

MENTAL HEALTH MSOs AND MARIJUANA IN WORKPLACES

A Special Industry Event held by:

BENEFITS AND PENSIONS
MONITOR
Meetings&Events

BENEFITS 2018



From left, Roger Friesen, Director of Life and Disability Claims, and Sarah Dulong, a Mental Health Claims Advisor; both with The Co-operators Life Insurance Company; along with Dr. Richard Heinzl, Global Medical Director with WorldCare International; outlined their efforts to make workplaces psychologically safer and better prepared to provide the necessary supports when mental health issues arise. The Benefits and Pensions Monitor Meetings & Events 'Benefits 2018' session also tackled medical marijuana coverage in benefits plans with, far right, Mike Sullivan, CEO and Co-Founder of Cubic Health.

Mental Health MSOs And Marijuana In Workplaces

The Benefits and Pensions Monitor Meetings & Events 'Benefits 2018' session tackled two of the challenges benefit plan sponsors are wrestling with today – psychologically safe workplaces and medical marijuana coverage in benefits plans.

It opened with Sarah Dulong, a Mental Health Claims Advisor; and Roger Friesen, Director of Life and Disability Claims, both with The Co-operators Life Insurance Company; outlining its efforts to make its workplace, its clients' workplaces, and other workplaces in the community psychologically safer and better prepared to provide the necessary supports when mental health issues arise. This focus resulted in a collaboration with WorldCare International. Dr. Richard Heinzl, Global Medical Director with WorldCare, described its research on the benefits of medical second opinions for the treatment of mental health problems.

Then, against the backdrop of the legal recreational use of marijuana coming to Canada later this year, Mike Sullivan, CEO and Co-Founder of Cubic Health, provided his insights into some of the challenges plan sponsors face coming to grips with where medical cannabis belongs in their plans.

In late 2016, Co-operators began an enterprise-wide mental health initiative with the vision that "the workplace is a pathway to positive mental health," said Roger Friesen, Director of Life and Disability Claims at Co-operators Life Insurance Company.

It decided its mission would be to champion approaches that help support and sustain mental health in the workplace, with the goal of employing best practices, effective partnerships, and innovative products and services to promote mentally-healthy workplaces and help people to live productive lives.

Co-operators broke its mental health initiative down into three work streams: its workplace; its clients' workplaces; and a stakeholder work stream which was to be a catalyst for change on behalf of those individuals whose mental health is underserved in the community. It accomplished this through research, strategic partnerships, education, and advocacy. For example, it partnered with the Canadian Mental Health Association (CMHA) 'Ride Don't Hide' campaign and its 'Mental Health for All' conference. It has also sponsored Mitch Dorge, a Juno award winner, Grammy award nominee, and drummer with the Crash Test Dummies, who travels to schools

across the country to deliver an “in-your-face” interactive presentation focused on the emotional wellbeing of youth to help them make responsible choices.

The vision around the workplace is that it is “a pathway to mental health; instead of work being a major contributor to mental health problems,” Friesen said. “What if the workplace could actually be a solution to mental health problems?” In 2017, it began executing tactics focused on creating a culture that enables employees to be their best selves at work, at home, and in the community.

To do this, it rolled out the Mental Health Commission of Canada’s 13 psychosocial factors that influence and support psychological health and safety in the workplace. It also offered a medical leave program for short-term disability, but “really focused on stay-at-work.” This made it “important to arrange and pay for appropriate treatment for individuals struggling with a mental health condition because, in our view and from what we’ve seen from the disability claim perspective, the sooner an individual can get the proper support they need, the more likely they’re going to be able to recover and, hopefully, even stay at work,” he said.

Two Per Cent Chance

Sarah Dulong, the Mental Health Claims Advisor with Co-operators, reaffirmed this citing the Journal of Occupational Medicine which says after being off work for three months, a person suffering with a mental illness has a 50 per cent chance of returning to work. After six months, they have a 20 per cent chance. After one year, they have only a two per cent chance.

The economic burden of mental illness in Canada was estimated in 2011 by the Canadian Mental Health Association at \$51 billion per year in healthcare costs, lost productivity, and reductions in health-related quality of life, she said. “Mental illness affects all Canadians at some time in their life by way of a family member, friend, or colleague.” She recounted how last August her 19-year-old cousin committed suicide. “In a single moment, so many lives changed and so

many realizations were made,” she said. “My aunt and her husband now struggle with their own mental health issues and they’ve been unable to return to work.

More Open Conversations

She shared this story to reinforce the fact that “we need to have more open conversations about mental health. Silence breeds stigma and stigma prevents those who are suffering from seeking support and getting the help they need. We need to be leaders in identifying proactive and preventative approaches to supporting those who suffer.”

This helps explain why coverage of mental health services for staff at the Co-operators was expanded, said Friesen, and other initiatives are coming this year. It wants to identify the best practices around accommodation and helping individuals stay at work as well as continue to develop resources and toolkits for its leaders to help reinforce the training that they’ve received.

Managing disability claims will also continue to be a focus, but one with challenges.

When a person first goes off work, said Dulong, they’re normally seen by a general practitioner who will prescribe medications and refer them to therapy. For some cases, this is sufficient treatment. However, in the more complex cases or the cases where they’re not progressing with their treatment, a claimant should be seen by a psychiatrist. Yet, “it is very rare

for a claimant to be seen by a psychiatrist and, for those that do, I’ve seen claimants wait over 12 months to be seen,” she said.

This lack of timely support made it was very clear that “we needed to leverage psychiatric support,” she said, and the partnership with WorldCare on the mental health medical second opinion (MSO) research project resulted. Basically, it provides access to teams of top specialists who confirm diagnosis and provide treatment recommendations. Co-operators’ plan members have had access to obtaining these opinions for health-related conditions for many years. However, since mental illness is not currently listed as a covered condition, an opportunity to research with WorldCare on providing MSOs on mental health disability claims was identified with the primary objective of finding solutions that align with its customers’ mental health strategies.

For the study, a selection of various diagnoses that would benefit from a second opinion were identified. These were the ones seen the most often – major depressive, generalized anxiety, adjustment, and bipolar disorder. Once selected, claimants interested in participating in this research study were referred to WorldCare.

Richard Heinzl, Global Medical Director at WorldCare International, Inc. (WorldCare), said the system is part of the issue. In his past, he was a family doctor and had to take care of people with mental health problems. Yet, he mentioned that family doctors don’t have any kind of high-level psychiatric capabilities. They don’t understand all the drugs, options, and therapeutic modalities. Despite limited options, “much of the time, we were the only ones there to prescribe medications or direct people to the other kinds of therapies,” he said.

Compounding this is wait times. If somebody has a mental health problem in Saskatchewan, the average wait is 33 weeks to see a psychiatrist and receive treatment. In Ontario, it’s 20 weeks and in Newfoundland and Labrador, it’s a “rather shameful” 83 weeks.

‘Frankly, Rare’

All of this means accessing new



BENEFITS 2018

drugs; advanced and experimental treatments; and randomized, controlled trials – “very powerful opportunities” – is, “frankly, rare.”

What WorldCare does is leverage the WorldCare Consortium® hospitals. In this case, the lead institution on this project is Massachusetts General Hospital. It has been doing virtual or tele-psychiatry for 15 years. “It’s interesting to note that in Saskatchewan, there are 77 psychiatrists in the whole province and in Newfoundland there are only 64 psychiatrists and almost all are in the capital. Massachusetts General Hospital alone has 600 psychiatrists,” he said. This means it can bring high-level psychiatric opinions to the Canadian population not in 33 weeks, but “in four days.”

These opinions are always doctor-to-doctor, so the local doctor who knows the patient best is assuming responsibility for the care. The WorldCare doctors provide direction and a plan for the referring family doctor.

Currently, the focus is on bipolar, depression, anxiety, and post-traumatic stress disorders which lend themselves well to this, he said.

The initiative also has to understand what’s available in terms of local therapies. “This is where it was so important to work closely with our partner, Co-operators, so that they could share with us the lay of the land so we could be more effective in the recommendations we make,” he said.



Every single employer benefit plan is going to have to stop and consider medical cannabis, said Mike Sullivan, CEO and Co-Founder of Cubic Health, because there are already clinical practice guidelines in Canada that reference cannabinoids and that will only continue to expand. As well, there are already synthetic cannabinoids on the market with DIN numbers and there are “over 500 clinical trials happening worldwide right now looking at cannabis in different contexts. So we would all be very naïve to think that there’s not going to be an explosion of evidence that’s going to support more widespread use.”

CRA-approved

Those with healthcare spending accounts (HSAs) are likely already covering it to some extent as it’s a CRA-approved medical benefit as long as the employee has a cannabis medical document.

However, the dilemma is there are grey areas around medical cannabis usage. While, it is not a first- or second-line therapy for any condition, it may be recommended when other treatment regimes for the three conditions for which there is “very, very good, strong evidence” – chronic pain, chemotherapy-induced nausea and vomiting, and spasticity which is secondary to multiple sclerosis – do not work.

There are other conditions – pediatric refractory epilepsy, short-term sleep disturbances related to conditions like

sleep apnea, reduction of opioid doses for people with chronic pain, and PTSD – where the evidence that it is an effective treatment is being shown and that evidence base is growing.

This means plan sponsors need to be “focused on the evidence.” Those that are not are “exposing your plan to coverage for dozens and dozens of different conditions, some of which there is no evidence to support the value of cannabis.”

Part of the challenge for plan sponsors is that unless they assess their current claims experience, they have no idea of what their actual exposure could be and “how can you price this if you’ve not looked at a plan-specific risk?”, he asked.

The other thing is if exceptions are made where clinical evidence is insufficient, “where are you going to stop?” Making that exception may mean “you’ll have to make an exception for every case where cannabis has had any kind of documented use, which means basically every condition ever diagnosed.”

Policies are going to be a fascinating area where benefits professionals who are focused on benefits and comp are going to have to be working closely with employer relations and labour relations colleagues and everybody is going to have to be on the same page. If there are safety risk concerns, employers will need processes “about where they will make clinical exceptions. It’s not going to be a treatment option for everybody, so you will have to have rules in place.”



BENEFITS 2018

Perhaps the biggest challenge is there are no clinical guidelines on usage and dosages. Patients basically find a doctor who lets them self-prescribe the dosages. Licensed producers have no standards to ensure a given product from one producer is the same as an equivalent product from another. There aren't even guidelines on who is or isn't impaired.

And Health Canada wants nothing to do with cannabis, he said. It just "oversees licensed producers to make sure they're following the law and have military-grade surveillance and bank-

grade vaults for all the cannabis that they produce, and that's it," said Sullivan.

Average Annual Cost

Another issue is cost. Two grams of dried cannabis can cost \$7 to \$8 per gram and an average annual cost of about \$6,000. If someone is using an extract or gel cap, the cost can rise dramatically. For someone with chronic neuropathic pain, the \$500 allowed by their HSA is not going to go far.

"If you don't really care about safety and you want this to be easy, no problem: use HSAs or make it available for only a

few conditions. Then you won't have any problems; you won't see many claims, and you won't have to own it," he said.

However, for those plan sponsors who believe it should be managed, a well-documented and transparent process is needed so that people who are using it now don't have an expectation that their plan will be covering it. This process needs to be evidence-based, "otherwise you'll see claims coming in for dozens of conditions" and "it needs to be disease-state focused. You need to know what we're dealing with and what somebody's already tried."

BPM

BENEFITS AND PENSIONS MONITOR WOULD LIKE TO THANK THE SPONSORS OF THIS EVENT



the benefit of clarity

Don't miss this event. Spend the morning with us. May 8, 2018 in Toronto

Benefits: Trends & Insights

Call Joelle at 416-494-1066 for attendee or sponsorship details ... or register at:
<http://www.events.bpmmagazine.com/benefitstrends/>

BENEFITS AND PENSIONS
MONITOR
 MEETINGS & EVENTS