

**WHAT WAS SAID**

"You may want to support a particular benefit but your plan design is saying something else. That's a real big challenge. If you're not paying enough for a psychologist or you're not paying for access to an EAP, for example, you're sending a mixed message. You need to make sure all aspects of your plan design correlate with what your company says it stands for."

*Bruce Fraser, HR advisor group insurance, Sobeys Inc.*

"I don't think there is any magic pill. Education is the solution, but that's a long process. Over time, people will own their health."

*Marie-Josée Castonguay, health care initiatives project coordinator, Inco Limited*

"As long as we have an insurance underwriting, actuarial mentality, it's about cost. We don't talk about the value of the employee, human costs and human capital."

*Fred Holmes, senior director, PBM Centre of Excellence, Emergis Inc.*

"I think one of the partners we're missing here is the doctor. Something like this can work well if we can get the buy-in from doctors. Make the doctors aware that there are programs available to the employees."

*Terry Milligan, drug consultant, Manulife Financial.*

**ADHERENCE AND DISEASE MANAGEMENT IN A LARGE-SIZE EMPLOYER ENVIRONMENT**

Forty-two participants at four roundtables discussed the challenges and opportunities associated with disease management and benefit plan design in large companies. Using a case study as a starting point, they examined practical strategies covering a wide range of issues, from corporate philosophy and measurement to stakeholder buy-in and drug compliance.

**MAJOR DISCUSSION POINTS**

- Plan sponsors need to establish baselines and accurate, comprehensive tracking systems to measure absenteeism.
- At the same time, employers must invest in employee education and consider offering incentives to boost compliance with drug therapy.
- For their part, employees must take ownership of their own health.
- Employers, employees, unions, insurers, third-party payers, government, physicians, pharmacists and other health providers must become part of coordinated disease management programs.

**CHALLENGES AND OPPORTUNITIES****1. Define the parameters**

- A benefit plan must have a clear philosophy that fits the corporate culture. The plan design must invest in the elements that the company says it stands for.
- Employers must address administrative hurdles associated with drug plans, which consume so much time, so they can focus on long-term, healthcare-driven solutions such as compliance and disease management.

**2. Measure, measure and measure some more**

- Examine the existing STD and LTD programs, as well as absenteeism, to identify prevalent health conditions. Employee health risk assessments allow employers to dig even deeper. Self-reporting can be useful for companies interested in targeting the causes of stress in the workplace.
- Drug utilization statistics, available from insurance companies, need to be coordinated in a central system with, for example, wellness program usage. Separate employees from their dependents, and use the information to target their educational programs.

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“There must be some accountability built in—that is a challenge. I’d like to see better management of resources now or companies are going to opt out of STD and LTD. I see plans having LTD capped at five years, then you’re out of luck. It’s too bad. It’s sad.”

*Eric Rumack, occupational physician*

“You have to be careful not to scare employees away from using medication, which may result in absenteeism or LTD, which costs the employer more.”

*Kelly Fletcher, principal,  
Productivity Thru Health*

“Everything seems fragmented. I think we have a collective responsibility—unions, government, employers and employees. It’s very difficult for employers to lead the pack. But if all the players said yes to collective responsibility, we’d make a huge dent in the problem.”

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

- Plan sponsors must collect information in a way that doesn’t compromise employee privacy. This may be achieved by partnering with a third party, such as pharmacists, who can review claims, communicate with patients and categorize data for employers.

**3. Look beyond the numbers**

- Human costs must be considered alongside benefit plan costs. The productivity and value of a company increase when there is a healthy workforce.
- Furthermore, large companies must look beyond the data and talk to front-line managers, who can share important insights about the root causes of absenteeism and poor productivity.

**4. Achieve buy-in**

- With employees: Group education sessions can effectively build trust, communicate commitment and deliver essential information.
- With management: The people who pay the bills must be on board to ensure an organizational commitment to initiatives such as disease management, which is a long-term investment.
- With unions: It’s important for employers and benefits consultants to work with unions to earn their support. The union can become the biggest advocate for long-term, healthcare-driven solutions.

**4. Cultivate integration**

- Involve the community by communicating to and partnering with local physicians, pharmacists, nurses and other health professionals. Make the most of this existing infrastructure.
- It can be difficult to engage physicians; however, reaching out to the medical community through an event such as a health and wellness fair can be a good opportunity to build goodwill and communicate workplace programs.
- Pharmacists and other health professionals can become more involved in monitoring compliance and disease management initiatives—but they need to be fairly compensated.

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