Why? One reason is that we like to conform.”<sup>17</sup>

“Evaluation is also key; measurement needs to be built into health coaching models. For example, even with what could be considered mental health coaching—psychotherapy—which has been notoriously difficult to assess, research shows that measuring psychotherapy leads to better outcomes. For example, providing both therapists and clients with session-by-session progress measurements, like completing surveys, improves results because it catches when therapy isn’t working earlier. This can decrease the number of therapy drop outs. In fact, regularly measuring progress has been found to double the positive outcomes for clients who were not improving in therapy and to decrease by more than half the number of people who were getting worse.”<sup>18</sup>

### Everyone needs a helping hand... ideally, in the form of a nudge from a health coach

With the high incidence of chronic conditions, helping plan members get healthier is understandably top of mind. In the 2018 Sanofi Healthcare Survey, 77% of plan sponsors indicate they are concerned about the impact of unmanaged chronic disease on the productivity of their workforce. And 79% of plan sponsors would like their health benefit plan to do more to support plan members with chronic diseases.<sup>19</sup> We’re listening! GSC is exploring how to expand beyond our current health coaching programs that focus on cardiovascular health, smoking cessation, and nutrition.

Fitness health coaching for inactive plan members, as well as possibly diabetes prevention and asthma health coaching are all fuelling our innovation grey matter lately. Plus, since in addition to digging up research, we like doing our own (OK, we love it), we’re planning a depression prevention study that involves, you guessed it, telephone health coaching. We hope to give plan sponsors the helping hand they need to nudge plan members into getting help.



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<sup>12</sup> "Health Coaching in Diabetes: Empowering Patients to Self-Manage," Durhane Wong-Rieger, Francis P. Rieger, *Canadian Journal of Diabetes*, 2013. Retrieved September 2018: [https://www.canadianjournalofdiabetes.com/article/S1499-2671\(13\)00002-6/pdf](https://www.canadianjournalofdiabetes.com/article/S1499-2671(13)00002-6/pdf).

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## HIGH-COST DRUGS A QUARTER OF PRIVATE PLAN COSTS IN 2017

Canada's Patented Medicine Prices Review Board (PMPRB)—which monitors the prices of patented drugs and reports on drug pricing trends—has released its latest annual report. It indicates that high-cost drugs accounted for 26% of private plan costs in 2017. The report defines high-cost drugs as those with an annual average treatment cost of at least \$10,000.

Sales of patented medicines in 2017 accounted for 61.5% of total drug sales in Canada. And high-cost drugs accounted for 41.6% of Canada's patented medicine sales in 2017. Biologics accounted for 42% of patented medicine sales and immunosuppressants accounted for 17%, mainly due to Remicade, Humira, and Enbrel. Cancer drugs made up 13.4% of all patented medicine sales with Revlimid the top-selling cancer drug.

Canadian prices for patented medicines in 2017 were lower than Germany, Switzerland, and the United States, and higher than Britain, France, Italy, and Sweden.

For more information, visit <http://www.pmprb-cepmb.gc.ca/view.asp?ccid=1380#a1>.

## PATIENTS ARE READY FOR MORE TECHNOLOGY, CANADA'S HEALTH CARE SYSTEM IS NOT

The Canadian Medical Association (CMA) reports that to address the current and future impact of the "Google Generation"—tech-savvy adults between 18 and 34 years old—Canada's health care system needs to scale up technology. A new Ipsos poll conducted on behalf of the CMA called *Shaping the Future of Health & Medicine* indicates that 75% of Canadians believe that new technologies could solve issues in our health care system like access to care, dealing with chronic diseases, and helping seniors stay at home longer. In particular, the Google Generation is especially eager to adopt technology to manage their own health.

Regarding virtual health visits, of the 2,003 survey respondents, 70% say they would take advantage of virtual physician visits. Benefits identified include that virtual health visits would lead to more timely care (66%), more convenient care (63%), and ultimately better overall health care (51%). This interest in virtual visits is even higher for the Google Generation, which is especially significant since they report being frequent users of the health care system—with a self-reported average of 11 or more visits to a doctor each year. Drawbacks identified include loss of human touch and compassion (67% of respondents), accuracy of diagnosis (64% of respondents), and privacy of personal health information (54% of respondents).

## SALES AND PRICE INFLUENCERS

The PMPRB conveys that a variety of factors can influence sales and prices including:

- Increases in total population
- Changes in population demographics
- Increases in the incidence of health issues that need drug treatments
- Changes in doctors' prescribing practices
- Increases in the use of drugs rather than other types of therapy
- Increases in the use of new drugs to treat conditions that previously did not have an effective treatment
- Increases in the use of new drugs that enter the market at a higher price than previous treatments

Regarding personal health care, 70% of survey participants believe that incorporating more technology into personal health care would help prevent illnesses by enabling them to be identified and treated early. In addition, when presented with an imaginary scenario of a mobile device that would continually measure health status, 56% of respondents said they would likely use it, especially the Google Generation.

For more information, visit <https://www.cma.ca/En/Pages/Healthcare-system-needs-to-catch-up-to-the-requirements-of-the-Google-Generation.aspx>.

## MENTAL HEALTH A TOP CONCERN AMONG EMPLOYERS

According to Morneau Shepell's annual survey called *Trends in Human Resources*, 48% of HR professionals across 370 organizations view improving workplace mental health a top priority for 2019 followed closely by physical health and wellness at 47%. Similarly, in a recent Aon Canada survey called *Group Benefits and Workplace Priorities 2018*, 193 Canadian plan sponsors ranked employee wellness as their top workplace priority with mental health ranking as fourth of their top 10 priorities.

Both studies also found a strong focus on improving employee engagement, as well as attracting and retaining employees, and reducing turnover. In addition, although the Aon survey found that employers place a high priority on employee productivity, engagement, and wellness, they are also concerned with the escalating costs of group benefits, especially for drugs and extended health care. Unlike the Morneau Shepell survey, Aon specifically asked about group benefit priorities, resulting in this top 10 list:

### TOP 10 GROUP BENEFIT PRIORITIES

1. Escalating drug cost generally
2. Escalating speciality drug costs in particular
3. Escalating extended health costs generally
4. Chronic illness, effect on plan costs
5. Need to personalize employee benefits experience
6. Rising payroll costs (e.g., minimum wage, CPP contributions)
7. Compliance/governance obligations
8. Cost-shifting—public to private
9. Administrative hassle of employee benefits
10. National pharmacare discussions



**EXPERIENCE**

**COMPLIANCE**

**COST**

In other interesting results, the Morneau Shepell survey found that the legalization of cannabis is an issue that could potentially affect the workplace in 2019. 52% of respondents say they plan to update substance abuse policies to manage cannabis in the workplace in the next 12–18 months. In addition, over the same timeframe, 48% say they plan to train managers to manage cannabis in the workplace. However, 45% they have no plans to introduce training.

For more information about the Morneau Shepell survey, visit <http://morneaushepell.mediaroom.com/2018-08-14-Morneau-Shepell-survey-shows-salaries-expected-to-increase-by-2-6-per-cent-in-2019>, and for more information about the Aon survey, visit <http://www.aon.com/canada/media/6sept2018-HBSurveyCost-en.jsp>.

## WHAT'S NEW WITH CHANGE4LIFE® THESE DAYS? ACTUALLY, A LOT!

### Change4Life breaks the 100,000 mark!

It's been over three years since GSC launched its Change4Life health management portal, and we're excited to announce that as of September more than 100,000 plan members have registered!

Since May 2015, GSC has launched several custom programs under the Change4Life banner, including Dietitian Health Coaching and the digital GSC Mindfulness Training Program—both firsts in the industry. There are many ways that plan members can actively engage with the portal to improve their chronic conditions and, more important, prevent them from being diagnosed with one in the first place.

### Some impressive stats from the portal:

- Over 46,000 GSC plan members have completed a health risk assessment (HRA), and this completion rate is more than double what is typically seen in other platforms that offer HRAs.
- Fitbit participants have taken over 13 billion steps.
- Over 6,500 plan members have registered for the Mindfulness Training Program.
- There have been over 350,000 bids for rewards and 2,700 prizes won.
- And GSC plan members are really engaged, with close to 30% getting at least 150 minutes or more of physical activity per week—this is much higher than the national average of 18%!

### Let's get moving with the GSC Moves Challenge!

The *GSC Moves Challenge* is a great way to get plan members moving **and** engaged in the Change4Life portal. With over 30 great prizes to be won (including two grand prize packages worth \$1,000!), this month-long challenge aims to engage **all** GSC plan members—whether they are currently active or not—by rewarding their participation. The *GSC Moves Challenge* runs from October 15 to November 9; however, plan members can pre-register starting as early as October 9.

## OUT & ABOUT... *Events not to miss*

### Ontario CPBI Conference

October 17–19, 2018, Delta Ottawa City Centre, Ottawa, Ontario

[www.cpbi-icra.ca/Events/Details/Ontario/2018/10-17-CPBI-2018-Ontario-Regional-Conference](http://www.cpbi-icra.ca/Events/Details/Ontario/2018/10-17-CPBI-2018-Ontario-Regional-Conference)

**Steven Richardson**, supervisor, Benefits Management & Investigation Services, will co-present a session with Mark Russell from the TTC on the topic of fraud and abuse: "A case study in protecting your benefits plan."



Many people need  
A bit of encouragement  
So pay for a coach...

# FITBIT WINNER

Congratulations to **E. CUELLAR**, of **TORONTO, ON**, 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.

**Windsor** 1.800.265.5615  
**London** 1.800.265.4429  
**Toronto** 1.800.268.6613  
**Calgary** 1.888.962.8533

**Vancouver** 1.800.665.1494  
**Montréal** 1.855.789.9214  
**Atlantic** 1.844.666.0667

**Customer Service** 1.888.711.1119



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