Move forward by taking A STAND
Case in point: The Drummond Report

PAGE 2

Community Giving Program:
South Okanagan Simikameen
Brain Injury Society

PAGE 6

WHAT’S NEW ...
Lots in the world of drugs

PAGE 7
As the expression goes, every story has three sides—it’s the unique perspectives from differing vantage points that help move us forward as an industry and as a society. Accordingly, it’s important that diverse views come to the table for discussion, collaboration, and partnership. At GSC, we have a unique outlook on all things benefits because we are a benefit specialist with deep roots in social responsibility. And advocacy represents a big part of what we do.

We always have something to say—and we encourage all industry stakeholders to do the same. Whether about recent industry developments like the CLHIA drug pooling agreement or broader provincial and federal changes or the 2014 Health Accord, most developments present an opportunity for continued dialogue and learning. For example, the recently released Drummond report includes many recommendations that reflect key GSC philosophies regarding effective health plan management that are valuable for plan sponsors—not just in Ontario, but Canada-wide.

Here’s our take on lessons learned…

The Commission on the Reform of Ontario’s Public Service – A path to sustainability and excellence

The Commission, chaired by Don Drummond, was charged with recommending ways to rebuild Ontario’s public service and create long-term sustainability. The over 500-page report with a 100+ page Executive Summary offers over 300 recommendations—with about a third of the recommendations directed at health care. Download a copy of the full report or Executive Summary at http://www.fin.gov.on.ca/en/reformcommission/

Drummond says:

The report emphasizes the need to “recognize changes and challenges in both demographics and lifestyles by putting more emphasis on chronic than acute care”¹ with recommendations that include:

• “Reach out to patients who need preventive care, particularly chronic disease and medication management, rather than waiting for them to come to get services. Leverage electronic medical records, decision support and secure messaging with Ontarians to achieve these goals.”¹

• “Have doctors address diet and exercise issues before reaching for the prescription pad when dealing with health issues such as cardiovascular disease and late-onset Type 2 diabetes.”¹

• “Provide better information to individuals and families to facilitate self-care, for people with conditions such as diabetes.”¹

Sound familiar? In the above recommendations, “patients” could be replaced with “plan members”. We continue to emphasize the need for plan sponsors to address the rising incidence of chronic conditions. Not only is it important to understand the disease states that prevail in your organization so you can predict future costs, you also need to develop a strategy to support plan members who have the warning signs indicating that they may be headed toward chronic conditions. This way you can put in place targeted prevention and disease management programs. The cost/benefit is obvious as 50%² of health status is associated with lifestyle choices, as the Conference Board of Canada states, “The three main risk factors for chronic disease: an unhealthy diet, physical inactivity and tobacco use can be eliminated just by changing behaviour.”³

GSC’s take:

Shift toward disease prevention and health promotion/wellness

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In terms of recognizing the importance of prevention and health promotion, the Ontario budget proposes a variety of interventions such as a stakeholder panel on childhood obesity, online personalized cancer risk profile, and expanded screening for cervical, breast and colorectal cancer. And regarding shifting focus from acute care to chronic conditions, the Ontario budget follows a similar theme by supporting the trend toward outpatient care for conditions that don’t require acute care.

The trend toward health care delivery in the home and community continues to gain momentum across Canada’s health care system as regions are increasingly recognizing the different types of patients that could benefit from care in alternative settings rather than in hospital. For plan sponsors, this may mean increased costs as the financial burden shifts from the public system to employers and individuals—all the more reason to ensure prevention and wellness programs are part of your benefit plan mix.

Enhance analysis and information sharing

The report emphasizes that health data should be “collected efficiently and shared” and that “policies should be based on evidence that provides guidance on what services, procedures, devices and drugs are effective, efficient and eligible for public funding” with recommendations like “Use data and information sharing to better understand and address the fiscal impacts of chronic and complex conditions and at-risk patients with mental health and addiction issues.”

Data is a plan sponsor’s best friend. It fuels strategic decision making, helping you develop a solid understanding of your employee group to make the decisions that will sustain your benefits plan through good economic times and bad. And data allows you to dig deep—you can analyze your benefit plan at the macro level to reveal the ‘obvious’ while also getting down to the ‘hidden issues’ by taking a micro approach slicing and dicing the data in numerous ways. To be proactive, data is the fuel you need to predict issues before they become reality. Upcoming editions of The Inside Story® will include a series featuring the results of GSC’s 2011 Drug Study. As an annual tradition, we share cost trends evident in our block of business. Drawing on data that represents 1.4 million plan members’ claiming patterns, it’s no wonder each drug study provides unique learning about plan member health. Plan sponsors gain insight into how trends may be affecting their plan and innovative strategies for enhancing plan outcomes.

Expand the roles of health care professionals

The report emphasizes that the ideal health system would be one where “all professionals would exercise the full scope of their skills in their work” with recommendations that include:

- “A broader perspective should be applied to decisions that are made on the scope of practice of health professionals. Government should play a more active role in working with the professional colleges to apply a system-wide approach rather than a sector-specific approach.”

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than dealing with individual professions in isolation.”

- “Make changes to the Pharmacy Act to enable an expanded scope of pharmacy practice. This would involve developing supporting regulations to permit pharmacists to administer routine injections and inhalations, including immunization."

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Where do we begin? The valuable role of pharmacists in patient counselling is well documented as we have seen first-hand with the GSC Smoking Cessation Program that combines drug therapy with pharmacist-delivery counselling sessions. In addition to taking full advantage of the counselling expertise pharmacists have to offer, we are also seeing more and more regions across Canada tapping into pharmacist skill sets related to administering and monitoring appropriate drug use.

This represents a shift toward what is referred to as outcome-focused medication management; broadening the pharmacist’s role beyond product expertise to include activities like wellness education and counselling related to medication management. In practical terms, this means that the drug store of the future may become a wellness hub—your pharmacist could initiate everything from refilling medications without a call or visit to the doctor, to ordering certain lab tests, to adjusting your therapy, to even initiating therapy for the purpose of smoking cessation treatment following specified protocols. In addition, your pharmacist could also use professional judgment to not dispense a prescription, if viewed inappropriate. In 2011, GSC advanced this concept by being the first private payer to reimburse pharmacists for intervening in this manner.

The evolving scope of practice is not just limited to pharmacists, but is a trend across health care disciplines. For example, Ontario’s Bill 179 empowers a wide range of health professionals to take on expanded roles not traditionally considered within their realms of practice—nurse practitioners, pharmacists, physiotherapists, dietitians, midwives and medical radiation technologists. And this evolution is not limited to just Ontario—we are seeing ongoing changes throughout various regions of Canada like:

- Nurse practitioners becoming more commonplace as each provincial and territorial government now has nurse practitioner legislation in place and Canada now has more than 3,000 nurse practitioners.7
- Dental hygienists in most provinces are now authorized by provincial governments to assess a patient’s teeth and provide dental hygiene care without the presence of a dentist. There are now about 400 independent dental hygienists across Canada.8
- Midwives are in huge demand with six Canadian universities now offering a four-year midwifery baccalaureate program.9

Drummond emphasizes that “funding to providers should be based primarily on meeting the needs of patients as they move through the health care continuum” and “the quality of care can and should be enhanced despite the need to restrain increased spending; the objectives of quality care and cost restraint must go hand in hand” with recommendations that include:

- “Link the Ontario Drug Benefit program more directly to income.”10
- “Pursue — with other provinces — the possibility of establishing a national entity that would set a common price for pharmaceuticals for the entire country (or at least jurisdictions opting in).”11

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The Ontario Pharmacists’ Association welcomes the recommendations about the expanded scope of practice for pharmacists: “Of all health care professionals, pharmacists have the greatest number of touch points with patients and caregivers, and yet, they are not utilized to their fullest capacity. As experts in medication management, pharmacists are trained to counsel patients and intervene on their behalf, if necessary, so that they can properly monitor drug therapy and make adjustments as needed in collaboration with other health care providers.”6
"Conduct drug-to-drug comparisons to determine which drug is the most efficient at addressing a given ailment."\(^{10}\)

"Work with the federal government to ensure that Ontario’s interests in expanding use of generic drugs are not undermined by a Canada-European Union Free Trade Agreement."\(^{10}\)

Although for the most part the recent Ontario budget did not address these recommendations with concrete action plans, it did specify a change to how the Ontario Drug Benefit (ODB) is calculated, making it variable based on income effective August 2014. The new ODB income-based requirement received a lot of industry coverage in terms of the impact on plan sponsors, now and in the future. A key issue is that industry stakeholders do not presently have a way to track net income and in turn, have no way of determining the income-tested deductibles. This makes coordination of benefits a bit of a challenge. In concert with the Canadian Life and Health Insurance Association, GSC is aiming for early consultation with government to determine how the ODB changes can be coordinated effectively with private payers. The good news is that GSC has a long and successful track-record regarding coordination of benefits with provincial governments like the ODB program, including unique system rules encouraging improved utilization of ODB’s Limited Use Program as well as enforcing maximum legislated ODB deductibles and copayments.

In addition to coordination of benefits, to ensure quality care without added costs, plan sponsors should continually re-visit the possibility of introducing other cost containment strategies. For instance, the report’s message about conducting drug-to-drug comparisons to ensure the best approach is reflected in GSC’s emphasis on evidence-based care. Our managed, evidence-based formulary—the Conditional Drug Formulary developed in 1996—evaluates each drug based on a number of factors like therapeutic advantage, safety standards, need, and cost-effectiveness. As a result, the formulary screens out drugs that have not been proven to treat medical conditions more effectively than similar, less expensive drugs. This protects your drug plan from higher costs while also protecting your plan members’ health.

GSC’s take:

Move forward through discussion, collaboration, and partnership — The whole is greater than the sum of its parts

Whether for today’s issues or tomorrow’s developments, each stakeholder needs to bring their unique viewpoint to the table and share their expertise because putting our heads together will move health benefits forward more effectively than working in isolation. As the Drummond report conveys: “Health care providers in every corner of the system recognize what needs to be done and— perhaps more importantly— what no longer needs to be done. What they need is more encouragement from government plus financial incentives that will change behaviour in ways that will produce a health care system that better serves us all.”\(^{11}\) As benefits specialists, we take our responsibility seriously by not only having something to say—but also by making sure we’re heard.

Advocacy: we’re into it.

We make sure our opinions are heard by taking an active role in industry groups such as:

- CLHIA – Roundtable on Canadian Prescription Drug Coverage
- CLHIA – Task Force on Long-term Care
- Conference Board of Canada – Canadian Alliance of Sustainable Health Care

Sources:

1, 4, 5, 10, 11  The Commission on the Reform of Ontario’s Public Service, Public Services for Ontarians: A path to sustainability and excellence, main report, pages: 494, 18 and recommendations 5-39, 5-83, 5-101, 5-16, 5-19 and 5-24, 5-88, 5-91, 5-92, 5-93 and Executive Summary, page 15
2  Behaviour: The Key to Improving Workplace Health, Benefits Canada, April Scott-Clarke, October 04, 2010
3  Shift Focus to Prevention, The Conference Board of Canada, 2007, page 99
4  Ontario Pharmacist Association responds to Drummond report, CNW Newswire, Ontario Pharmacists’ Association, February 16, 2012
7  A midwife crisis, Not enough doctors, not enough midwives: it’s a bad time to have a baby in Canada, Macleans.ca, Lianne George, November 20, 2008: http://www2.macleans.ca/2008/11/20/a-midwife-crisis/
Creating a brighter future for those most in need is what we do. Through our GSC Community Giving Program, we make a difference by providing critical funding that community-based not-for-profit organizations need to achieve significant, concrete results.

South Okanagan Simikameen Brain Injury Society: support groups fill a critical gap in stroke recovery

After suffering a stroke, successful integration into society is as much about physical recovery as it is about socialization and interactions with others in everyday life. Although stroke survivors in the South Okanagan region of British Columbia receive medical assistance to help them return to maximum physical recovery as quickly as possible, socialization support is limited. Fortunately, the South Okanagan Simikameen Brain Injury Society fills this gap by taking a unique approach to stroke recovery that encourages improving physical condition at the same time as enhancing social interaction by participation in support groups.

GSC funding makes additional stroke survivor support groups possible

The Society provides stroke survivors one-on-one support, enabling them to venture out into the community with little or no assistance. Once they are able to physically participate in community life, they are enrolled in a support group where ongoing physical recovery is encouraged but socialization is also a main focus. Physical activities like therapeutic horseback riding, swimming, mini-golf, gardening, and sailing are combined with communication enhancement techniques as needed like speech therapy and orientation to electronic assistive devices like iPads and spelling machines. GSC funding recently made possible an initial support group, and has also enabled expansion of support groups into other regions with a wide range of field trips that encourage the development of both physical and social skills.

“Providing longer-term support helps stroke survivors make what could be considered ‘micro-improvements’ that gradually add up, helping them return to full participation in society. Through the support of other stroke survivors, hope is restored and participants learn new strategies to enhance their quality of life and successfully rebuild their lives.”

David Head
Chief Executive Officer,
South Okanagan Simikameen Brain Injury Society

Interested in learning more? Please contact us at communitygiving@greenshield.ca
A welcome addition to the generic market
Say hello to the generic version of Crestor®

The generic version of the blood cholesterol lowering drug Crestor® is now available in Canada. Apo-Rosuvastatin represents the second largest generic product launch to date, second only to Lipitor.

What does this mean for your plan?
It could mean potential cost savings, but the degree of savings depends on the makeup of your employee group. As a drug for high cholesterol, plan sponsors with older plan members are likely to see more savings than those with younger plan members. The degree of savings will also vary based on coordination of benefits with provincial plans. It is also premature to accurately estimate cost savings because provincial government haven’t determined how the generic will be priced in various provinces.

Increase in Saskatchewan dispensing fee
As of April 1, 2012, the maximum dispensing fee for provincial drug coverage in Saskatchewan was increased from $9.85 to $10.25. This is following an initial increase to $9.85 on May 1, 2011. The increases represent the province’s recognition of the impact of reduced generic prices on Saskatchewan pharmacies resulting from Saskatchewan’s drug pricing reform that saw a shift to 35% of the brand drug as of April 1, 2012.³

Prior authorization forms right at the point of sale
...convenience without cost
Now when a pharmacist receives the “drug must be authorized” message from GSC, they can instantly download and print the Prior Authorization Form for your plan member – at no cost to your plan members…and no cost to you.

No need to download forms from the website or call customer service. Because GSC pays the pharmacy for this administrative service without passing the cost on to plan sponsors, it’s an innovative service that benefits both plan member and plan sponsor.

If you are in Ontario, you’ve heard it everywhere:
Ontario Drug Benefit (ODB) to become variable based on income as of August 2014

The Ontario Budget tabled March 27, 2012 specified that the Ontario Drug Benefit (ODB) will be calculated based on income, which could affect seniors with net incomes over $100,000 (single) or over $160,000 (couples).¹

What does this mean for plan sponsors?
The budget papers say that this increase will potentially affect about 75,000 Ontario seniors out of a potential population of 1.9 million.² The specific impact to your plan will vary based on your employees’ net household income. In addition, due to factors like salary inflation, many of your plan members could be considered higher-salary retirees by the time they reach retirement age. This makes coordination of public and private plan benefits all the more critical. But there is good news—just in case you missed it in the feature article—GSC will be liaising with the Canadian Life and Health Insurance Association, aiming for early consultation with government to determine how the ODB changes can be coordinated effectively with private payers.
Government of Newfoundland and Labrador implementing new generic pricing model

The government of Newfoundland and Labrador introduced Bill 12 on March 20, 2012, to amend the Pharmaceutical Services Act, creating a generic pricing model for the province to be phased in over the coming year. The price for a generic drug listed on the formulary is a percentage of the brand price based on a formula to be set out in regulations. A manufacturer can submit a price lower than would be calculated under the formula, but this price must remain in effect for a period of time determined by the Minister. Here’s how it works:

- **April 1, 2012 - September 30, 2012:** all generic drugs, except for those considered for exemption, will be priced at no more than 45% of brand.
- **October 1, 2012 - March 31, 2013:** all generic drugs, except for those approved for exemption, will be priced at no more than 40% of brand.
- **April 1, 2013 onward:** all generic drugs, except for those approved for exemption, will be priced at no more than 35% of brand.  

Sources:


OUT & ABOUT... AN EVENT NOT TO MISS

Why not attend this upcoming industry event? You’ll be glad you did – it will be packed with the latest industry news, loads of innovative ideas and interesting opinions from industry leaders.

**May 15 – 17** • CPBI National Forum 2012 – A New Day • Le Centre Sheraton Montreal • Montreal, Quebec

Winner of the draw for a ‘night out on the town’

Congratulations to K. Fuller, of Huntsville, ON, the winner of our monthly draw for gift certificates for a ‘night out on the town’. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.

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