



THE advantage®

MAY 2019

THE STUFF YOU NEED TO KNOW...

INTRODUCING... THE PHARMACIST HEALTH COACHING – DEPRESCRIBING PROGRAM

Joining the cardiovascular, smoking cessation, and dietitian health coaching programs, Green Shield Canada (GSC) is excited to introduce a new coaching program under the Change4Life banner: **Pharmacist Health Coaching – Deprescribing**. Delivered in partnership with trusted health professionals, our health coaching programs support your plan members' efforts to manage their chronic conditions and optimize the effectiveness of their medications.

What is deprescribing?

We first introduced the concept of deprescribing in the **Follow the Script®** feature in the fall 2016 issue. In brief, deprescribing is the planned and supervised process of reducing or stopping a medication that is no longer helping the individual or is doing harm. Deprescribing can be especially helpful when an individual is taking multiple medications.

Medication is usually appropriate at the time it's prescribed but, as a person's condition changes or as they age, medications can affect them differently – it may no longer be the right dosage, the right kind of drug, or required at all. What was good once might not be good now, however, the prescription is routinely refilled. Additionally, when people take multiple medications, they are at a greater risk of experiencing drug interactions, and in some cases, the medication can even be causing serious harm. When drugs that are no longer appropriate are deprescribed in a collaborative decision-making process involving patients, physicians, and pharmacists, many of those patients experience better outcomes and a better quality of life. For instance, their adherence to any remaining medications may improve, and they are less likely to experience drug interactions or side-effects.

How does the program work?

The Pharmacist Health Coaching – Deprescribing Program focuses on two drug categories: proton pump inhibitors (PPIs), which treat stomach acid problems such as GERD (gastroesophageal reflux disease), and benzodiazepines and z-drugs (BZRAs), which are commonly used for sleep. To be eligible for the program, a GSC plan member must be 18 years of age or older and currently taking a PPI and/or a BZRA.

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Under the program, pharmacists will identify suitable patients by following evidence-based deprescribing guidelines and algorithms developed by the Bruyère Research Institute and the Ontario Pharmacy Evidence Network. Affiliated with the University of Ottawa, the Bruyère Research Institute is focused on evidence-based research that improves the health and health care of aging and vulnerable Canadians. At the Ontario Pharmacy Evidence Network (OPEN), a team of multidisciplinary researchers also works to address the needs of vulnerable people through evaluating the quality, outcomes, and value of medication management services provided by pharmacists.

Eligible patients will be offered the opportunity to reduce or stop the applicable drugs with pharmacist support and counselling through one-on-one sessions. The number of sessions covered by the program depends on the category of drug. For PPIs, GSC will reimburse pharmacists for an initial session plus two follow-up sessions; for BZRAs, we reimburse the initial session plus four follow-ups.

The Pharmacist Health Coaching – Deprescribing Program will launch on October 1, so expect to hear more about it closer to that date. This will be a standard offering to all GSC plan sponsors and their eligible plan members. The maximum reimbursement allowed for PPI deprescribing is \$50 per patient per year, and for BZRA deprescribing, it is \$70 per patient per year. The cost of the coaching sessions will appear in plan sponsors' drug claims experience. This cost will easily be made up by reduced drug costs over time. Keep in mind that a reduction in dose or frequency of administration is also considered successful deprescribing, so even if a patient is not completely off the medication, but there has been a reduction, the patient is better off, and there's still savings to the plan in the long run. Across our entire book of business, we estimate that the uptake will only be less than one per cent of those eligible for the program, but we see this initiative as an important one for private health plans to embrace with an eye to the future and managing every dollar spent to its greatest benefit.

If you don't want this program to be included in your benefits plan, contact your GSC account team no later than September 8, 2019. If your opt-out request isn't received by this date, the Deprescribing Program will be added effective October 1, 2019. Similar to our other pharmacist-delivered health coaching programs, this program isn't available in Quebec.

Why PPIs and BZRAs?

- PPIs and BZRAs are some of the most commonly prescribed medications in Canada and are two categories of drugs frequently used by GSC plan members.
- Both PPIs and BZRAs, while effective, are typically only needed for a short period of time. Despite this, many patients continue to take them beyond the recommended course of treatment which can potentially cause harm.

The Pharmacist's Role

Pharmacists identify patients who may benefit from deprescribing by talking to them about:

- Their condition
- Potential benefits and harms of continuing treatment
- Benefits and possible risks of deprescribing
- A potential tapering plan

Once a patient agrees to participate in the program, the pharmacist, with the permission of the patient, discusses the program with the patient's physician.

As the patient follows the tapering plan, the pharmacist regularly monitors, reassesses, and follows up with the patient providing guidance, practical advice, and coaching to help patients manage any symptom relapse. This includes making adjustments to the treatment plan (if required).

THANKS FOR YOUR FEEDBACK!

We heard that you would like to see administrative updates and new product offerings happen around the same time, so the items we're introducing in this issue of *The advantage* (like the new Deprescribing Program and the FYIs below) have all been scheduled for this fall. And while it may not always be possible to do so, we'll use this strategy going forward whenever we can. We hope this gives you lots of time to understand the updates and contact your account team with questions.



FYI...

Coming soon – updates to GSC's Narcotic Pain Medication Strategy

In view of the continuing opioid crisis in Canada, GSC continually reviews and strengthens our Narcotic Pain Medication Strategy to ensure plan members are safely using these potentially dangerous drugs. In 2018 we introduced morphine equivalents as a way of determining the maximum/threshold dosage for narcotic pain medications, and we implemented a prior authorization requirement for long-acting narcotic pain medications.

Starting in late September, we are making some additional enhancements to the way we handle medications that may be putting plan members at risk.

- We will extend our existing threshold-based narcotics policy to include plan members whose narcotic use may not reach the threshold, but who are also taking related drugs that greatly increase their risk of serious adverse events. These additional drugs include sedatives/hypnotics (such as benzodiazepines), muscle relaxants, and gabapentinoids (traditionally used to treat epilepsy but are now frequently prescribed for pain). As a reminder, when the threshold is reached, the plan member receives a letter requesting written documentation from their physician to support their continued use of narcotics medication above the threshold.
- We will introduce a 30-day supply limit for opioids and a number of other types of drugs that have a high potential of risk to plan member safety.

We'll remind you about the enhancements to our Narcotic Pain Medication Strategy in the coming months. If you have questions in the meantime, contact your account team.

New legislation for claims resulting from motor vehicle accidents in British Columbia

Since May 2018, the Government of British Columbia has been working on changes to the Insurance (Vehicle) Act regarding insurance payments and subrogation related to motor vehicle accidents (MVAs). Here is a summary:

- May 17, 2018 – British Columbia enacted changes that removed the right of insurance companies to subrogate against the Insurance Corporation of British Columbia (ICBC) for costs related to MVA claims. This legislative change meant that ICBC would no longer pay for an MVA-related claim when an individual had access to similar benefits through a private plan. Under this arrangement, GSC would not have been permitted to require claimants to first submit applicable claims to ICBC.
- November 9, 2018 – British Columbia issued an Order in Council that amended the above Vehicle Insurance Regulation to more broadly define a "benefit payment" to include both actual claims paid and advance payment in relation to loss or expense due to an MVA.
- April 1, 2019 – ICBC became the first payor for specific types of health claims related to an MVA regardless of whether similar coverage is available through a private plan. This applies to any MVA accident/loss occurring on or after April 1, 2019. The health care claim types include, but are not limited to: acupuncture, chiropractor, counsellor, kinesiology, massage therapy, physiotherapy, and psychology.

How does this impact your plan?

GSC will not pay for claims incurred on or after April 1, 2019, that are due to an MVA in British Columbia that are eligible and covered by ICBC. As we will no longer be paying for these claims, we will no longer have any subrogation rights.

Claims for other service types will not be affected if there is no indication that they are related to the MVA. For example, physiotherapy treatments may be required due to the MVA, so those will be denied by GSC as they should be covered by ICBC. However, if that same plan member seeks speech therapy services, and there is no indication that the speech therapy is needed because of an MVA, the claims will continue to be paid under the GSC plan – if it is an eligible expense of the benefits plan.

BEACON now offers a new payment option

Last August the BEACON program was added to benefit plans that included mental health/counselling coverage (subject to the existing plan limitations), and it was considered a standard offering on GSC plans going forward. To remind you about BEACON, check out the [July 2018 issue of The advantage](#). This evidence-based digital mental-health therapy program is available to GSC plan members and their eligible dependents age 16 and up at a discounted cost.

Effective May 1, 2019, BEACON added a new payment option for both GSC plan members and BEACON's direct consumers – a structured payment plan to help limit the upfront out-of-pocket cost. Plan members can still select one of two products: the core program only or the core program plus the optional diagnosis component, and GSC's preferred pricing continues to be available for both product options.

Two payment options

- 1. My Resolution Plan** – One convenient payment of \$500 for GSC plan members (versus \$595 for BEACON's direct-to-consumer [DTC] pricing). With this plan, the plan member's credit card is charged only when patient suitability for BEACON offerings is confirmed. This is the only model previously available to all plan members.
- 2. NEW! My Momentum Plan** – Payment plan up to a total of \$500 for GSC plan members (versus \$635 for BEACON's DTC pricing):

STAGE OF THERAPY	GSC PREFERRED PRICING	BEACON DTC PRICING
Assessment review	\$50	\$125
0–2 weeks	\$150	\$170
2–4 weeks	\$150	\$170
Remainder of therapy (maximum of 12 weeks)	\$150	\$170
Total	\$500	\$635

Insight+ option – Under both the My Resolution Plan and My Momentum Plan, plan members can choose to have a clinical psychologist review their assessment, a one-on-one phone call, and a psychological diagnosis report for an additional cost. Under the Resolution plan, this fee is included in the one-time payment, for a total of \$800 (versus \$945 for BEACON's DTC pricing).

For the Momentum plan, here's what the payment model looks like when the Insight+ option is added:

STAGE OF THERAPY	GSC PREFERRED PRICING	BEACON DTC PRICING
Clinical psychologist assessment review	\$225	\$225
Psychological diagnosis report	\$125	\$225
0–2 weeks	\$150	\$170
2–4 weeks	\$150	\$170
Remainder of therapy (maximum of 12 weeks)	\$150	\$170
Total	\$800	\$960

If plan members choose to become inactive during their BEACON therapy (i.e., they don't log in to the platform), subsequent payments are not charged.

These payment options, as well as more information about the program, are now displayed on the **BEACON landing page** for GSC plan members. Claims continue to be submitted directly to GSC by BEACON, with eligible payment being issued to the plan member within two business days of charging their credit card.

BEACON has a resource – the Communication Success Guide – that will help you ensure your plan members are aware of BEACON and the support the program provides. To access the guide, [click here](#).

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IN CASE YOU MISSED IT...

GSC's new dashboard for Online Services and GSC on the Go is now live!

GSC has a long history of encouraging plan members to actively manage their benefits, navigate through online self-service tools, and understand their coverage. Equally, we know that life is busy and time is precious. With that in mind, we have created an easier path – a comprehensive dashboard that is now live on our Online Services site and the GSC on the Go mobile app, serving as a one-stop shop for benefits plan information. We took the time to study our data, really understand what our plan members need – why they get in touch with us – and put that intel into driving the design of the dashboard.

As you heard earlier this month, here are the main highlights:

- **Quick Access:** Find the most commonly used links in one spot
- **Check Coverage:** Read your full booklet or jump straight to the section you're looking for to instantly check your eligibility
- **My Pharmacy:** View the star rating for the quality of your pharmacy and search for others nearby
- **Action Required:** Look out for reminders on outstanding items (e.g., when you are required to upload supporting documents)
- **Recent Claims:** Access everything you need to know about recently processed claims
- **Pre-Approvals:** Check the status with one click
- **Spending Accounts:** View dollars spent and remaining balances (where applicable)

Change4Life has a new look

As communicated in our **March issue of The advantage**, we have launched a new look for our Change4Life health portal. We refreshed the home page, log-in screen, the health risk assessment, and added a modern new dashboard. To encourage plan members to check out the new look, we ran a challenge: plan members who earned 100 points on Change4Life during the first two weeks of April were entered into a draw to win one of 100 \$50 Amazon gift cards.

While some parts of the site look a bit different, it's still the same Change4Life behind the scenes. We've just made accessing the easy-to-use tools and helpful resources (like reminders, trackers, and rewards) easier than ever.

Introduction to Claim Watch

GSC plan sponsors have been benefiting from our solid fraud management strategies for many years now, and we continue to evolve the ways in which we prevent and tackle misuse and abuse of benefit plans. In early March you may have seen GSC's press release announcing Claim Watch – our new multi-layered strategy to detect and shut down fraudulent schemes. Claim Watch is centered on an artificial intelligence (AI) platform that not only finds and compiles all kinds of data at tremendous speeds, but also identifies patterns and less obvious outliers at a deep enough level to unearth suspicious activity earlier than possible in the past. Plus, since all claims are paid on the Advantage® system, data flows through a single system (and established claims management policies) to the AI platform without being outsourced. In turn, our industry's most robust provider registry ensures that the applicable credentials and licences are in place for any provider submitting claims online via the providerConnect® portal. More information about Claim Watch is available on [our website](#).

- 1. CREDENTIAL VALIDATION
- 2. INDIVIDUAL IDENTIFIERS
- 3. PROFILING
- 4. RANKING
- 5. REAL-TIME UPDATES

- 1. RULES
- 2. ADMINISTRATIVE POLICIES
- 3. MOCK CLAIMS
- 4. PLAN DESIGN CONTROLS
- 5. REAL-TIME ADJUDICATION

