

# HEALTHIER WORKPLACE MORE IMPORTANT THAN EVER

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## BENEFITS: TRENDS &amp; INSIGHTS

# Healthier Workplace More Important Than Ever



*Vince Danielsen, president and CEO of WELLO and INLIV; Arthur Kennedy, director of operations for WorldCare Canada; Meaghan Jansen, owner and vice-president of business development with the Employee Wellness Solutions Network; and Barb Martinez, the national practice leader, drug benefits solutions, in the Toronto Group Sales Office of Great-West Life Assurance; were the featured speakers at the Benefits and Pensions Monitor Meetings & Events 'Benefits: Trends & Insights' session.*

With a healthier workplace now more important than ever, Vince Danielsen, president and CEO of WELLO and INLIV; Arthur Kennedy, director of operations for WorldCare Canada; Barb Martinez, the national practice leader, drug benefits solutions, in the Toronto Group Sales Office of Great-West Life Assurance; and Meaghan Jansen, owner and vice-president of business development with the Employee Wellness Solutions Network; explored trends and solutions at the Benefits and Pensions Monitor Meetings & Events 'Benefits: Trends & Insights' session.

When Vince Danielsen, president and CEO of WELLO and INLIV, was 15 years old, he discovered a swollen gland on the side of his neck. He went to the family doctor – “luckily I got in really quickly” – and was put on antibiotics for what was diagnosed as an infection. When it didn’t go away, he went back a second and third time and was put on antibiotics each time.

Finally, he was told to see a specialist “in under 10 days I was diagnosed with non-Hodgkin’s Lymphoma – a super-fast-moving cancer,” he said. He was treated quickly and has been able to have a “great life” which includes playing in the Cana-

dian Football League on two Grey Cup winning teams.

## Rising Spending

He admits he was lucky because access to care is one of the biggest challenges in the Canadian healthcare system and looks to get worse as provinces look for ways to curtail rising spending in this area.

The ‘good news’ is that there are new digital tools that are helping.

Patient portals are amazing, he said. While it is not easy to get people to sign up, once they do, they use it to view lab and diagnostic results, confirm and access medication information, and view and download vaccination and other health records.

And telemedicine offers new ways to

access doctors and specialists. Right now in the U.S., said Danielsen, 71 per cent of employers with more than 500 employees offer it as an employee benefit. And they’re seeing reductions in, for example, absenteeism and medical costs.

Phone is still the most common way to connect, but secure chat is increasingly popular by people who “want the convenience of being able to quickly chat back and forth about their health concerns or those of their kids,” said Danielsen. Video use is small, but growing, especially for mental health and dermatology issues.

Included in a benefit plan, utilization is similar to employee and family assistance



programs, but can be as high as 47 per cent in some small companies.

However, to expand WELLO’s digital offerings, it is branching out into medical second opinions through a partnership with WorldCare International, Inc.

“When we look at a particular member’s case during a medical second opinion, we’re first confirming the diagnosis and then providing an optimal treatment strategy,” said Arthur Kennedy, Director of Operations for WorldCare Canada.

And while access is one of the “real problems” in the Canadian healthcare system, so too is patient understanding of what is going on and what is wrong, he said. This is due, in part, to the fact they have such a short time with their physician

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and they're receiving a lot of new information. When a patient can work with a medical professional to understand what's going on, they're more likely to comply with the care and more compliance leads to better outcomes.

WorldCare works with WELLO, and its parent company, INLIV, on very complex medical cases. A Mayo Clinic study suggested 20 per cent of patients with serious conditions are misdiagnosed at first, said Kennedy. "With a medical second opinion, about one in four times, there is a change in diagnosis. About two-thirds to three-quarters of the time, there is a change in the treatment strategy. Sometimes it's very small, like a change in dosage; other times it might be something



According to the Patented Medicine Prices Review Board (PMPRB), in 2006, 7.6 per cent of all the money spent was for drugs that cost over \$10,000. In 2016, drugs that cost over \$10,000 represented over 40 per cent of total drug spending in Canada, said Barb Martinez, the national practice leader, drug benefits solutions, in the Toronto Group Sales Office of Great-West Life Assurance. "That's a big increase in the number of expensive drugs and that's the challenge that employer-sponsored drug plans are facing."

### New Solutions

Fortunately, Martinez explained, there

slight or no improvement over older, less expensive drugs.

**2. Data mining** can allow insurers to analyze transactional data from plan member claims and look at patterns of behaviour that can lead to a disability.

Martinez suggested this information could be used to identify plan members who may be at risk of developing a disability, allowing insurers to offer targeted interventions that could help members improve their health outcomes and possibly avoid a disability altogether.

**3. Biosimilar drugs** are to originator biologics what generics are to brand name drugs. However, because biologic drugs are made in living cells rather than with chemicals, a biosimilar and its reference



very significant, like cancelling surgery.

### 200 To 300 Symptoms

However, this is not surprising as there are 10,000 diseases and only 200 to 300 symptoms. At the start of any particular disease, they can all look very similar; especially neurological diseases and cancers.

A specialist in a small rural community cannot be disease-specific; they cannot focus their careers on one disease, he said. "With the institutions that WorldCare works with, specialists are able to do that. That's the real benefit that we bring on the medical second opinion – the collaboration and access to specialists at the top-ranked academic medical centres in the U.S."

are five new solutions that are either available now, or in development, to help manage the challenges of the rising drug spend:

**1. Pharmacoeconomics'** evolution has prompted big changes in the industry. Major carriers have eliminated "prescription-by-law drug plans: adding high cost drugs based primarily on what Health Canada approves.

"Certain new, high cost drugs must go through a review period and are only listed if they're found to be cost-effective or meet other criteria," said Martinez. Too often, new drugs are more expensive than established drugs without offering better health outcomes. According to the PMPRB, the majority (82 per cent) of drugs approved between 2010 to 2016 offered

biologic drug can be shown to be similar, but not equivalent.

According to Martinez, this complicates the ability of plans to save money with biosimilars unless they have strategies to do so. One approach is for providers to enter into private listing agreements with the manufacturer of the originator biologic drug so that the price is comparable to that of the biosimilar.

**4. Pharmacogenetics** involves testing a person's DNA to predict how a person will respond to medications.

Martinez said Great-West Life is investing in research to determine how this emerging technology can best be harnessed for its customers' group benefit plans.

"We're conducting a pilot project with

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PillCheck to see if plan members' health outcomes are improved. It might not immediately translate into better health outcomes or differences in prescribing, but it certainly holds promise, which is why pilot projects like this are important to demonstrate the value."

**5. Medical cannabis** may not solve the problems of the world today, but it may – in the longer term – be a cost-effective treatment for some conditions," Martinez said.

"Medical cannabis needs to be covered where it's proven to be safe and effective as an evidence-based treatment, which means we have to be on high alert for potential fraud and abuse," she said. Carriers currently only cover medical cannabis through healthcare spending accounts so there's not a lot of threat of cost to employers because most healthcare spending accounts are very low-dollar amounts and are capped. However, she cautioned, it could be a huge risk if it goes beyond healthcare spending accounts and into drug or healthcare plans, "so we will be very cautious in our approach."



Today, there are digital apps that can track sleep, how many steps someone takes, and how happy they are and people are more aware, said Meaghan Jansen, owner and vice-president of business development with the Employee Wellness Solutions Network.

But are people really changing their behaviours and has the status and the health profile of Canadians changed? Unfortunately, adults are adults so we don't always do what we're supposed to do," she said.

### Issue Is Stagnation

The issue is stagnation. Wellness in the workplace "just sits there; it doesn't move. In fact, sedentary behaviours are an issue. Sitting disease, for example, is where we sit

too much during the day and it's making us ill," Jansen said.

In Canada, 60 per cent of the population are overweight and 53 per cent are physically inactive. The impact of obesity is like adding 20 years to a worker's age.

And looking at the health risk profile of organizations – from healthy to low risk – 20 per cent of employees – those with early-detected symptoms and active disease – generate 80 per cent of the costs. However, 75 per cent of these disease states are preventable and this is where the "whole notion that a preventative, proactive approach to wellness is where things are going," she said.

Back in the day, when it came to the whole workplace wellness notion, one of the strategies was: "Let's throw everyone in a box because one-size-fits-all," she said.

Today, there is the mentality of: "Build it and they will come. However, gym facilities and memberships are wonderful as benefits, only if people are using them. Yet, the people who need it the most just aren't engaging with some of these specific initiatives," she said.

Some employers are confused about wellness programs, citing lunch-and-learns and annual health fairs. These are examples of phenomenal wellness initiatives, but not, unfortunately, a wellness program.

A wellness program, she said, needs to focus on strategy and integration of a healthy culture in the workplace.

Developing a wellness strategy requires an intimate understanding of the main health concerns and costs for an organization. This may be identified through tools like health risk assessments. Paired with interest, this is "a perfect storm. That's where we want to focus the strategy for a wellness program," said Jansen.

Since one way doesn't work for everybody, layering on awareness, outreach, and fun initiatives in different ways will attract more people into a wellness program.

Another key element is the support

side. "Back in the day, it was that C-suite executive support that was so important; these days, middle management is even more important," she said.

### Healthy Culture

The third element to instill a healthy culture in a workplace is sustainability. "We want workplaces to think health and wellness forever," said Jansen. Employers are trying to ensure that the behaviours that people are making are sustainable and employees will eventually see some results from these behaviour changes.

However, the focus of strategies needs to change to achieve this. "If we were to take any individual with any health behaviour – someone who wants to lose weight or someone who wants to improve eating habits – they go through stages of readiness to change," she said. This starts with the employee starting to think about a healthy change, then through contemplation, preparation, action, and, finally, maintenance. "Most employers are putting their resources today on action and maintenance – the gym memberships, those initiatives that cater to the healthy already. While we have to keep the healthy healthy, if we can start to motivate people through the process of changing behaviour, through an integrated wellness strategy, then we're able to see some more active and maintenance stage folks when it comes to healthy behaviours and choices," said Jansen.

Most employers believe the health of their organizations makes sense when it comes to their employees' health. Healthy returns are also possible with the right strategy and with patience and time. Jansen said, "it doesn't happen overnight." Behaviours are tough to change and she believes that "all organizations should be doing something and if an internally run program isn't possible, reach out for external help. Workplace wellness works and changes the corporate culture. Just get started." **BPM**

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