

## WHAT WAS SAID

“We cannot create a situation where the insurer is only communicating with the employer and the employee. We have to be aware what’s being communicated to the pharmacist.”

Jane Bawtenheimer, director, total rewards, Sears Canada

“There is still the mentality from the employer that they expect pharmacists to do more. If pharmacists don’t want the role then a forum is needed to make that clear. The problem is that in a competitive world, some pharmacists are willing to do more than others and we get mixed messages.”

Linda Lin, director, clinical services & pharmacy relations, ClaimSecure Inc.

“We need leadership. Insurers should be getting their clients to understand the importance of employee health. ...Employers value their assets and they need to understand that healthy employees are an asset.”

Thomas Holloway, president of Equitus Consulting Inc.

“We have to change the way we look at benefits programs. Every year we go back to the employer and let the employer dictate to us, and the very first thing they focus on is cost.”

Craig Thompson, senior account executive, BCE Emergis

## INCREASED COLLABORATION BETWEEN INSURERS AND PHARMACY

Thirty-six participants at four roundtables discussed how to improve collaboration between insurers and pharmacy in order to alleviate adjudication problems, as well as educate plan members. The roundtables focused on the recommendations of a working group, which met three times prior to the conference.

Members of the working group were: Don Renaud (chair), pharmacist; Kristin Weber, pharmacy technician; Sandi Huty, pharmacist; Paul Kuras, pharmacist; Sal Cimino, Green Shield; Irene Klatt, Canadian Health & Life Insurance Association; Terry Milligan, Maritime Life; Simon Lee, BCE Emergis; and Keith Morrallee, Heath Lambert Benefits Consulting

### MAJOR DISCUSSION POINTS

- Information to plan members must use simple, non-insurance language.
- Information at point of service is critical because most people don’t care until they have a claim.
- A multi-faceted strategy (email, newsletters, stickers, etc.) will reach the most patients/plan members.
- We must deal with the lack of accountability at user’s end, fueled by an entitlement mentality.
- Big employers have problems communicating with pharmacists and physicians in large areas.
- Vested interests must be set aside to establish a real collaboration between healthcare providers and benefits community.
- It isn’t the pharmacists job to educate patients about their drug plan.

### “IT’S YOUR DRUG PLAN” CONSUMER BROCHURE

- Brochure answers most frequently asked questions and encourages people to go to human resources for more information instead of pharmacy.
- It’s useful for new hires as part of employee package.
- It should be available in high-traffic areas, such as work cafeterias and kitchens.
- Ideally, brochure should stand out from others at pharmacy, by using a display unit and poster.
- Another version with larger type and simpler language would be useful.
- Ideally, separate brochures should be created for specific plans, distributed by employers.

### ONE-PAGE PRINTOUTS AT PHARMACY

- Printouts would deliver more tailored information on a specific component of a plan (e.g., special authorization).
- They would use simpler language, bigger print, and give more information.
- They would be printed at point of service, when patients need the information.

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“Collaboration between stakeholders must be on the table. We have aging boomers and we have to manage the rising emergence of disease. Ideas are at play in the backrooms but everyone has a different take on population health initiatives. We need the political will to create a totally integrated healthcare system. The model is there, but the critical mass hasn’t quite tipped it over yet.”

Fred Holmes, benefits consultant, Holmes Associates

“We should stop being so polite about employee accountability. Plan sponsors should be a lot more blunt.”

Imma Monardo, manager, benefits and retirement arrangements, CARA Operations

“We’re lucky if we can get 20% of employees to change their behaviour.”

Emily Delpiero, assistant director, employee benefits, Toronto Transit Commission

- Software vendors must be involved so that printouts can be done at point of adjudication. Could add links to adjudicators’ websites.
- The printouts should ideally include a 1-800 number and/or website for plan members who need more information.

## CENTRAL LISTING OF 1-800 NUMBERS

- Pharmacists could refer patients to the appropriate 1-800 for their plan; although this number is usually on the plan card, many people don’t have it or know where it is.
- A major drawback is that a hard-copy list would quickly go out of date.
- While it seems a good idea, it would be a lot of work for relatively little value. It is too much “spoon feeding” of plan members, who need to be more accountable.

## WEB/FTP SITE FOR DRUG PLAN CHANGES

- Pharmacists would access on online, up-to-date central source of information to learn of major changes to specific drug plans.
- Right now, faxed and mailed messages from insurers, adjudicators and PBMs to pharmacists are expensive and numerous.
- However, who would pay to build and maintain the central site?
- Would all insurers supply regular updates? Would they even participate, considering proprietary issues?
- What’s the definition of a “major change” to a drug plan?
- Is it not better to push plan members to insurers’ web sites (if available), so they can get more information on their own plans?

## IDEAS FOR ARTICLES IN PHARMACY POST, BENEFITS CANADA

- Employee accountability.
- Workplace wellness and how pharmacists can help with preventative measures.
- Healthy employees are an investment.
- Importance of collaboration to break out of silos.
- The integration of drug plans with extended health benefits.

A joint project by *Pharmacy Post*, *Benefits Canada* and the *Medical Post*.  
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