



2018

# THE SANOFI CANADA HEALTHCARE SURVEY

CANADA'S PREMIER SURVEY ON HEALTH BENEFIT PLANS

## CONNECTING THE DOTS



# SANOFI

CHAPTER 1

## HEALTH BENEFIT PLANS

- 4 Making value connections
- 6 Snapshot of benefits use
- 8 Plan design considerations
- 9 **EMPLOYER PROFILE:** Pharmacists: a role to play in drug plan management
- 10 **CLOSER LOOK:** Drug costs

CHAPTER 2

## HEALTH & CHRONIC DISEASE

- 12 Clearer picture of health
- 14 Data key to address chronic disease
- 16 **CLOSER LOOK:** Osteoarthritis
- 18 Time to tackle chronic disease
- 20 **EMPLOYER PROFILE:** The sleep factor—a wake-up call for well-being

CHAPTER 3

## WELLNESS TRENDS

- 22 Wellness on hold?
- 23 **CLOSER LOOK:** Adult vaccinations
- 26 What workplace wellness looks like
- 27 **EMPLOYER PROFILE:** Claims data analysis guides wellness for caregivers

CHAPTER 4

## LEADING PRACTICES

- 28 Planning for action
- 29 **EMPLOYER PROFILE:** Small, creative, low-cost steps toward wellness
- 30 **CLOSER LOOK:** Heart disease
- 32 Top 10 calls to action

# CONNECTING THE DOTS

## A Clearer View of the Value of Health Benefit Plans



**DANNY PEAK**  
Head of Private Markets, National  
SANOFI CANADA

When the advisory board met this year to reflect on the 2018 edition of *The Sanofi Canada Healthcare Survey* findings, it was clear that we could leverage the expertise around the table to uncover some interesting linkage with this year's survey results. These new connections, which may at first appear unrelated, could give a new lens to plan sponsors, advisors and providers on how we can enhance the value of health benefit plans.

Plan sponsors on the advisory board were especially outspoken about the powerful connection that needs to be made between health benefit plans (and wellness programs, if available) and business drivers. When benefits and wellness are linked with objectives for workplace safety, for example, their value—and untapped potential—as strategic contributors to business success become far more apparent. Simply put, healthy employees translate into healthy businesses: even at an intuitive level, this connection just makes sense (particularly as the prevalence of chronic disease grows).

Yet we know that plan sponsors who approach benefits and wellness as part and parcel of business strategy are currently an exception to the rule. As this year's and past surveys show, plan sponsors are still focused on managing costs within the various benefit buckets, without knowing what really contributes to the cost of their plan, and this internal focus takes them away from utilizing benefits to better manage costs that affect the overall business, such as the costs of absence. While internal financial controls are important, as they are in all areas of business, members of the advisory board urge plan sponsors, benefit advisors and providers to challenge themselves and each other to approach benefit plans more holistically.

To that end, you'll find this year's report is presented in a new layout, with a more succinct format, and is full of connections and recommended actions—including the "Top 10 Calls to Action" at the conclusion of the report—aimed at taking health benefit plans to the next level. We hope that *The Sanofi Canada Healthcare Survey* will help inspire you to make a few important connections of your own, and to take exciting new steps, so that health benefit plans can deliver their full value for both plan members and plan sponsors.

# PARTNERING FOR HEALTHIER CANADIANS



**NIVEN AL-KHOURY**  
President & CEO  
SANOFI CANADA

As a leading biopharmaceutical researcher and manufacturer, investing close to 19% of our annual revenues in R&D, Sanofi contributes significantly to Canada's healthcare ecosystem. For more than 100 years, our products have been keeping Canadians healthy and productive. Over the decades, we have found creative ways to keep making a positive difference by working with partners who share our vision of sustainable healthcare for Canadians. In that spirit, we are pleased to present the 2018 edition of *The Sanofi Canada Healthcare Survey*, now entering its third decade of publication.

With the valuable input of the insurance carriers, benefit advisors and plan sponsors on the advisory board, we offer *The Sanofi Canada Healthcare Survey* as an educational and practical tool to help build the case that health benefit plans can and should evolve in new and exciting ways. We can do more to support plan members in becoming more proactive stewards of their own health, particularly those who are living with chronic disease. We can do more to build benefit plans that are cost-effective and work synergistically to deliver greater long-term value and sustainability (for example, by

using drug and extended health benefits more effectively to drive down disability costs).

A constant theme emerging from the report, year after year, is that we can do more together. *The Sanofi Canada Healthcare Survey* is itself a testament to that, as its ongoing publication is made possible through the support of four of Canada's insurance carriers and, for the first time this year, a pharmacy provider. We welcome opportunities to keep doing more together as part of our common goal to improve the health of Canadians.

As President and CEO of Sanofi Canada, I will soon be transitioning to a Sanofi global position. It has been enriching to meet so many people who are united in their commitment to the health and wellbeing of Canadians. As a Canadian, I remain hopeful and optimistic that Canada will follow the right path that leads to better health for its citizens – a path that fosters and harnesses the power of biomedical innovations.

## Thank you to our Diamond Sponsors

For 21 years, *The Sanofi Canada Healthcare Survey* has monitored the pulse of health benefit plans, analyzing the changing opinions of plan members and plan sponsors on topics including workplace wellness, health concerns and the impact of chronic disease.



# MAKING VALUE CONNECTIONS

We look at the possible levers that can generate plan members' positive feelings toward health benefit plans, while considering that today's plans may be least valued by those most in need. As well, the growing presence of specialty drugs raises the question: should we change the conversation when it comes to communicating the value of health benefits?

## Wellness, satisfaction, health spending accounts: value trifecta?

- Canadian plan members generally remain very positive about the quality of their health benefit plan, with 58% describing it as excellent or very good. That's up from 48% a year ago and reminiscent of performance ratings since the question was first asked in 2006. Only 6% describe their plan's quality as poor or very poor.
- As well, 62% say their plan meets their needs extremely or very well, which is an improvement over recent years, when the result was in the low- to mid-50s.
- Finally, 69% agree they think of their employer more positively because of their benefit plan, a result that's generally been consistent since 2008 (although the strength of opinion has gone down, from 31% strongly agreeing in 2008 to 18% in 2018).
- A deeper look at the data uncovers a handful of variables that clearly generate differences in opinion. On the one hand, three work-related factors—workplace wellness programs, feelings of job satisfaction and health spending accounts (HSAs)—illustrate employers' ability to positively influence perceptions (see chart).
- On the other hand, plan members with difficult personal circumstances, such as a household income below \$30,000 or poor personal health, are notably less positive about their health benefit plans. These results suggest that today's benefit plans are valued least by those who need them most (see chart).



**CHRIS BONNETT**  
H3 CONSULTING

"On the one hand, these results demonstrate how a supportive work environment can create visibility and appreciation for high-quality benefits. On the other hand, we see that people in poor health continue to be least satisfied with the value of their plan. They actually need the plan most, but we may be losing sight of their experiences because they're lost in the majority of people who are relatively healthy."

### HIGHS + LOWS PLAN MEMBERS

#### QUALITY OF PLAN EXCELLENT/VERY GOOD

<b>68%</b>	Wellness programs at work	No wellness programs at work	<b>50%</b>
<b>63%</b>	Satisfied with job	Not satisfied with job	<b>39%</b>
<b>68%</b>	Have a health spending account	Do not have a health spending account	<b>51%</b>
<b>72%</b>	Excellent/very good personal health	Poor/very poor personal health	<b>48%</b>
<b>61%</b>	Household income \$100,000 and higher	Household income less than \$30,000	<b>45%</b>

#### PLAN MEETS NEEDS EXTREMELY/VERY WELL

<b>72%</b>	Wellness programs at work	No wellness programs at work	<b>54%</b>
<b>66%</b>	Satisfied with job	Not satisfied with job	<b>45%</b>
<b>73%</b>	Have a health spending account	Do not have a health spending account	<b>55%</b>
<b>77%</b>	Excellent/very good personal health	Poor/very poor personal health	<b>50%</b>
<b>66%</b>	Household income \$100,000 and higher	Household income less than \$30,000	<b>53%</b>

BASE: All plan members (N=1,503)

### HIGHS + LOWS PLAN SPONSORS

#### QUALITY OF PLAN EXCELLENT/VERY GOOD

<b>64%</b>	Wellness programs	No wellness programs	<b>56%</b>
<b>67%</b>	Health spending account	No health spending account	<b>55%</b>
<b>68%</b>	Specific objectives for plan	No specific objectives for plan	<b>46%</b>

#### CONTRIBUTES TO PRODUCTIVITY

<b>60%</b>	Wellness programs	No wellness programs	<b>52%</b>
<b>64%</b>	Health spending account	No health spending account	<b>52%</b>
<b>69%</b>	Specific objectives for plan	No specific objectives for plan	<b>39%</b>

BASE: All plan sponsors (N=502)





**CAROL CRAIG**  
TELUS

“There’s nothing wrong with people valuing their benefits

coverage for routine products and services. Employees appreciate the value of these benefits, and as such, plan sponsors are getting value for their investment.”

#### PLAN MEMBERS

##### BENEFIT PLAN VALUED MOST FOR ITS COVERAGE OF:



BASE: All plan members (N=1,503)

#### CONNECTIONS + ACTIONS

- + **Employers can influence** plan members’ positive opinions of health benefit plans through factors such as workplace wellness programs and promoting an environment that encourages job satisfaction.
- + **HSAs also generate goodwill**, keeping in mind that plan members most likely consider these to be an add-on to the overall plan (i.e., not a replacement for coverage already in place).
- + **Benefit providers** who help plan sponsors determine annual objectives for their health benefit plan are far more likely to have clients who are positive about the quality and impact of their plans.
- + **Plan members’ perceptions** of value align with plan sponsors’ efforts to position benefits as part of compensation, which in turn helps attract and retain employees. However, as more higher-cost specialty drugs become available, the value conversation can expand to communicate the drug plan’s growing role as a source of insurance for plan members in greatest need.



**PIERRE MARION**  
MEDAVIE BLUE CROSS

“It’s important that we look at improving how we support

plan sponsors to communicate the value of their plans to their members. We can separate out the value of the insurance aspect so it’s better understood and appreciated by more than just the small number of plan members who make insurance claims.”

## Plan sponsors also generally happy

- For their part, 59% of plan sponsors describe the quality of their health benefit plan as excellent or very good, which is consistent with last year (62%).
- Fifty-six percent of plan sponsors also agree their benefit plan does well in helping to maintain a productive workforce that is less likely to be absent due to sickness of disability; another 32% indicate it does this somewhat well.
- As they do with plan members, wellness programs and HSAs influence opinions, though not as strongly (see chart).
- Another interesting point of differentiation for plan sponsors: those having at least one specific objective for their benefit plan in 2018 are far more likely to describe the quality of the plan as excellent or very good (69% versus 46%) and say it contributes to productivity (69% versus 39%).

## Routine first, then peace of mind

- When asked to choose from two statements that describe what they value most about their health benefit plan, plan members were twice as likely to select its contributions toward regular or routine healthcare costs (51%) as they were its role as insurance coverage for unexpected and possibly high healthcare costs (24%). The remaining 25% indicated they were somewhere in the middle, which likely suggests they value both aspects equally.
- Regionally, plan members in Alberta appear to be the most decisive (with 53% valuing coverage for routine costs and 19% for insurance), while those in Atlantic Canada are more evenly split (46% and 31%, respectively).
- The overall results align well with plan sponsors’ own expectations: when asked what they’d like their employees to value most, 55% pointed to coverage for routine/regular healthcare costs and 27% to coverage for unexpected, possibly high, costs.

## Insurance value underappreciated?

- When asked if they’d rather have their benefit plan or \$5,000 in cash, the majority of plan members (63%) chose their plan. This result has been consistent since the question was first asked in 2003 (65%).
- Preferences appear to shift, however, when the cash amount increased to \$10,000—55% would opt for the cash, which represents a steady change in attitude since this scenario was first posed in 2009 (when 38% said they would take the cash).
- Meanwhile, plan members are not necessarily confident that their drug plan would cover drugs costing more than \$10,000 a year. For example, barely half (53%) are confident their health benefit plan would cover a medication costing \$60,000 a year, and 59% are confident that a drug costing \$24,000 annually would be covered.

# SNAPSHOT OF BENEFITS USE

Results for the utilization of benefits are about what we expect, though paramedical benefits continue to generate feelings of ambivalence, or at least confusion. Plus, a cautionary tale from the advisory board when it comes to communications: let's not be complacent. Last but not least, a brief but telling look at what plan members and employers think about coverage for medical cannabis.

## Drugs still #1

- Eighty-five percent of plan members used their drug plan at least once in the past year, and the same proportion used their dental plan at least once; 53% submitted at least one claim for a paramedical service such as massage therapy or psychotherapy.
- People who submitted claims for prescription drugs submitted an average of 9.4 claims during the year, compared to 4.4 dental claims. As expected, members taking three or more medications submitted the most drug claims (14.5), as did those who describe their health as poor (14.5). Plan members with at least one chronic disease also use their drug plan more often (10.9 claims).
- Perhaps unexpectedly, plan members who describe their personal financial health as poor also submitted more drug claims (12).

## A nod to drug plan costs

- When asked to estimate how much their workplace drug plan paid for prescription drugs for themselves and their families in the past year, based on ranges provided in the survey, plan members estimated \$1,757 for themselves and \$2,009 for family. The overall combined average drug-plan expenditure was \$2,298 for those who submitted at least one claim.
- Among plan members taking three or more medications, estimates climbed to \$3,843 for themselves, resulting in a combined expense of \$4,386.
- When we take a closer look at the breakdowns, 7% of respondents estimated combined expenditures of between \$5,000 and \$14,999, and 3% reported expenditures of \$15,000 or more.
- When we remove these 10% of respondents from the results and focus on those reporting combined expenditures of less than \$5,000, the averages fall to \$918 for personal claims, \$771 for family claims and \$1,123 overall.

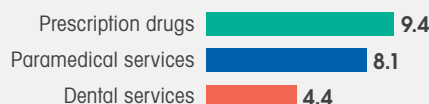
### PLAN MEMBERS

#### AVERAGE NUMBER OF PRESCRIPTION DRUG CLAIMS IN PAST YEAR



BASE: Plan members who submitted at least one drug claim (n=1,262)

#### AVERAGE NUMBER OF CLAIMS IN PAST YEAR FOR:



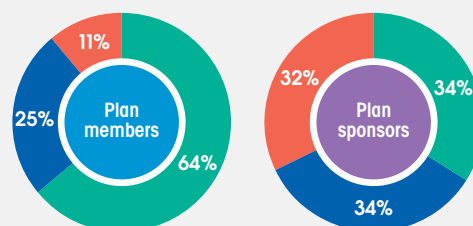
BASE: Plan members who submitted at least one claim: Prescription drug claim n=1,262; Paramedical claim n=783; Dental services claim n=1,279

### PLAN MEMBERS

### PLAN SPONSORS

#### SHOULD MEDICAL MARIJUANA BE COVERED BY PRIVATE HEALTH BENEFIT PLANS?

Yes  
No  
Don't know



BASE: All plan members (N=1,503); All plan sponsors (N=502)



**ADRIAN EBRAHIMI**  
SSQ INSURANCE

"There can be a big difference between how effectively you communicate and how effectively the information is received. As an industry we are still quite traditional and passive in our communications, using emails and websites. We need to move to more just-in-time methods so people can quickly figure out what they really have as benefits, and not assume they don't have something because they just don't remember."

+ **People who describe** their financial situation as poor are among the highest users of prescription drugs, evidence of the link between physical and financial health.

+ **The frequency of claims** for paramedical benefits fuels the debate on utilization: are the numbers a sign of health management that prevents costs in other benefit areas, are they a sign of inappropriate use by those who do not really need the services, or could they be an indication of fraud? The answer is likely a combination of all three factors, and points to the need for a deeper analysis of the claims.

+ **As benefit plan designs** become more complex, plan member communications need to evolve beyond the “what” of health benefits to the “why” (the communication of value). “When” is also increasingly important, and today’s technologies—as well as consumer expectations—have set a new bar for just-in-time information using mobile apps, on-demand videos, online chats and virtual assistants.

+ **Communications can** also nudge behavioural change through the delivery of targeted messages based on personal claims data, with members’ consent (see Chapter 2, page 19).

+ **Coordination between** disability and other providers can also be integral to needs-based communications; for example, disability case managers can recommend appropriate services available under the employee assistance program.

+ **As the number of Canadians** using medical cannabis steadily grows, requests for coverage will also grow. Plan sponsors can proactively work with their benefit providers to determine whether they will or will not cover this product for specific conditions.



**MARK ROLNICK**  
SHOPPERS DRUG MART

“For some specific disease areas, clinical evidence is growing on the therapeutic benefits of medical cannabis. It’s important that if and when plan sponsors do offer coverage that they have the right criteria in place, to ensure appropriate product selection. As medication experts, pharmacists are trained to help patients in this respect, helping them to navigate the complexities of product selection, particularly if they are taking multiple medications.”

## Paramedicals vie with drugs

- Although fewer members (53%) submitted claims for paramedical services, the frequency of claims, at 8.1 annually on average, comes close to that of prescription drug claims (9.4).
- The frequency climbs to 9.9 for those who describe their health as poor.
- Plan members who regularly track their health are somewhat more likely to have used a paramedical service at least once (59%), as are those who have access to workplace wellness programs (62%) and who experience high levels of stress (59%).
- Could the relatively high frequency of claims suggest inappropriate or possibly fraudulent use? Results from last year’s edition of *The Sanofi Canada Healthcare Survey* indicate that 56% of plan sponsors are concerned about the misuse or overuse of paramedical benefits.

## Communications laurels gathering dust?

- Almost all plan members (96%) say they understand what is or is not covered by their health benefit plan; 65% claim to understand this extremely or very well.
- Seventy-seven percent also agree that their employer does a good job communicating what’s covered in the plan, although just 21% would say their employer does a very good job—a big drop from 41% in 2007, when the question was last asked.
- Plan sponsors, meanwhile, tend to give themselves top marks as well: 63% say they are quite or very effective at communicating what’s covered or not covered, and 26% say they are somewhat effective.
- *The Sanofi Canada Healthcare Survey* advisory board members, however, emphasize that these results gloss over the growing need to be more creative in communications to plan members using technology (see Connections & Actions).

## Testing the waters: medical marijuana

- Almost two out of three plan members (64%) agree that medical marijuana or medical cannabis, when authorized by a physician, should be covered by the workplace health benefit plan.
- Those aged 18–34 feel more strongly (72%), as do those who experience high levels of stress (70%).
- Plan sponsors, on the other hand, are much more undecided. A third (34%) would like their health benefit plan to cover medical cannabis (including 8% who say they already do), a third (34%) do not want it covered and the remaining third (32%) do not know or are unsure.
- Just 8% of participating plan sponsors say they already cover medical cannabis, increasing to 18% among public sector employers and 13% among large employers (500 or more on staff).

# PLAN DESIGN CONSIDERATIONS

Plan sponsors seem not that worried about their health benefit plans, which could be a cause for concern when we consider trends in utilization and population health. We get a sense of whether plan sponsors evaluate their plans or are pressured to reduce costs, and finally we take measure of how many plans are flex plans or include health spending accounts.

## Not too much lost sleep

- A third of plan sponsors (34%) say they have no major concerns about their health benefit plan, increasing to 48% among small employers with fewer than 50 employees (compared to 22% of large employers, with 500 employees or more).
- Plan sponsors are most likely to point to the sustainability of drug plans as their biggest concern (33%), followed by the sustainability of dental plans (27%).
- One in five plan sponsors (21%) is concerned about absence and disability, and 14% about the utilization of paramedical service benefits.
- Among employers with unionized workforces, their second-biggest concern, after drug plan sustainability (34%), is their inability to make major changes to their health benefit plan due to collective bargaining agreements (30%).
- It's also interesting to note that plan sponsors who get claims data analyses to help identify the top disease states are more concerned about their drug plan (39%) than those who don't get analyses (25%). This suggests that the latter group may be less aware of existing pressures on their drug plan.

## Crunching costs

- One in three plan sponsors (34%) indicates costs for their health benefit plan increased beyond the rate of inflation last year, and 18% report that senior management requested cost reductions.
- Pressure from senior management to cut costs grew to 31% among Quebec employers (compared to a low of 12% in Ontario), and to 26% among public sector employers.
- Seventeen percent report having drug plans with annual maximums; 27%, however, do not know if their drug plan is capped.
- Drug plan caps are more likely reported among plan sponsors who also offer health spending accounts (24%, compared to 14% among those without spending accounts).
- As expected, plan sponsors with caps are much less likely to indicate that senior management asked them to reduce health benefit plan costs in the past year (10%, compared to 23% without caps).



**RYAN WEISS**  
GREAT-WEST LIFE

“There appears to be a disconnect between how much we as an industry are trying to raise awareness around sustainability, and how worried members and sponsors appear to be about that. That suggests that we as insurers and advisors can do more to educate and offer solutions, not just in terms of costs but also in terms of making the connections between benefits and impacts on health.”

### PLAN SPONSORS

#### MAJOR CONCERNS REGARDING HEALTH BENEFIT PLAN

None	34%
Sustainability of drug plan	33%
Sustainability of dental plan	27%
Levels of absence and disability	21%
Utilization of paramedical service benefits	14%
Inability to make major changes due to collective bargaining agreements	13%*
Lack of time for long-term strategy, opportunities, etc.	11%
Growing number of appeals/complaints	9%

\*Increasing to 30% among unionized employers

BASE: All plan sponsors (N=502)



**CHRISTINE POTVIN**  
SUN LIFE FINANCIAL

“A key takeaway for insurers is to continue to drive more meaningful data. We will continue to do more to ensure all employers have access to their data, regardless of size, while also making sure that there is not too much, that it doesn't overwhelm. Data needs to be relevant and provided at the right time. Where there are multiple providers, it needs to be integrated.”



## Pharmacists: a role to play in drug plan management

LKQ Corporation, a U.S.-based automotive parts supplier with 1,600 employees across 60 locations in Canada, is actively seeking to address the cost of its drug plan, specifically for traditional prescription drug claims. In recent years the company implemented mandatory generics, dispensing-fee deductibles and a mail-order program. It saw some savings, but plan members weren't happy.

"We received many calls and complaints from our employees," says Éric St-Pierre, the company's human resources manager. "They needed our support to review their drugs and understand the difference between generics and brands. Answering their questions took a lot of time and we don't have the knowledge. And, in the end, the features we'd introduced weren't delivering big savings, since every year we still had a big increase in premiums."

When LKQ's benefits advisor, NFP Canada, told St-Pierre about HealthWATCH for Business, a managed drug plan supported by pharmacists, he was open for a change. "Normally, I worked with just the insurer and my advisor to manage drug plan problems. But most of the problems [experienced by plan members] happened at the pharmacy so I was glad to hear that pharmacists are at the centre of HealthWATCH for Business," he explains.

In early March 2018, LKQ launched the two-tiered managed drug plan for traditional prescription drugs (i.e., not including higher-cost specialty drugs, which continue to be managed by LKQ's insurer). A comprehensive communications campaign was critical for implementation. "We wanted our employees to understand how it would work and what the impact would be for them personally," St-Pierre says. HealthWATCH for Business handled the communications, which included webinars with team leaders and memos for employees and physicians.

A key message is to go to pharmacists for help. The HealthWATCH for Business team, as part of Shoppers Drug Mart, can draw upon pharmacy staff at more than 1,800 Shoppers Drug Mart and Loblaw pharmacies across Canada for plan member support at the time of dispensing. The pharmacies' computer systems also have direct access to the HealthWATCH for Business formulary.

For plan members who choose to fill their prescriptions at another pharmacy, pharmacists or members can contact the plan's dedicated call centre for support.

Employees can take advantage of extra savings and loyalty points, where provincial regulation and policy allow, when they shop at Shoppers Drug Mart or Loblaw stores. "We are very pleased with the program so far," St-Pierre notes. "It hasn't been a lot of work for us and we've had good comments from management and employees. This is the first time we've had pharmacists on side, and I think that is key."

*LKQ did not implement HealthWatch for Business in Quebec.*

## Evaluating benefits ... maybe

- Twenty-three percent do not evaluate their health benefit plan, aside from doing what's necessary for renewals.
- This increases to 31% among small employers (fewer than 50 employees), and 32% among those who do not have specific objectives for their plan.
- The top three methods of evaluation cited are financial (46%), claims data analysis (35%) and employee satisfaction surveys (28%). One in five (21%) refers to absenteeism data.

## Status report: flex plans and HSAs

- The majority of plan sponsors (77%) report having traditional health benefit plans, virtually unchanged from last year (80%), and 23% have flex plans.
- As expected, traditional plans are more common for employers with fewer than 50 employees (86%), compared with 70% for large employers (500 or more employees).
- One-third of plan sponsors (33%) report offering HSAs, about the same as a year ago (31%).
- As expected, employers with flex plans are much more likely to offer HSAs (57% versus 26% among those with traditional plans).
- HSAs are also more likely among large employers (43%), those with wellness programs (43%) and those with drug plan caps (45%).

### PLAN SPONSORS

#### PLAN SPONSORS REPORTING:

Senior management requested cost reductions

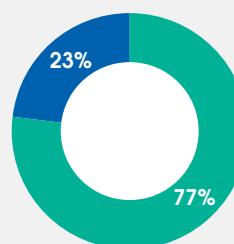


Drug plan has annual maximum



#### TYPE OF HEALTH BENEFIT PLAN

■ Traditional ■ Flex



#### AVAILABILITY OF HEALTH SPENDING ACCOUNTS

■ Overall  
■ In traditional plans  
■ In flex plans



BASE: All plan sponsors (N=502)

## OVERALL UTILIZATION, NOT SPECIALTY DRUGS, BEHIND GROWTH IN SPENDING

Plan sponsors can count on low to moderate growth in drug costs for the next several years, according to the *Private Drug Plan Drug Cost Forecast (2017-2019)*, accessible at [www.innovativemedicines.ca](http://www.innovativemedicines.ca). The report, based on research conducted by IQVIA and commissioned by Innovative Medicines Canada (IMC), states that the cost of drugs covered by private drug plans are forecasted to grow at a 4.9% compound annual growth rate (CAGR) until the end of 2019. This is in line with the 4.7% CAGR growth seen between 2012 and 2016.

“The forecast allows for benchmarking—plan sponsors can start with these national numbers, then have a conversation with their insurer or advisor about why the numbers for their plan are higher or lower,” says Joe Farago, IMC’s executive director, healthcare innovation. “If the national growth rate doesn’t represent the individual plan sponsor’s experience, then what are the other variables that are contributing to plan costs?”

**Utilization versus costs** IQVIA’s analysis reveals that higher-cost specialty drugs are not the main driver behind overall growth in drug costs. Instead, the growing number of claimants, and more claims per claimant, accounted for 75% of the growth from 2012 to 2016, and this trend is expected to continue.

Yet there are reports of some plan sponsors seeing double-digit increases in premiums, particularly among small and mid-size employers, after experiencing claims for specialty drugs. “If the market grew by a CAGR of 4.7% and the risk is spread evenly, plan sponsors should not have to worry about higher-cost drugs. However, many are hit with the impact of rising premiums, which raises questions about the effectiveness of the current industry pooling mechanism,” says Farago.

**Spending in other areas** If specialty drugs are not a factor for premium hikes that are beyond what’s expected, based on the drug cost forecast, a closer look at other benefits may be in order. “The forecast will hopefully help get plan sponsors to look more holistically at their benefit plan, to think about their spending in areas such as dental and paramedicals, and evaluate their impact on premiums,” notes Farago.

**Chronic disease** In light of the impact on costs of increased utilization, more can also be done to address the growing rates of chronic disease. “There needs to be a lot more discussion about addressing the health of plan members who may be struggling to manage their chronic diseases, versus simply traditional wellness programs,” stresses Farago. “Employers should be asking for hard outcomes and improved metrics for these types of investments.”



DAVE PATRIARCHE  
MAINSTAY INSURANCE BROKERAGE

“Small business employers

either pay too little attention to their benefit plan or they go the opposite route and hit the panic button. Some put in drug caps or HSA-only plans, usually on the advice of brokers who walk in with data that creates fear about higher-cost drugs—even though higher-cost drugs are why we need insurance. We need better tools to educate clients, and ourselves, on the value of insurance.”

### CONNECTIONS + ACTIONS

- + **Members of** the advisory board were somewhat surprised that as many as a third of plan sponsors have no major concerns about their health benefit plan; among those that do, the levels of concern are unexpectedly low. At face value this could be interpreted as good news, yet market realities suggest these results more likely indicate a lack of knowledge or feelings of indifference among plan sponsors.
- + **Members of *The Sanofi Canada Healthcare Survey*** advisory board emphasize the need for integrated, easy-to-understand and actionable data from providers so that plan sponsors are better educated about both plan design and market trends (such as increased utilization of drug and/or dental benefits, and premium cost-sharing). This is particularly important when plan sponsors use multiple providers, since currently it is difficult to make connections between different data sets (e.g., drug claims data and disability data).
- + **With better education**, both advisors and plan sponsors are better equipped to make decisions that can be positive for both the benefit plan and employees’ health—and prevent decisions that may have unintended negative consequences.
- + **A deeper dive** into disability data can tell an especially powerful story regarding the importance of investing in employee health through health benefit plans, by illustrating the missed opportunities to avert or minimize the relatively high costs of disability claims.
- + **Small employers** in particular need to be educated—and perhaps motivated—about what’s happening in their benefit plan and possible untapped opportunities, since almost a third do not even evaluate their plan beyond what’s required for renewals.



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# CLEARER PICTURE OF HEALTH

We consider that health is much more than physical, and take note that a solid majority of plan members are trying to keep track of at least one aspect of their health—but where does the plan sponsor fit in? Prevention and early detection also appear to be top areas of interest for a good number of plan members. Are we ready to address the needs and issues of the workforce with new, tailored offerings?

## Finances and health intertwined

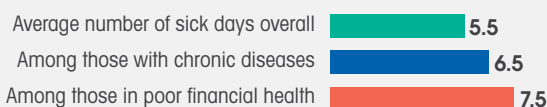
- Forty-three percent of plan members describe their health as excellent or very good, dropping to just 25% among those who take three or more medications.
- Personal finances have an impact on health, as just 26% of people in poor health describe their financial situation as excellent or very good, compared to 59% among those in excellent or very good health.
- Fourteen percent of plan members describe their current financial situation as poor, a result that is likely overly conservative due to self-reporting.
- Seventy-one percent of plan members took at least one day off work due to personal or family illness in the past year; among them, they took an average of 5.5 days off work.
- This increases to 7.5 days among those in poor financial health, exceeding the number of days off for those with chronic diseases (6.5).

## Stress casts a shadow

- Thirty-three percent of plan members experienced high levels of stress on a typical day over the past three months.
- This increases to 50% among those in poor financial health and 46% among those in poor physical health.
- Job satisfaction also plays a part: 44% of those dissatisfied with their current job experience high levels of stress.
- Personal finances (38%) and workload (37%) are the biggest sources of stress, followed by work/life balance (31%), personal relationships (29%) and personal or family health issues (29%).
- Twenty-six percent of plan members took time off or left work early due to stress in the past year. Among these employees, they reported an average of 13.8 times when they took time off or left work.
- This jumps to 34.7 among those in poor personal financial health and 33.4 among those taking three or more medications.

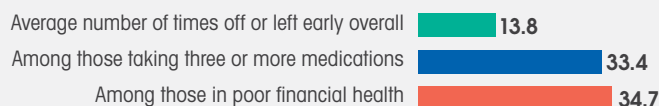
### PLAN MEMBERS

#### 71% PLAN MEMBERS WHO TOOK AT LEAST ONE DAY OFF WORK DUE TO PERSONAL OR FAMILY ILLNESS IN THE PAST YEAR



BASE: All plan members who took at least one day off for personal or family illness (n=1,090)

#### 26% PLAN MEMBERS WHO TOOK TIME OFF OR LEFT WORK EARLY DUE TO STRESS IN THE PAST YEAR



BASE: All plan members (N=1,503); Plan members who took time off/left work early due to stress (n=410)



MARY ANN BAYNES  
DESJARDINS INSURANCE

“People with health issues are more likely to have financial challenges, and stress levels can also go through the roof. The survey tells us these plan members do not value their health benefit plan as much, so we need to figure out what we can do differently. Anything that helps them keep track of their health and improves personal access to services definitely seems to be a step in the right direction.”

### HIGHS • LOWS PLAN MEMBERS

#### PLAN MEMBERS WHO KEEP TRACK OF THEIR HEALTH

79%	Wellness programs at work	No wellness programs at work	62%
74%	Excellent/very good financial health	Poor financial health	60%
74%	Have chronic disease	Do not have chronic disease	60%
70%	Satisfied with job	Not satisfied with job	58%

BASE: All plan members (N=1,503)





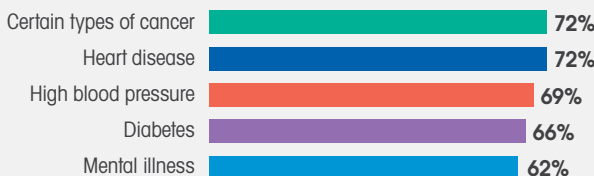
**DR. ALAIN SOTTO**  
MEDCAN WELLNESS CLINIC AND  
TORONTO TRANSIT COMMISSION

### “Participation and feedback

at our past onsite screenings, for diabetes for example, have always been amazing. The important thing to remember is that workers are hungry for personal health information and want to ask questions, and they’re open to doing that with healthcare experts who aren’t their family doctors, like with nurses and pharmacists.”

#### PLAN MEMBERS

#### OUTSIDE OF A DOCTOR’S OFFICE, PLAN MEMBERS WHO WOULD MEET WITH PROFESSIONALS SUCH AS NURSES OR PHARMACISTS TO LEARN THEIR PERSONAL RISK FOR:



BASE: All plan members (N=1,503)

#### CONNECTIONS • ACTIONS

+ **Plan sponsors** would do well to offer or facilitate personal financial planning services, given the two-way, causal link between financial and physical health.

+ **Member of the** advisory board caution that stress levels are too high for too many plan members, resulting in a significant rate of absenteeism that is likely not reported. The workplace can step up efforts to address workloads and difficulties balancing work and life responsibilities, two of the leading sources of high stress.

+ **Plan sponsors** who find it difficult to cover the costs of onsite health risk screenings can facilitate plan members’ access at times and locations convenient to them (for example, at a pharmacy) and motivate participation with full or partial coverage by the health benefit plan.

+ **Plan members** appreciate and take advantage of flu shot clinics at work; however, perhaps more can be done to raise awareness of the importance of flu shots for people with chronic conditions. As well, adults and employers are generally unaware of the importance of other vaccinations, for example before travel, to prevent illness and possibly disability leaves (see page 23).

## Keeping track, on track

- Two-thirds of plan members (68%) regularly keep track of one or more aspects of their health, with the biggest variations connected to financial health, workplace wellness, chronic disease and job satisfaction (see chart).
- Thirty-one percent use one or more mobile apps, increasing to 58% among 18 to 34 year olds.
- Twenty-three percent use smart devices or wearables, increasing to 36% among 18 to 34 year olds.

## To detect and prevent

- The majority of plan members are keen to meet with healthcare professionals who are not doctors to learn their personal risk for a wide range of diseases (see chart).
- Two-thirds (67%) would like these services to occur outside of work, after work hours, and 42% are also okay with such services at work.
- Plan members aged 18–34, however, are somewhat more likely to prefer such screenings at work (62%) rather than outside of work (54%).
- Among those in poor health, concerns over privacy and existing relationships with providers likely figure in: just 33% of respondents in poor health would prefer these services at work and 74% would prefer them outside of work.
- Fifty-five percent of plan sponsors, meanwhile, express interest in offering such screening services onsite during work hours, although just 2% say they currently do so. The interest level climbs to 66% among those with wellness programs.
- Half of plan sponsors (52%) believe the health benefit plan should bear all costs, while 42% indicate employees should pay a share of the costs.
- As well, 72% of plan sponsors would be interested in a benefit plan that covers one-on-one coaching from a healthcare professional for plan members who are at risk of chronic disease. Those with flex plans are especially interested (85%).

## Taking aim at the flu

- Thirty-eight percent of plan members report getting the flu shot for the 2017/18 winter season.
- Plan members taking three or more medications (58%), with a chronic disease (46%) and who are tracking their health (44%) were most likely to get their flu shots; however, this is well below the recommended immunization rate of 80%.
- A third of plan members (34%) say their workplace has a flu shot program, a result echoed by surveyed plan sponsors (33%). This jumps to 53% among employers with 500 or more employees (compared to just 10% among those with fewer than 50) and to 51% among those with wellness programs.
- Among plan members with a flu shot program at work, half (52%) took advantage of it for their own shot, while 20% went to a drugstore, 19% to their physician and 8% to a public health unit.



# DATA KEY TO ADDRESS CHRONIC DISEASE

Employers continue to chronically underestimate the presence of chronic disease in their workforce, and too many still do not have information that's available to help them get a better understanding. Meanwhile, a telling number of plan members report their conditions affect their ability to do their jobs.

## Chronic gaps in awareness ...

- The gap in awareness of chronic disease persists. Plan sponsors estimate that 29% of their workforce has a chronic disease or condition, consistent with previous years, while in reality 58% of plan members report being told by a doctor they have a condition, also consistent with previous years.
- The presence of chronic disease increases to 67% among plan members aged 55 to 64, and to 66% among those in poor financial health.
- Plan members' top five chronic conditions are high blood pressure, mental illness such as depression or anxiety, high cholesterol, arthritis and diabetes.

## Impact can't be ignored

- Almost half of plan members with a chronic condition (47%) report they have had to miss work and/or found it harder to do their job due to their condition. This is up from 38% in 2016.
- Among those with mental illness, a compelling 72% indicate their condition has negatively affected their work. Plan members with asthma/lung disease (55%), and who are not satisfied with their current job (58%) are also more likely to report negative impacts.
- Plan members are most likely to indicate their work is negatively affected due to tiredness or fatigue (58%) and difficulty concentrating (41%), followed by time off for healthcare appointments (39%).



**TELENA OUSSOREN**  
SUNCOR

"Not only should businesses have access

to this important data, but benefit providers can also bring the data analysis to life by linking benefit program recommendations for chronic illnesses to business drivers, such as workplace safety. Employers will sit up when providers make improving employee well-being part of an overall approach to risk management. Adapt the findings to align employers' health benefit plans with what they are striving to achieve."

### PLAN SPONSORS

### PLAN MEMBERS

#### PLAN SPONSORS' ESTIMATE OF EMPLOYEES WITH CHRONIC DISEASE OR CONDITION



#### PLAN MEMBERS WITH AT LEAST ONE CHRONIC DISEASE OR CONDITION



#### PLAN MEMBERS AGED 55 TO 64 WITH AT LEAST ONE CHRONIC DISEASE OR CONDITION



All plan sponsors (N=502); All plan members (N=1,503)

### PLAN MEMBERS

#### HOW CHRONIC DISEASE AFFECTS PLAN MEMBERS AT WORK



58%  
Tired or fatigued



41%  
Difficulty concentrating



39%  
Time off for healthcare appointments



30%  
Left work due to feeling ill



25%  
More frequent/longer breaks due to symptoms



21%  
Need to take time to routinely monitor/care for condition

BASE: Plan members with chronic conditions (n=412)



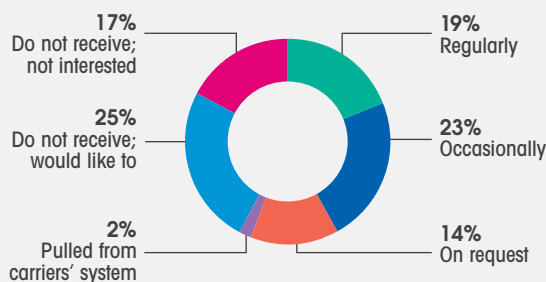
**PAULA ALLEN**  
MORNEAU SHEPELL

**“We have to significantly raise the bar. We’ll**

**never get to the next level and reach our objectives for a healthy workplace culture, and healthier employees, if we can’t be more precise in terms of the things that we actually need to do. The only thing that’s going to get us there is data. We need to use the data more responsibly and more precisely to drive understanding and action.”**

#### PLAN SPONSORS

##### PLAN SPONSORS’ RECEIPT OF CLAIMS DATA ANALYSIS TO IDENTIFY MAIN DISEASE STATES



BASE: All plan sponsors (N=502)

- Meanwhile, plan members are somewhat evenly divided about whether their workplace has a positive (28%) or negative (26%) impact on their ability to manage their conditions.
- However, the negative response jumps to 51% among those who are not satisfied with their job.

### Persistent information gaps

- Fifty-eight percent of plan sponsors report receiving claims data analyses that identify the main disease states in their workforce, of whom 19% say they regularly receive such information. This is up somewhat from 2017 (52%) but down significantly from 2014 (73%).
- Large employers with 500 or more employees are more likely to get these analyses (67%) than those with fewer than 50 employees (44%).
- This year’s survey asked plan sponsors if they pull their own data from carriers’ systems, but only 2% indicated using this option.
- Included in the 42% who do not receive this information are 25% who would like to.
- Interestingly, plan sponsors who receive this type of information are no more likely to correctly estimate the percentage of their workforce with a chronic condition. They do, however, overwhelmingly agree that the information helps them understand the use of their plan (91%). They are also much more likely to have specific objectives for their health benefit plan (65%) than those who do not receive claims data analyses (38%).

#### CONNECTIONS • ACTIONS

**+ Plan sponsors** with analyses of their top disease states are much more likely to actively manage their health benefit plan—the persistent disconnect between the availability of such information and its receipt, especially among smaller employers, is a primary call to action for benefit providers.

**+ Advisory board** members strongly agree that insurers and advisors who pull meaning from the data and present a one-page summary with one or two key recommendations deliver the most value to clients; the challenge, however, is to make this the industry norm.

**+ Providers must overcome** proprietary-data barriers and work together in order to collate meaningful data for plan sponsors who use multiple benefit providers.

**+ A priority for insurers** is to make the connection between buckets of data (e.g., between drug plans, employee assistance programs and disability insurance) and to use predictive analysis to illustrate the impact of possible courses of action (or inaction) that will, in turn, show a better return on the plan design.

**+ Information technology** will continue to simplify the data processing side of the equation; the bigger challenge lies with one-on-one education between insurers, advisors and plan sponsors. A greater sense of urgency needs to be attached to the impact of unmanaged chronic disease in the workplace, considering its impact on profitability and productivity.

**+ This year’s results** highlight the significant risk of presenteeism among employees with chronic disease, particularly among those with a mental illness.

## CLOSER LOOK: OSTEOARTHRITIS

## PRIVATE PLANS CAN STEP UP TO RELIEVE OSTEOARTHRITIS IN THE WORKPLACE

**Arthritis is the number-one chronic disease in Canada**, affecting 20% of Canadians aged 15 and older. Since more than half (56%) are under the age of 65, it's not surprising that arthritis is also a leading cause of disability claims in the working population.<sup>1</sup>

Osteoarthritis (OA) is by far the most common form of arthritis, and symptoms typically begin at middle age. Currently, one in eight Canadian workers (12% of the employed population) has OA, which is a degenerative joint disease that most often occurs in the knees, hips, feet, hands and spine. Joint tissues become unable to repair themselves, resulting in a breakdown of cartilage and bone.

For its 2011 report, *The Impact of Arthritis in Canada: Today and Over the Next 30 Years*, the Arthritis Alliance of Canada worked with researchers to simulate the incidence, prevalence, mortality and economic burden of OA. It also modelled the savings to be gained through more effective management or prevention. For example, more effective pain management for OA could save \$11.7 billion in cumulative direct healthcare costs and \$173.0 billion in cumulative productivity losses over the next 10 years.<sup>2</sup>

### Treatment at possible crossroad

Exercise and weight management are important to help manage OA symptoms. Pain management also typically includes medication, beginning with non-prescription drugs, such as acetaminophen. However, overuse of these drugs can increase the risk of hepatotoxicity and cardiovascular events such as heart attack or stroke—and even death.

When non-prescription drugs are no longer effective, people may turn to prescription medications, including NSAIDs, in higher doses and/or opioids. While opioids can dull the pain, they can also negatively affect productivity and potentially lead to addiction and overdose—as the current opioid crisis across Canada demonstrates.

Unfortunately, another medical option for treatment—corticosteroid injections—may also do more harm than

good. Recent research suggests that these injections, when administered regularly for knee OA, can cause significant damage to the cartilage while not making a major difference in the long term.<sup>3</sup>

With all of this in mind, more clinicians are prescribing viscosupplement injections to treat OA in the knee. Currently, many patients have to pay out-of-pocket due to the lack of coverage. These injections supplement the damaged or reduced synovial fluid of the knee while also lubricating and cushioning the joint. Recent research shows that people receiving these injections were able to significantly reduce their use of opioids, NSAIDs or corticosteroid injections, while benefiting from better pain relief.<sup>4</sup>

At a cost of about \$500 every six to eight months, viscosupplement injections are cost-effective compared to other treatment options covered by private plans. Since they are considered a medical device, insurance carriers can add viscosupplements as a regular benefit under the extended health portion of the benefit plan. Or they can create a pseudo-DIN to enable coverage under the drug plan. For either coverage scenario, plan sponsors can request carriers to help promote coverage of viscosupplement injections as a new standard benefit, to encourage awareness among plan members with OA.

#### WORKPLACE SUPPORTS FOR EMPLOYEES WITH ARTHRITIS

- + Check out the tools and resources in the Arthritis Society's "Joint Matters at Work" program at [www.arthritis.ca/support-education/joint-matters-at-work](http://www.arthritis.ca/support-education/joint-matters-at-work)
- + As part of a workplace program, help improve awareness of viscosupplementation for osteoarthritis by directing plan members to centres of excellence that also administer the injection at [www.synviscone.ca/en/find-a-clinic-near-you](http://www.synviscone.ca/en/find-a-clinic-near-you)

1. Arthritis Society. *The Truth about Arthritis*. Statistics drawn from Arthritis Community Research Evaluation Unit 2017 Report, based on results from the 2015 Canadian Community Health Survey. [www.arthritis.ca/about-arthritis/what-is-arthritis/the-truth-about-arthritis](http://www.arthritis.ca/about-arthritis/what-is-arthritis/the-truth-about-arthritis)

2. Bombardier C, Hawker G, Mosher D. *The Impact of Arthritis in Canada: Today and Over the Next 30 Years*. Arthritis Alliance of Canada. 2017 Oct. [www.arthritisalliance.ca/images/PDF/eng/Initiatives/20111022\\_2200\\_impact\\_of\\_arthritis.pdf](http://www.arthritisalliance.ca/images/PDF/eng/Initiatives/20111022_2200_impact_of_arthritis.pdf)

3. McAlindon TE, LaValley MP, Harvey WF, et al. Effect of Intra-articular Triamcinolone vs Saline on Knee Cartilage Volume and Pain in Patient with Knee Osteoarthritis. *JAMA*. 2017;317(19):1967-1975.

4. Khangulov V, Zhang X, Munson S, et al. Oral Opioid and Intra-articular Corticosteroid Injection Utilization Before and After Initial Hyal G-F 20 Treatment. Poster presentation at Academy of Managed Care Pharmacy Annual Meeting. 2018 April 26. Publication pending.

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# TIME TO TACKLE CHRONIC DISEASE

The desire is strong to do more in the area of chronic disease management, and survey results give an indication of possible first steps for benefit plans. Plan members also signal their willingness to receive personal health communications from insurers based on their use of health benefits.

## Desire to do more

- Four out of five plan sponsors (79%) would like their health benefit plan to do more to support plan members who have chronic diseases.
- About the same number (77%) are concerned about the impact of unmanaged chronic disease on productivity, and 72% say they require leadership support to successfully address this issue.
- Across the board, large and public sector employers feel much more strongly about these issues than small employers and private sector employers (see chart).
- Plan sponsors with specific objectives for their health benefit plan are also much more likely to agree with these statements, which suggests that those who are more engaged with their benefit plan are more aware of the negative impacts of unmanaged chronic disease (see chart).
- For their part, 84% of plan members with a chronic disease would like to know more about their condition and how to treat it, a result unchanged from 2016.

## Closer look at meds

- Four out of five (83%) plan members with chronic conditions take at least one medication on a regular basis, and 37% take three or more.
- Among those taking three or more drugs, 40% agree they sometimes forget to take their medications, increasing to 51% among those who also report high levels of daily stress.
- Seventy-five percent of plan members with chronic diseases and taking three or more medications are interested in coaching from a pharmacist to learn more about their medications and conditions, if this service is covered by their benefit plan.
- Plan sponsors are similarly interested (68%) in providing a health benefit plan that includes coverage for such coaching by a pharmacist.

### HIGHS + LOWS | PLAN SPONSORS

#### WOULD LIKE PLAN TO DO MORE FOR EMPLOYEES WITH CHRONIC DISEASE

<b>92%</b>	From public sector	From private sector	<b>74%</b>
<b>88%</b>	500 or more employees	Fewer than 50 employees	<b>67%</b>
<b>89%</b>	Specific objectives for plan	No specific objectives for plan	<b>66%</b>

#### CONCERNED ABOUT IMPACT OF UNMANAGED CHRONIC DISEASE

<b>86%</b>	From public sector	From private sector	<b>74%</b>
<b>86%</b>	500 or more employees	Fewer than 50 employees	<b>66%</b>
<b>83%</b>	Specific objectives for plan	No specific objectives for plan	<b>69%</b>

#### REQUIRE LEADERSHIP TO ADDRESS UNMANAGED CHRONIC DISEASE

<b>88%</b>	From public sector	From private sector	<b>66%</b>
<b>88%</b>	500 or more employees	Fewer than 50 employees	<b>49%</b>
<b>84%</b>	Specific objectives for plan	No specific objectives for plan	<b>56%</b>

BASE: All plan sponsors (N=502)



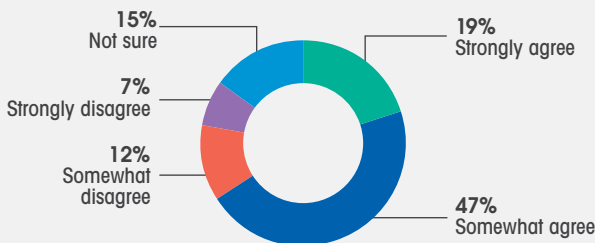
**BARB MARTINEZ**  
GREAT-WEST LIFE

"Data privacy is still a concern for some plan members, but many of them have begun to see the value of appropriate targeted communications. Five years ago when we talked to clients about targeting members with personal health information, the answer was a flat-out 'No'. That's changing, and insurers are ramping up the technology to make targeted communications a part of chronic disease management support."



## PLAN MEMBERS

### PLAN MEMBERS' LEVEL OF AGREEMENT TO RECEIVE HEALTH INFORMATION FROM INSURERS BASED ON PERSONAL USE OF BENEFITS



BASE: All plan members (N=1,503)



**RACHEL HUCKLE**  
SHOPPERS DRUG MART

“Plan members living with chronic disease see their pharmacists regularly for prescription refills. Now that pharmacists can do more under an expanded scope of practice, combined with enhanced digital health tools, we have a real opportunity to improve population health and to further motivate patients’ engagement.”

## Taking aim at communications

- Sixty-six percent of plan members would consent to receive information on personal health issues based on their use of benefits (e.g., drug claims); 20% strongly agree and 15% do not know.
- Plan members with workplace wellness programs are more likely to agree (74%), as are those who regularly track their own health (70%).
- Plan sponsors are aligned: 64% are interested in their benefit provider sending targeted health information to employees based on personal claims utilization.
- Employers with flex plans are especially interested (81%), as are large employers with 500 or more employees (74%).
- Such targeted health information could support chronic disease management since plan members also indicate they would be most interested in receiving information about the medications they are taking (52%) as well as recommendations for healthcare professionals or experts who could help with their conditions (51%). They are also receptive to information that would help manage their conditions (47%).



**SUSAN BELMORE-VERMES**  
HEALTH ASSOCIATION NOVA SCOTIA

“Plan sponsors are asking for help. We know that poorly managed chronic disease is a problem, and we’re realizing that we need to find money in non-specialty drug spending to help afford the specialty drugs. This to me is the low-hanging fruit for insurance carriers. We need better reporting and focused chronic disease management offerings that allow us to help our employees.”



**SARAH MURPHY**  
GREEN SHIELD CANADA

“Encouraging plan member consent

for targeted communications is one of the things we can do right away, and we can revisit the value of that so plan sponsors can help encourage members to sign up. Then as our benefit plans offer benefits that are preventative in nature, or get at managing chronic disease, we can do more to make sure people know they’re available.”

## PLAN MEMBERS

### PLAN MEMBERS WITH CHRONIC CONDITIONS WHO WOULD:



**84%**

Like to know more about their conditions and how to treat them

**75%**

Be interested in a benefit for coaching from a pharmacist to learn more about their medications and conditions\*



BASE: Plan members with chronic conditions (n=845); \*BASE: Plan members with chronic conditions and taking three or more prescription medications (n=288)

## The sleep factor—a wake-up call for well-being

When Desjardins Group offered a sleep health pilot project to 5,000 of its 47,000 employees last year, the objective was to gain a better understanding of sleep issues, their impact on the workplace and employees' well-being, and possible solutions. Now, with results that surpassed expectations, the company is in the process of extending the program to more employees across Canada.

Studies show that 40% of adult Canadians have at least one symptom of insomnia<sup>1</sup> and 26% report symptoms and risk factors associated with obstructive sleep apnea.<sup>2</sup> That's a concern because sleep apnea and insomnia are closely linked to serious health issues, such as obesity, hypertension, cardiovascular disease and depression. Lack of sleep also has a huge impact on presenteeism, absenteeism and accidents in the workplace.

"At Desjardins, we have an integrated approach to health and wellness focused on prevention," says Marc-Andre Malboeuf, vice-president of human resources for Desjardins Group. "As we became aware of the facts and figures around sleep disorders we decided to proactively address sleep issues by introducing an innovative sleep health solution that further boosts employee wellness."

Desjardins partnered with HALEO, a Canadian company that screens for sleep disorders and connects patients with qualified healthcare professionals for treatment. Employees identified to be at risk were offered

phone support to learn of treatment options. Employees with insomnia could receive five videoconference sessions with a therapist, while those with sleep apnea were referred to clinics specializing in the condition.

The numbers speak for themselves: among treated participants, 89% reported improved quality of sleep, psychological distress levels dropped by 44% and the average score for satisfaction was nine out of 10. Even participants not considered at risk reported benefiting from education on healthy sleep habits.

"This program did not require a significant investment, but the return on investment was significant," says Malboeuf. "The decrease in absenteeism for participants treated for sleep disorders yielded a return on investment of \$2 for each dollar invested in the program. If we also take into account presenteeism, the return on investment increases to 10 to 1. Over the longer term, studies show that decreasing the prevalence of sleep disorders can yield an estimated ROI of \$2 for every dollar invested in terms of disability claims and drug costs."

Such positive results make a compelling business case to gain senior executive buy-in, adds Malboeuf. "It's important to understand the potential impact of sleep disorders on employees' well-being and gather data that shows that proactively addressing them can help improve employees' lives while benefitting organizations."

1. Morin CM, LeBlanc M, Bélanger L, et al. Prevalence of Insomnia and its Treatment in Canada. *Can J Psychiatry* 2011;Sep;56(9):540-548.

2. Public Health Agency of Canada. What Is the Impact of Sleep Apnea on Canadians? 2009. [www.phac-aspc.gc.ca/cd-mc/sleepapnea-apneesommeil/pdf/sleep-apnea.pdf](http://www.phac-aspc.gc.ca/cd-mc/sleepapnea-apneesommeil/pdf/sleep-apnea.pdf)

### CONNECTIONS • ACTIONS

**+** **A clear majority** of both plan sponsors and plan members would like to do more in the area of chronic disease management, which carries over into high levels of interest in service-oriented benefits in the areas of medication management and disease education.

**+** **Specifically**, plan members taking three or more medications for chronic disease are receptive to coaching from pharmacists. This aligns well with the fact that many provinces have recently expanded pharmacists' scopes of practice to enable more healthcare services from this provider.

**+** **To help raise** the alarm on non-adherence to drugs, insurers can produce reports that map out the costs and associated risks for the organization. Such reporting should take into account the ripple effect in other benefit buckets, such as disability, as well as use predictive modelling to estimate cumulative costs if no actions are taken.

**+** **Targeted health** communications based on personal claims data present a logical—and for the most part welcome—entry point to support chronic disease management.





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# WELLNESS ON HOLD?

Plan sponsors' uptake of traditional wellness programs appears to be at a standstill, while recognition of the value of a wellness "culture" climbs. We consider what the future holds, and why half of plan sponsors do not offer wellness programs.

## Workplace wellness on idle; culture looking good

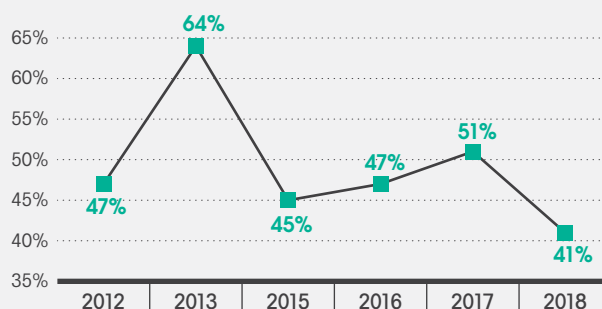
- For the first time since first asked in 2012, fewer plan sponsors indicate offering wellness programs in the workplace: 41% do so, compared to about half for the previous six years.
- Whether it's the start of a downward trend or an indication that wellness offerings have hit a plateau, the result is cause for concern since plan members are much more likely to be positive about their health benefit plan, and report that it meets their needs, when wellness programs are available.
- Meanwhile, a solid majority of both plan members and plans sponsors report that the corporate culture of their organization encourages health and wellness. Seventy-one percent of plan members agree with this statement, up from 53% a year ago, and 79% of plan sponsors agree, up from 66%. (Note: the concept of a "wellness culture" is self-defined by respondents.)
- Mind you, wellness programs clearly contribute to these results: plan members (87%) and employers (89%) with wellness programs are much more likely to agree their workplace culture supports wellness.
- The presence of a wellness culture is as powerful as wellness programs in influencing plan members' perceptions of their health benefit plan. Sixty-five percent of plan members with a wellness culture describe the quality of the plan as excellent or very good, compared to just 38% among those without a wellness culture. Similarly, 70% with a wellness culture say their plan meets their needs extremely or very well, versus just 42%.
- Eighty-nine percent of members with a wellness culture also report being satisfied with their current jobs, compared to just 59% among those without a wellness culture.

## Secrets for success

- When asked to select the top three factors for success in wellness programs, plan sponsors were most likely to point to a healthy workplace culture, by far (74%), followed by a sufficient budget (50%) and senior leadership support (47%).

### PLAN SPONSORS

#### PLAN SPONSORS OFFERING WELLNESS PROGRAMS\*



\*Question wording revised in 2016 to give more examples of wellness programs, including wellness policies such as flex time; BASE: All plan sponsors (N=502)

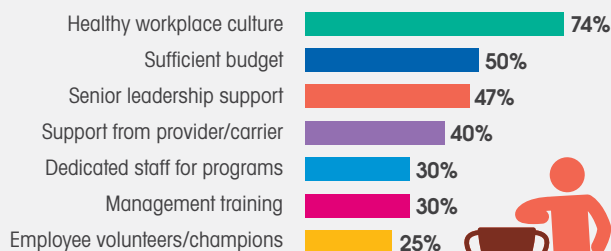


**DANIELLE VIDAL**  
SSQ INSURANCE

"After more than 15 years in the wellness space, I've seen time and again how crucial it is for employers to recognize when there are problems in the day-to-day work environment. Until these are addressed by senior leadership, employers cannot implement wellness programs and expect to see positive results."

### PLAN SPONSORS

#### TOP FACTORS FOR SUCCESS IN WELLNESS PROGRAMS



BASE: Plan sponsors with wellness programs (n=155)



## PLANS TO INVEST MORE IN HEALTH EDUCATION OR WELLNESS PROGRAMS IN THE NEXT YEAR

64%	Wellness programs at work	No wellness programs at work	39%
72%	500 or more employees	Fewer than 50 employees	27%
65%	Receive analyses of top disease states	Do not receive analyses of top disease states	32%

BASE: All plan sponsors (N=502)

## AGREEMENT THAT THE CULTURE OF THEIR ORGANIZATION ENCOURAGES HEALTH AND WELLNESS



BASE: All plan members (N=1,503); All plan sponsors (N=502)

### CLOSER LOOK: ADULT VACCINATIONS

## AN AFFORDABLE INJECTION OF WELLNESS INTO BENEFIT PLANS

**Employers seeking to improve their benefit offerings,** at little extra cost, need look no further than vaccinations for adults. “This is a very easy, smart investment because it will reduce absenteeism and protect productivity,” says Dr. Vivien Brown, a family physician in Toronto and board member of Immunize Canada. “Employers need to understand that this is important.”

Currently, one-third of plan sponsors (32%) report they’ve opted for coverage of adult vaccinations as part of their health benefit plan, according to the 2018 edition of *The Sanofi Canada Healthcare Survey*. Ideally, insurers would make coverage a standard part of plan design, removing the need for employers to opt in, notes Brown. “In general, prevention is always better than treatment, and vaccines prevent infectious diseases that can lead to disability leaves.”

People also often overlook the connection between infectious diseases and chronic diseases. For example, influenza can trigger strokes or heart attacks, or significantly worsen symptoms, for people with chronic conditions such as diabetes and hypertension. Other conditions that can worsen due to infectious diseases include heart disease, lung disease (such as asthma and COPD) and kidney disease.

“Many people today are living with chronic diseases, but if they get influenza, pneumonia or shingles they tend to be hit harder. They typically need more medical interventions during the illness, and more ongoing

interventions for their underlying chronic diseases afterwards,” states Brown.

Vaccinations against hepatitis A and B are also worth special mention. While most often recommended for people who travel to tropical or Third World destinations, they should be standard for all adults, suggests Brown. “Research shows how a carrier of hepatitis A, showing no symptoms themselves, can spread the disease in First World countries.” She also points out that provincial governments began funding hepatitis B immunizations in public schools more than 20 years ago. “We understand the value of that for our children—the same value is there for adults.”

As well, employees in work environments who come into contact with blood, such as those working in healthcare facilities, should be vaccinated against hepatitis B. And employees in the following industries should be vaccinated against hepatitis A: food service (including supermarkets), garbage collection/waste disposal, veterinary clinics and zookeeping.

Depending on the vaccine (and excluding the flu shot), the cost to the drug plan is between \$100 to \$300 per vaccination. “Once you’re immunized, there are no ongoing costs. Vaccinations are a predictable, tangible benefit, and can be planned as part of a wellness program. The company and ROI will be positively impacted, and employees also are more engaged when they feel that the company cares about their well-being,” concludes Brown.



## Future plans

- Half of all plan sponsors (51%) indicate they are planning to invest more in health education and/or wellness programs within the next year, up from 31% last year and a return to the 51% reported in 2012.
- Those who already offer wellness programs (64%) are far more likely to invest more than those without wellness programs (39%).
- Large employers are also much more likely (72%) to have plans to invest more funds into health education/wellness programs as are those who receive analyses of claims data to identify top disease states (65%).
- Among the 49% who do not plan to invest more in health education/wellness, when asked why not, they were most likely to indicate they cannot afford to do so, although they would like to (38%).
- Thirty-one percent report that other, more urgent areas require investment.
- Finally, 23% say they have invested as much as they had planned, while 22% state they have never invested in this area and have no plans to start.

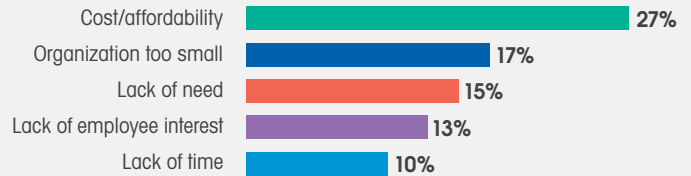


JENNIFER ELIA  
SUN LIFE FINANCIAL

“We are encouraging some plan sponsors to hold off on implementing more wellness tactics so they can take the time to determine objectives and assess their foundation in terms of culture and leadership. It can be worthwhile to hit the pause button on some activities, and shift to more of an internal focus.”

### PLAN SPONSORS

#### REASONS WHY PLAN SPONSORS DO NOT OFFER WELLNESS PROGRAMS



BASE: Plan sponsors without wellness programs (n=325)

### CONNECTIONS + ACTIONS

- + **Employers with** wellness programs appear satisfied with them and committed to their continuation; however, the number of employers with such programs appears to be declining, or has at least plateaued.
- + **All employers**, meanwhile, can strive toward a healthy work environment or a workplace culture that supports personal wellness, whether or not they offer wellness programs per se. Members of the advisory board note plan sponsors' growing realization that wellness programs cannot fully succeed in unhealthy work environments (e.g., due to stressful workloads, long hours, managers with poor management abilities, etc.).
- + **While a long-term** strategy needs to be in place for wellness, a wellness culture is also the culmination of many small, low-cost steps, such as fresh-fruit baskets, friendly team challenges and tapping into the talents and passions of employees themselves.
- + **Management training** programs may also be due for an update, with a greater emphasis on people skills to encourage constructive communications and positive daily interactions.
- + **Human resources** staff can independently do much to foster a wellness culture at low or no cost. They can establish and monitor core HR principles and policies for such matters as vacation time, email etiquette, daily break times, reasonable workloads and after-hours work guidelines.
- + **For small businesses**, investigate what's already available through the employee assistance program (EAP), which can be promoted as a wellness program. For employers that do not have an EAP, take another look at the benefits of investing in this service.
- + **Small business** leaders can also reach out to regional branches of health organizations, such as Heart & Stroke Foundation, Diabetes Canada and public-health departments. Many of them have wellness programs tailored to the workplace, often at no cost.
- + **Last but not least**, members of the board advise employers to seek out wellness providers that incorporate digital health information and tools. Technology can affordably provide scale and access to wellness programs for all sizes of employer.

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# WHAT WORKPLACE WELLNESS LOOKS LIKE

We learn that plan sponsors are pretty even-handed when it comes to types of wellness programs, while future plans appear to favour efforts in emotional/mental health—a good thing, since results indicate fairly large gaps in the areas of stress management and mental health training.

## Current and future wellness mix

- Plan sponsors with wellness programs currently allocate similar levels of resources to the following areas: health education or programs to manage or prevent illness or chronic disease (24%); emotional or mental health (24%); physical fitness (22%); and financial well-being (21%).
- Looking ahead five years, plan sponsors with wellness programs are most likely to invest more resources in emotional/mental health (50%), followed by physical fitness (42%) and then health education or programs for illness/chronic disease (37%) and financial well-being (36%).
- Plan sponsors without wellness programs are much less likely to invest more in these areas: emotional/mental health (26%), financial well-being (21%), physical fitness (20%); and health education/programs (20%).

## Jury out on stress management

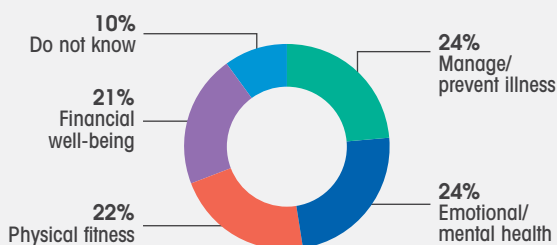
- Seventy-two percent of plan sponsors with wellness programs feel their organization effectively helps employees manage stress issues, compared to 57% of plan sponsors without wellness programs.
- Results are even clearer cut among plan sponsors with a wellness culture: 75% believe they effectively help employees manage stress, compared to just 24% among those without a wellness culture.
- Plan members, however, are as likely to report high levels of stress (33%) whether or not wellness programs are available.
- A wellness culture also appears to have little impact, as 31% of plan members still report high levels of stress.

## Mental health 101

- Mental health appears to be a focus for wellness programs: 49% of plan sponsors with wellness programs offer training to help managers recognize and appropriately respond to signs of depression or other mental illnesses, and 45% offer similar training for staff.
- This compares to just 14% and 15%, respectively, among plan sponsors without formal wellness programs.
- Unionized work environments, private sector organizations and employers with 500 or more employees are also most likely to offer mental health training (see chart).

### PLAN SPONSORS

#### PROPORTION OF RESOURCES CURRENTLY ALLOCATED TO FOUR MAIN COMPONENTS OF WELLNESS



BASE: Plan sponsors with wellness programs (n=155)

### PLAN SPONSORS

#### PLAN SPONSORS WHO ANTICIPATE INVESTING MORE RESOURCES INTO EACH OF THE FOUR MAIN COMPONENTS OF WELLNESS OVER THE NEXT FIVE YEARS



BASE: Plan sponsors with wellness programs (n=155)



PAULA ALLEN  
MORNEAU SHEPELL

“We are learning that the main objective of mental health training is to help people understand that mental health is very much tied to how to work in a business with other people. It’s about recognizing that there are stressors that you as an individual will have, and building coping skills that are integrated into the business, not separating that out as a program.”

## MANAGEMENT TRAINING PROGRAM FOR MENTAL HEALTH

49%	Wellness programs at work	No wellness programs at work	14%
46%	500 or more employees	Fewer than 50 employees	11%
44%	Unionized	Non-unionized	20%
44%	From public sector	From private sector	23%

## STAFF TRAINING PROGRAM FOR MENTAL HEALTH

45%	Wellness programs at work	No wellness programs at work	15%
42%	500 or more employees	Fewer than 50 employees	9%
37%	Unionized	Non-unionized	21%
37%	From public sector	From private sector	23%

BASE: All plan sponsors (N=502)

## Claims data analysis guides wellness for caregivers

Convincing caregivers to care for themselves is one of the challenges Christian Horizons, a non-profit organization serving people with developmental disabilities through residential and community-based programs, faced when implementing a wellness program for its 3,600 employees in Ontario and Saskatchewan.

“Our employees are dedicated to the service of others and that attitude is engrained in our culture,” says Jennifer Gleva, vice-president of human resources for Christian Horizons. “We have a clear mission to support employee health with leadership visibility and messages throughout the organization. Our employees needed encouragement to translate their concerns for others and apply it to themselves.”

In October 2016, the organization officially launched its wellness program after doing a comprehensive analysis of claims data to pinpoint employees’ health risks. The data came from three different benefit providers, including its EAP. “As a non-profit, our resources are limited, so we must be sure we are good stewards of those resources,” says Gleva. “Analytics helped us see the areas where we should start wellness initiatives.”

With musculoskeletal injuries, diabetes and mental health identified as focus areas, Christian Horizons set up a network of volunteer employee wellness champions to work with managers to implement health and wellness programs for work teams in about 350 locations spread out across the two provinces. The kickoff campaign focussed on nutrition for prevention of diabetes and other co-existing chronic diseases, with the hope of seeing a decrease in occurrence over the next five years as reflected by data from benefit providers. Information about everything from healthy eating and lifestyle changes, to financial and mental health is provided through the organization’s intranet and an organizational weekly email.

Christian Horizons has also made great strides in supporting mental health through an action plan that includes manager training and an organizational health strategy that includes alignment with the National Standard of Psychological Health & Safety in the Workplace ([www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)). As well, Christian Horizons is collaborating with an organizational psychologist on a program that will coach leaders and managers on proactively creating a supportive workplace.

“We continue to use data we receive from benefit providers to look at our progress,” says Gleva. “Our workplace injuries are going down, while EAP utilization has gone up. This is great because it means employees are developing a more proactive and preventative mindset. Our employees are trained to be advocates for others and now we are helping them to become advocates for themselves.”

## CONNECTIONS + ACTIONS

- In the next five years**, plan sponsors with wellness programs will be paying greater attention to programs that address mental health and physical fitness.
- Plan sponsors’** emphasis on programs for stress management and mental health is a positive sign; however, there is a disconnect between their perceived effectiveness in helping employees manage stress and the consistently high levels of stress reported by employees themselves.
- Members of the advisory board** suggest employers may need to refresh current stress management efforts, perhaps doing more in the area of resilience training; more needs to be done to address the underlying causes of stress in the workplace.
- Considering the degree** to which mental illness can negatively affect work performance, the implementation of mental health training should be much more widespread. For all sizes of employer, numerous programs are available at reasonable or no cost from insurance carriers and mental health organizations.
- Efforts to support** mental health should not come at the expense of efforts to support chronic disease management, physical fitness and personal financial health—all of which lead to or result from poorly managed stress or mental illness.



# PLANNING FOR ACTION

When we step back and take a look at workplace or corporate health benefit philosophies and objectives, we see an interesting mix of positive signs and untapped opportunities. One thing is clear: when goals are in place, the stage is set for better outcomes on multiple levels.

## Starting gate: philosophy

- Four out of five plan sponsors (81%) report having a philosophy or long-term view that defines why they offer benefit plans and guides decision-making.
- Plan sponsors who know the top disease states of their workforce is based on claims data analyses (90%) are much more likely to have a philosophy than those who do not (68%).
- A commitment to wellness also appears to have a cause and/or effect relationship with philosophy: 88% of plan sponsors with wellness programs and 85% with a wellness culture have a philosophy, compared to 76% and 64%, respectively, among those without wellness programs or a wellness culture.
- At the same time, 76% of plan sponsors say that when it comes to their health benefit plan, their main focus is to manage costs. This is consistent across all the major breakdowns of results, including the presence of wellness programs (77%) and a wellness culture (75%).

## Setting the pace: objectives

- Fifty-six percent of plan sponsors indicate having specific objectives for their health benefit plan in 2018, increasing to 64% among plan sponsors with 500 or more employees.
- Plan sponsors with wellness programs, a wellness culture, flex plans and health spending accounts (HSAs) are also much more likely to report having specific objectives (see chart).
- Similarly, 55% of plan sponsors with wellness programs have specific objectives for these programs in 2018, climbing to 65% among those who receive claims data analyses that identify their top disease states (versus just 38% among those who don't receive such reports).
- Survey results consistently show positive impacts when plan sponsors have objectives for their health benefit plan. For example, they are more likely to report that the quality of their plan is excellent or very good and that the plan contributes to a productive workforce that is less likely to be absent (see chart).
- Plan sponsors with specific objectives also appear to be more assertive about managing their plans and promoting health (see chart).



**MARC BERTOSSINI**  
DESJARDINS INSURANCE

**“Having an objective makes a big difference.**

One of the most important things for carriers and advisors to do is to help plan sponsors clearly define their objectives so that they will see even better results from their benefit plan—results that have a direct impact on the success of the business.”

### PLAN SPONSORS



**81%**

Plan sponsors with a philosophy or long-term view that guides decision-making

BASE: All plan sponsors (N=502)

### HIGHS + LOWS

### PLAN SPONSORS

#### PLAN SPONSORS WITH SPECIFIC OBJECTIVES FOR HEALTH BENEFIT PLANS

<b>66%</b>	Wellness programs	No wellness programs	<b>46%</b>
<b>62%</b>	Wellness culture	No wellness culture	<b>33%</b>
<b>64%</b>	500 or more employees	Fewer than 50 employees	<b>45%</b>
<b>68%</b>	Flex plan	Traditional plan	<b>52%</b>
<b>75%</b>	Plan includes HSA	Plan does not include HSA	<b>47%</b>

BASE: All plan sponsors (N=502)



**JOHN McGRATH**  
ZLC FINANCIAL

**“No matter the size of the employer, a good**

starting point to determine philosophy is for them to answer the question, ‘Do you see your health benefit plan as a cost or an investment?’ Whatever the answer, a good advisor will go from there. And the best advisor will always work toward a philosophy that embraces the investment perspective, even though it may take years to bring some plan sponsors on board.”



## Small, creative, low-cost steps toward wellness

At Kontron Canada, an IT company with 150 employees in Boisbriand, Que., small actions add up to a happy, loyal workforce. A dynamic, low-cost employee wellness program is an essential part of its approach.

The wellness initiative began in 2013 when a provincial government association approached Kontron with a program called 0-5-30 (zero tobacco, five fruits and vegetables a day and 30 minutes of exercise a day). “We had been doing a lot of reading about workplace wellness,” says Annie-Lyne Côté, Kontron’s human resources director. “So we decided to build a health promotion program around 0-5-30 with the support of partners and our insurer’s corporate health advisors.”

The first step was to gain management buy-in and budget approval. Next, a health and well-being committee was created, with four employee volunteers. The committee meets monthly, organizes health-focussed activities and manages the budget. Results from an employee survey guide the committee about the types of activities to implement.

Five years later, the committee has become proficient at offering a multitude of activities at lunchtime or right after work. Participation levels are steady and feedback overwhelmingly positive. “Getting people to quit smoking remains a challenge—we still have around 5 smokers—but we do offer incentives and support,” notes Côté. “Mostly we work on healthy eating and exercise promotion, and recently added meditation classes to address emotional and psychological well-being.”

Inexpensive activities include a walking club, cooking classes and food tasting at general meetings held every six weeks. As well, passionate employees lead free lunchtime classes for yoga, crossfit, spinning and self-defence. To make up for lack of space, Kontron sometimes uses space provided by another employer, where a Kontron employee teaches classes for both companies’ employees. Soccer games are held at a nearby school field; in exchange, Kontron pays for the grass to be cut. “We exchange services when possible to keep costs down,” Côté says.

The company also invests in higher-cost initiatives, based on employee input: on-site showers and a volleyball court are two examples.

Côté admits it is difficult to precisely determine a return on investment. She does know that in a highly competitive market, Kontron enjoys a very high employee retention rate. And in light of the ongoing support from management, she believes that productivity is high as well. Her advice to other employers? “Even on a tight budget, it is possible to organize a multitude of health activities. Simply take on the challenge, because a challenge generates ideas and passions, leading towards the success of a healthy workplace.”



**ART BABCOCK**  
AON HEWITT

“Employers should take their objective-setting to a higher level. Part of that could be hitting on the idea of cost-management and putting it in the right context. For example, our objectives would be to mitigate our human risk, to improve our health and safety numbers, to keep people from going on long-term disability—and in so doing manage our costs.”

## Home stretch: greater focus

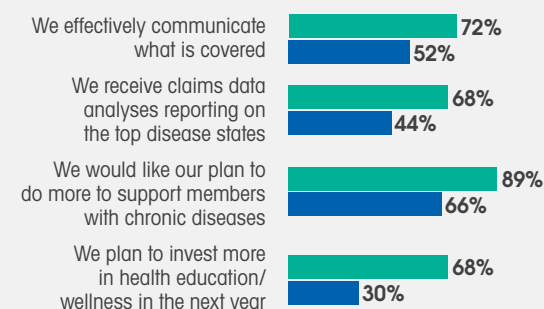
- Despite their positive influence, plan sponsors’ “specific” objectives are not, after all, very specific. In answer to an open-ended question, plan sponsors with objectives were most likely to state that managing or reducing costs of the benefits themselves (33%) is an objective for 2018, followed by better or increased coverage (25%) and the even less-specific intent to “continue with the current plan” (12%).
- The most specific objective, cited by 13%, is to better inform or educate employees about their benefit plan.
- Plan sponsors’ objectives for their wellness programs are even more general, with the promotion of healthy choices coming in at number one (25%). Most of the remaining comments have to do with the implementation of specific programs, such as yoga. The most specific wellness objective, cited by 11%, is to reduce absenteeism/sick days.

### PLAN SPONSORS

#### HOW SPECIFIC OBJECTIVES INFLUENCE PLAN SPONSORS’ OPINIONS...



#### ... AND ACTIONS



BASE: Plan sponsors with plan objectives (n=252); Plan sponsors without plan objectives (n=250)



**DAVE PATRIARCHE**  
MAINSTAY INSURANCE BROKERAGE

**“For small businesses,**

benefit costs are sustainable if employers are willing to be educated and have plans that are well designed. Ensuring that they have a plan is table stakes for many companies, as well as a tax-effective means of compensation that employees demand. Often their objective is as simple as attracting and retaining employees, and with fair pricing, that goal can be maintained.”

#### CONNECTIONS + ACTIONS

- +** **The unexpectedly** high results for philosophy and objectives suggest that these terms are wide open to interpretation, note members of the advisory board. For example, it's generally accepted that benefit plans help attract and retain employees, but is that enough of a “philosophy” to guide decision-making? The focus is too narrow to take into account future challenges and opportunities for health benefits.
- +** **Similarly**, the number one objective for plan sponsors is to manage the costs of the benefits themselves, with relatively few mentions of strategic objectives such as reducing absenteeism or improving the health of employees. Providers have a definite role here to move the conversation forward, by linking objectives with organizational health.
- +** **Nonetheless**, the presence of any objective, whatever it may be, appears to be a clear indicator of plan sponsors who are more knowledgeable and more positive about their health benefit plans, and more likely involved in supporting employees' health. These results again point to an untapped opportunity for insurance carriers and advisors to help plan sponsors better define their philosophies and objectives for health benefit plans in order to drive even more positive results linked to benefits and wellness.
- +** **For their part**, plan sponsors can seek out benefit providers with an established process for setting down a strategic, documented philosophy or long-term mission for the health benefit plan, one that ties into the overall philosophy for the business. From there, plan sponsors can set specific short- and long-term objectives that are strategic, measurable and linked to business objectives (such as improved workplace safety or increased productivity).

#### CLOSER LOOK: HEART DISEASE

## NEW THERAPIES REDEFINE WHAT'S POSSIBLE TO COMBAT BAD CHOLESTEROL

**Atherosclerosis is often described** as a silent killer leading to heart disease. When symptoms finally emerge in the form of heart attack, stroke or heart failure, the result can be deadly or disabling. While some risk factors for heart disease are within our control (such as weight and smoking), factors such as age and family history are not.<sup>1</sup>

Nine percent of Canadians aged 20 and older (about 2.4 million) live with ischemic heart disease. While the prevalence is significantly higher after age 65, it starts to climb during middle age and ranges from 3% to about 13% from ages 45 to 64.<sup>2</sup>

High levels of “bad” cholesterol (low-density lipoprotein cholesterol) are one of the risk factors for heart disease.<sup>3</sup> Statistics Canada reports that 20% of Canadians aged 40 to 59 have high levels of bad cholesterol.<sup>4</sup> Healthy eating and exercise are the first steps to bring cholesterol levels back to normal. However, medication may still be required. Several drugs are available to lower blood cholesterol, including statins as first-line therapy.<sup>3</sup>

In some instances, the addition of statins may not be enough. One in 250 Canadians have a rare genetic disorder called familial hypercholesterolemia (FH), which causes very high levels of bad cholesterol.<sup>5</sup> For a subset of patients who have a prior history of cardiovascular disease or FH, statins may not lower bad cholesterol to the guidelines' recommended levels, which places these patients at greater risk of subsequent heart attack or stroke.

For all these individuals, PCSK9 inhibitors have been available in Canada since 2015. Extensive clinical research on these biologic drugs has shown important reductions in bad cholesterol, on top of current therapies. More recent data from clinical trials, such as the ODYSSEY OUTCOMES trial, demonstrate that these therapies lead to reductions in cardiovascular events.<sup>6</sup>

PCSK9 inhibitors are a good example of new therapeutic options that redefine what is possible for patients at high or very high cardiovascular risk. PCSK9 inhibitors are targeted to a subset of patients, which ensures their appropriate use. When plan sponsors incorporate lipid-lowering therapies in their plan design, they support a healthier working population that can, in turn, have a positive impact on disability costs.<sup>7</sup>

1. <http://www.heartandstroke.ca/heart/what-is-heart-disease>

2. Public Health Agency of Canada, using Canadian Chronic Disease Surveillance System data from 2012/13. [www.canada.ca/en/public-health/services/publications/diseases-conditions/heart-disease-canada-fact-sheet.html](http://www.canada.ca/en/public-health/services/publications/diseases-conditions/heart-disease-canada-fact-sheet.html)

3. <http://www.heartandstroke.ca/heart/risk-and-prevention/condition-risk-factors/high-cholesterol>

4. Statistics Canada. Cholesterol levels of adults, 2012 to 2013. Results from Canadian Health Measures Survey, 2012 to 2013. [www.statcan.gc.ca/pub/82-625-x/2014001/article/14122-eng.htm](http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14122-eng.htm)

5. <https://thefhfoundation.org/about-fh/what-is-fh>

6. Steg PG, Evaluation of Cardiovascular Outcomes After an Acute Coronary Syndrome During Treatment With Alirocumab - ODYSSEY OUTCOMES. Presented by Dr. Philippe Steg at the American College of Cardiology Annual Scientific Session (ACC 2018), Orlando, FL, March 10, 2018.

[www.acc.org/latest-in-cardiology/clinical-trials/2018/03/09/08/02/odyssey-outcomes](http://www.acc.org/latest-in-cardiology/clinical-trials/2018/03/09/08/02/odyssey-outcomes)

7. <https://www.cdc.gov/workplacehealthpromotion/model/control-costs/index.html>

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\*based on App Store ratings as of March 19, 2018

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# TOP 10 CALLS TO ACTION

The 2018 edition of *The Sanofi Canada Healthcare Survey* seeks to map out the connections that can be made between health benefit plans, wellness, chronic disease management, job satisfaction, productivity and, ultimately, organizational success. Yet the challenges are daunting. Many plan sponsors barely have the resources to administer their health benefit plans, let alone look beyond costs and make the connections with organizational health. To help plan sponsors and their benefit providers map out a way forward, the following “Top 10 Calls to Action” presents a summary of learnings, drawn from survey results and the expertise of this year’s advisory board.

- 1. A big-picture, business context** Approach health benefits as an investment, not a cost; for example, think in terms of risk mitigation across the organization, which includes making the link to disability management. Then work with advisors and senior management to define a long-term view for health benefits, tied to business goals. From there, set specific objectives that are data-driven and targeted at areas of highest need and greatest opportunity.
- 2. Culture comes first** When it comes to supporting health and productivity, start with the “wellness culture” of the work environment before considering changes to health benefits or implementing wellness programs. No matter the size of the organization, much can be done to lay the foundation, at reasonable or no extra costs, through policies, training, flexible work arrangements and senior leadership. Take a closer, more critical look at workloads, the second-biggest source of high-level stress.
- 3. Plan design 101** Invest even half a day every year, outside of annual renewals, to sit down with advisors or providers in order to learn enough about how the health benefit plan works, and how it could work better. Seek reporting that itemizes the full range of costs (from premiums to drug plan costs) in terms of their value, to help prevent decisions that could have unintended negative consequences to plan members’ health.
- 4. Refresh communications** As health benefit plans become more complex, so too does knowledge translation. Plan member communications must be simpler, more precise and easy to act upon (i.e., with the click of a button). Particularly in today’s digital world, all stakeholders must press forward with just-in-time, personalized and interactive communications in the health benefits arena.
- 5. Broader view of value** Plan members value benefits for routine healthcare costs most of all, yet the steady growth of higher-cost specialty drugs suggests the need to better communicate (and protect) the growing value of benefits (namely, the drug plan) as a source of insurance for plan members most in need.
- 6. Chronic disease analysis** Plan members with chronic diseases are receptive to more support in order to better understand and treat their conditions. Plan sponsors can put the ball in motion by working with advisors and carriers who consistently deliver concise analytics of claims data, across all benefit buckets, in order to identify the disease states where the opportunities for improvement—in terms of health, costs and productivity—are highest.
- 7. Chronic disease support** Pursue targeted health-related communications from carriers to consenting plan members based on personal claims data. Opt into or request chronic disease support services as part of standard benefits, or promote the eligibility of these services (when provided by licensed health professionals) under health spending accounts.
- 8. Integrate wellness with health benefit plans** Ensure that staff members who are responsible for health benefits also have a mandate for wellness, to set the stage for the sharing of information and resources, as well as for joint decision-making and budgeting. Keep in mind that a wellness culture does not necessarily require wellness programs.
- 9. Size can matter** Small employers have unique needs and challenges and are likely most limited by cost constraints. Ideally, they should work with advisors who can move the conversation beyond costs and help establish short- and long-term objectives that tie into business success. Advisors serving small to mid-size markets can advocate for more education and client support tools from carriers, including self-serve offerings from web portals.
- 10. Knowledge is key: Get help** Plan sponsors can’t do this alone. Work with advisors who can be advocates as well as allies, with strong relationships with carriers. Partnerships with local non-profit health organizations can be cost-effective, as can short-term contracts with experts who can help lay down strategies.





## IMPROVING HEALTHCARE FOR GENERATIONS

At Sanofi Canada, we work passionately to bring patients the most advanced healthcare solutions – medicines and treatments that enable generations of families to live healthier, more active lives. But our work extends beyond product research and manufacturing.

For more than 20 years, we have been publishing *The Sanofi Canada Healthcare Survey*. This valuable exchange of insights between plan sponsors and their members supports workplace productivity, better chronic disease management and improved illness prevention. Each year, we strive to better understand Canadians' needs with the hope of supporting health benefit plans that are cost-effective, relevant and sustainable.



# ADVISORY BOARD

*The Sanofi Canada Healthcare Survey* is shaped through the guidance and expertise of the advisory board. The members of the advisory board tapped into the concerns of today's plan members and plan sponsors. Throughout the year, they took time out of their schedules—as key stakeholders in the Canadian

health benefits industry—to participate in every stage of *The Sanofi Canada Healthcare Survey*, from reviewing the questions asked of Canadian plan members and employers to promoting the report and answering questions about the findings. Their continuing support of this important project is essential.



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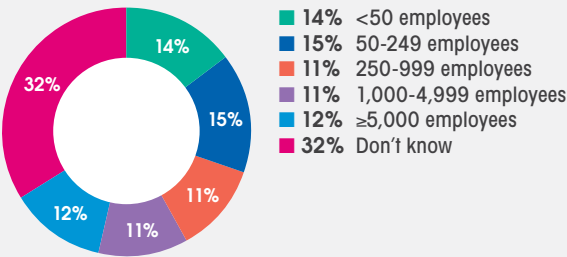
# METHODOLOGY

Ipsos fielded the plan member survey on behalf of TC Media Content Research group using an online (Internet survey) methodology from January 2-9, 2018. In total, a national sample of 1,503 primary holders of group health benefit plans completed the study. At the time of each interview, these adults were the primary holders of employee plans with a health benefits portion. The online completes were conducted using a random sample drawn from the 200,000+ members of the Ipsos Canadian i-Say Panel. The total results of a probability sample of this size would be considered accurate to within +/- 2.5%, with 95% certainty of what they would have been had the entire population of Canadian plan members been polled. It is important to note, though, that the margin

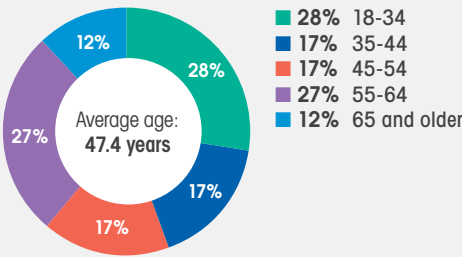
of error is higher among sub-sample respondent groups. The data has been statistically weighted to ensure that the age, gender and regional composition of the sample reflect those of the adult population according to the 2016 census data. Additionally, some response categories in this report do not add up to 100%—this is due either to the rounding of numbers or questions that allowed plan members to provide multiple responses. In addition, Maru/Matchbox fielded a separate online survey for TC Media Content Research with 502 benefit plan sponsors from across the country, from January 3-9, 2018. The data was statistically weighted to accurately reflect the geographic distribution of businesses and business size according to Industry Canada.

## PLAN MEMBER DEMOGRAPHICS

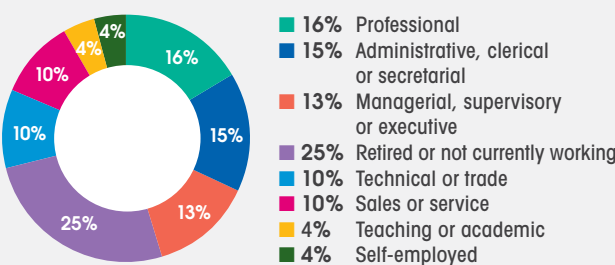
### ORGANIZATION SIZE



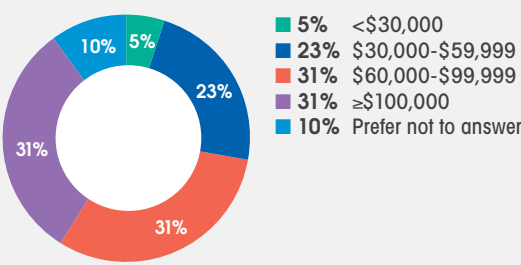
### AGE



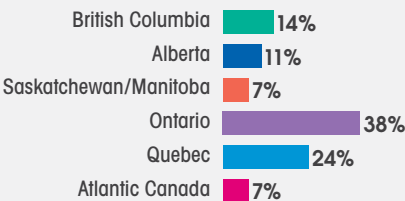
### POSITION



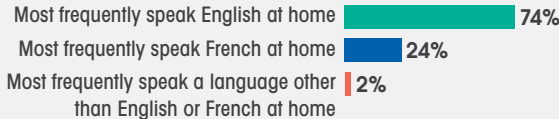
### HOUSEHOLD INCOME



### LOCATION



### LANGUAGE



### GENDER



Note: Due to rounding, response categories may not add up to 100%





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*The Sanofi Canada Healthcare Survey*  
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