

THE INSIDE STORY®

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The real outcome of drug reform could be a new delivery model for pharmacy services

Is it worth it? You be the judge...

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Each province's take on drug reform is taking shape based on its specific situation and individual timelines. But there is one common denominator—a common outcome that is likely to eventually affect all provinces: community pharmacy is in transition. Drug reform is forcing the business model of pharmacies to evolve in new directions, transforming the role of pharmacists.

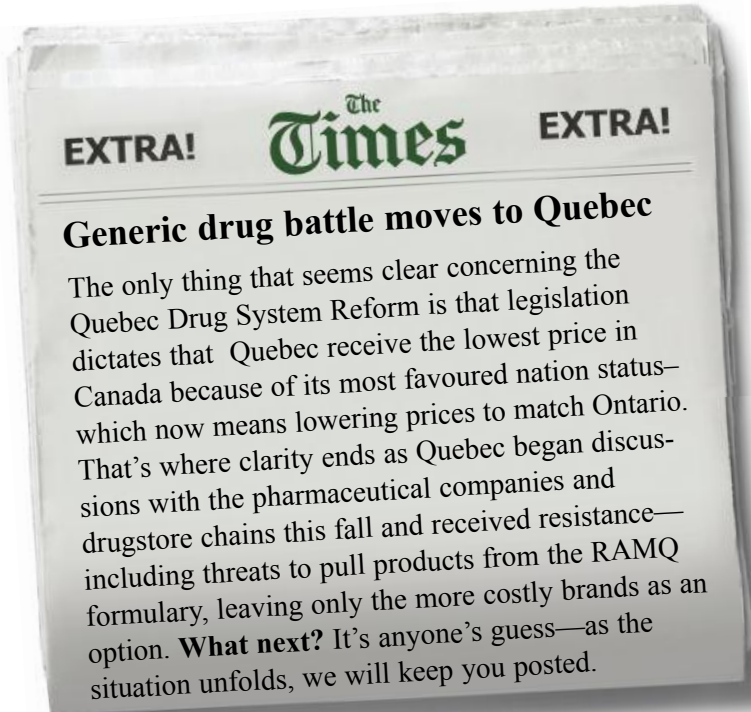
And although drug reform appears to be the impetus for evolving pharmacy services delivery models, let's not forget that change was already in the air. The evolving role of pharmacists is in keeping with an increasing hot topic of debate these days: the evolving and future roles of various health care professionals. So, what does this mean for private payers and your benefit plan?

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The drug reform bottom line...

As we continue to see drug reform across the country — now with Quebec and Nova Scotia in the news—we seem to be taking a micro focus by comparing specific outcomes like rising dispensing fees and drug plan savings.

However, to really assess what our benefit plans should look like in the future, shouldn't we be looking at the longer-term, bigger picture consequences — and opportunities?



To understand the real impact of drug reform we need to step back from the trees—step back from the details of each province's specific cost scenarios—and examine the forest; what does it mean across the board for all stakeholders? An assessment of the big picture reveals a paradigm

shift in how pharmacies operate and the role pharmacists can play. The reality of drug reform — lost revenues for pharmacy and savings for public plans — means that we are moving away from *product-focused* pharmacy services to *outcomes-focused* medication management.

Will the drug store of the future be a health care wellness hub?

Outcomes-focused medication management means broadening the pharmacist's role beyond product expertise to include activities like wellness education and counselling related to medication management. For instance, Ontario's Bill 179, that passed on December 15, 2009, not only broadens the role of pharmacists, but 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. It also changes the rules for administering, prescribing, dispensing, compounding, selling and using drugs in practice for various types of health professionals—chiropractors and podiatrists, dental hygienists, dentists, midwives, nurse practitioners, pharmacists, physiotherapists and respiratory therapists.

And, Ontario is not alone—as reported in a previous issue of *The Inside Story*®, new standards of pharmacy practice

have recently been developed in Newfoundland and Labrador. Now with patient consent, the pharmacist can provide emergency supplies of medications, extend expired medications for limited periods of time, and make minor changes to prescriptions to avoid delays dispensing them to patients.

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

Bill 179 =
Regulated Health Professions Statute Law Amendment Act, 2009

doctor, to ordering certain lab tests to adjust 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.

Alternative service delivery options—but who pays?

Does the cost/benefit make it worth it?

Proponents: Here's the pitch from the yay-sayers...

Proponents argue that regardless of drug reform, expanding the role of pharmacists just makes good sense—good dollars and cents—as well as paying big dividends down the road in terms of enhancing quality of life because preventive approaches yield the best cost/benefit.

In keeping with the prevention model, proponents urge that it pays to front-load education and counselling related to wellness and disease management because it avoids higher costs down the road in terms of treatment. They also convey that delivering wellness services adds value across the health care system by addressing issues of access, quality, resource utilization, and productivity. Compelling statistics include:

- About 185,000 of yearly hospital admissions in Canada are associated with adverse events and the most common type of adverse events was associated with drug-related events. Close to 40% of these were potentially preventable. ¹
- 23% of patients experience an adverse event within 30 days of hospital discharge. 50% of these adverse events were deemed preventable. 72% were due to medications. ²

Detractors: Here's the rebuttal from the nay-sayers...

Detractors cite the reality of having to pay now—the reality of how to afford the up-front costs *today*. They ask, "Exactly *who* is going to cover the costs associated with having alternative service delivery models – public plans, private plans or consumers? The answer isn't obvious, but the obvious next question is, "Is it worth it?". Savings could be realized on the public side – in reduced hospital and doctor visits – but what do plan sponsors stand to gain? Should currently uninsured costs for pharmacy services become eligible for coverage? The Ontario Pharmacists' Association estimates service costs such as:

Benefits of expanding the role of pharmacists include:

- Avoided Emergency Department visits
- Avoided General Practitioner visits
- Avoided Adverse Drug Events
- Avoided drug costs
- Avoided absenteeism costs

Across a five-year period, the estimated present value of benefits accrued to the health care system = \$473M

- In Vancouver alone, 24% of patients were admitted to a hospital's internal medicine service for drug-related causes, and over 70% of these admissions were deemed preventable. ³ In addition, one of every nine emergency department visits were due to a drug-related cause, over two-thirds were deemed preventable. ⁴

- Medical Review: Initial Consultation \$65.00 / Follow-up Review \$25.00
- Patient Consultation & Education: Uncomplicated \$67.50 / Complex \$135.00
- Disease & Medication Therapy Assessment: \$38.75-41.25/service
- Home Care Service Referrals/Requests: \$168.75/hour
- Smoking Cessation: \$135.00



¹, ² G. Ross Baker, Peter G. Norton, Virginia Flintoft, Régis Blais, Adalsteinn Brown, Jafna Cox, Ed Etchells, William A. Ghali, Philip Hébert, Sumit R. Majumdar, Maeve O'Beirne, Luz Palacios-Derflinger, Robert J. Reid, Sam Sheps and Robyn Tamblyn, The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada, CMAJ, May 25, 2004; 170 (11)

³ Samoy LJ, Zed PJ, Wilbur K, et al. Drug-related hospitalizations in a tertiary care internal medicine service of a Canadian hospital: a prospective study. Pharmacotherapy 2006;6:1578-86.

⁴ Zed PJ, Abu-Laban RB, Balen RM, et al. Drug-related visits to the emergency department of a large Canadian hospital: a prospective study. CMAJ 2008;178(12):1563-9

Makes you think—but no definitive answer... What say you?

Join the dialogue today. Drop us a line at gs.marketing@greenshield.ca and let us know what you think:

- Are you willing to pay for alternative service delivery options?
- Whether provided by pharmacists or other health professionals—are you of the mindset that this represents a smart investment?

It could be viewed as short-term pain in the pocketbook for long-term gain in terms of future plan member health and productivity, avoiding an even larger financial benefit plan hit down the road.

However, it could be viewed as “nice to have”, but unrealistic in today’s economic environment.

What say you, yay or nay?

Theory in practice

See the example below of a Green Shield Canada smoking cessation program that reimburses pharmacies for counselling services

Theory in practice:

Pharmacy-delivered counselling combined with drug therapy Unique delivery model makes smoking cessation program more cost effective...

It’s a fact - smoking kills. It is the primary cause of preventable death in Canada – an estimated 37,209 deaths were attributed to smoking in 2002. Smoking persists as a serious public health issue and a major issue plaguing Canadian workplaces:

- 19% of Canadians over the age of 15 smoke.
- Smokers cost employers \$3,396 more per year than non-smokers (2006).
- Smoking is often a contributing factor for other serious health issues: lung cancer, coronary artery disease and stroke, as well as chronic obstructive lung diseases such as emphysema and chronic bronchitis.

It pays to quit...

Recognizing the negative impact smoking has on employee health and well-being, as well as workplace absenteeism and productivity, there is a compelling argument for implementing smoking cessation programs:

For the employer – The benefits from reducing smoking can be calculated in terms of a number of factors, including employee absenteeism and employee productivity.

- Cost of smoker absenteeism increased from \$230 per employee in 1997 to \$323 per employee in 2006
- Cost of decreased productivity due to smoke breaks increased from \$2,175 per employee in 1997 to \$3,053 per employee in 2006

Although these changes are partially attributable to wage increases, the point is clear: smoking costs.



For the employee – The employee has a lot to gain, and nothing to lose except an unhealthy and expensive habit. Quitting can add years to life expectancy and the benefits of quitting begin soon after cessation:

- *Within days of quitting:* the body’s ability to fight infection improves; enhancing the body’s defence against coughs, colds and other viruses.
- *Five years smoke-free:* significantly reduces the risk of smoking-related diseases like cancer of the lung, throat, stomach, breast and bladder.
- *Fifteen years smoke-free:* health risks can be the same as someone who never smoked

There must be a better way...

Research indicates that most smokers make multiple quit attempts before successfully becoming a non-smoker. It is also well documented that the deal breaker – that makes all the difference between a successful and unsuccessful quit attempt – is support. Numerous articles and studies support the effectiveness of pharmacists as providers of smoking cessation behavioural support in both the community and clinic setting. For example, clinical practice guidelines issued by the United States Department of Health and Human Services in June 2000 encourage American insurance plans to include counselling in addition to pharmacotherapeutic treatments for smoking cessation in their benefit plans.

A helping hand in the form of a friendly ear...

The Green Shield Canada (GSC) Smoking Cessation Program is based on research that shows improved success rates when smoking cessation drugs are combined with support in the form of counselling.

Here's how it works:

- **Drug therapy:** The plan member consults their pharmacist to select the most appropriate smoking cessation drug. The medication will be covered by their GSC drug plan as long as they complete the entire smoking cessation program.
- **Pharmacist support/counselling:** The plan member arranges for one initial assessment and six follow-up counselling sessions (in-person or over the phone) with a pharmacist who has specialized training in smoking cessation. This provides them with the support they need through the inevitable ups and downs of the quitting process. The initial assessment and counselling sessions are also covered by their GSC drug plan.



The proof is in the results...

Canadian employers can successfully sponsor benefit programs that use pharmacist services

The GSC Smoking Cessation Program realized a self-reported quit rate of 37.5% (calculated as the percentage of patients reporting continued abstinence after 6 months). Quit rates are higher for males than females (46.8% vs. 24.2%) and higher for employees than for their spouses and dependents (47.2% vs. 18.5%).

Overall, the results build on the existing body of research that indicates that pharmacists trained in smoking cessation can be highly effective in helping patients quit smoking. The results also highlight to other employers the value of sponsoring smoking cessation programs that target smokers who are highly motivated to quit, using community pharmacy-based behavioural support. Makes you think—maybe there is something to this trend of evolving health professional roles?



WHAT'S NEW

The future of “who does what” is being re-written.

Independent dental hygienists are slowly increasing accessibility to dental services...

The scope of practice is evolving across a range of professions, and the dental industry is no exception. Dental hygienists are no longer required to work under the guidance of a dentist in many provinces. Accordingly, claims for services provided by independent dental hygienists are eligible on all Green Shield Canada plans as long as two requirements are met: (1) dental hygienist must be legally permitted to work independently in their province of practice and (2) there must be an established provincial hygienist association in their province of practice that has developed a fee guide.

Legislation represents a first step, not a done deal regarding eligibility...

Legislation does not necessarily mean that everything is in place for an initiative to move forward, however, it empowers various actions to be taken to move it in that direction. For instance, regarding dental hygienists, legislation enables them to establish a provincial association to undertake tasks like determining the appropriate credentials for the expanded role and developing a fee guide.

Many provinces have now passed legislation regarding the expanded role of dental hygienists, but few are in a position to allow independent hygienists to practice. For now we are only paying for claims from British Columbia, Alberta and Ontario because they are the only provinces that currently meet all appropriate requirements. As legisla-

tion evolves in each province, we may see more provinces added to our eligibility list if they also meet the requirements.

What services are eligible?

The hygienist scope of practice includes preventive procedures. Eligibility of a specific hygienist code is based on the eligibility of the equivalent general practitioner code. Eligible services may include, but are not limited to:

- Scaling – removing plaque and calculus
- Root planing – smoothing root surfaces
- Polishing – removing stains
- Fluoride treatments

Impact on plan sponsors

Assuming other provinces follow suit making independent dental hygiene practice an option, we are likely to see more dental hygienists not only going out on their own, but also specializing their services. Say “hello” to good old fashioned competition, which should result not only in additional service options for plan members but also increased accessibility to services. For now, the impact on plan sponsors is minimal:

- Claims are subject to the same dental plan frequencies, limitations and maximums.
- Whichever fee guide is lower between the provincial general practitioner and the independent dental hygienist will apply for services provided by independent dental hygienists. Currently, the trend is for dental hygienists to charge the same fees as general practitioners—the exception is

Reminder:

Dental hygienists are no longer legally required to work under the guidance of a licensed dentist in British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia and Newfoundland & Labrador.

Ontario where savings are being realized for some services.

Still early days.

Some things to consider...

Although we have the capabilities in place to accept electronic claims from hygienists, the Canadian Dental Hygienist Association is currently in the process of establishing an electronic claim submission network. As a result, plan members with claims for services rendered by an independent dental hygienist may be required to submit them manually—which means more paperwork and more out-of-pocket expenses.

In addition, the need to collaborate and draw on additional expertise may result in new issues coming to the surface. For instance, if your plan member sees an independent hygienist for a recall exam and is referred to a general practitioner for additional treatment, it is possible that the general practitioner may also recommend a recall exam, which might not be covered depending on the frequency limitations of your plan.



SPOTLIGHT ON...

The Green Shield Canada Social Surplus 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 Social Surplus Program, we make

a difference by providing the 'plus' in terms of critical funding that not-for-

profit organizations need to achieve significant, concrete results.

Spotlight on... Green Thumbs Growing Kids

Through the Green Shield Canada Social Surplus program, we are proud to support Green Thumbs Growing Kids in helping achieve their mission to work with urban children, youth

and their families to learn about, grow and prepare fresh foods, cultivated in an environmentally sustainable manner. Through their hands-on program called 'Fed and Fit: School

Garden Workshops', they are aiming to teach 3,000 children and their families how to grow and prepare fresh and nutritious foods in a sustainable way.

"Running programs like the "Fed and Fit: School Garden Workshops" right in the city's urban gardens provides a focal point to educate about both healthy living and environmental protection. Participants not only learn about nutrition but also about gardening as an exercise option, as well as everything involved in creating a healthy green environment. It provides a unique, memorable way to convey a combination of important lifestyle and environmental messages."

**Sunday Harrison, Executive Director
Green Thumbs Growing Kids**

"In greenhouses, parks and on school grounds urban youth and families learn hands-on about growing and preparing food as well as the importance of adopting sustainable practices in their everyday life."

**Stan Poulson, Director, Rate & Economic Analysis
Green Shield Canada**

e-service success stories — *This could be you...*



"My family doctor referred me to a Massage Therapist, but I wasn't sure what my coverage was. So I logged on to Plan Member Online Services, entered the required information—and presto—it generated a 'pretend claim'. Everything I needed to know was right there in front of me including how much was covered by my plan. It really was 'at my fingertips'".

Simply sign up for Plan Member Online Services and select the 'Benefit Eligibility' option. It's life altering—well, at least it tells you before you access a service whether you are eligible, and for exactly how much...



FOCUS ON DRUGS

Meridia® and generic Apo-Sibutramine withdrawn from the Canada market

The prescription weight-loss drug sibutramine – marketed under the brand name Meridia® (from Abbott Laboratories) and under the generic brand name Apo-Sibutramine (from Apotex) – was voluntarily withdrawn from the Canadian market on October 8, 2010.

Why the withdrawal?

Results from a large study suggested an increased risk of serious cardiovascular events in patients who have existing heart problems. There are also concerns of heart-related adverse events in people at risk of cardiovascular disease. Those at risk may not be aware that they are at risk due to the absence of symptoms. These concerns, combined with mounting scientific evidence regarding sibutramine’s safety and efficacy, prompted the withdrawal of sibutramine from the Canadian market.

Did anyone see this coming?

Sibutramine has never been recommended for use in patients with existing cardiovascular disease. In addition, to decrease risk, Health Canada raised awareness of the risk of cardiovascular events in patients with heart problems, and emphasized the importance of prescribing sibutramine as directed in the approved Product Monograph.

Fortunately, at Green Shield Canada, we have additional safety measures built into our drug process. As part of our Special Authorization Program, drugs like sibutramine receive added scrutiny. For example, specifically regarding requests for sibutramine, we required information from the physician about the patient’s history of hypertension, including a recent blood pressure reading.

How does this affect plan members?

- Plan members currently taking Meridia® or Apo-Sibutramine are advised to contact their doctor to find out about treatment alternatives.
- Claims for Meridia® or Apo-Sibutramine incurred on or before October 8, 2010 will be adjudicated according to our Special Authorization process.
- Claims incurred after October 8, 2010 will be denied.

Keeping safety top of mind...

For more information about Meridia®, please call the dedicated free phone help line at 1.800.567.2226. For more information about claims submission, please contact our Customer Service Centre at 1.888.711.1119.

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



Congratulations to **Vladimir Hrubik**, of Waterloo, 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.



London	1-800-265-4429	Vancouver	1-800-665-1494
Toronto	1-800-268-6613	Windsor	1-800-265-5615
Customer Service	1-888-711-1119	Montréal	1-800-268-6613

