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IN THIS ISSUE >

- > Are The 50 Best Really Top Employers and a Great Place to Work?
- > US Company Links Benefits to Health Screening
- > Insight on Job Attitudes
- > Physician Views on Drug Adherence
- > Employer Thinking on Their Health Obligations

Are The 50 Best Really Top Employers and a Great Place to Work?

The Globe & Mail and Hewitt Associates just published their eighth annual list of The 50 Best Employers in Canada. Last October, Macleans and Mediacorp produced their sixth annual list of Canada's Top 100 Employers. Back in April, the Great Place to Work (GPTW) Institute Canada worked with Canadian Business magazine to present The Best Workplaces in Canada. How do these three lists compare?

Each has its distinguishing features. The Macleans-Mediacorp list includes only fast-growing companies and positions itself as "not a ranking but a compendium of best practices." The Globe-Hewitt list focuses on employee engagement, and probably collects the most information from its applicants. The CB-GPTW list includes smaller employers and relies on the Trust Index survey that has been validated over 25 years and in 29 countries. Interestingly, both the Mediacorp and GPTW lists identify VanCity Credit Union as the number one organization in 2006, and it also appears among the 50 Best.

All surveys rely on self-reported information, though both the Hewitt and GPTW lists rely most heavily on employee feedback. Mediacorp collects information only from invited employers, but provides no feedback to participants. One unique claim from GPTW is that an investment in the stock of its US winners has consistently outperformed the S&P 500 by a factor of three (14.75% vs. 4.8%) over the eight years since the American list was first published.

The motivating force for applications is clear and consistent. Whether through engagement, trust, or best practices, organizations must continuously improve their results. Success is rooted in the need to attract and retain the best employees in a highly competitive labour market. One dominant hallmark of all winners: consistent creativity in tailoring their workplaces to meet employee needs.

Sources: Macleans, October 13, 2006. Canadian Business, April 2006. Globe & Mail Report on Business Magazine, January 2007.

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US Company Links Benefits to Health Screening

A majority of American companies have disease screening and health programs available for their employees. Though voluntary, the evidence shows positive impacts on both plan member health and corporate costs.

Cadmus Communications, located in Richmond Virginia, decided two years ago to make health risk assessments (HRA) mandatory for its 3,000 employees. Those who completed the HRA, plus blood pressure and cholesterol tests, would remain eligible for the company's medical plan. Despite some concern about potential misuse of personal health information, only 17 employees dropped their coverage.

The results were more than a little interesting. One hundred and forty employees started on medication to control hypertension, and 150 more began therapy to lower their cholesterol. The testing led to the discovery of cancer in one employee, who was just 32 at the time. Hospital stays declined by half. While 28% of employees reported they were overweight on their HRA, objective testing indicated almost 80% needed to lose weight. In the second year of the wellness program, corporate health costs increased at only 25% of the rate of each of the previous four years.

A comprehensive support plan included on-site mammograms, access to a nutritionist, subsidized flu shots, free pedometers, and blood pressure cuffs were installed to allow employees to self-monitor. Food at the cafeteria and in vending machines changed, and diet pop became less expensive than regular soft drinks.

While most companies use positive reinforcement (e.g., financial incentives) rather than punitive measures to encourage better health, results like these may encourage more experimentation. At least at Cadmus, there was relatively little resistance, and plenty of good news to justify such a move.

Source: "The Road to Wellness is Starting at the Office", by MP McQueen. Wall Street Journal, December 5, 2006.

Insight on Job Attitudes

A key question for employers is how important job attitudes are in predicting performance, productivity and workplace behaviours. If attitudes are important, then an action plan can be better focused to improve them and ultimately, productivity. Attitude can be defined as personal job satisfaction and commitment to one's work.

Perhaps surprisingly, there has been conflicting research over the last fifty years. Early on, it was thought that poor work attitude would mean absence and high turnover rates, rather than reduced quantity and quality of a person's work. Back in 1990, one study reported managers shouldn't be too concerned because attitudes explain less than 5% of the difference in performance.

Using an analysis of prior studies and sophisticated modeling, a 2006 report measured the connections between lateness, absence, turnover, and job-specific performance. It then tried to link these behaviours with job attitudes. Is commitment most often associated with overall satisfaction, or with specific workplace attributes like pay, co-workers and supervision?

After reviewing the evidence, the report concluded personal job satisfaction was strongly related to organizational commitment, and when combined, these two factors have the ability to predict overall engagement and personal commitment to one's work. There was just moderate evidence that performance was associated with specific behaviours like lateness, absence, and turnover. It appears that a set of actions at work – by all players – will have the most influence on job attitude and performance.

Employers need to measure and address attitudes because they have high impact on the success of the organization. Employee satisfaction surveys are one way to track work engagement and workplace commitment. With an appropriate and well communicated set of follow-up actions, productivity is likely to improve.

Source: Harrison DA, Newman DA, and Roth PL, 2006. How Important are Job Attitudes? Meta-analytic Comparisons of Integrative Behavioral Outcomes and Time Sequences. *Academy of Management Journal*, 49(2): 305-25.

Physician Views on Drug Adherence

This syndicated, web-based survey of 518 Canadian general practice and specialist physicians describes how doctors across Canada view adherence to drug therapies. Poor adherence (compliance) can be defined as missing doses, stopping medication without physician approval, mixing medications inappropriately, or taking more or less of a drug than prescribed.

Physicians know this is an important problem. Even patients with serious conditions like diabetes, hypertension and dyslipidemia (e.g., high cholesterol) have trouble sticking to their drug regimens over the first year of therapy. Patients treated for obesity rank the lowest in medication adherence and persistency. These four conditions typically require lifetime adherence to confer protection.

Physicians reported the average patient visit was about 13 minutes with general practitioners, and 24 minutes for specialists. However, in most cases, the amount of time physicians spend with their patients was less important than how the time was spent.

Almost half (48%) of physicians felt more and better education was the best way to improve compliance, and a corresponding number work hard to educate their patients. Patients need to know more about the severity of side effects, the severity and number of symptoms, the disease, and the drug prescribed. At 22%, the cost of medication is the third most cited reason for poor compliance after side effects (32%) and lack of knowledge (29%). Respondents believed access to third-party drug plans had a somewhat positive effect on compliance, and those who can access such plans have better adherence than those who can't.

For plan sponsors, the key messages are that physicians believe plan member education is the best way to improve adherence and reduce drug and dollar waste. Plan sponsors can communicate drug and disease information, and ensure ongoing compliance through reasonable levels of cost-sharing.

Source: MD Analytics, 2005. Medication Non-Adherence: The Physician's Perspective. What Drives Adherence? Note: This study will be updated early in 2007, and expanded with patient input. For more information, visit www.mdanalytics.ca/r_InsightSyndication.asp

Employer Thinking on their Health Obligations

Though this recent article reflects an American perspective, the content is eerily familiar to Canadian benefit plan sponsors. For example, the article begins:

Employers have largely been ineffective and unenthusiastic managers of the health benefits they sponsor. Typically, they view health care as a distraction from the core mission of their firms, and they are frustrated...unable to manage their health care costs effectively, and constrained from getting out of the business of offering health benefits altogether.

Other problems noted also sound much like those of Canadian employers:

- A focus on short-term results and few investments to improve value for money in the longer term.

- The difficulty of changing plan member behaviours, and the reality that health improvements may take some years to create lower costs.
- Targeting the individual to enhance productivity, rather than activating an organizational strategy to address trust, culture and inter-personal relationships.

One emerging concern is that high out-of-pocket health costs will squeeze lower income employees. Even in Canada, catastrophic personal health expenses are hardly unknown, and for better or worse, employers have taken an important role in the health care safety net. The authors suggest that despite a “compelling” case to manage their health envelope, few employers will drop or significantly reduce coverage, but they are also unlikely to become proactive purchasers and managers of their health budgets.

It is cold comfort to see our American counterparts sharing many of the same frustrations. Perhaps we need to more proactively address this strategic inertia. A clear, acceptable, and well-communicated approach to benefits and health care will help companies stay on course in the face of so many paralyzing distractions.

Source: Galvin, RS, Delbanco S, 2006. Between a Rock and a Hard Place: Understanding the Employer Mindset. Health Affairs, November/December, 25(6): 1548-1555.

COMMENTS AND QUESTIONS TO THE EDITOR: cbonnett@businesshealth.ca

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