

# THE INSIDE STORY®

JANUARY 2012

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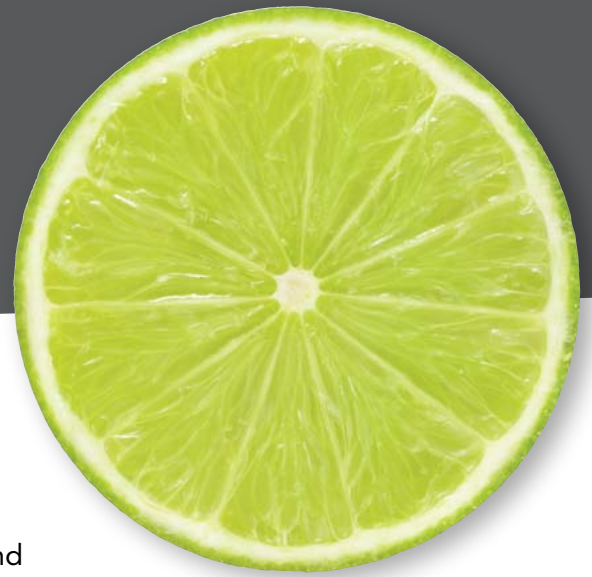
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# What's old is new again...

## Fashion isn't the only thing that comes full circle – looks like health care does too



Just when we think fashion 'don'ts' have been put to rest for good, they're back. Similarly, recent trends in health care are indicating that many 'old fashioned' health care practices are making a comeback and gaining popularity. The good news is that unlike the many retro fashion faux pas that come back to *haunt* us, the re-emerging 'old school' health care practices are coming back to *help* us.

### Just what the doctor ordered – house calls for seniors...

The Canadian Medical Association (CMA) thinks that reviving the old-fashioned house call is a way to entice more doctors into entering the field of geriatrics and to enhance the quality of care for seniors. As the CMA conveys, "bringing care to elderly, frail patients often results in better care for less money."<sup>1</sup> By bringing the resources of the hospital into the home via house calls, more seniors receive better care.



In addition to enhancing care and being cost effective, house calls also decrease barriers typically faced by seniors, like transportation. And for the doctor, caring for seniors in the home environment enables a more preventive approach to medicine. By seeing the senior's home environment, the doctor is able to troubleshoot everything from potential falls to how to increase medication compliance — the house call functions as a way to avoid what could turn into a medical crisis. This trend of reviving the house call is in sync with the broader health care trend of seniors aiming to stay in their homes as long as possible through home visits from other care-giving professionals like nurses and social workers. If trends toward home care continue, we may see 'bedside manner' come full circle, moving away from the hospital bedside and back to the home.

### These days there is nothing old fashioned about midwifery...

The old adage that "it takes a village to raise a child" certainly seemed to be the philosophy historically. Throughout the ages women traditionally helped each other with all aspects of child rearing, beginning with childbirth at home assisted by a midwife. However, somewhere along the way, childbirth became institutionalized with hospitals and medical doctors. In fact, in the early 1970s, midwifery in Canada was neither legal nor officially recognized. Fast forward to today and midwives are in huge demand with six Canadian universities now offering a four-year midwifery baccalaureate program. The midwife's role is to provide care throughout low-risk pregnancies, and supervise the birthing process, as well as provide advice and support to the mother and family for six weeks after childbirth. A few factors appear to *continues...*

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account for the return to this approach to childbearing:

- Shortage of Obstetricians in Canada: "According to the Society of Obstetricians and Gynaecologists of Canada, there are currently only 1,650 Obstetricians/Gynaecologists (OB/GYNs) practicing in this country, an estimated 500 of whom have shifted their practices

away from deliveries, choosing instead to focus on gynaecology, fertility and family planning. Moreover, roughly 34 per cent of the OB/GYNs now working are set to retire in the next five years."<sup>2</sup>

- Fewer family physicians delivering babies in Canada: "13 per cent in 2004, down from 36 per cent in 1990. In five years, reports estimate that up to 10,000 women in Ontario alone will not find access to a maternity care

provider of any kind...." until they enter the hospital to deliver.<sup>2</sup>

- Many consider midwifery more personal: midwives have a philosophy of putting their clients at the centre of all decision making and supporting them by, for example, 45-minute appointments, as well as after-birth care to help them adjust to life with a new baby.

## Revisiting the small town pharmacist of the past...

Remember when your local pharmacist was the 'go to' person for all kinds of advice like ideas about keeping healthy to preventing the common cold to taking important medication properly? Depending on your age, this may be a very distant memory. This is the case because the role of the pharmacist has gradually evolved away from a focus on 'front line' patient care toward medication expertise. However, in many regions of Canada, the pharmacist role seems to be returning to its 'patient care' roots with expanded responsibilities and increased opportunities to interact with patients in meaningful ways.

As discussed in previous issues, outcome-focused medication management means 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 next time you go to the drug store, your pharmacist could initiate everything from refilling medications without a call or visit to the doctor, to ordering certain lab tests to adjust your therapy, 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. We are likely to see this trend away from *product-focused* pharmacy services to *outcome-focused* health management continue.

## For some areas of health care, the answer for the future may be the past

Progress is often considered to mean building on the present to create a different future. However, these health

care trends that are coming full circle indicate that progress can also mean remembering our past and adapting

effective 'old school' principles to today's environment.

<sup>1</sup> *Canada's seniors: The doctor will see you now*, The Globe and Mail, Lisa Priest, April 13, 2011 <http://m.theglobeandmail.com/news/national/canadas-seniors-the-doctor-will-see-you-now/article1981281/?service=mobile>

<sup>2</sup> *A midwife crisis. Not enough doctors, not enough midwives: it's a bad time to have a baby in Canada*, MacLean's, Lianne George, November 20, 2008 <http://www2.macleans.ca/2008/11/20/a-midwife-crisis/#more-18644>

# WHAT'S NEW



## Not to start 2012 off on a downer, but... Quebec Sales Tax has increased

As they say, “nothing in life is certain but death and taxes” and unfortunately, we do have a definite tax increase to report. As of January 1, 2012, the Quebec Sales Tax (QST) increased by 1% from 8.5% to 9.5%. If you are required to pay QST, don't be surprised to see the increase reflected on your January statements.

## The Accessibility for Ontarians with Disabilities Act – Customer Service Standard came into effect January 1, 2012

The Accessibility for Ontarians with Disabilities Act (AODA) 2005 outlines a framework for the development of province-wide mandatory accessibility standards related to all areas of daily life. The accessibility standards are the rules that organizations in Ontario must follow to identify, remove, and prevent barriers to accessibility. The AODA employment, transportation, information and communication, and customer service standards are all now in effect with the remaining standard related to barrier free design still under development.

As each AODA accessibility

standard comes into effect, GSC ensures compliance. For instance, the accessibility feature on our homepage called eSSENTIAL Accessibility™ supports the AODA customer service standard that came into effect January 1, 2012. This innovative online feature enables visitors with a range of disabilities like difficulty typing, moving a mouse, and reading web pages to access assistive technology. GSC is the first Canadian insurer to offer eSSENTIAL Accessibility™ and it's free – just look for the eSSENTIAL Accessibility™ symbol on the GSC website homepage.

## Canada Revenue Agency may revise tax guidelines...

Not a definite... yet... but the word-on-the-street is that effective January 1, 2013, the Canada Revenue Agency (CRA) will no longer allow employee bonuses to be redirected to Health Care Spending Accounts (HCSAs) on a non-taxable basis.

Specifically, subsection 5(1) of the *Income Tax Act* states that “if a flex plan permits an employee to convert an amount of salary, wages or other taxable employee entitlement to something of value (cash or other benefits), that employee will be taxed on the conversion up to the amount of the cash received or the market value of the benefit received.” In the past, an administrative position by the CRA allowed irrevocable election of employee bonuses to pass tax-free to a HCSA. However, looks like times may be changing; rumour has it that if future employee bonuses are transferred to a HCSA, they will be considered taxable income to the employee.

Until there is confirmation from the CRA, it's a wait and see scenario. However, in the meantime, this “heads up” provides the opportunity to review your HCSA administrative policies with your benefits and/or tax advisor in light of these possible changes.

The **WHAT'S NEW** section of The Inside Story® looks at news stories that affect plan advisors, plan sponsors and plan members. It highlights the latest information on industry trends, government legislation and what's happening at GSC.

# The hepatitis C virus: A case of... Where's Waldo?



The hepatitis C virus (HCV) causes inflammation of the liver, which can progress to liver disease. An estimated 242,500 people in Canada are infected with HCV, however, about one-quarter of them – about 53,000 people – are not aware that they are infected with the virus.<sup>1</sup> People who have the infection can go for years without symptoms, so the numbers do not come as a complete surprise. Lack of symptoms poses a problem in two ways: (1) those infected with HCV may experience a decline in their condition because they are not being treated for it, and (2) they may end up unintentionally infecting others. Perhaps nothing brings home the 'time to educate' message more

strongly than the fact that in 2007, nearly 8,000 Canadians were newly infected with hepatitis C—and about 20% of them may not even know it.<sup>1</sup>

HCV is mainly spread through contact with infected blood with 70-80% of HCV transmission in Canada due to injection drug use.<sup>2</sup> As the CMAJ reports, "Many patients are surprised to discover that they are chronically infected with a virus that was transmitted several decades earlier, during an experience that happened only once and that seemed to be innocuous or trivial."<sup>3</sup> It could be simple things like getting a tattoo with an unsterilized needle, or being exposed to a dental procedure in a country where infection control practices are not used.

**The Centers for Disease Control in the United States indicates that of every 100 persons infected with HCV, approximately:**

- 75–85 will go on to develop chronic infection
- 60–70 will go on to develop chronic liver disease
- 5–20 will go on to develop cirrhosis over a period of 20–30 years
- 1–5 will die from the consequences of chronic infection (liver cancer or cirrhosis)<sup>4</sup>

## Two new drugs considered breakthrough treatments for hepatitis C...

### Incivek and Victrelis to the rescue!

Incivek (telaprevir) and Victrelis (boceprevir) have been approved for treatment of chronic HCV—specifically Health Canada has approved them for

what is known as genotype 1 HCV which accounts for about 60% of infections.<sup>3</sup> These newly approved drugs will not replace the current standard HCV

treatments, but rather they are to be used in conjunction with the current treatments to eliminate the virus.

<sup>1</sup> <http://www.phac-aspc.gc.ca/hepc/index-eng.php>

<sup>2</sup> Health Canada website, Healthy Living, Hepatitis C: <http://www.hc-sc.gc.ca/hl-vs/ijh-vsv/diseases-maladies/hepc-eng.php>

<sup>3</sup> Hepatitis C: a review for primary care physicians, Tom Wong, Samuel S. Lee, *CMAJ February 28, 2006 vol. 174 no. 5* (CMAJ website <http://www.cmaj.ca/content/174/5/649.full>)

<sup>4</sup> Centers for Disease Control, Hepatitis C FAQ for Health Professionals: <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#->

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## The good news...

When used in combination with the current standard treatments, Incivek and Victrelis promote a higher cure rate and can shorten the overall treatment length.

## The not-so-good news...

Because these drugs are to be used in conjunction with the current standard treatments, adding Incivek or Victrelis means adding an estimated \$27,000-50,000 to the current costs of about \$28,000.

## What this means for you as a plan sponsor...

In order for plan members to receive coverage for Incivek and Victrelis, they will be required to apply for special authorization. The purpose of the GSC Special Authorization Program is to make sure that patients are getting the best and most cost-effective therapy. This enhances plan member health – while protecting your plan against unnecessary costs.

## How can you help?

You can play an important role in raising awareness to your plan members of the risks—and risk factors—of HCV.

### Educate plan members about symptoms that may indicate hepatitis C:

For those who do experience symptoms, the most commonly reported ones are:

- fatigue
- sore muscles and joints
- jaundice (a yellowing of the skin and eyes)
- lethargy
- nausea
- reduced appetite
- abdominal pain

After 10 to 20 years, chronic hepatitis C can cause cirrhosis. After 20 to 40 years, it can cause liver cancer.

### Help plan members assess their risk and learn about prevention:

You are most at risk for HCV infection if you:

- Inject or snort drugs or have done so in the past. The risk increases if you share needles and other drug equipment which could be contaminated with blood. Cleaning equipment with bleach does not effectively kill the virus.
- Get a tattoo, body piercing or acupuncture using unsterile equipment or techniques.
- Share personal care articles such as razors, scissors, nail clippers or a toothbrush with an infected person.
- Were exposed to contaminated blood or blood products or had an organ transplant before 1992.
- Are pricked by a needle or sharp equipment that has infected blood on it. (eg. in a workplace situation such as a health care facility)
- Have unprotected sex with an infected person.
- Are exposed, either in Canada or abroad, to medical or dental practices where infection control precautions are not taken or contaminated equipment is used.
- A mother with HCV can also pass on the infection to her infant at birth.

Source: Health Canada website, Healthy Living, Hepatitis C: <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/hepc-eng.php>

While Health Canada does not endorse widespread HCV testing, plan members who experience the symptoms and meet the risk factors listed above may want to speak to their doctor about HCV testing.

# Community Giving Program

## Here's how we add to the greater good...

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.

### Building life skills and self-esteem...

Have you ever wondered what life would be like without some of the life skills that many of us take for granted — like making lists, balancing our cheque books, or reading to our children? In Lanark County and Smith Falls, Ontario, over 40% of the population has a reading disability or lacks the confidence to master essential life skills. Struggling with life's daily tasks is a widespread reality. That's why GSC is proud to have provided funding to the Adult Learning & Training Centre, to help adult learners improve their life skills, and build confidence and self-esteem while they're at it.

### The Adult Learning & Training Centre: making a sustainable difference

Whether learning new skills or upgrading basic skills, the Adult Learning & Training Centre (ALTC) caters to adults spanning in age from as young as 19 to over 65. It offers a variety of educational opportunities in literacy and numeracy, as well as life skills training around healthy eating, budgeting or finding employment. With research indicating that retail is the main employer in Lanark County, the ALTC also offers highly practical programs that focus on developing retail, hospitality, and customer service skills.

Now through GSC funding support, the ALTC will be able to make their lessons even more innovative and engaging through the addition of a SMART board. GSC funding will also help the ALTC develop and implement their "Reading to Eating Program" and "Money Management Program." With a practical emphasis, program participants leave the ALTC with enhanced skills and improved self-esteem—the ideal combination to make a sustainable difference in their community.



"The adults who visit the Adult Learning & Training Centre may initially come to the centre looking for help with upgrading their skills, however, they graduate with a lot more than just enhanced skills... they graduate with improved confidence and self-esteem. This creates a positive domino effect as their new skills and new outlook are transferred into the community in countless ways."

**Pauline Levesque**  
Executive Director  
Adult Learning & Training Centre

# OUT AND ABOUT –

## Events you won't want to miss

### Why not attend one of these upcoming industry events?

You'll be glad you did – they will be packed with the latest and greatest industry news, interesting opinions from industry leaders, and loads of innovative ideas.

FEBRUARY 5-8

#### Canadian Health and Wellness Innovations Conference

Hyatt Regency Savannah

Savannah, Georgia

[www.ifebp.org/canadahealth](http://www.ifebp.org/canadahealth)

FEBRUARY 9

#### CPBI Benefit Ball

Liberty Grand

Toronto, Ontario

[http://www.cpbi-icra.ca/en/event\\_details.ch2?event\\_id=1143](http://www.cpbi-icra.ca/en/event_details.ch2?event_id=1143)

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

Congratulations to **Jessica Greenless**, of Sault Ste. Marie, 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.



[greenshield.ca](http://greenshield.ca)

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| <b>Toronto</b>          | 1.800.268.6613 | <b>Windsor</b>   | 1.800.265.5615 |
| <b>Calgary</b>          | 1.888.962.8533 | <b>Montreal</b>  | 1.855.789.9214 |
| <b>Customer Service</b> | 1.888.711.1119 |                  |                |