



# The Health Wealth Balance

How does a company help keep employees well while trying to reduce costs? Our annual Who's Who in Workplace Health Round Table tackled this issue and others. **by Leigh Doyle**

## Participants

**Karen Chiarelli**, *manager, occupational health, Sanofi Pasteur*

**Gord Croucher**, *associate director, private sector, Pfizer Canada*

**Erin Dick**, *manager, health and productivity solutions, group benefits, Sun Life Financial*

**Brittany Dunlop**, *corporate wellness specialist, York Region*

**Shelley Kee**, *vice-president, group business, Atlantic Canada, Medavie Blue Cross*

**Leo LeBlanc**, *vice-president, HR and corporate affairs, Co-op Atlantic*

**Jeff May**, *senior vice-president, pharmacy and professional affairs, Shoppers Drug Mart*

**Nancy Paterson**, *manager of employee services, York Region*

**Karen Seward**, *executive vice-president, business development and marketing, Shepell•fgi*

**Nancy Simpson**, *director, communications, Sanofi Pasteur*

**Robert Wilson**, *retired founder and CEO, Human Solutions*

**G**iven the past 18 months, it's no surprise healthcare budgets haven't increased. Employers are struggling to figure out how to stretch their limited resources to keep their employees healthy and productive. *Working Well* invited 11 experts to a round-table discussion to share their thoughts on how employers are facing these challenges. More specifically, they discussed how to tailor benefits plans to employee needs, whether or not cutting the price of medication will help reduce healthcare costs in the long term, the emerging role of health coaching and the underutilization of employee assistance programs (EAPs). The participants also shared their concerns for the future.

### Are Your Benefits Helping Employees?

Many employers struggle with knowing if the dollars they invest in their benefits plans are having a positive effect on their employees' health. That's why Nancy Paterson, manager of employee services with York





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— Brittany Dunlop, corporate wellness specialist, York Region

Region, and Brittany Dunlop, corporate wellness specialist, also with York Region, are developing metrics for themselves and their senior management team. Their goal is to make the benefits plan more effective. “To do this, we are looking at claims from our employees to see what drugs are most popular—antidepressants, asthma, cardiovascular, etc. Then we look at reasons for using the EAP, workplace accidents, successful return to work and other areas,” explains Dunlop. “If we see a big spike in the last year with drugs for diabetes or depression, [for example], then we’re going to address that. What we have seen so far is that stress and mental well-being are a big deal for our employees.”

Karen Seward, executive vice-president, business development and marketing, with Shepell•fgi, believes this type of approach is essential for securing an investment in health benefits. “[You need to] position health and wellness programs as a business problem that requires a strategy on how to deal with it. That’s how some organizations are starting to agree to fund programs.” Successful metrics look at the impact of multiple programs, she adds. “When programs are working together to support those who have health issues, you’ll see savings, and that will help convince senior management.”

To understand if your company’s benefits are actually helping your employees, Seward suggests first looking at the disease states in your employee population. Next, map out the benefits plan and programs to see if there are targeted services for each of the major diseases. Finally, communicate this to employees. “One of my clients did this and then provided employees with a list of the

programs for each disease state and an explanation for employees on how to access [the list],” she says.

### The Cost of Medication and Adherence

Determining if healthcare dollars are well spent is one part of managing the finances of a benefits plan. Reducing the cost of medication is another way, and it has been a major focus for employers lately. But does it address the larger issues driving increased medication costs? Robert Wilson, retired founder and CEO of Human Solutions, doesn’t think so. “About 42% of all medications taken in Canada are recommended or requested by the patient, the bulk of which are lifestyle medications,” he says. “So why don’t we instead try to change the behaviour of our employees? We need to educate our employee populations about other treatment options besides drugs.”

In addition to other treatment options, medication adherence is another way to reduce costs. About 30% to 40% of people on medication don’t comply correctly with their prescriptions, says Seward. “This makes a disease state worse in many cases and increases the costs for employers in terms of additional treatments or hospital bills.”

But when adherence is being met, employers can actually save money even though they are spending more on medication. Round-table moderator Suzanne Lepage, private health plan strategist with Suzanne Lepage Consulting, considers spending money on certain medications an investment for employers because these drugs can help keep employees (or their family members) out of the hospital. “For example, your asthma drugs might be most popular, but if adherence is good, is that a bad thing?” she questions.





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— Suzanne Lepage, private health plan strategist, Suzanne Lepage Consulting

### Health Coaching

All round-table participants were excited by the idea of health coaching as a way to tackle issues of employee behaviour and medication adherence. Seward works on a health coaching program and explains how the idea came about. “People hire executive coaches or personal trainers or even life coaches, so why not provide health coaching?” she says. “A lot of companies were giving health risk assessments to their employees, but there was no support on what the employee should do once they learned what their blood pressure and cholesterol levels were.”

That’s where a health coaching program would come in. A resource that helps employees figure out which of their employer-offered services they should be taking advantage of to help reach their health goals could be a very good investment for employers. Depending on how a company designs its health coaching program, it could include a regular coaching element or follow-up consultations to ensure that employees are staying on track.

A few of the round-table participants are already doing employee support programs but are just not calling it health coaching. Nancy Simpson, director of communications with Sanofi Pasteur, points to a service for its employees who are on short-term disability. The program helps members get the help they need and then transitions them back to work.

Leo LeBlanc, vice-president, HR and corporate affairs, with Co-op Atlantic, developed a program at his organization around sick days and absences for employees, although the motivation for the program was slightly different.

“Our days off were three times the national average and costing the company a lot, so we put in a program to commu-

nicate that sick days are not an entitlement,” he explains. When an employee is sick, the company has a program to check in to see how the person is doing and if additional healthcare treatments are needed. If more are required, the program will track down the needed services for the employee. “When our employees are sick, we help them any way we can,” says LeBlanc. As a result, Co-op Atlantic has experienced a reduction in sick days and has helped employees return to work and be more healthy and productive. The most surprising part of this program is the return on investment, he explains.

The success of these types of employee support programs is that they provide a way to look at an employee’s health issue in a more holistic way. “What we need to recognize is that an employee absence or illness is not always health related. It might be [as a result of] family, stress or a workplace issue perhaps with a co-worker or a supervisor,” says Shelley Kee, vice-president, group business, Atlantic Canada, with Medavie Blue Cross. “In order to truly be able to positively impact that employee’s absence, you need to dig deeper. What absence management programs achieve is the establishment of a non-threatening, trusting environment [among] the case manager, the employee and the employer. This leads to removing barriers to absences and reduced organizational cost.”

### The Untapped Potential of EAPs

EAPs have an established history and are an excellent resource, but they are often underutilized. “EAPs are the only benefit that has gone down in cost,” Wilson points out. “We have a responsibility to look at that benefit and recognize that there is an opportunity for tremendous ROI.” Bringing related partners together to help an employee can reduce benefits plan costs, he says. For example, “Cognitive behaviour therapy (CBT) will cost, on average, \$2,500 when provided by a properly trained therapist for up to 20 hours to treat depression or anxiety. Treat

with medication and it will average up to \$5,000 [for one person] for medication, year after year. With CBT you have a far greater chance to have [some people] overcome their depression and get them back to work instead of relying on drugs.”

Seward agrees that EAPs are currently a missed opportunity. “The cost for employers per employee has been significantly reduced for EAPs, but employers don’t understand how to make use of the programs.” Gord Croucher, associate director, private sector, with Pfizer Canada, admits that his organization has an EAP, but employees don’t actively use it. It’s not even on the radar of many managers. “One thing we need to do is get the leaders to understand EAP,” he says.

Kee believes this is also an opportunity for collaboration when an employee is struggling to attain regular attendance at work. “There is great potential for the role of pharmacists to play an integral role for individuals who may need help. Pharmacists have an excellent opportunity to remind employees and family members that they’re not alone. Provided with the right tools and information, pharmacists could, for example, make a client aware of an EAP his or her employer is offering, especially in times of crisis,” she says.

### Eye on the Future

Looking to the future, the group focused on changes in pharmacy—both in the long and short terms. Jeff May, senior vice-president, pharmacy and professional affairs, with Shoppers Drug Mart, stressed that employers won’t see the impact of the

Ontario Drug Reform for a little while. “It’s still early stages, and the savings are just trickling in now. It’s going to take one to two years to see significant savings,” he says, adding that the question employers need to ask themselves right now is how they plan to reinvest those savings into their benefits plans.

As for the long-term outlook, Croucher believes “the days of blockbuster drugs are over,” meaning that there aren’t many low-cost drugs that target a disease state that affects millions. “What we’re seeing, and will continue to see, is smaller diseases that have much more expensive treatments,” he says. Paterson agrees: “The days of the big blockbuster drugs are going, and that’s a scary thought for an employer. If you’re spending \$18,000 a year for one employee, how can you keep that up?” she asks.

Wilson believes this is only the start of unnerving ideas that employers will have to deal with in the future. “Soon we’re going to be able to identify who is going to get what diseases before they are 25 years old. What will be the moral impact as well as the treatment costs because of that?”

With questions like these, it’s clear that now, more than ever, employers will need to work closely with providers, doctors and pharmacists if they want to help keep employees—and their budgets—healthy. **W**

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