



2013

THE SANOFI CANADA HEALTHCARE SURVEY

MERGING PATHWAYS TO SUSTAINABLE HEALTH



SANOFI

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THE SANOFI CANADA HEALTHCARE SURVEY

Merging Pathways to Sustainable Health



Danny Peak
Senior Manager,
Private Payers
– National
SANOFI CANADA

**The road to sustainability in health-
care lies in closer, more transparent**
collaboration between all stakeholders.
With this in mind, the 2013 edition of
The Sanofi Canada Healthcare Survey

is dedicated to exploring the growing
need and readiness for improved inte-
gration between plan members, the
workplace, benefit providers, pharma-
ceutical manufacturers and the public
healthcare system. Our surveys of plan
members and plan sponsors and the
input of our independent advisory
board have culminated in five Calls
to Action, below, and a report replete
with tactical next steps. At Sanofi
Canada, we look forward to continuing
this journey with you.

Calls to Action

- Employer groups, benefit providers, pharmaceutical manufacturers and governments can collaborate to create an open resource to assist employers in the areas of prevention, health education, behaviour change, advocacy and more. This should include an investment in practical research to fill knowledge gaps.
- Employer groups and governments can explore the feasibility of tax incentives and other government supports to advance the implementation of on-site health promotion, including screenings for chronic conditions. The workplace represents an untapped opportunity for governments to build capacity in the healthcare system by limiting complications arising from unmanaged chronic diseases.
- Benefit providers and advisors have begun to reinvent themselves with the development of wellness tools. Employers can press these stakeholders to evolve further through employer-specific programs that tie back to innovative plan designs, absenteeism and disability management.
- Insurance providers collect employer-specific data on the utilization of benefits and on disabilities, which are vital to help plan sponsors develop targeted wellness activities. Yet financial, logistical and systemic barriers block widespread access. Employer and provider working groups need to be struck to overcome these barriers.
- Pharmaceutical manufacturers can contribute significant, evidence-based expertise towards understanding and managing chronic disease; however, opportunities are limited to apply that knowledge to improve workforce productivity and to protect the sustainability of the healthcare system. Research-based pharmaceutical companies are prepared to explore new collaborations with public and private payers, patient groups and other stakeholders to facilitate the patient's journey to health.

MESSAGE FROM SANOFI CANADA

Building Bridges to Navigate Chronic Disease



Jon Fairst
President and CEO
SANOFI CANADA

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For many Canadians, the journey to optimal health is far from smooth.

More than half of this country's adults live with chronic conditions.¹ Those who describe their health as fair or poor are less positive about the healthcare system and feel less engaged in their own care due to barriers related to cost, access, the coordination of services and education.²

We know that the prevalence of chronic disease, coupled with a limited supply of healthcare providers and resources, places considerable pressure on system sustainability. Governments are seeking models for care that not only build capacity, but also encourage patients to be more proactive stewards of their own health. Such personal accountability needs to begin well before illness raises its head—yet clearly this is currently not the case. A recent study found that 98.6% of respondents had at least one of five major risk factors that can lead to chronic

disease.³ Sixty-two percent of Canadians are overweight,⁴ 46% are not active enough and 20% smoke.⁵ Even after the diagnosis of a chronic disease, people rarely make positive changes in lifestyle behaviours.⁶ As a result, complications arising from unmanaged chronic disease are among the biggest cost drivers in health spending.

Yet are we simply to blame patients? Hardly. As a former minister of health succinctly put it, “We cannot invite people to assume responsibility for their health and then turn around and fault them for illnesses and disabilities which are the outcome of wider social and economic circumstances.”⁷ Numerous reports since have pointed to the need to address broader determinants of health, and conclude that, “A whole-of-government approach is required with intersectoral action embracing business, volunteers and community organizations.”⁸

Results of the 2013 edition of *The Sanofi Canada Healthcare Survey* indicate that both employers and employees are increasingly receptive to the workplace becoming active in health promotion. Yet the results also confirm that gaps persist—in personal engagement, needs assessment, communications and navigation between the public system and private health benefits.

Our advisory board of opinion leaders, as well as the patients, employers and public-sector representatives profiled in this report, demonstrate that integration and collaboration can and must bridge those gaps. Most stakeholders working in the healthcare system are having to rewrite their business model, and pharmaceutical manufacturers such as Sanofi are also ready to do their part.

Public and private funders of healthcare can no longer afford to work in isolation, relying on cost-cutting measures that do little in the long run to answer the needs of an ailing healthcare system. Costs can never tell the full story. Instead, by working together to promote the prevention and management of disease and to facilitate access to services and treatment, all stakeholders will realize improvements in the utilization of resources, health outcomes and individual productivity. Perhaps most important, our collaboration will have successfully laid down a revitalized road map in the journey towards health, one that sees Canadians confidently take their position in the driver's seat.



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Great Expectations

Employers and employees see the value of health promotion in the workplace, and look to providers and government to help make it happen

INTRODUCTION

Plan members and plan sponsors alike are receptive to the workplace playing a greater role in personal health; indeed, employers appear to feel more strongly about this than employees. The timing is right, as more than half of plan members indicate they have a chronic condition or have been seriously injured. Workplace wellness, however, is not an island unto itself—government needs to be more involved, and plan members understand that a healthy workforce today reduces the cost burden on the public healthcare system tomorrow. Plan sponsors additionally point to their benefit providers as ideally positioned to do more to support employees' health.

Ounce of prevention

Sixty-nine percent of plan members agree their employers should do more to help prevent disease, illness and injury among their employees, rather than just pay for treatment. Twenty-three percent strongly agree with this statement. Those in unionized environments are more likely to agree (77%) than those who are not union members (67%).

Plan members are not alone in their opinions; in fact, plan sponsors feel more strongly than employees.

According to this year's study of plan sponsors, a compelling 91% state that employers such as themselves should do more in the area of prevention rather than treatment. The intensity of feeling is high, with 48% strongly agreeing. The strength of opinion may reflect employers' increased awareness of the financial benefits of a healthy workforce (for related results, see page 16).

Regionally, plan members in Quebec (77%) appear most likely to support an increased role for employers in preventative care, as do those who work for large companies (1,000 employees or more, 76%).

"We used to see a reluctance among plan members to have their employer too involved in their health, yet this suggests there is now an openness to, or even an expectation of, involvement that goes well beyond traditional benefits," says Marilee Mark, vice-president marketing, group benefits, Manulife Financial.

Employers are also saying they have a role in preventative care, "and when we have alignment, we have readiness for change," says Mark. "The challenge is to act upon this now before it becomes an expectation and you feel like you're running to catch up."

Interestingly, plan members are looking for similar levels of assistance from



Photo: Getty Images/Milodrag Gajic



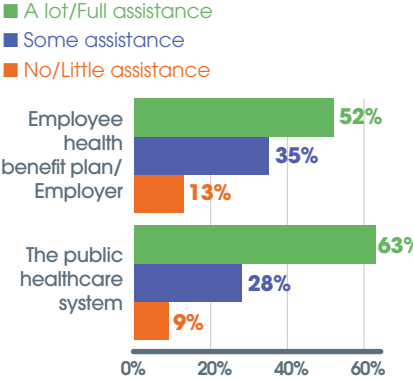
both their health benefit plan as well as the public healthcare system. When asked how much assistance each of the two sectors should provide to support healthy habits and educate on the prevention of chronic disease, 52% of respondents indicate that private plans should provide a lot or full assistance, compared to 63% who say the same of the public healthcare system. An additional 35% say private plans should provide some assistance, for a total of 87% expecting some level of assistance (compared to a total of 91% regarding the public sector).

“It’s not a big surprise to see such a high level of expectations aimed at the public system, but 87% also expect assistance from their employer. That’s pretty high and tells us that employees are looking for education and support from everyone,” says Mark.

Such high expectations for both the public and private sectors also

suggest an opportunity for collaboration. “People are looking to government and employers as sources of information, but there’s potentially a

Level of assistance in supporting healthy habits, providing education on chronic disease prevention (e.g., diabetes, high cholesterol, heart disease) and providing tools to prevent these illnesses employees think each of the following should provide



BASE: All respondents (n=1,502)

need to better coordinate the work they both do so there are no duplications of effort and so that messages are consistent,” says Chris Bonnett, president, H3 Consulting (for more on sectoral integration, see Section 3, Making Connections, page 22).

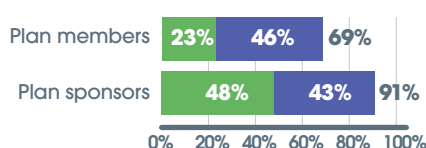
Government support

Plan members and sponsors are likely to agree that government should take on greater responsibility in the prevention rather than just the treatment of disease, illness and injury. Eighty-three percent of plan members and 93% of employers feel this way, with a convincing 69% of employers strongly agreeing with this statement (among plan members, 36% strongly agree, increasing to 44% among those ages 55 to 64).

Similarly, employees and employers are making the connection between government and the workplace. Not

Employers/organizations should take on greater responsibility in preventing rather than just treating disease, illness and injury

■ Strongly agree
■ Somewhat agree



BASE: Plan members (n=1,502) and plan sponsors (n=106)

unexpectedly, virtually all plan sponsors (95%) agree that government should provide increased tax incentives to organizations that provide access to disease prevention programs, such as immunization clinics and health risk screenings. The intensity of feeling is very high, with 62% of respondents strongly agreeing.

Seventy-six percent of plan members agree that government should provide increased tax incentives to employers active in prevention programs. They also understand that health promotion in the workplace ultimately benefits publicly funded health services: 81% agree with the statement that such programs help reduce the strain on Canada's public health system in the long run.

Insurers step up

Insurance companies play a critical role in moving the workplace wellness agenda forward, stress members of the advisory board. Respondents to the 2013 edition of *The Sanofi Canada Healthcare Survey* agree. Eighty-seven percent of plan sponsors say insurers should play a larger role both in managing employee health outcomes as well as health and wellness initiatives in general.

"Carriers hold a lot of confidential health data and so are well positioned to play this role," says Rhona Green, vice-president, HR, Marine Atlantic Inc. "For example, we're currently working

with our provider to send educational packages to families with diabetes. This type of targeting is essential."

Insurers themselves see the value in terms of long-term sustainability. "More carriers are moving into that space where they are providing solutions across their entire block of business, where they are leveraging their drug spend and all their capabilities, including disability management, in order to really help both the plan sponsor and the plan member with personal health issues, particularly for chronic diseases," says John McGrath, director, group benefits, The Great-West Life Assurance Company.

"Evidence is growing that plan members are becoming more accountable for their own health, and employers are saying they're prepared to help. The question then is, 'How do you connect the dots?' Definitely there's an opportunity for us as benefit carriers to play a bigger role," says Theresa Rose, director, group product management, Medavie Blue Cross (for more on the role of the insurer, see Section 2, Tools & Resources, page 14).

Benefit providers can also help employers determine their actions in health promotion along with potential benefits. First and foremost, high levels of willingness should not be confused

with actual states of readiness, cautions the advisory board. Numerous other factors—such as collective bargaining and organizational restructuring—influence an employer's level of commitment at any given time, and these may need to be addressed before any direct actions to support wellness can occur.

"As service providers we need to focus resources on the employers or sectors who are really ready to act, many of whom have probably done something already and need help to go another step," says Bonnett. "Quite frankly there are workplaces out there that will never be ready. Their cultures feature attributes such as mistrust, conflict, work overload and poor communication. Left to fester, those factors can easily defeat even the best-designed health program."

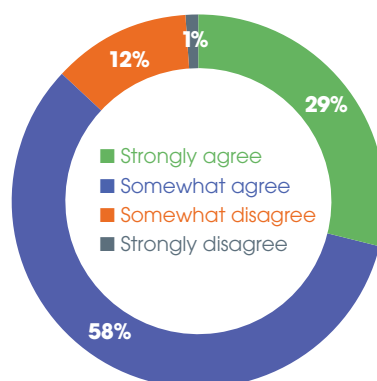
Chronic disease burden

Fifty-eight percent of Canadian adults have one or more of the following chronic conditions (in no particular order): arthritis, cancer, heart disease, diabetes, chronic obstructive pulmonary disease, high blood pressure, mental illness (e.g., depression, anxiety).⁹

Plan sponsors participating in the 2013 edition of *The Sanofi Canada Healthcare Survey*, meanwhile, estimate that 31% of their employee population suffers from a chronic condition that requires ongoing use of health benefits. Twenty-four percent indicate they do not know.

"The results demonstrate plan sponsors are becoming more aware of the prevalence of chronic disease, although too many say they don't know," says Pierre Marion, senior director, sales and business relations, Medavie Blue Cross. "The key question is whether employers know the health and productivity impacts of these chronic diseases on their workforce." (For action steps to close this knowledge gap, see Section 2, Tools & Resources, page 14.)

Benefit plan carriers should play a larger role in managing health outcomes and health and wellness initiatives



BASE: Plan sponsors (n=106)



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For their part, 55% of surveyed plan members report having at least one chronic condition or having been seriously injured while being covered by an employee health benefit plan. When considered by age, the prevalence ranges from a low of 36% among 18- to 34-year-old employees to a high of 69% among those ages 55 to 64. When family members are

considered, the average prevalence of disease and injury increases to 69%.

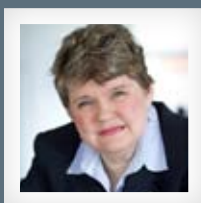
"I don't believe plan sponsors are fully aware of the extent of chronic disease in society and its impact on companies' benefit plans and their workplaces," says Dr. Alain Sotto, chief physician, wellness division, Ontario Power Generation (OPG) and the Toronto Transit Commission (to find out what OPG is doing to help

prevent and manage chronic disease, see sidebar, page 11).

The workplace: get personal

Eighty-nine percent of surveyed plan members say they are making a conscious effort to stay healthy. This is especially true among older respondents (94%). Sixty-seven percent say they are healthier now than they

A MATTER OF PUBLIC HEALTH



Janet Baker
Workplace
Health Promoter
ELGIN ST. THOMAS
PUBLIC HEALTH

Her official title is workplace health promoter, but "coach" or "quarter-back" would be a better way to describe Janet Baker's role at Elgin St. Thomas Public Health.

The occupational health nurse regularly convenes "healthy huddles" at her office, where about 20 local employers share ideas and strategies for workplace wellness. From there, Baker goes on-site—at no cost—to help organizations develop their own wellness policies and programs.

The unit's Health at Work 4 All! program uses the World Health Organization Healthy Workplace model to engage senior management and employees, to develop policy, and to build a framework for personal health, organizational health, safety, and community involvement. "It has to be from the top down and the bottom up, and my job is to help both ends evolve and meet in the middle as programs naturally gather momentum from there," says Baker.

In addition to providing educational materials and tool kits on a wide range of topics—from smoking cessation to cancer screenings to pedometer challenges—Baker can help coordinate local experts for presentations, health risk screenings or one-on-one sessions. "We save employers a lot of time," she notes.

Elgin St. Thomas is one of 36 public health units in Ontario, all of which are mandated to help workplaces implement healthy policies and programs. While each unit approaches that mandate in its own way, all are obliged to respond to employers who request assistance.

Unfortunately, most employers are unaware of this local, publicly funded resource. Enter the Ontario Healthy Workplace Coalition, established in 2005 with funding from the federal government's Canadian Centre for Occupational Health and Safety (CCOHS) and the Ontario Ministry of Labour's Workplace Safety & Prevention Services. "What we're trying to do is pull together people from the private sector and all levels of government," says Gerry Culina, coalition co-chair and manager, general health and safety services at CCOHS. The coalition's website

(www.ohwc.ca) includes its Healthy Workplace Handbook, and members gain access to quarterly educational breakfast meetings/webinars and an annual meeting (the October 2013 event focuses on the new National Standard of Canada for Psychological Health and Safety in the Workplace).

When members are ready to act, the coalition connects them to their local public health unit. The coalition itself is working with the units to integrate programs. "Our goal is to build consistency, focus and drive so that no matter where you are, you can go to a public health unit and say, for example, I want to implement a mental health strategy that's based on the new standard," says Culina.

Workplace wellness can contribute towards reducing the burden of chronic disease, adds Dr. Heather Manson, chief, health promotion, chronic disease and injury prevention, Public Health Ontario. Prevention "requires a whole-of-society approach," says Manson, one of the authors of the 2012 report, Taking Action to Prevent Chronic Disease. "The opportunity embedded in the workplace is virtually untapped. If we could harness that, I believe it would make a substantial impact."

Photo: Jay Paterson



The way we see it

New drug treatments and breakthroughs are helping Canadians with conditions once thought to be untreatable. While these treatments can vastly improve someone's life or even be life saving, taking specialty medications can be stressful – unfamiliar terms, special instructions and side effects can be overwhelming.

The way we do it

Great-West Life's Health Case Management program facilitates collaboration between the patient, physician and a health case manager. Health case managers work with plan members to:

- Assess treatment plan effectiveness
- Provide information about support services
- Help ensure medication is taken as directed
- Monitor medications during a trial period

Connecting coverage for effective treatment with sustainable benefits plans

Beyond providing support and education, the Health Case Management program helps ensure that lower cost options are considered, if appropriate, for the plan member's condition and helps confirm they are receiving appropriate treatment.

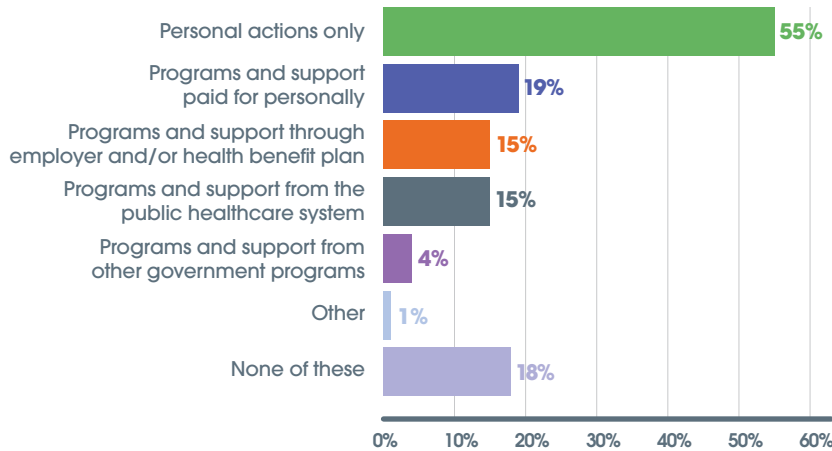
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What has assisted plan members in living a healthier lifestyle than they did two years ago?



BASE: Those who say they are living healthier than two years ago (n=993)

were two years ago. Personal actions (55%) are key to becoming healthier; however, a notable number of respondents cite their employer and/or health benefit plan (15%) and the public healthcare system (15%) as assisting.

Among plan members with a chronic condition or injury, 90% claim they have been able to manage their conditions very (49%) or somewhat (41%) well in order to continue with normal home and work activities. This is consistent

with a recent survey of 3,302 Canadians conducted by The Commonwealth Fund, which found that 91% of those with chronic conditions are confident or very confident they can manage their health problems.⁹

While such results may appear to be very positive, they highlight gaps between self-reports of health status and research findings. For example, analysis of claims data from Cubic Health shows that 39% of people with diabetes and 38% with high cholesterol do not take their medications properly, which results in poorer health outcomes¹⁰; indeed, adherence to medication is one of the most cost-effective ways to prevent complications arising from unmanaged chronic diseases. As well, among Canadians with two or more chronic conditions, many are not completing regular recommended tests to monitor their conditions.¹¹

"Research consistently shows huge gaps between patients' and physicians' perceptions of health," says Sotto.

"Employers need to keep in mind that employees or patients may not know how or where they should be looking for optimal treatment and outcomes."

The problem is partly systemic because the current public system, built around acute care, has little in the way of support for ongoing patient self care and prevention, notes the board. The nature of chronic disease also plays a large part.

"The challenge with many chronic diseases is that people are generally asymptomatic and lead busy lives. Since they don't feel bad, about eight in 10 people will basically ignore it following initial diagnosis. Of those, probably more than half will get worse before they get better," says Durhane Wong-Rieger, president and CEO, Institute for Optimizing Health Outcomes. Non-adherence to medication is under-reported, and behavioural research shows it can take years and repeated attempts to learn new,

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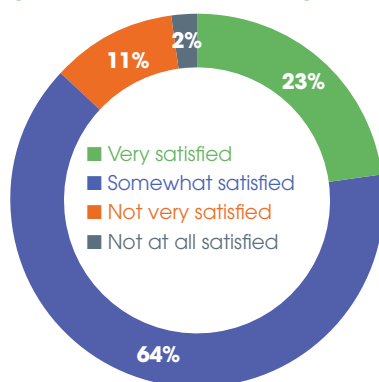
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Satisfaction with employer-sponsored health benefit plan



BASE: Plan members (n=1,502)

healthy lifestyle habits, particularly without external support, she adds.

Results of the 2013 edition of *The Sanofi Canada Healthcare Survey* support this depiction of chronic

disease. When asked what specifically has allowed them to successfully manage their condition, plan members are most likely to cite their medications (31%) followed at some distance by exercise (13%), non-specific references to “receiving treatment” (11%), the decision to follow a healthcare provider’s advice (10%) and proper diet (10%).

“The first ‘prescription’ for many chronic diseases should always be exercise and diet, but these are the hardest changes for people to make,” says Sotto.

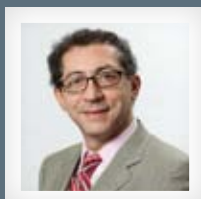
The workplace can be key to help turn this around. “We spend the majority of our waking hours at our job, surrounded by peers who can be our best or our worst role models,” says

Wong-Rieger. “Most support activities don’t need to take a lot of time, but it must start with setting up a culture that drives home the importance of taking control of one’s health. Employers must do that before they subsidize gyms or healthy foods or do any other wellness initiative.” (For more tips from Wong-Rieger, see sidebar, page 18.)

Back to benefits

Plan members continue to be positive about their health benefit plan: 49% describe the quality of their plan as excellent or very good, and 44% describe it as good. The intensity of feeling, however, may be declining. Since 2006, results for excellent or very good have consistently scored in the mid to high 50s (from 54% to 59%); 2013,

TAKING ACTION AGAINST DISEASE



Dr. Alain Sotto
Chief Physician,
Wellness Division
ONTARIO POWER
GENERATION,
TORONTO TRANSIT
COMMISSION

Not one to mince words, Dr. Alain Sotto will tell you that chronic disease management in the workplace is a “no-brainer.” “More than a third of your employees have a chronic condition. It’s all about the preservation of human capital—that’s the real ROI.”

Sotto works three days a week as chief physician, wellness division, at Ontario Power Generation (OPG), and two days a week at Toronto Transit Commission. After analyzing its drug utilization data in 2009, OPG gave Sotto the go-ahead to build programs to address five conditions: mental health disorders,

cardiovascular disease, diabetes, cancer (focusing on colorectal, prostate and breast cancers) and musculoskeletal disorders.

Sotto and OPG’s full-time occupational nurse took a three-step approach by educating, engaging and finally enabling employees to take action. Working with the Mood Disorders Association of Ontario, for example, OPG rolled out a web-training tool to recognize the signs of mental illness and more than doubled its coverage for counselling therapy.

Most recently, OPG piloted SCOUT DS, a new medical device that detects the risk of diabetes and pre-diabetes. The test is ideal for busy work environments because it does not require fasting, it’s non-invasive (meaning it doesn’t need to draw blood) and it takes just 80 seconds. “I gave a presentation on diabetes,

then we screened 40 people in one hour. Fifteen people learned they were at risk for diabetes and pre-diabetes,” says Sotto.

Incorporating content about disease prevention and management into the company’s mandatory occupational health and safety meetings is key to education. “This helps make sure we’re reaching the people who need to hear it the most,” says Sotto. Internal spokespersons who share their personal stories also boost participation levels.

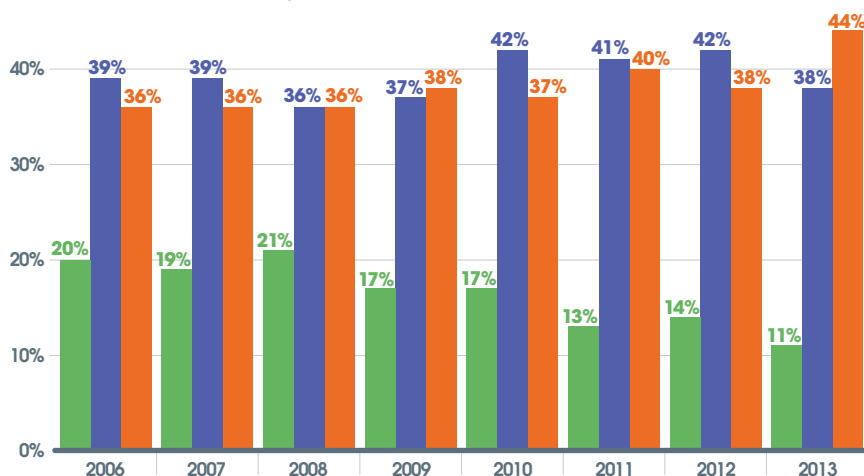
OPG expects to realize the full impact of its chronic disease prevention initiatives in the next two to three years. Preliminary analyses in 2011 revealed that sick days associated with mental illness declined 16% and by 9% for cancer-related sick days. Drug costs declined 11% for cardiovascular drugs and 5% for cancer drugs.

Quality of employer-sponsored health benefit plan

■ Excellent

■ Very good

■ Good



BASE: Plan members (2013 n=1,502)

however, marks the first year of a result below a majority.

"In marketing, there is an equation for quality: it is delivery divided by expectations. Do we still know what plan members are expecting?" asks Steve Semelman, executive director, Mapol Inc. "It's not about the money you're throwing at benefits, but rather are they delivering what employees want? Are you putting up roadblocks today that were not there in 2006?"

Demographics should also be considered. "Our surveys of the younger 'generation Y' population show they want more flexibility and choice in their benefit plan, but within many benefit plans, not a lot is changing," says Lori Casselman, assistant vice-president, health and wellness, Sun Life Financial. "Perhaps the expectations of plan members are changing."

From the plan sponsor's perspective, meanwhile, benefits may be taking a back seat to other issues. "Employers are very focused on how they can afford their business, how they can keep their staff, how they can drive growth. Benefits are a small portion of the multiple issues employers are having to deal with—even more so because, right now, they're not going up in cost that much," says Sarah Beech, president, Pal Benefits Inc.

Yet now is precisely the time, when general benefit costs are relatively stable, to promote the value of health benefits and explore new approaches in plan design—before chronic disease translates into ever-increasing costs in lost productivity and disability, stresses Art Babcock, vice-president, Aon Hewitt. "In particular, plan sponsors can communicate why it's so

important for employees to be better consumers of their benefits, in order to protect the plan's sustainability as well as contribute to overall profitability."

Perceptions of quality also need to circle back to earlier results on the employer's role in health promotion. "Employees want to be able to turn to their employers for assistance and support when they or their family members are faced with some type of illness. And employers want to help," says Serafina Morgia, senior account executive, Industrial Alliance. "Perhaps there's an opportunity to trade off some benefits that don't provide as much help or aren't as appreciated by employees and give them something else they might need or that better meets their expectations. For example, support services to navigate the healthcare system."

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TIPS & TACTICS

- Conduct engagement surveys. Health promotion will fall on deaf ears if employees are unhappy with their day-to-day environment. A survey also sets a benchmark to track improvements in engagement.
- When you renew your benefit plan, inform your provider that you'd like to become active in preventative care. Ask how it can help.
- Ask your benefit provider or advisor to help you assess your company's opportunities and readiness, and to make the case to support employee health. You may need to address other issues (for example, labour relations) before you can begin.
- Proactively seek out available educational materials through your employee assistance provider, carrier or benefit advisor. Public health units and other publicly funded agencies, such as cancer centres, are also good resources.
- Prescription drug utilization and disability data available through your benefit provider can help to identify top disease states in your workplace. Work with your provider to research its impact on productivity, absenteeism and disability claims and build a business case for targeted preventative measures.



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The Right Target

Better understandings of their employee population as well as work environment are key for plan sponsors to hit the mark on wellness measures

INTRODUCTION

A growing number of employers with benefit plans indicate they offer at least one wellness program, such as flu shot clinics, and four out of five say their organization plans to invest more into health and wellness. Yet results to corresponding questions from the survey of plan members point to a lack of alignment between employers' wellness offerings and employees' needs. *The Sanofi Canada Healthcare Survey* advisory board urges that a better understanding of absenteeism will help develop targeted programs that engage employees and reduce absences; however, currently only a third of employers formally work with their benefit provider or advisor to analyze the drivers of absenteeism.

Workplace wellness gaps

Almost two-thirds (64%) of plan sponsors say they offer at least one wellness program or service, up from 47% in 2012. However, these results do not align with the plan member survey results: only a third (32%) say their employers offer wellness programs, down from 40%. Twenty percent say they do not know.

Similarly, when asked about specific types of wellness programs, in six out of eight cases employers are significantly more likely to say they provide the service than are employees; for example, 61% of plan sponsors say they offer immunization clinics (e.g., flu shots), compared with 45% of plan members who say the same, and 45% offer subsidized gym memberships, compared with 31% among plan members.

Furthermore, only one offering—immunization clinics—posts relatively high results for both availability (45%)

and utilization (47%). Three other initiatives enjoy high participation rates, yet relatively few employers have elected to offer them: specifically, more than half (57%) of employees say they take advantage of subsidized healthier food choices where offered, yet only 14% indicate such foods are an option in their workplace; almost half (47%) of employees who have on-site health risk screenings participate in them, yet less than one-fifth (17%) say their employer offers the service; and 54% say they respond to small financial incentives or gifts for achieving health or fitness goals, yet only 13% work for organizations that offer such incentives.

Health risk screenings appear to be a particularly strong area of interest for employees. Almost nine out of 10 (88%) say they would likely participate in an on-site screening for a condition that's of personal concern (for example, to



Photo: iStockphoto/kupicoo



screen for cancer or diabetes). The strength of opinion is high, with 41% stating they are very likely to participate (Increasing from 32% among those ages 18 to 34 to 47% among those ages 55 to 64). Ninety-four percent of those already regularly participating in

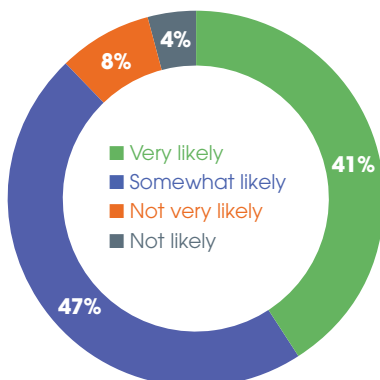
wellness programs say they would likely take part in such screenings, with 54% indicating they would very likely do so.

Interestingly, plan sponsors appear to be intuitively aware of these gaps in wellness offerings. When asked what their organization needs to offer to

encourage employees to become healthier, they are most likely to cite health risk screenings (49%), subsidized healthier foods (39%) and financial incentives (39%).

Eighty-two percent of plan sponsors indicate that their organization plans

Likelihood of using on-site screening for a condition of personal concern



BASE: Plan members (n=1,502)

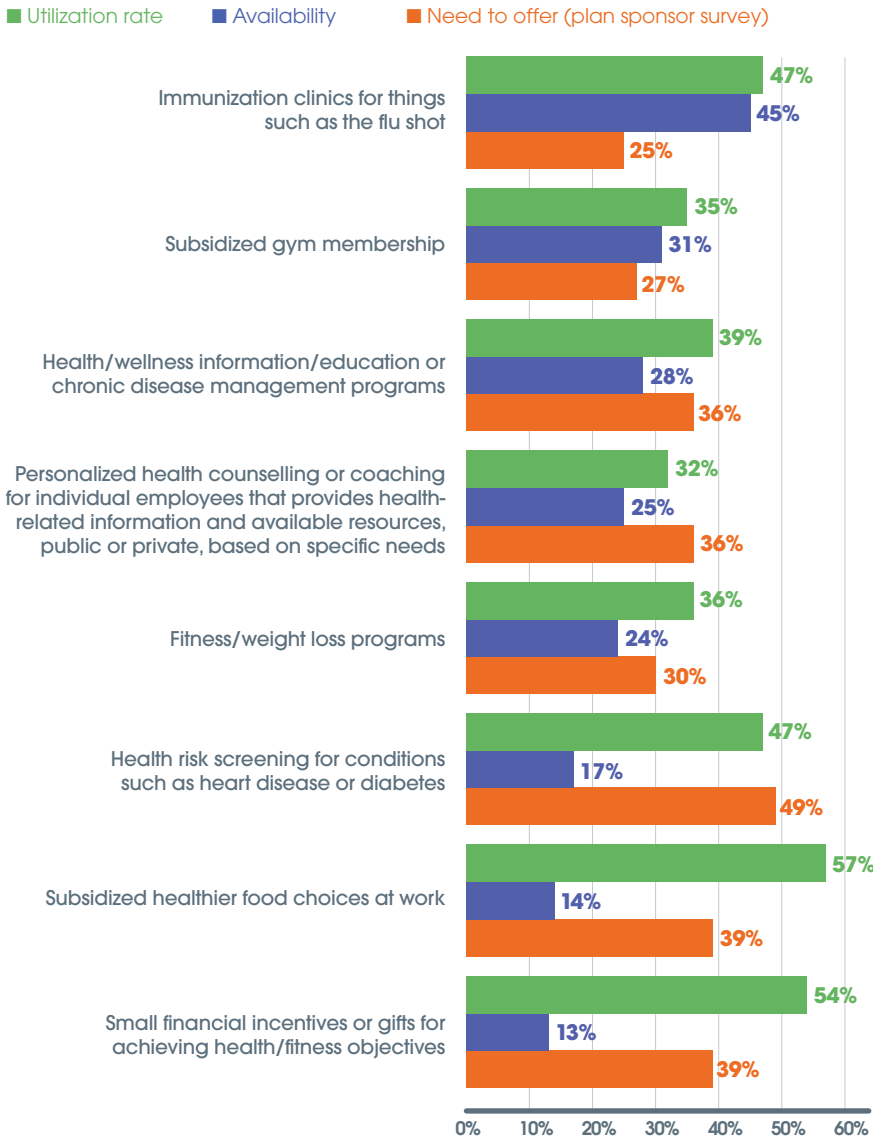
SIZE MATTERS

Plan members working for large employers appear to be less likely to take advantage of workplace wellness programs. Overall, 31% of those working for companies with 10,000 employees or more say they regularly participate in such programs, compared to 38% for all survey respondents.

Industry sector also appears to be a factor in utilization rates. Fifty-four percent of those working for government and 48% in the business, professional or technology sectors report regularly participating in workplace wellness programs, compared with just 26% among those in retail, sales or services sectors.

As in previous surveys, participation levels are also a reflection of employees' perceptions of health benefits. Among those who describe their plan as excellent, 45% regularly take part in wellness activities, compared with 33% among those who say their plan is poor or very poor.

Which of the following do organizations offer/make available to encourage employees to become healthier?



BASE: Plan members (n=1,502) and plan sponsors (n=106)

to invest more resources into health and wellness activities. They point to employee health and productivity (84%) as the biggest reason, followed by alignment with corporate culture (68%). At least half of employers cite the bottom-line benefits: 57% say it reduces absenteeism, 54% say it makes financial sense in general and 50% make the connection to reduced disability claims (up from 29% in 2012). Eighteen percent also reveal that employees ask for health and wellness programs.

On the positive side, these results demonstrate that more employers are making the connection between health and productivity, note members of the advisory board. "Companies are looking at every opportunity to be competitive, and they're recognizing that their profitability, their productivity and their creativity are aligned to how healthy and engaged their people are," says Paula Allen, vice-president, research and integrative solutions, Morneau Shepell.

"Keep in mind that plan sponsors are also estimating that a third of their employees have a chronic disease (see sidebar, page 11). There's your trigger—employers are recognizing they've got a sick workforce and they have to do something about it," adds Steve Semelman, executive director, Mapol Inc.

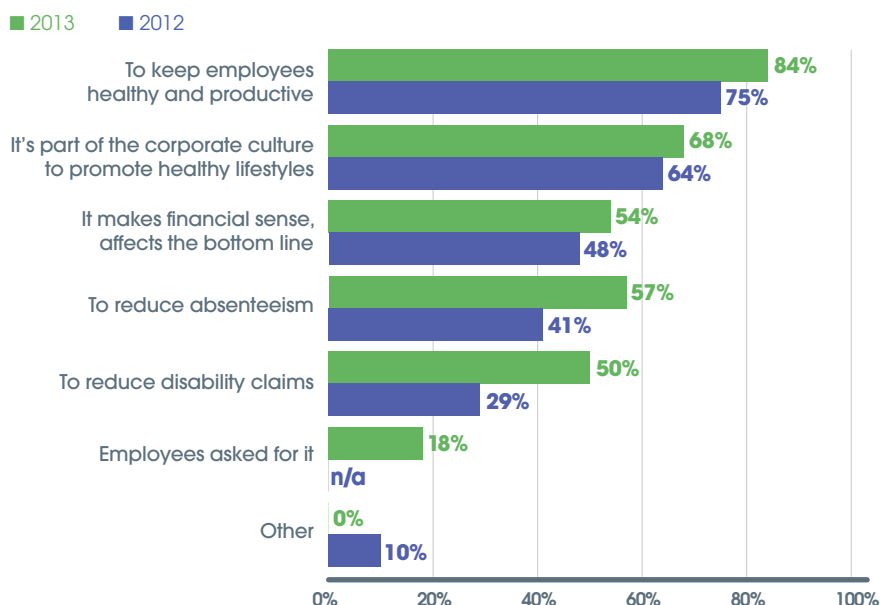
On the other hand, results from the plan member survey appear to contradict the progress made by employers. Before plan sponsors invest any more in wellness programs, they need to ask themselves if they have a clear definition and plan for wellness, in order that their resources can be better allocated. "What comes across is that employers are all over the map," says Sarah Beech, president, Pal Benefits Inc. "Since many companies really don't know what the health issues are within their organization, wellness initiatives tend to be quite broad and overarching, which can make the whole notion of 'wellness in the workplace' overwhelming. Plan sponsors really need to be much more targeted."

Conspicuous by absence

A number of metrics can be applied to help determine an organization's readiness and health issues, including analyses of drug utilization, absenteeism, disability leaves and employee engagement. "It's very important that employers know the utilization rate of their top 10 drugs in order to put targeted health and prevention plans in place," says Dr. Alain Sotto, chief physician, wellness division, Ontario Power Generation (OPG) and Toronto Transit Commission. (To learn more about OPG's health strategy, which targets five chronic diseases, see sidebar, page 11.) Better data on absenteeism is also essential, emphasizes the advisory board.

When asked about rates of absence in the last year, a significant proportion of plan sponsors indicate they do not know. Of those who provided a response, on average they estimate

The main reasons plan sponsors invest in health and wellness programs for their employees



NOTE: Specific actions are multi-mentions and will add to greater than 100%.

BASE: Plan sponsors who have wellness programs (2012 n=59; 2013 n=68)

that 19% of their employees had taken a large number of sick days without going on disability (29% do not know), 10% had been on short-term disability (28% do not know) and nearly 4% had been on long-term disability (24% do not know).

"These numbers are really high. Isn't that adversely affecting business?" asks Beech. "On the one hand these results tell us plan sponsors are not measuring their absenteeism; on the other hand current perceptions, however inaccurate, are a reason in and of themselves to figure out how to have a healthier workforce. There's your ROI right there."

"Absence and disability rates correlate with a cost in benefits and indirect costs in lost skills and management time. They are also an indicator of productivity and performance challenges," adds Allen.

Fifty-two percent of employers say they formally track absenteeism, versus 38% in last year's sample. However, only 32% formally work with their carrier or benefit consultant to analyze the drivers of absenteeism. And among those who work with their

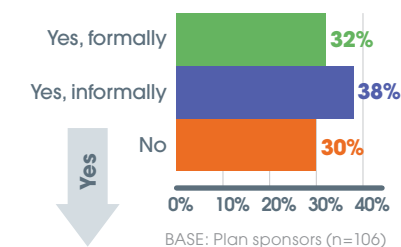
carrier or consultant, 38% use the information to evaluate their benefit plan and 31% use it to develop targeted improvements to better assist employees. Forty-four percent do not take either of these actions.

"This is clearly an area for improvement. The tools are out there for employers to effectively measure absenteeism, for all sizes of workforce," says Jacques L'Espérance, president, J. L'Espérance Actuariat Conseil Inc. "It's equally important for carriers and other providers, who have access to many layers of analytics on drug plan utilization and disability, to advocate, facilitate and help connect these benefit results. While it is not as simple to do as to say, stakeholders need to complement each other's competencies, and challenge each other to do more here."

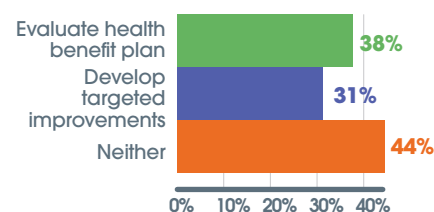
Closer collaboration

Not only do benefit providers and advisors hold the necessary data and analysis for plan sponsors to better target their wellness programs, but they are also already staking their

Plan sponsors working with insurance carrier or benefit consultant to analyze the drivers of their organization's absenteeism or disability claims



How the data results are used



claims as wellness program providers. Fifty-nine percent of plan sponsors say their carrier (49%) and/or benefit consultant (21%) already offer general programs to do with health, wellness and disease education, which they believe can be used to assist in controlling costs and reducing absenteeism and disability claims.

Among plan sponsors who do not have access to such programs through their carriers or consultants, 81% say they would likely offer them to employees if they became available. The intensity of opinion is strong, with 42% stating they would be very likely to offer such programs developed by their carriers or consultants.

Plan sponsors are looking to providers to be a resource for wellness tools, notes the advisory board. At the same time providers, particularly insurers, are the repositories for confidential, employer-specific claims data. These two roles need to be reconciled to ensure better alignment between the respective efforts of employers and employees to improve personal health.

Toppling silos

Plan sponsors' silo approach to managing costs is one of the root causes of poor use of available data, notes the board. Benefit costs are considered in isolation, and not associated with financial measures, resulting in employers who "don't know what they don't know."

Add to that the fact that so many other issues are pressing for attention, and employers tend to leave well enough alone. "It's always a matter of employer attention going to the fire burning brightest," says Telena Oussoren, manager, benefits, Suncor Energy Services Inc. "Benefits are not

the biggest cost driver—payroll is. We need to have the right information to promote our cause."

The current silo mentality means that HR departments are not getting the information they need to justify spending on an accurate measure of employee health issues, she continues. "Is HR really looking at the full picture to determine the cost benefit for health expenditures, as a direct cost now or as weeks of lost productivity or paid sick leave down the road?"

Perhaps that information needs to be repositioned to address revenue and not just cost, adds board member Serafina Morgia,

senior account executive, Industrial Alliance. "The focus should be more around productivity and engagement as opposed to always talking about cost, particularly when you consider the impact of 'presenteeism' as well. Businesses are losing a lot of revenue because they aren't managing absenteeism."

Until larger employers break down the silos between departments, they will continue to consider disability and sick days as some of the many costs of doing business—when in fact they are directly relevant to success, concludes the board. "This is not just about moving costs up or down a few

TAKING CONTROL: CHRONIC DISEASE



Durhane Wong-Rieger
President and CEO
INSTITUTE FOR
OPTIMIZING HEALTH
OUTCOMES

Months before her diagnosis of type 2 diabetes, Marie was coping with fatigue, blurred vision and a nagging thirst. She put it down to her busy life; and her busy life delayed treatment until she finally booked her annual physical.

"I was going to work early, leaving late and bringing work home. I ate on the run and exercise was the last thing on my mind," says the recently retired office employee from a Quebec-based corporation. "I believe stress was a huge factor in my illness. It not only contributed to my symptoms, it encouraged me to ignore them."

After her diagnosis at age 56, Marie diligently took her medication and followed up with an endocrinologist

every six months. Weight loss, however, eluded her. "I tried all sorts of diets. I knew I could go to a dietitian, but I was too busy and I didn't think I needed outside help."

Shortly after retirement in 2012, her blood-sugar levels started rising again. A friend finally convinced her to see a dietitian, who recommended switching to another blood glucose monitor that includes 90 minutes of personalized health coaching over the phone.¹²

The woman at the other end of the line was Durhane Wong-Rieger, a certified health coach and president and CEO, Institute for Optimizing Health Outcomes, based in Toronto. "She's wonderful," says Marie. "She's helping me understand my condition and why I lose control over my eating in the evenings. She encourages me to come up with ideas; for example, if I have an unhealthy snack I do the treadmill for 10 minutes. I've also started to see an exercise specialist."

One of the best things employers can do for plan members with chronic diseases is provide access to health coaching services, maintains Wong-Rieger. Even if it's often not covered as a benefit, convenient access can be enough to make the difference. "At the end of the day, chronic disease management has to be personal. Right now the problem is people are not getting the right kind of information, in large part because primary care is still oriented around acute conditions."

Employers can be part of the evolution to chronic care by fostering a culture that becomes fertile ground for both personal and group initiatives, such as on-site screenings and fitness challenges. "One of the side benefits is improved workplace relationships. This is team building at a deeply personal level, where anyone can be at risk, and no one is at fault. Whether you're a VP or an admin assistant, you're working together to be healthy," says Wong-Rieger.

500,000
Canadians
miss work
every day
due to a
mental
health issue.*



Mental health problems and illnesses account for about 30% of short- and long-term disability claims in Canada every year.*

With the introduction of our
Collaborative Mental Health Care Program
and the **lowest disability case loads in the industry**,
we're working to lower that number.

*It's worth learning more about our group benefits
plans, designed to care for your employees*



 medavie.bluecross.ca

 [@MedavieBC](https://twitter.com/MedavieBC)

 medaviesmallsteps.com

* Estimate by the Mental Health Commission of Canada

points, it's about being successful in your business," says Allen.

Small and mid-size employers, meanwhile, are likely in a better position to make changes because there are fewer layers of staffing and procedures, and most are already attuned to linkages between costs and business growth, adds the advisory board. In their case, breaking down silos may simply require an investment in better tracking and reviewing.

The power of culture

Among those employees who have access to wellness programs through

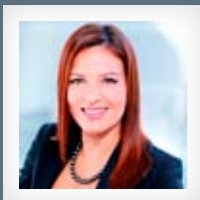
their employer, 38% say they regularly participate in these activities. This is below the 45% reported in 2012, but generally consistent with previous years' data, when participation levels ranged from 35% to 40%.

When asked what motivates them to participate in the available wellness programs, by far the biggest factor is a general desire to become healthier (68%). Household income appears to be a factor: the desire to be healthier is strongest among those with incomes of \$100,000 or more, at 75%, compared with 54% among those with household incomes below

\$30,000. A health scare, experienced personally or by a loved one, is the second biggest motivator behind participation, although it ranks some distance behind (17%).

Programs targeted to meet the unique needs of an employee population are key to push participation levels beyond the 35% to 45% recorded since 2008. Equally important, stresses the advisory board, is the creation of a wellness "culture" that spreads the desire to become healthier among more employees, particularly those at risk of chronic disease.

L'ORÉAL CANADA: WORKING TO LIVE



Catherine Bédard
Vice-president, HR
L'ORÉAL CANADA

When a new pediatrician recently opened his practice close to L'Oréal Canada's head office in Montreal, the company's HR department sent a quick email to inform its 350 employees. It does the same when it learns of openings at daycare centres (for those employees who don't use the company's on-site daycare facility at its distribution centre) or other facilities that offer health, recreation or family services.

The company seeks to answer a simple question when it comes to determining how to maintain a healthy work environment: does it make life easier? "We know we have to work hard, but we also have to pay attention to life outside of work," says Catherine Bédard, vice-president, HR. "You need to be happy to perform well at work."

In addition to its network of contacts among medical offices, daycare facilities, and other health and recreation providers, head office has negotiated corporate rates at fitness centres and makes space available for one-hour yoga sessions after work. Le Club Social L'Oréal Canada, a volunteer social club, organizes soccer and hockey leagues, as well as annual ski trips.

Six years ago its Life at Work committee, comprised of volunteer employees and the employee relations manager, received a budget to hire a local dermatologist to conduct half-day melanoma detection clinics at head office as well as L'Oréal Canada's manufacturing plant and distribution centre. Almost 100 employees make appointments for the five- to 10-minute screenings every year.

Work meetings cannot be scheduled after 3 p.m. on Fridays, and managers model healthy work habits by consistently taking lunch and coffee breaks—usually

at the company's cafeteria (which subsidizes healthy foods), coffee bar or lounge area. "When I first started working here, I was astonished by the number of employees gathered together during coffee breaks! Senior management makes a point of chatting with everyone over a coffee," says Bédard.

The company's president, Javier San Juan, also invites employees to casual breakfasts to share questions and ideas. He is the driving force behind the company's commitment to work-life balance. "We often hear him say, 'Get close to your employees, get to know them as people first,'" says Bédard.

While it's difficult to measure "these small things that make a big difference," employee engagement surveys deliver results that are consistently ahead of the industry benchmark. For example, 86% of respondents are positive about the accessibility of management, 16 points ahead of the market, notes Bédard.

Photo: Julien Fougère

That culture begins with organizational health; that is, what the employer does to facilitate or frustrate the health of employees. “If you have an environment where your employees can’t take lunch breaks because of workload and expectations and instead grab fast food, then it doesn’t matter what you’re doing or what you’re spending, it won’t be effective,” says Oussoren.

Incorporating wellness into HR policies is one of the first and easiest—as well as cost-free—steps to create a wellness culture, she adds. For example, “It can be something as simple as vacation leave. Having a mandatory vacation leave policy and demonstrating your organization’s belief in and commitment to that policy helps to create a culture of wellness.”

“We keep framing wellness and health promotion as things that people do as individuals, but you need to have the time and the spare energy in order to decide that it’s something you’re going to do,” agrees Chris Bonnett, president, H3 Consulting. “Organizations need to look at what they have within their control to start creating a wellness culture, which is the foundation and the underpinning of anything that an individual can or should do. It’s within every organization’s power to take these steps, whether you’re big, small, union or non-union.”

Small steps, big difference

Where there is organizational health, wellness is not so much a program as it is “a way of life,” says Beech. “It’s much more grassroots, where employees become champions to incent others, and activities grow naturally from there. For example, a senior executive at one company began biking at lunch and invited people to join him. There are now 200 people biking at lunch. That’s a wellness program.”

“It’s the small initiatives that make the big difference,” agrees Catherine

Bédard, vice-president, HR, L’Oréal Canada, where foosball, coffee bars and sports leagues contribute to organizational health. “It’s important to lead by example, across all levels of staff.” (For more on L’Oréal Canada’s wellness culture, see sidebar, page 20.)

“There’s a perception out there that wellness has to be big and expensive, that it’s out there as another separate silo. As providers, we are partly at fault for creating this perception. Our recommendation for employers should be to start now and start small, targeting their own employees’ needs, rather than try to do too much,” says Beech.

Targeting health

Once plan sponsors have created a wellness culture, they can circle back to the implementation of targeted programs, continues the board. In fact, the stage has been set to share results and invite participation.

“You can share the fact that you’ve seen an increase in diabetes or heart disease among all employees and you want to help. Then set a target or a goal, just as you would with any business plan or strategy, and report back on a regular basis,” says Beech. “We share how much our business has grown, how much we’ve reduced margins, how successful we are, but we really don’t look at employee health this way. It’s a simple concept really.”

Such collective goal setting can be a powerful motivator, agrees Durhane Wong-Rieger, president and CEO, Institute for Optimizing Health Outcomes. “You can post current averages for weight, blood pressure and exercise levels, then set goals for improvement. Put it out there and have some fun.” (For more tips on employee engagement from Wong-Rieger, see sidebar, page 18.)

Section 2 References

12. BGStar STARsystem by Sanofi. www.starsystem.sanofi.ca/products/bgstar-meter

TIPS & TACTICS

- Define what wellness means for your organization.
- Establish objectives with manageable targets and communicate results.
- Work with your benefit provider and advisor to design a program and measures targeted to your organization. This may draw on a wide range of metrics, including employee surveys.
- Formally measure your absenteeism rates, including reasons for absence.
- Work with an outside expert to get an unbiased measure of your organizational health. Wellness measures can backfire if employees are disengaged due to their current work environment.
- Wellness needs to be part of policy to formalize commitment, set mutual expectations and serve as a benchmark for strategies.
- Not all wellness offerings have to cost money, for example, stair-climbing challenges. For programs that do carry costs, employees may be willing to contribute if they see personal value.
- Include social programs and events among your wellness supports; they complement and extend the value of health benefit plans and health specific offerings.
- Target wellness on a personal level by providing health spending accounts; similarly, alternative work arrangements (e.g., flexible hours) give employees a much-desired level of control over personal work-life balance.

Merging Interests

Government and plan sponsors can help each other overcome mutual challenges around coordination and health promotion—as part of a joint effort to protect sustainability

INTRODUCTION

Canadian plan members are generally confident about the provision of healthcare services, as evidenced by their positive perceptions of both the public system and private benefits. However, a third of those with chronic conditions or who have experienced a serious injury say they need more assistance navigating between the public system and their private plan to coordinate services and coverage. Pharmacists are currently the leading source of aid. In the area of preventative care, we move from coordination to collaboration as plan sponsors indicate a willingness to do more if government supports were available; in turn, the workplace becomes an avenue for government to add much-needed capacity to the healthcare system.

Taking measure

Among plan members with a personal or family diagnosis of a chronic condition or serious injury, 54% say they received a lot or full assistance from the public healthcare system in terms of coordinating services and care following their most recent diagnosis. Twenty-five percent indicate they received some assistance which largely consisted of medical examinations or tests (16%), visits to the doctor (16%) and treatment in general (16%).

Results are similar on the private front: 47% of respondents say they received a lot or full assistance and 22% received some assistance in coordinating services and care. Not unexpectedly, the assistance largely came in the form of coverage for medications (37%) and other types of financial coverage, rather than in direct healthcare services.

When asked from whom they received assistance accessing

services or drugs covered by the public healthcare system, based on their last experience, respondents with a personal or family diagnosis of a chronic condition or injury most frequently cite their primary healthcare team (42%), followed by medical specialists (31%) and pharmacists (25%). Approximately one in three (36%) indicate that no one assisted them in accessing services or coverage.

For services or drugs covered by their private health benefit plan, plan members are most likely to state that their plan provider or insurer (32%) helped to access services or coverage, followed closely by pharmacists (29%). Just 19% mention their employer or HR department. Thirty-nine percent say they did not receive any assistance.

Public-private coordination

The 2013 edition of *The Sanofi Canada Healthcare Survey* then



asked respondents with a personal or family diagnosis of chronic illness or injury to consider the coordination of services and coverage between the public healthcare system and their private health benefit plan. Thirty-six

percent feel they did not get enough assistance in this area when they or a family member were going through the system.

Respondents in Alberta (44%) and British Columbia (42%) are most likely

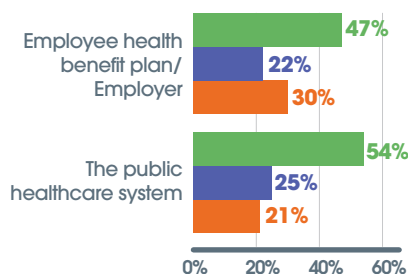
to feel they did not get enough assistance, while those in Atlantic Canada are least likely to be dissatisfied with the level of assistance (23%).

The overall results suggest that a significant proportion of plan members with a personal or family experience with the healthcare system due to chronic conditions or serious injuries could be losing time and productivity because they don't know where to turn for services or coverage, or because the assistance they do receive may be inadequate, confusing or overwhelming, notes *The Sanofi Canada Healthcare Survey* advisory board. This in turn points to the need for better coordination between public and private benefit plans, as well as other publicly funded agencies, to make the best use of limited resources and reduce duplication of effort.

"In the past it was clearer what was covered by private plans and what

Level of assistance in coordinating the services and care required for those who have personal or family experience

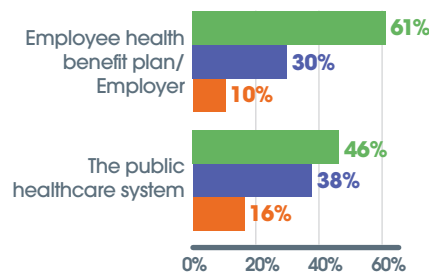
- A lot/Full assistance
- Some assistance
- No/Little assistance



BASE: Those with personal or family experience (n=1,034)

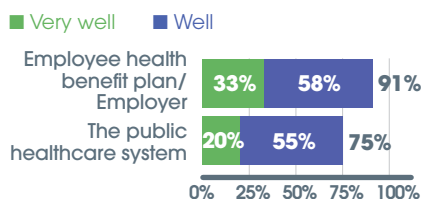
Level of assistance in coordinating the services and care expected by those who don't have personal experience

- A lot/Full assistance
- Some assistance
- No/Little assistance



BASE: Those with no personal experience (n=691)

How well plan members understand what is covered under...



BASE: Plan members (n=1,502)

was covered by the public healthcare system,” says John McGrath, director, group benefits, The Great-West Life

Assurance Company. “In recent years though this has become more of a grey area as public plans delist some of their benefits. Employees are not so sure about where to turn when they’re faced with an issue over funding or care.”

“Integration always begins with understanding, and the challenge is for us to understand what the public system can and should do, and for government to understand how we do things in the private sector,” says

Marilee Mark, vice-president marketing, group benefits, Manulife Financial.

Concerns over sustainability add impetus to greater integration. “These two funding sources have to co-exist, and an action in one often causes an effect or reaction in the other, resulting in a tension that continues to exist today. There’s a growing understanding that not only do we need to improve levels of understanding within a workforce, but also among and between funders,” says Mark.

MORE HANDS, LESS WORK



Mel Svendsen
CEO
STANDEN'S LIMITED

For years, Beth Evans and her team of mental health promotion specialists toted pamphlets and motivational messages to worksite wellness fairs. As requests for these appearances steadily came in, Evans, the manager of mental health promotion, primary and community care, Alberta Health Services, decided it was time to do more.

With grant funding provided by the provincial government (Alberta Health), she was able to approach a short list of employers to become part of a pilot project to partner on the development of mental health strategies.

From Alberta Health Services’ perspective, the workplace plays a vital role on two fronts. First, “the workplace can provide meaning and purpose for individuals,” says Evans. “What employers create inside their organizational cultures directly influences mental health.”

Second, the work setting presents an opportunity to reach people before mental health difficulties develop. “We want to be able to provide reasoned advice on mental health strategies in settings that can make a difference. The workplace is one of those settings.”

Evans is now working with four employers: Husky Energy, Calgary Police Service, Standen’s Limited and Alberta Environment and Sustainable Resource Development. The objective is to help them “develop, implement and evaluate a mental health strategy” by the end of 2013, when funding runs out, says Evans.

While she expects that timeline will be met, she admits it took longer than expected to “establish a relationship and create the conditions needed to begin. One big learning was the impact of organizational change,” says Evans. “Also you need to build in enough time to explore all the options. I can’t overemphasize that.”

“Alberta Health Services brings an expertise that we don’t have,” says Mel Svendsen, CEO of Standen’s Limited in Calgary, a manufacturer that employs about 500 people across locations in North America. The immediate

benefits are savings in time and cost; more importantly, “we both gain a better understanding of what can be done. We can have a positive influence on future legislation.”

Svendsen describes the pilot as a positive experience and encourages other employers to seek out similar partnerships as a way to meet challenges. As well, “Reach out to other employers who have successfully done something, and ask how it worked. Building these networks helps you make good decisions and fewer mistakes.”

It’s also good advertising. “You get to be known as a progressive company. That attracts employees and builds loyalty,” says Svendsen, whose company supports a range of targeted wellness programs, such as smoking cessation, on-site physiotherapy and screenings for prostate cancer. When Alberta Health Services approached Standen’s with the pilot project, it jumped at the chance to be more proactive about mental health, before illnesses develop. “We want to be sure that people who are successful working for us remain successful. That’s just smart business.”

Directing traffic

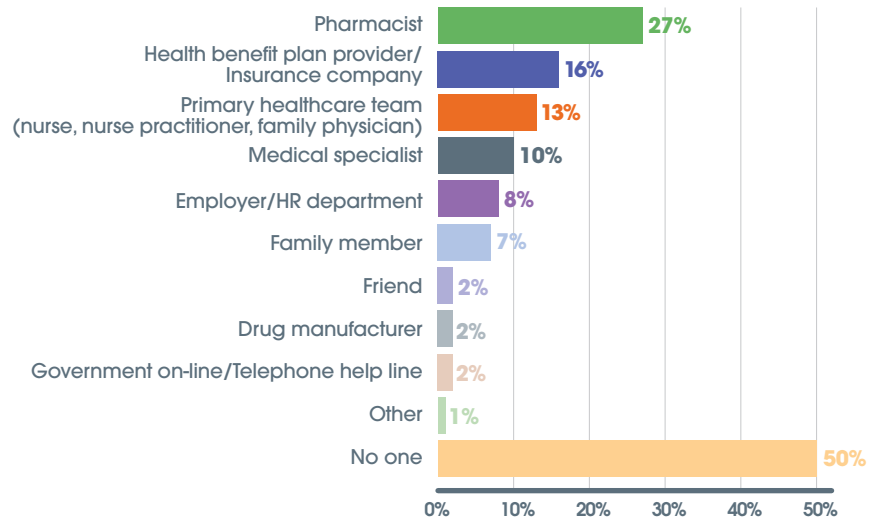
When asked about their last experience with the healthcare system, 50% of plan members with a personal or family diagnosis of chronic illness or injury say they coordinated drug coverage and services between the public system and their private plan without assistance. Pharmacists are the leading source of help (27%) cited by the remaining, followed at some distance by the health benefit plan provider or insurance company (16%), the primary healthcare team (13%) and the medical specialists (10%).

When all plan members (with or without system experience) are asked who should ideally help coordinate coverage between private benefit plans and the public healthcare system, health benefit plan providers or insurance companies (26%) earn the highest individual response, followed somewhat closely by primary healthcare teams (21%). Looked at another way, however, the public healthcare system in general (comprised of the primary healthcare team, medical specialists, pharmacists and government on-line and telephone) (44%) comes out on top, followed by the employers/providers (comprised of the employer/HR department as well as the provider or insurer) (38%).

"The good news here is that there's an openness among respondents for the employer and/or service provider to become involved in this type of navigation," says Paula Allen, vice-president, research and integrative solutions, Morneau Shepell. "It's difficult to motivate the primary healthcare team to do this in an efficient manner because their responsibility is not coordinating payment with private plans, it's providing care."

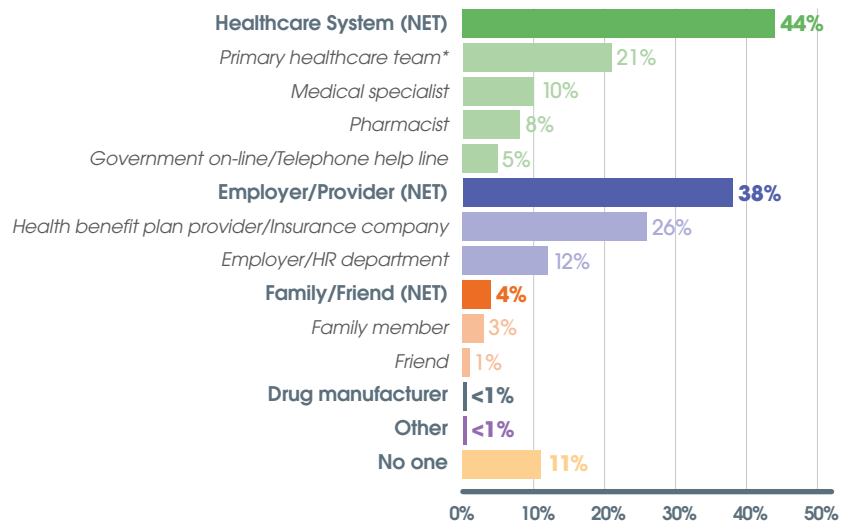
On the other hand, healthcare providers, or a navigational specialist attached to a care facility, would be a more logical resource due to their familiarity with the public system and access to the patient's personal information, observes the board.

Provided assistance in coordinating drug coverage and services between health benefit plan and the public healthcare system



BASE: Those with personal or family experience (n=1,034)

Best options to assist in navigating and coordinating between what is covered by the public healthcare system and what is covered under the health benefit plan



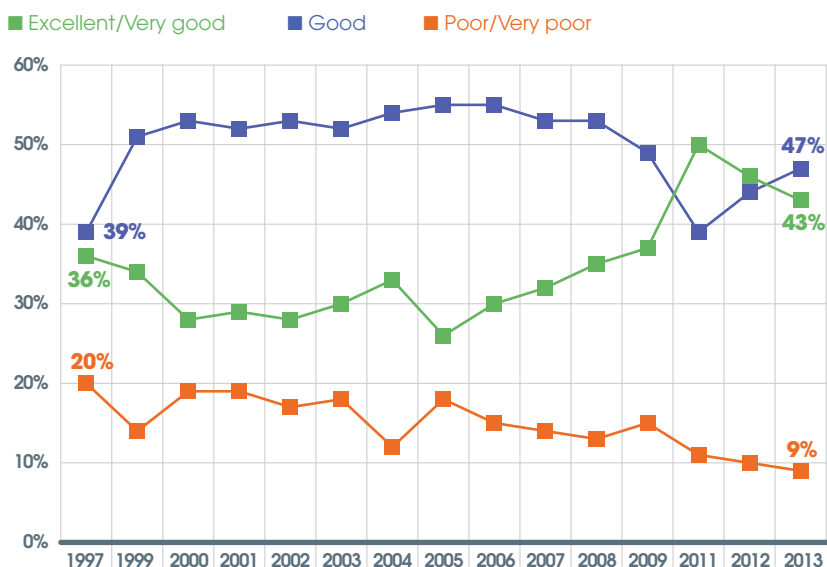
*Nurse, nurse practitioner, family physician
BASE: All respondents (n=1,502)

The plan sponsor study reveals that more than half (59%) say they formally or informally assist employees and their families with coordinating between the public system and the private plan to help them receive required services. They are most likely to do so through their carrier (35%), followed by 21% who provide assistance directly and 14% who use their benefit consultant. When asked to specify what they do directly,

plan sponsors again most often refer employees to their carrier (18%), followed by their own availability to answer the questions of employees (14%) and referrals to their employee assistance program (13%). Ten percent indicate such coordination occurs on a case-by-case basis.

The fact that more than half of employers say they've become involved in helping employees navigate between the public and private

Canada's healthcare system and the quality of medical services it provides



BASE: Plan members (2013 n=1,502)

systems, as well as the wide range of responses, support the need for some sort of infrastructure or common pathway for navigation—and who is best suited for the job. “Ideally, such navigation is organized or activated at the community level, irrespective of whether it’s a government plan, a private plan, a big employer or a small employer,” says Chris Bonnett, president, H3 Consulting. “There needs to be some kind of a service, perhaps connected to a regional health authority, that does this navigation role. Right now, nobody is perfectly equipped to do it and as a result we increase the risk that patients will fall into care gaps and experience negative health outcomes that could have been prevented with quicker access.”

An example can be found at Oncology Drug Access Navigators of Ontario, a network of 70 publicly funded, specially trained navigators who work at larger hospitals and cancer care centres across Ontario. Oncologists refer patients at the time of diagnosis (for details, see sidebar, page 27).

Improved navigation can also reduce disability claims. “In many of these cases we’re talking about pre-disability, which is a grey zone

right now,” says Theresa Rose, director, group product management, Medavie Blue Cross. “We’ve all had examples where you have employees with back issues or other conditions who are on waiting lists for treatment, or don’t know the services available. They’re not on disability yet, but if they have to wait too long for treatment then they’re going to land on disability.”

“There’s a strong argument to be made for some form of pre-disability ‘case management’ or coordination of services,” agrees Serafina Morgia, senior account executive, Industrial Alliance.

Pharmacists step in

While plan members identify benefit plan providers as the ideal resource to help navigate between the public healthcare system and employer-sponsored benefit plans, it’s important to note that among those who most need such navigation—those with chronic conditions or serious injuries—the pharmacist is currently the one most likely to provide it. Twenty-seven percent of respondents say their pharmacist helped them, compared to 16% who cited their provider or insurer.

On the one hand, pharmacists may be ideally positioned to play this role,

notes the board. Their dispensing systems have real-time access to drug plans, they can educate people at the time of dispensing and they have the trust of the patient. And as healthcare professionals, they recognize that coverage has a direct impact on adherence.

“For years we’ve wanted people to view pharmacists as a source of information and a place to go for help. The fact that employees are saying that pharmacists are a resource for them is a recognition that pharmacists do more than just hand out pills,” says Sarah Beech, president, Pal Benefits Inc.

On the other hand, drug plans are becoming more complicated and are forcing pharmacists to spend more time on coverage rather than care, and they’re doing so without compensation. “Pharmacy has said they’re willing to work with the private sector, but we can’t just keep pushing the work of explaining plan designs onto frontline pharmacists,” says Steve Semelman, executive director, Mapol Inc. “Eventually these providers, who are in a good position to help, are going to put up their hands and say that’s enough. They’re going to push back.”

Incentives for prevention

Plan sponsors participating in the 2013 edition of *The Sanofi Canada Healthcare Survey* imply a very strong relationship between government support and their ability to provide wellness programs, including preventative care services. For example, 91% of employers say they would likely implement immunization clinics if supported by increased tax incentives or local public health departments. The intensity of opinion is very high, with 70% saying they would very likely do so. Currently, 61% of plan sponsors report already offering such clinics.

Similarly, 87% of employers would likely offer health risk screenings for conditions such as heart disease and diabetes if they had increased

government or public-health support; 52% would very likely do so. This compares with a current reported offering of just 24% among plan sponsors (88% of plan members, meanwhile, say they would likely participate in such screenings for conditions of personal concern, such as diabetes; see page 14).

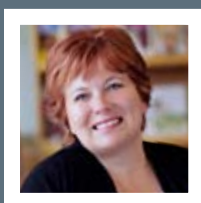
Finally, 88% of employers would likely implement chronic disease prevention or management programs with increased government or public health support; 47% would very likely do so.

Disease prevention and early detection represent strong opportunities for public-private partnership, notes the board. For employers, government support helps overcome financial and logistical barriers; for government, workplace programs help build capacity in the healthcare system. "If the private sector can bring something forward that will help government solve a problem or meet an objective, then government will be more prepared to listen," says Mark.

Allies in public health

Add to that the fact that there is a growing alignment between employers and employees regarding the importance of preventative care, "The timing is right for government and business to get creative about where these types of programs can be delivered," says Allen. "Perhaps they could define a model where government supports more of the delivery of service through employers for working Canadians who, after all, spend much of their time at work."

NAVIGATING FOR COVERAGE, TO CARE



Paulette Birmingham
Drug Access
Coordinator
NORTHEAST CANCER
CENTRE, HEALTH
SCIENCES NORTH

Sean Lee and his wife, Lise, have been running their race against brain cancer for 11 years now. Thanks to temozolomide, a drug that costs about \$3,600 for the prescribed dose per month, the couple in Sudbury, Ont., has been winning so far.

Three days stand out for Lee: first, the day in January 2002 when he learned that a brain tumour had been causing his wife to suffer seizures for more than four years. A day later, the shocking diagnosis was tempered with news that the tumour was a grade 2, which meant "we could live with it if we can keep it at that grade," says Lee.

And live with it they did, for the next nine years. Radiation therapy arrested the tumour's growth, and a medication "cocktail" stopped the seizures. Then in March 2011, the MRI revealed new growth. The oncologist prescribed temozolomide and asked if they had drug insurance.

Lee, a 30-year-employee at a small firm, had no idea. "I panicked, and the doctor immediately referred me to Paulette. We saw her that day. I'm telling you we would have fallen apart without her."

Paulette Birmingham is the drug access coordinator at the Northeast Cancer Centre, Health Sciences North. She coordinates coverage as well as access to oncology medications, many of which cost thousands of dollars a month and require distribution through specialty pharmacies. Before Birmingham's position was created, patients were left to navigate public and private systems themselves, drawing in whatever help they could from healthcare providers. Even with partial coverage, many would resort to second mortgages to pay their co-pays, unaware of other possible sources of funds such as pharmaceutical companies' patient assistance programs or other provincial funding programs. Others would be forced to decline the recommended treatment.

"The complexities of drug funding are increasing, and patients just can't do it on their own," says Birmingham. "We're able to tell patients to concentrate on getting better, and doctors and nurses

can focus on providing care." With at least 50 patient files on her desk at any given time, Birmingham also saves hours of staff time for HR departments and insurance companies.

Birmingham is part of an organized network called the Oncology Drug Access Navigators of Ontario (ODANO), started in 2005 by pharmaceutical manufacturers who saw the need to streamline access to oncology drugs. In fact, Birmingham participated in the pilot project that evaluated the role of a drug access navigator (DAN) position. "My cancer centre quickly saw the benefits and savings, and made my job part of the global budget."

About 40 full-time DANs now work in cancer care centres or hospitals in Ontario, plus another 30 oncology hospital pharmacists "who do as much as they can." Clearly, the demand is there for many more navigators. "Any facility that treats oncology patients could have one," says Birmingham.

To that end, ODANO is putting together a business plan that can be used to help others justify the navigator position, and has just produced its first manual and resource guide. Several facilities in Quebec are also piloting the position.

Public health units are also a likely—and cost-free—resource for employers, yet the perception is they are focused more on preventing infectious disease rather than promoting wellness, notes the advisory board. Or their services are inconsistent from one health unit to the next. “It’s time for employers to push for more from their local health units,” says Dr. Alain Sotto, the chief physician for Ontario Power Generation and Toronto Transit Commission.

Public health agencies themselves couldn’t agree more. In Ontario, for example, the standards for public health include a mandate to help workplaces “develop and implement healthy policies and programs.”¹³ However, most of the province’s 36 public health units are generally “under-utilized by the workforce,” says Gerry Culina, manager, general health and safety services, Canadian Centre for Occupational Health and Safety and co-chair of the Ontario Healthy Workplace Coalition, a network established with federal and provincial funding to help connect employers with their local health units (for more on the coalition and the role of public health, see sidebar, page 8).

Personal connections

When asked the following open-ended question—What more can your employer do to help you navigate the healthcare system?—plan members are far more likely to point to information than direct aid. The greatest proportion of responses (35%) pertains to improved availability and communication of information, followed at some distance by improved coverage (7%), improved access to someone knowledgeable (7%) and improved access to healthcare professionals (2%).

Step one, emphasizes the advisory board, is the creation of an environment that enables health to be part of the regular work conversation (for more on organizational health, see page 20). Once that foundation is laid,

successful communication tactics go well beyond traditional information on benefit offerings.

At Ontario Power Generation, for example, “we’ve changed the paradigm of health and safety meetings,” says Sotto. “For the last several years, our mandatory health and safety meetings have focused not only on safety issues but also on health. We’ll talk about screening for various chronic diseases such as diabetes and cancer. It’s important to remember that you can’t be safe at work without being healthy first.”

Small things can also deliver strong messages—especially when they’re literally attached to compensation, adds Sotto. During the Toronto Transit Commission’s colorectal cancer awareness campaign, for example, “we stapled a colorectal cancer information and referral form to people’s pay stubs.”

By keeping information practical and focused on answering the question of “what’s in it for me,” plan

sponsors and providers create a greater awareness so that when a need arises, employees are far more likely already to know where to go for credible information, says the board.

“Navigation support does not mean you’re making appointments, but that you’re communicating the types of appointments that employees probably need to make,” says Art Babcock, vice-president, Aon Hewitt. “You’re not there to solve things, or to pay for everything, but to help employees know the right questions to ask so they’re not making bad decisions.”

Better navigation and closer coordination between payers to access health services are a benefit to both plan sponsors and the public healthcare system. They save time and protect long-term sustainability of the healthcare system by enabling quicker access to treatment, concludes the advisory board.

Section 3 References

13. Ontario Public Health Standards 2008. Ontario Minister of Health and Long-Term Care.

TIPS & TACTICS

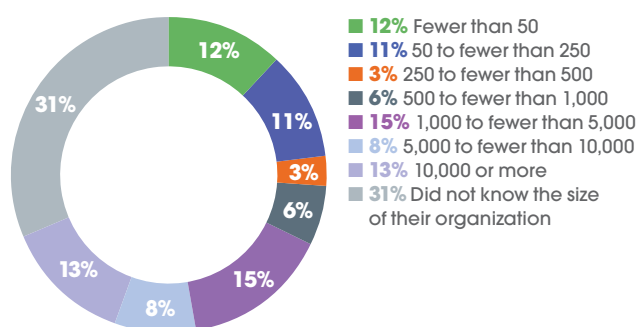
- Through your provider, explore partnership opportunities. For example, pharmacists have direct contact with employees at the point of service and can play a stronger role in helping them make informed decisions about their coverage choices, as well as support their health through medication adherence programs.
- Actively and creatively communicate the tools available to answer employees’ questions on care or coverage, for example, the toll-free numbers and websites for your carrier, employee assistance provider and local branches of patient support organizations such as the Heart & Stroke Foundation.
- Help employees understand what is available on your providers’ websites. Communicate these tools in terms of their personal value to employees.
- Consider investing in third-party coordination or case management providers, which can offer treatment advice, shorten wait times and arrange for second opinions.
- Ask your local public health unit for assistance in the development of wellness policies and programs. Other community-based resources include: disease-specific patient support groups, chambers of commerce and pharmacies.

THE SANOFI CANADA HEALTHCARE SURVEY

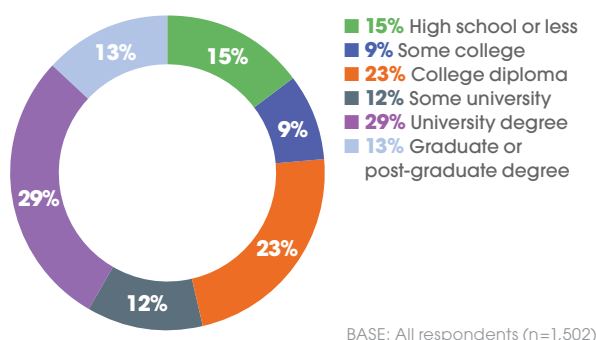
Methodology

Ipsos Reid fielded the plan member survey on behalf of Rogers Connect Market Research group using an online (Internet survey) methodology from January 15-18, 2013. In total, a national sample of 1,502 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 Reid Canadian i-Say Panel. We can say with 95% certainty that the total results are within +/- 2.5% 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 larger 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 2006 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, Rogers Publishing conducted 106 online surveys with benefit plan sponsors from across the country, from January 14-21, 2013.

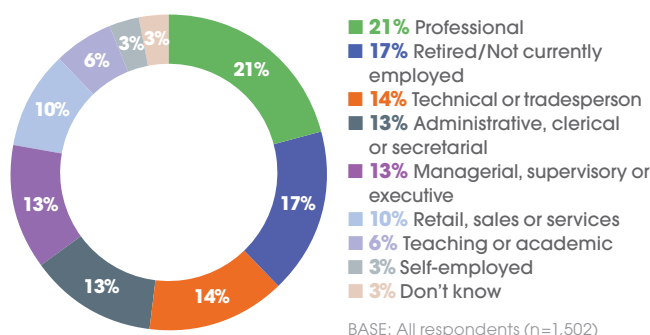
Organization size



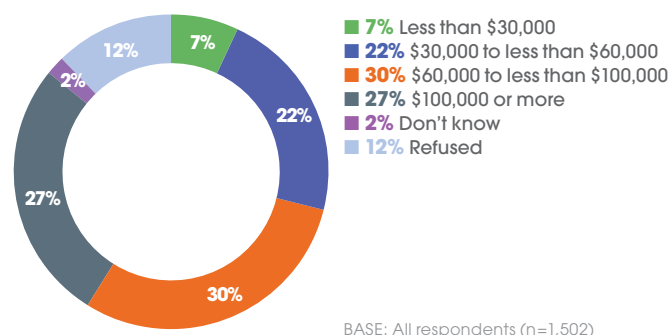
Education



Position



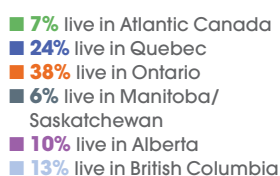
Income



Age



Location



Language



Gender



THE SANOFI CANADA HEALTHCARE SURVEY

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 to Canadian plan members and employers to promoting the report and answering questions about the findings. Their continuing support of this important project is most valuable.



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