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Not just about money: The Cancer Advocacy Coalition's 2007 Report

The Cancer Advocacy Coalition of Canada produces the annual Report Card on Cancer in Canada. While full of numbers and costs, it also includes a compelling human perspective on living with this disease.

A lawyer by profession, James Connors is also one of about 850,000 Canadian cancer survivors. The story of his diagnosis, treatment, and state of mind is both touching and very practical for anyone struggling with a serious disease.

He described exceptional care – both negative and positive – over the course of therapy. In response to his extreme fatigue, his family doctor misdiagnosed a stomach ulcer. Fortunately, his company doctor was far more engaged in understanding his symptoms, and before long, there was a cancer diagnosis. Mr. Connors strongly recommends second opinions and understanding all the treatment options.

Other complications arose. Noting the inequity and unfairness, the expensive drug he needed was covered at that time in BC, QC and NL, but not in his home province of Nova Scotia. The PET scan he needed was not yet available in NS, but the government would pay only for one in QC, not one at the much closer facility in NB.

Cancer patients face important emotional and financial issues and stresses well beyond their medical care. Mr. Connor lauds the special understanding of two particular oncology nurses, calling them "the closest I have ever met to angels".

Beyond numbers and dollars, there are too many big gaps in accessing high quality care. For better or worse, employer-sponsored benefit and other support programs are needed, and can make all the difference for those facing cancer or other serious illnesses.

Source: www.canceradvocacy.ca.

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Employers speak in the 2008 sanofi-aventis Healthcare Survey

The sanofi-aventis Healthcare Survey is the “barometer” of employee perceptions of their health benefits, their workplace, and the Canadian healthcare system. Now in its eleventh year, it was recently cited in an international report produced by PricewaterhouseCoopers and the World Economic Forum. For the first time, the report also includes the findings of an online survey of 62 employers.

This year’s survey presents three major themes. First, the number of respondents reporting workplace stress so overwhelming that it has made them physically ill has increased from 25% in 2002, to 39%. Second, there is growing personal concern about the risk of chronic disease – up about 30% for heart disease, diabetes and cancer from 2001. Third, this fear of illness is coupled with poor awareness of how to prevent it. For example, 40% did not mention diet and nutrition as a way to prevent obesity.

The employer survey provides an interesting comparator.

Ninety-four percent of employees agreed (63% strongly) employers that provide health benefit plans and health promotion programs care about their employees, but employer comments tell a different story. When asked how much value the company places on their benefit plan, one said “The company still sees it as a cost of employment as opposed to an investment in employee engagement and retention.”

While 76% of employees feel they have an obligation to help their employer control benefit plan cost, employer responses were decidedly more sceptical. “I don’t think [employees] fully understand how they could contribute to controlling costs.” But another noted, “Nothing has been communicated to them regarding costs.”

It is clear that employees highly value their health benefit plans, but the views of employers need more exploration.

Source: The 2008 SAHS is available online at: www.sanofi-aventis.ca.

ESI Canada sounds the alarm

This year’s ESI Canadian Outcomes Conference wasn’t just trend lines and pie charts. ESI Canada’s President Michael Biskey challenged the private payer community to respond to a number of recent marketplace events.

Citing the “potential to create profound changes in the drug benefits market”, he spoke of the October 2007 release of the Competition Bureau’s Generic Drug Sector study. The Bureau concluded that: “Private plans also do not appear to be obtaining competitive prices from manufacturers. An increased role in obtaining lower prices for their customers could provide significant savings to businesses and individuals in Canada.” About 43% of all prescriptions written are for generics, and on average in 2006, private plans paid about 7% more than public plans. Quebec will soon be the only province that requires the manufacturer’s price for any prescription drug to be the same for all payers.

ESI Canada says new generic drugs are being listed at 75%, 80% or more of the brand price for private payers, even though Ontario pays no more than 50%. In BC, only Zyprexa® is listed in the Pharmacare formulary, not generic equivalents, because the province got a better price on the brand than other payers.

Mr. Biskey was also critical of pharmacy chains for pressuring Abbott and Medavie Blue Cross to quickly abandon their low-price experiment with the antibiotic Biaxin®. Medavie’s large Atlantic Canada market caused brand-name Biaxin volumes to significantly increase. Pharmacy revenues were then seriously affected because rebate volumes from generic manufacturers were cut.

The general conclusion is that private payers need to drive a better deal with manufacturers and pharmacies. Employers, insurers and PBMs cannot rely on provincial plans to share their price concessions.

Note: ESI Canadian Outcomes Conference materials are available at: <http://www.esi-canada.ca/aboutus/outcomes>.

Obesity management: Good for public health; bad for public purse

A major motivation for investing in disease prevention is to reduce costs. For example, it seems obvious that healthcare dollars spent on heart disease, diabetes, arthritis, and certain cancers would be saved if obese people returned to normal weight. This appears to be true, but only until middle age. A recent study using computer-based modelling indicates lifetime medical costs are actually less among those who are obese, and among smokers, than people who are healthy-weight and never smoked. Timing matters.

This is because obese people generally live 4.5 years less than healthy-weight people. (Note that other markers, such as socio-economic status, influence longevity.) Among these three groups, the obese incur the highest annual medical costs up to age 56, when smokers take over. However, for healthy-weight people, the years added by avoiding smoking and obesity allow other diseases to emerge and create medical cost.

These findings challenge the notion that preventing all chronic diseases will reduce long-term healthcare funding pressures. But should health cost saving be the prime goal of prevention strategies? More appropriately, agree the authors, “*The aim of health care is not to save money but to save people from preventable suffering and death.*” For workplaces, lower rates of disease and disability are likely to improve employee productivity and quality of life, and these savings in indirect morbidity costs are likely to exceed the added cost of direct medical expenditures for those who live longer.

The study does not suggest that obesity is good. Higher rates of obesity may reduce healthcare budgets in the long term, but the short term financial, personal and organizational costs are considerably more important for employers, individuals, and governments.

Source: van Baal, PHM, JJ Polder, et al, 2008. Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure. *PLoS Medicine*, February, 5(2).

Key issues in Canadian wellness programs

There is very little published, arms-length, peer-reviewed research on Canadian workplace health promotion strategies or programs. This often leaves employers and their advisors relying on old data, anecdote, international studies, or on information that may be biased or incomplete. While the body of evidence is compelling overall, credible new information is always welcome.

A new Canadian study has identified several critical elements, tips and recommendations for workplace wellness programs, based on a literature review and interviews with seven Canadian experts.

Employer motivation for these programs has traditionally been focused on employee health, e.g., high rates of preventable chronic disease, or occupational health and safety regulations. As often now, strategies support human resource goals, such as attraction and retention, work-life balance, or morale.

The critical success factors include stakeholder engagement (e.g., from employees, management, unions, insurers, health professionals and institutions), organizational culture, economic costs and benefits, and measurable health outcomes, including quality of life. These are all linked and interdependent. A healthy organization was defined as “one whose culture, climate, and practice creates an environment that promotes employee health and safety, as well as organizational effectiveness.”

Since health is often defined differently by gender, generation, and ethnicity, the report encourages flexible and adaptable programs. The authors offer a number of tips, including the use of incentives, good communication about goals and programs that appeals to all employee segments, confidentiality, a long-term and sustained approach, and programs and activities that are available during paid work time.

This report affirms the value of workplace wellness programs and though limited in scope, its findings are useful for those planning, providing and promoting better health at work.

Source: Morrison E, NJ MacKinnon, 2008. Workplace wellness programs in Canada: An exploration of key issues. *Healthcare Management Forum*, Spring.

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