# Shift To Prevention Needed

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# **Shift To Prevention Needed**



From the left, Benefits and Pensions Monitor moderator Jim Helik; Laura Pratt, Practice Leader, Organizational Health, at Great-West Life Assurance Company; Richard Heinzl, Global Medical Director for WorldCare International; and Jonathan Tafler, Senior Director, Product and Operations, Employer Health Solutions, at Shoppers Drug Mart And Loblaw; shared their insights on what is happening today and needs to be done going forward to sustain benefit plans.

hile employees want more support dealing with chronic diseases, employers also want to do more. This was one of the revelations at *Benefits and Pensions Monitor* Meetings & Events' 'The Future of Benefits.'

It featured Jonathan Tafler, Senior Director, Product and Operations, Employer Health Solutions, at Shoppers Drug Mart and Loblaw; Richard Heinzl, Global Medical Director for WorldCare International; and Laura Pratt, Practice Leader, Organizational Health, at Great-West Life Assurance Company. They shared their insights on what is happening today and needs to be done going forward.

A recent Sanofi survey found 59 per cent of employees report having at least one or more chronic disease. "What's more interesting is that employers actually believe it much lower," said Jonathan Tafler, Senior Director, Product and Operations, Employer Health Solutions, at Shoppers Drug Mart and Loblaw. "Employers think that it's half the issue it is."

The diseases that are impacting people

include diabetes, heart disease, and mental illness. One study suggests that as many as a third of Canadians will be either diabetic or pre-diabetic by 2025.

About half of employees suffering from one or more chronic diseases say they've either missed work or found

it harder to do their job because of their condition. Sanofi found the two major effects are on productivity and absenteeism. With absenteeism alone, almost 40 per cent are taking time off for appointments and a third are leaving work early because they feel ill.

Finally, there are the costs. The cost of chronic illness to the overall healthcare system is over \$120 billion and rising.

#### **More Support**

The conclusion is "very unsurprising," he said, and employers are concerned and they want to do more. Four out of five employers want their benefit plan to do more to support members with chronic diseases. Equally unsurprising is that employees want more support, he said.

And while there is a perception that

plan members are concerned about being targeted with information based on their conditions, the survey results show almost two-thirds of employees are actually open to receiving information from insurers about dealing with conditions based on their benefits use. "This is a very big shift in mentality that we should all as an industry be paying attention to because this enables us to really connect with and help people who need it and who want the help," he said.

To do this, there are challenges to overcome.

GPS (general practitioners) are responsible for assessment and diagnosis; but there isn't an economic model for the day-to-day support that patients need.

There are community care programs, but they only have resources to focus on



the sickest of the population.

Employee assistance programs provide a range of supports, but they are mostly used for mental health and are not set up for day-to-day clinical support.

Finally, allied health professionals – pharmacists, nurses, and dieticians – can provide a number of services, however, these are typically not funded by employee benefit plans.

With this lack of support, a disease progresses and costs and absenteeism increase.

This progression needs to be intercepted by giving the patients the support they need, said Tafler.

Health coaching is one way. Simply, it's helping patients gain the knowledge, skills, tools, and confidence to become ac-



tive participants in their care so they can reach their health goals. It can be done in person, on the phone, and virtually through any web-based application. There's a whole list of healthcare professionals who could be qualified to be health coaches.

These coaches provide answers, motivation, and reassurance to give the patient the confidence to manage their condition. They organize care plans, goals, and tactics to make sure they're on the right course. Much of what the coach does is empower and drive accountability so the patient feels they have some control, that the things they do matter and can make a difference.

Studies show that these lifestyle health coaching programs could be an important component of supporting patients with chronic disease. One on diabetes found a significant reduction in A1C levels, concluding health coaching is an effective way drugs, but because with the right coaching and support, "we know type-2 diabetes is preventable and even reversible," he said.

The approach is patient-driven and it's about understanding where they're at in their journey. They can receive just-in-time suggestions for how they can make changes in their day-to-day life and routine. "It really is just meeting that patient where they are," said Tafler. "We know from the research that most patients are open to this now and actually welcome it. It's something for us to think about as an industry."

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When we think about disability, generally you can say it's a physical or mental condition that limits a person's movements or their senses or activities, says Richard Heinzl, Global Medical Director burden is "huge. Just on the physical side, it's \$30 billion a year," he said.

Recently, the disability cost to companies increased 27 per cent in one year. Year-on-year, these numbers are staggering, said Heinzl.

The causes of disability range from falls and accidents to neurological problems and cancer. The reasons people can't work include impairment from pain in addition to flexibility and mobility issues as well as hearing, vision, learning, and memory problems.

However, there are myths, he said. A mini-study of some Tim Horton's employees in Toronto, ON, showed, contrary to belief, employees with disabilities have less absenteeism and less turnover. They have excellent problem-solving skills and they meet and exceed their job requirements and performance standards. The accommodations for them, such as building a ramp, are



to help control and manage the disease.

Employers who fill this gap reduce the prevalence of chronic diseases which can improve productivity and reduce absenteeism cost.

This is the case for Shoppers which developed a health coaching pilot program targeting type-2 diabetes. It is working with five Ontario-based employers. Participants include not only those with diabetes, but those at risk for diabetes and those providing care for patients with diabetes.

# **Fastest-Growing Category**

Diabetes was chosen not only because drugs to treat diabetes are the fastestgrowing category outside of speciality for WorldCare International, Inc. (World-Care). It's huge in today's world with 15 per cent of the population identified as having a disability.

And even though with better healthcare people are living longer and diseases have been ended, "unfortunately, disability is growing largely because of the aging population in the world and the advancement of chronic diseases," he says.

In Canada, one in seven adults reports having a disability and one in three will experience disability for a few months in their working lives.

However, 64 per cent of Canadian organizations have no process for helping return these employees to work and the resulting actually far less than what was anticipated.

Often, decreased productivity can be traced back to mental health. Employees "don't know they're in trouble so they don't get help. They remain at work, underperforming, and the presenteeism story happens," he said.

# **Normal Duties**

Then there is short- and long-term disability and the challenge of getting people back to work. In any given year in the first few weeks or months, people do go back to work. People who have been off work because they can't perform their normal duties find suddenly at two years they have to go back to do any kind of work. "Most



give up, they aren't ever going to make it back to work," he said.

With any kind of disability case, managing the return to work starts with an "absolutely crystal-clear diagnosis," he said. "If you don't get the diagnosis right, it means all the treatment you're going to do is going to be off base. You're going to be spending time, effort, and money in the wrong direction." This is where medical second opinions from organizations like WorldCare is invaluable.

A multi-disciplinary medical intervention is then needed as this will lead to better patient outcomes. It used to be a doctor could say: I think this is a good idea. In my experience, all the years I've been working, I think this is what we should do,' said Heinzl. "That just doesn't cut it anymore. EvidenceThe emerging technologies behind this approach seem "futuristic, but they're real and coming," he said. Big data and AI; robotics, genomics or genetics; and nanotechnology can all be converted rapidly into real, tangible benefits for human beings.

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Canadian workplaces are changing and so are the needs of those workplaces when it comes to benefit programs. With four generations now in the workplace, plans need to offer products, services, and designs to meet their needs. Millennials want perks that meet their tech-savvy expectations while Baby Boomers may be looking at staying in the workplace in some capacity. A standard benefit plan no longer secures and retains top talent.



based medicine says that no matter what we do, it has to be proven by research."

Early-stage case management is crucial, starting with identifying people who are at risk of chronic conditions. One approach is using digital tools created by companies like MediResource to reach out to people to understand what they're going through and then identifying them and the interventions available.

# Hand-in-hand

To care for them, there are nurse practitioner organizations like Wello who work hand-in-hand and coach these employees.

The workplace accommodations have to be there. "They're not as hard as we think. You have to always put the patient or member front and centre; it's his or her life, after all," he said.

The key point is today's clinical power enables all of this.

Benefits coverage has also changed. Over the last decade, many organizations have reduced or eliminated post-retirement health and dental benefits. Extended health coverage fell from 77 per cent in 2000 to 66 per cent in 2016.

#### **More Holistic**

"We all collectively can play a role in meeting the needs of employees in a more holistic, integrated, and forward-thinking way," said Laura Pratt, Practice Leader, Organizational Health, at The Great-West Life Assurance Company.

Sponsors can start by taking a strategic approach to understanding benefit program costs to figure out how best to manage those costs. Drug costs and disability costs often go hand-in-hand. A joint study by Great-West Life, Sanofi Canada, and Cubic Health showed the combined cost of drug and disability claims for depression accounted for 8.2 per cent of Great-West Life's total drug and disability spend. This is "the second-largest cost across benefit plans, which is why we can't just look at drug and disability costs in isolation," she said.

Managing individual disability claims is important and looking at disability claim trends can guide practice, but the most strategic approach requires looking more broadly at areas like drug costs, paramedical usage, and other sources of available information to identify solutions that will have a positive impact on health overall.

A holistic and integrated approach is needed and digital technology will help this. Sophisticated systems can collect data from a wide range of sources and analyze it to provide suggestions on engaging members to meet their needs at the right time, while at the same time respecting and protecting plan member privacy.

So technology and the power of the data can support a more strategic approach and deliver a better plan member experience.

# **Power Of Data**

Harnessing the power of data means using it to create end-to-end solutions to improve patient outcomes and lower the overall benefit spend. The data points to "measurable actions and real clinical solutions that will deliver results," she said.

And it can to go even deeper. Looking at prescription compliance and adherence, patient risk factors, and predictive modelling can identify members at the greatest risk now and in the future. Once identified and engaged with preventative services, the risk factors can be mitigated reducing costs and improving health outcomes.

When it comes to using technology to drive engagement across the four generations in the workplace, benefits plans can look to other industries for inspiration. Technology is being used by the retail industry, for example, to engage customers using omni- or multi-channels – the customer gets the experience they want in the format they prefer and at a time that's convenient for them. Applying that experience to the benefits space means there's an opportunity to look beyond traditional methods of engagement to meet each generation's different needs.

"It is the combination of technology and new social behaviours that make this possible," she said.



Smart devices have provided unprecedented mobile computing power and, as adoption has soared, so have expectations for a personal, seamless mobile experience.

Technology also allows the delivery of services that were never available before. Virtual medicine is one example: online consultation with healthcare professionals through websites or mobile apps allows members to get the service they need at a time that meets their schedule. Electronic cognitive behavioural therapy is one example of using technology to deliver a service. "We're not talking about replacing therapists with a technology tool," she said. It's delivering therapy in a way that eliminates time spent in travelling to a therapist's office or allows people in remote locations to receive therapy.

Pharmacogenetics is another develop-

ment. Genetics-based response tests can predict how effectively medications work for an individual. Eliminating the cost of ineffective treatments and prolonged recovery. It is estimated that up to 30 per cent of members could benefit from this type of testing and annual drug plan cost savings of five to seven per cent could be realized as well as reduced costs for disability and absenteeism.

#### **Broadening Definition**

Organizations are also looking at broadening their definition of wellness. The link between financial health and mental and physical health is now evident and proactive organizations committed to wellness are taking steps to support financial literacy and reduce financial related stress. Financial literacy programs are being incorporated into wellness platforms. Student debt/savings programs can allow employers to do something meaningful for their younger employees by making a matching retirement savings account contribution when the employee makes a student loan payment, allowing those employees to participate in saving for their retirement while addressing their more pressing need to paying down their student debt.

"No matter how you slice it, the member needs to experience benefits as a whole and those of us involved in delivering benefit programs are recognizing that we need to find new ways to support our customers' physical, financial, and mental wellbeing throughout their lifetime and beyond," said Pratt. **BPM** 



