

THE INSIDE STORY®

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To predict cost trends, dig deep... And look beyond the 'obvious'

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In keeping with traditional health benefit planning wisdom, of course we all know that it is important to get a handle of exactly 'who' your plan members are in terms of both demographic characteristics, and their historical claims experience. Typically, it is recommended that you:

- ✓ Identify the number of plan members taking medications associated with chronic diseases like cancer, diabetes, heart disease
- ✓ Identify the number of plan members with high drug claims costs
- ✓ Identify the number of plan members who are getting older

Now that you've been there, done that—it's time to dig deeper. What many of us don't realize is that there are a variety of 'hidden health issues' that can gradually develop into big-ticket items for your benefit plan.

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Digging deep doesn't mean ignoring the 'obvious', it means

initially taking stock of the obvious, but then also asking, "What else can I learn from the data?" After taking the obvious trends into consideration, realize that this analysis is just scratching the surface. There are often

other 'hidden health issues' lurking just below the surface of the data. They are 'hidden' in that these issues are not the disease states that hit you over the head—they are not the rising usage rates or high associated costs that typically signal alarm bells—the 'hidden health issues' represent warning signs of what may become costly issues in the future.



"People with an adapted workstation to their RA were 2.5 times less likely to be work-disabled."⁶

There are a number of steps you can take to help manage arthritis symptoms at work—and The Arthritis Society will show you how. Consider downloading Arthritis in the Workplace from the Publications and Resources section of the Arthritis Society website at www.arthritis.ca. This hands-on resource will literally help you and your plan members get a grip on arthritis because it includes step by step suggestions for everything from adjusting the work environment to maintaining good posture and using ergonomic aids, doing simple exercises, selecting footwear, using heat and ice, and more.

Arthritis at work...

Requires working together to manage symptoms



As reported at the 2010 Health Work & Wellness conference in Vancouver, arthritis is among the top reasons for work disability. The word arthritis means inflammation of the joint, and inflammation is a medical term that means pain, stiffness, redness and swelling. People with rheumatoid arthritis or RA are absent from work more often to deal with their condition, and they tend to leave the workforce earlier than planned: "18% of those with RA go on disability five years after diagnosis and 27% 10 years after diagnosis. Also, a second study found that those with RA have a 5% to 8% reduction in productivity versus healthy workers."¹ And, that's just specifically related to RA, which is the most severe form of arthritis. There are more than 100 types of arthritis affecting more than four million Canadians—this is expected to increase to two million by 2026²—and more than seven million by 2031.³

A common myth about arthritis is that it is a disease of the elderly when in fact, of the more than four million Canadians with arthritis, about 60% are of working age (under 65).⁴ And according to a national study of arthritis in the workplace, many Canadians with arthritis give up breaks to complete tasks, but then use sick days and vacation time to rest at

home, so that they can keep up the pace at work. As an employer, these kinds of statistics speak volumes: arthritis is bound to affect your plan members. And in turn, the associated disability and productivity costs are bound to affect your bottom line.

Fortunately, there are numerous things you can do to control and effectively manage arthritis. For example, helping your plan members adjust their daily work routines, and develop strategies to manage symptoms like pain, fatigue, stiffness, and limited joint movement can go a long way to ease the symptoms and boost productivity. In addition, the first line treatment for RA is the use of what are known as disease-modifying anti-rheumatic drugs or DMARDs such as methotrexate or hydroxychloroquine. By decreasing inflammation, pain, swelling, stiffness, and fatigue in the short term, DMARDs slow the progression of RA in the long term, maximizing quality of life. This kind of symptom relief can pay off because research indicates that the average number of days lost from work per year drops from 32 to 12 for those taking DMARDs versus those who are not.⁵ Biologics are also an effective treatment, however, due to their high price tag, they are not considered first line treatment but rather used when DMARDs or a combination of DMARDs are ineffective.

How many of your plan members are taking medications that may indicate arthritis? What about the warning signs? Are there any potential arthritis sufferers who have not been diagnosed?

Chronic obstructive pulmonary disease...

Right up there with the other chronic condition heavy hitters

Although asthma and cardiovascular diseases like heart attack and stroke are often in the spotlight, chronic obstructive pulmonary disease or COPD also warrants serious attention. It is a long-term lung disease and many people with COPD also have both bronchitis and emphysema. It is also a progressive disease, meaning that it gets worse over time as it slowly damages the breathing tubes that carry air in and out of the lungs. The airways swell and gradually become blocked by mucus, while the tiny air sacs at the tips of the airways also become damaged. The result is that breathing becomes increasingly difficult because it is hard for air to move in and out of the lungs.

A US study showed that the medical costs for employees with COPD are approximately three times greater than the costs for employees who do not have COPD.⁷ Researchers report that "COPD has a major financial impact, particularly when we add productivity into the mix. It is an expensive disease in terms of overall cost. Studies showed two aspects of the economic burden: medical costs (including disability costs and similar factors) and loss of productivity, as measured by absenteeism. Rates of disability and the cost of disability are substantially higher among working-age people (40-63 years old) who have COPD."⁸

As much as COPD can negatively affect plan member health and the health of your bottom line, there is a silver lining in that COPD is preventable, under diag-

nosed, and typically responds well to treatment. Accordingly, COPD can be avoided and when diagnosed properly, can be managed effectively to lessen the symptoms, decrease deterioration, and overall improve health and productivity.

When researchers are asked what should be done regarding COPD, they reply, "We need to increase awareness of how good medical management of COPD has an impact on costs. We hear a lot about the merits of good diabetes management, but we do not hear much about good COPD management. We have the evidence for COPD, but no one is publicizing that if employers manage their employees with COPD effectively, they will save money. We also do not hear much about the problem of patients with early-stage COPD who continue to smoke. For those plan members, are employers doing everything possible to help them quit smoking? Not many health plans or employers are requiring the best clinical practice management for COPD, which can improve productivity and result in cost-effective care. This is a message we need to get out to employers and to other stakeholders."⁹



Don't let COPD become a side effect of smoking... help them quit



A smoker's cough can be one of the first signs of negative things to come in terms of lung issues in the future. Fortunately, there are numerous ways to help plan members to quit smoking. For instance:

- Research indicates that community pharmacists trained in smoking cessation can be highly effective in helping patients quit smoking. Download the November 2010 Inside Story for details about our innovative Smoking Cessation Program.


- The Lung Association's 2008 policy report on access to counseling, medications, and other supports to help smokers quit includes an appendix of smoking cessation support available in each province. It is downloadable for free at http://www.lung.ca/protect-protegez/tobacco-tabagisme_e.php
- The Lung Association also offers their *Breathworks* fact sheet series online, and you can even order print copies free that they will mail directly to you: http://www.lung.ca/diseases-maladies/copd-mpoc/breathworks-actionair/order-commander_e.php

How many of your plan members are taking medications that may indicate COPD? Do any have COPD symptoms and may benefit from further investigation? What about smokers, are they actively involved in quit attempts? How can you support them to quit?

Gum disease is not just a minor infection...get the facts

There is a lot of misunderstanding about gum disease—it's often brushed off as just a minor infection that has nothing to do with overall health. Think again. In addition to resulting in tooth loss, it affects not only appearance, breath and ability to chew, but also continues to be linked to a range of serious health conditions. To help plan members, get straight on the facts and fallacies at <http://www.perio.org/consumer/f1.html>

There is a lot more behind gum disease than just ruining your smile...



If any condition could literally be called a 'hidden health issue'—or even more appropriate, a 'silent killer'—it's gum disease (technically known as periodontal disease). In most cases, symptoms are almost invisible if you don't know what to look for, and they may not even appear until advanced stages. It can result in tooth loss due to plaque and tartar building up around the tooth creating 'gum pockets', essentially gaps between the tooth and gums. The deeper the gum pockets become, the more likely the ligaments and bone around the tooth will decay, eventually resulting in tooth loss.

Gum disease could also be thought of as a silent killer because research reveals a link between gum disease and a range of serious health conditions. It can begin at any age, developing slowly and painlessly so by the time plan members become aware of it, they may be in danger of

losing teeth—and developing other health issues. For example, research continues to reveal a connection between gum disease and heart disease, stroke, diabetes, pre-term low birth weight babies, cancer, respiratory disease, kidney disease, and even Alzheimer's disease.

As is the case with arthritis and COPD, there may be a lot more issues and associated costs in the future than initially meets the eye. As reported by The American Academy of Periodontology, "approximately three out of four Americans suffer from some form of gum disease—from mild cases of gingivitis, to the more severe form known as periodontitis. However, despite this prevalence, approximately only 3% seek treatment for their gum disease. With increasingly more research indicating that gum disease may be linked to several other diseases, including diabetes, heart disease and certain forms of cancer, maintaining healthy teeth and gums has become more important than ever."¹⁰

Data fuels change...

Dig deep, and go micro by putting your data under the microscope

Analyzing your benefit plan at the macro level reveals the 'obvious'. To get down to the 'hidden issues', you need more than just a macro approach. You need to go micro—to slice and dice the data in numerous ways. This will help you identify the number of plan members:

- with chronic conditions that are not typically in the limelight (like arthritis and COPD) so you can predict future costs.
- who appear to have the warning signs that they are headed toward chronic issues like arthritis and

COPD, not to mention diabetes, cardiovascular disease, cancer, and depression, so you can help as much as possible in terms of prevention and effective disease management.

In-depth analysis reveals plan members who are already diagnosed with conditions as well as those that are trending toward these disease states. Another effective way to help predict health conditions—before they negatively affect plan member health and your bottom line—is through Health Risk Assessments (HRAs):

- You receive reports that help you identify your organization's health risks and take a proactive and strategic approach to managing the risks.
- Your plan members receive immediate, confidential information about their health status and personalized action steps to provide motivation, education, and techniques for behaviour change.

Predict issues before they become reality. To be proactive, data is the fuel you need.



What is your data telling you about plan member health today? ...and what is it telling you about plan member health for tomorrow?

With today's advanced technology, there are numerous ways to slice and dice your data to provide you with a better understanding of plan member health status today—and predict future trends. For instance, ask your Plan Advisor or Account Executive about Benefit Insight® reports:

- **Medical Condition:** examines claims patterns and correlates drug utilization to clinical diagnosis parameters to forecast potential for developing serious medical conditions.
- **Top Drug Categories:** highlights drug categories where total claims exceed a predetermined value and where the year over year variances exceed a set value.
- **Benefit Category Utilization:** flags fluctuations in use of benefits within categories, as well as variances from year to year, helping identify problem areas and strategies for improvement.
- **Cost Comparison:** benchmarks claims utilization against the Green Shield Canada database, similar organizations within the industry, or by province.

Education fuels change...

Educating yourself about the 'hidden health issues' in your benefit plan provides a more detailed profile of plan member usage and cost issues, and it helps you take a proactive approach to curbing future costs. Armed with the data, you can then launch employee communications

focused on the warning signs of various health issues, as well as prevention initiatives. This education will help plan members transform unhealthy behaviours into healthy ones. Here are some examples to get you started:



Arthritis is just an 'old people' disease, right? Think again...

Of the approximately four million Canadians with arthritis, about 60 per cent are under 65. Although there is no cure for arthritis, if you are diagnosed early and start the right treatment, you can reduce damage to your joints—in fact, you can live a full and active life. Look for these signs regarding how your joints feel:

- ✓ Painful
- ✓ Stiff
- ✓ Red
- ✓ Swollen
- ✓ Limited movement
- ✓ Tired

If you have these symptoms, visit your doctor because early diagnosis can make all the difference. For more information, visit The Arthritis Society at <http://www.arthritis.ca/arthritis%20home/default.asp?s=1>

Feeling short of breath is not a normal part of aging...

Does this sound like you?

- ✓ You have a cough that has lasted a long time or you cough up mucus.
- ✓ You feel shot of breath, especially when exerting effort like exercising or climbing stairs.
- ✓ You have had several lung infections like the flu, acute bronchitis or pneumonia that lasted a long time.
- ✓ You wheeze, making a whistling sound when you breathe.
- ✓ You often feel tired and are losing weight without trying.

People with Chronic Obstructive Pulmonary Disease (COPD) typically have one or more of these symptoms. COPD is a long-term lung disease that slowly damages the breathing tubes that carry air in and out of the lungs. If you have any of these symptoms, especially if you are also a smoker, see your doctor because the sooner you visit, the sooner you can get help. COPD can't be cured but it can be treated and slowed down. For more information, visit the Lung Association at http://www.lung.ca/home-accueil_e.php

Only brush and floss the teeth you want to keep...



For the most part, gum disease is preventable through daily brushing and flossing, as well as cleaning and care through regular dental checkups. Symptoms often do not appear until the advanced stages, which can mean a lot more than just tooth loss. Research indicates a connection between gum disease and heart disease, stroke, diabetes, pre-term low birth weight babies, cancer, respiratory disease, kidney disease, and even Alzheimer's disease.

Don't let gum disease creep up on you...

Look for the signs:

- ✓ Bleeding while brushing, flossing, or eating hard food
- ✓ Gums that are receding or pulling away from the teeth
- ✓ Loose or separating teeth
- ✓ Pus between your teeth and gums
- ✓ Sores in your mouth
- ✓ Persistent bad breath
- ✓ Change in the way your teeth fit together when you bite or a change in how your partial dentures fit

For more information about how you can prevent gum disease through proper brushing and flossing, watch these demos:

How to brush: <http://www.cap-acp.ca/en/public/howtobrush.htm>

How to floss: <http://www.cap-acp.ca/en/public/howtofloss.htm>

Sources:

^{1, 2, 5, 6} *The Impact of RA in the Workplace*, April Scott-Clarke, October 2010, Benefits Canada <http://www.benefitscanada.com/benefits/disability-management/the-impact-of-ra-in-the-workplace-321>

^{3, 4} *Arthritis in the Workplace*, The Arthritis Society, Lifestyle Series

^{7, 8, 9} Economic Burden of COPD in the Workplace, American Health and Drug Benefits, Interview with William B. Bunn, June/July 2009 <http://www.ahdbonline.com/article/economic-burden-copd-workplace>

¹⁰ *Dispelling Myths about Gum Disease: The Truth Behind Healthy Teeth and Gums*, American Academy of Periodontology, February 2010, <http://www.perio.org/consumer/gum-disease-myths.htm>

FOCUS ON LEGISLATION

From concept to law, here's how legislation happens...

These days, it's hard to grasp what's going on in the world of legislation. At any given time, there appear to be passed legislative changes, pending regulation changes, and standards of practice under development. To help, here's an overview of how the process works:



Step 1:

Change Legislation

- An example of legislation is the Pharmacy Act of Nova Scotia.
- Making changes to the legislation is referred to as "amending."
- Proposed changes are referred to as a "bill."
- Approving a bill is referred to as "passing."
- For a bill to be passed and become the law, it must first be introduced in either the Senate or the House of Commons. It must then pass through various stages in each House: first, second and third reading. Then it must receive Royal Assent, meaning final approval as law.

Step 2:

Change Regulations

- The legislative changes in Step 1 prompt the regulations to be revised to reflect the revised legislation.
- Regulations are more detailed than an Act. For example, pharmacy regulations focus on the day-to-day practice of pharmacists.
- Regulatory changes do not require the approval of the full legislature, and the government can make or approve regulations.

Step 3:

Change Standards of Practice

- The regulation changes in Step 2 prompt the Standards of Practice to be revised to reflect the revised regulations, and ultimately the revised legislation.
- Standards of Practice are the benchmarks of professional practice – the behavioral and professional expectations of pharmacists. Any performance below the standards is not acceptable.
- Standards of Practice are developed by a region's college of pharmacists in collaboration with key stakeholders. For example, Nova Scotia's Standards of Practice were developed by the Nova Scotia College of Pharmacists in collaboration with the College of Physicians and Surgeons of Nova Scotia, College of Registered Nurses of Nova Scotia, Dalhousie College of Pharmacy and the Provincial Association of Nova Scotia.

WHAT'S NEW

Pharmacists are fast becoming the 'go to people' for additional services...

The role of pharmacists continues to expand in Nova Scotia and Saskatchewan

New Standards of Practice are now in effect in both Nova Scotia and Saskatchewan, expanding pharmacists' prescribing ability. Here's what pharmacists in both provinces can now do:

Prescribing ability	NS Effective Jan. 6 2011	SK Effective Mar. 4 2011	What it means for you...
■ Prescribe in an emergency	✓	✓	■ Your drug plan with Green Shield Canada is not affected.
■ Renew existing prescriptions	✓	✓	■ Prescription drug benefits are eligible when written or adapted by a health professional with recognized prescribing authority in a given province as permitted by law (possibly including physicians, dentists, nurse practitioners, pharmacists, etc.)
■ Adapt a prescription	✓	✓	■ Prescription must be for a drug that is eligible under your drug plan.
■ Make a therapeutic substitution	✓	✓	■ Pharmacy clinical service fees associated with adapting prescriptions, if any, are not eligible under any Green Shield Canada drug plan, just as physician service fees are ineligible. At this point, we do not know how much pharmacists may charge.
■ Initiate a prescription for minor ailments and vaccines	✓	✗	

Although both provinces have expanded the pharmacist role in terms of prescribing authority, they also mention knowledge, skills, and training. For example, from the Nova Scotia College of Pharmacists, "the pharmacist shall only undertake prescribing of drugs in accordance with their individual knowledge, skills, competencies and experiences. The onus is on the pharmacist to judge whether or not they have the appropriate knowledge and understanding of

the patient, the condition being treated and the drug being prescribed. Therefore, pharmacies may need to seek out special training in order to undertake prescribing activities such as patient assessment, disease management for specific conditions, and effective communication. Pharmacists assume the responsibility of continually evaluating and improving their professional competence and for accessing the appropriate opportunities to meet their needs."

And this just in about Ontario...



On March 15, 2011, the Ontario government passed into law the ability for pharmacists, practicing in an accredited pharmacy, to 'extend' (which means to prescribe an additional quantity) an existing prescription under certain conditions. Narcotic or controlled drugs are not included in the enhanced scope of practice.

In addition, the Ontario College of Pharmacists has approved a draft regulation for the Pharmacy Act, expanding the scope of practice of pharmacists to also include the ability to 'adapt' and 'initiate':

- 'Adapt' (which means to alter) the dose, dosage form, regimen, or route of administration of a drug that has been previously prescribed for a patient.
- 'Initiate' (which means to prescribe) a drug specified in the regulations under the authority - currently limited to 2 smoking cessation products.

The proposed regulation also outlines the duties of pharmacists with respect to administering a substance by injection or inhalation and performing a procedure on tissue below the surface of the skin. The regulation does not include the ability for pharmacists to provide immunizations, which the Ontario College of Pharmacists is continuing to explore.

NEWS & EVENTS

2011 Provincial Fee Guide Increases

This chart lists the average weighted increases by province for dental services performed by general practitioners from 2010 to 2011 based on information provided by each provincial dental association.

* Increases for YT, NT and NU are not yet available.



Province	Average Increase	Effective Date
Alberta	4.81%	Feb 1/11
British Columbia	1.80%	Feb 1/11
Manitoba	3.49%	Jan 1/11
Newfoundland and Labrador	6.00%	Jan 1/11
New Brunswick	2.00%	Jan 1/11
Northwest Territories	Not yet received	
Nova Scotia	2.52%	Feb 1/11

Province	Average Increase	Effective Date
Nunavut	Not yet received	
Ontario	2.00%	Jan 1/11
Prince Edward Island	2.27%	Jan 1/11
Quebec	1.60%	Jan 1/11
Saskatchewan	3.00%	Jan 1/11
Yukon	Not yet received	

- Figures reported by insurers may differ due to differences in the claims distribution of their block of business.
- In provinces other than Alberta, the figures represent the average increase in the dental fee guide for general practitioners published by the provincial dental association.
- In Alberta, we calculated the 2011 allowable fees based on the actual dentist fees submitted for the period January to September 2010.

Winner of the draw for a 'night out on the town'



Congratulations to **Sean Dunsmore**, of Thorold, ON, the winner of Green Shield Canada's 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. To learn more, visit greenshield.ca.



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Toronto	1-800-268-6613	Windsor	1-800-265-5615
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