

# OWNING UP

PHOTOS BY JIM LOWE



At this year's Solutions in Drug Plan Management Conference, experts, employers and health professionals shared how they're promoting workplace health programs and helping employees take charge of their health—for everyone's benefit.

BY BROOKE SMITH



Cost containment is an issue for any business, especially when it comes to health and drug spending. As one approach to keeping costs down, this year's Solutions in Drug Plan Management Conference—co-hosted by BENEFITS CANADA and *Pharmacy Post*—focused on how employers can help employees take ownership of their health, ownership that will not only result in healthy employees but also a healthy, more productive and cost-effective workplace. Two organizations and one health service presented their findings.

**Get involved**

Developed by Shoppers Drug Mart for General Motors (GM) employees and retirees, Brake for Health is a cardiovascular program devised to detect employees at risk for cardiovascular disease. Not that there was a high degree of absenteeism because of weak hearts. Rather, GM was investigating more “interactive” health and prevention programs to take into the plant, said Jim Beaudry, national health and wellness coordinator, GM, Canadian Auto Workers.

More than 1,300 employees at the Oshawa and Woodstock plants volunteered to attend a 10-minute screening for blood pressure, blood glucose and cholesterol, which was performed by a registered nurse during work hours. The nurses also noted the employees' smoking status. (Currently, the Oshawa,



Barbara Gobis Ogle



Sarah Abdelnour



Jim Beaudry

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Woodstock and Windsor plants in Ontario are at various stages of the program’s follow-up, and the St. Catharines, Ont., plant is starting to get underway.)

Initially, there was resistance to the program from plant managers. Even though Shoppers Drug Mart funded everything and there was no cost to GM, their issue was trying to ensure there was enough manpower to work the assembly line, said Beaudry.

However, after much back and forth and a promise to work with the plants to make the screenings as least disruptive as possible, the managers agreed. “[GM’s nursing staff] was really helpful in making sure that supervisors were aware that people would be heading off to do this,” says Sarah Abdelnour, senior wellness consultant at Buffett & Company Worksite Wellness in Toronto, which helped to coordinate the program.

The initial screenings were done at the plants. Three months after the screenings, participants with at-risk profiles (those with high blood pressure and/or high cholesterol levels) were contacted via phone or mail. At six months, participants could sign up for one-on-one counselling sessions with a Shoppers Drug Mart pharmacist (again, all voluntary, but on their own time). And at 12 months, they will have an opportunity to be reassessed. (Oshawa participants will be reassessed this fall.)

“The cardiovascular clinics give people ownership of their own health,” said Beaudry. “It’s not easy to influence behavioural change. We all understand the effects [that] improper diet, lack of activity and smoking have on overall health. But most people,

until diagnosed with a health issue, never seem to believe it will happen to them until, in some cases, it’s too late.”

But the initial screenings proved to be an effective motivator. For the Oshawa and Woodstock plants combined, 37% of participants had high blood pressure, and 18% had high cholesterol. And these participants took their scores to heart. At the three-month follow-up, 42% of respondents from the Oshawa plant said they’d made changes to their lifestyle as a result of their assessment scores. Thirty per cent improved their diet, 29% started to exercise and 16% had cut down or quit smoking. In Woodstock, 32% made changes to their lifestyle. One hundred per cent indicated they have improved their exercise habits, and 86% are making healthier eating choices.

All good news, but CEOs want return on investment (ROI) figures. Unfortunately, these will not be available until the end of this year for the Oshawa group. “Until we have those [reassessment] numbers, it’s difficult to calculate ROI because we haven’t seen how many people have made behaviour changes and have actually reduced their scores,” said Abdelnour.

However, if the three-month statistics are any indication, GM could expect a very happy and healthy new year.

### Call me

In British Columbia, it was certainly a happy and healthy year for pharmacists and patients who participated in a chronic disease initiative. Barbara Gobis Ogle, vice-president of clinical services for

Network Healthcare in Richmond, B.C., presented the findings for this initiative, which was developed to help patients manage chronic disease. Empowering Patients through Integrative Care (EPIC) specifically looked at the feasibility of a telehealth pharmacist. (In this context, telehealth refers to telephone support: calls made by the pharmacist to provide information and coaching to patients.) The pharmacists offered self-management and medication management support over the phone to those with chronic illness, namely heart failure and diabetes.

Just over 200 patients (mostly referred by a doctor or healthcare professional) completed the six-week intervention. Gobis Ogle said participants learned self-management skills and became more engaged in their own care. They also enjoyed having telehealth in their home and the flexibility (in terms of day or evening phone calls) it provided. Their health improved, and the regular follow-up (one phone call every week from the pharmacist for six weeks, depending on the needs of the patient) kept the patients focused.

Although not completely new, telehealth is an innovative way to deal with patients. Most of the time, patients see their doctor or healthcare professional in person. But with physicians overburdened these days and remote or rural areas (in some cases) without a doctor or pharmacist, telehealth may just be what the doctor ordered. “It’s just such a less tangible type of intervention that people have had trouble getting their heads around it,” said Gobis Ogle, “but I think the time has come that we really need to.”



Mike Lee

## “EMPLOYERS NEED TO TAKE A VALUE APPROACH TO DRUGS VERSUS A COST APPROACH.”

—MIKE LEE

Although EPIC did not involve employers directly, if participants followed the pharmacists' recommendations and advice, then one can only suspect that any lifestyle changes were reflected in the workplace, too. And, as a result, less absenteeism and more productivity.

### A private affair

But direct intervention of workplace health programs can also involve benefits providers. Medavie Blue Cross partnered with seven employers in New Brunswick to implement Inspire at Work, a workplace asthma self-management program.

Similar to GM's Brake for Health, Inspire at Work was strictly voluntary and included two prescheduled private educational sessions (60 to 90 minutes each) with a certified asthma educator (from Medavie) at three-month intervals. The six- and nine-month follow-ups were done via phone.

“Having a private payer provide care with their own in-house staff is certainly a bit different,” said Neil MacKinnon, an associate professor in the College of Pharmacy at Dalhousie University in Halifax. “There's not a whole lot of that going on. A lot of private payers will, say, contract with the community-based nurse or pharmacist to do things. But having their own in-house staff person is quite different.”

The asthma educator did an asthma assessment and a spirometry test (measuring lung capacity). She also assessed inhaler technique and created an action plan for employees.

Of 105 participants from the seven



Neil MacKinnon

employers, 99 completed the study. In assessing the 99 participants, the asthma educator identified 188 problems related to asthma care. She also identified 53 potential drug-related problems (such as adverse drug reaction, drug interactions, failure to receive drugs, overdosage, improper drug selection). That is, problems that, if left unresolved, could become much more serious.

Moosehead Breweries, one of the seven employers, shared its experience at the Conference. “From an employer's perspective, we welcomed the Inspire at Work program,” said Mike Lee, vice-president of human resources at Moosehead Breweries in Saint John, N.B. “It fit with our philosophy, it fit right into our health initiatives, and it was a demonstration of commitment to employee health.” Lee also stressed that Moosehead wants to be an employer of choice in terms of employee retention and recruitment.

Despite the costs of the program (the asthma educator's time and travel, marketing material, supplies, employee time), Lee said Moosehead did save some money through increased productivity (more than \$11,000 for three months) and decreased absenteeism (more than \$10,000 for three months).

Similarly, the average number of days Moosehead participants reported experiencing asthma symptoms at work over the past three months decreased from 16.73 days (baseline) to 6.82 days (nine months).

Overall, asthma drug costs for the 99 participants increased, but that was not surprising. Some who were tested may have needed additional therapy or a higher dosage or a different drug altogether.

On absenteeism, self-reported paid sick days over the past three months by participants decreased from 0.86 to 0.15, and self-reported school days lost over the past three months by children or dependents decreased from 1.16 to 0.

In terms of productivity, the percentage of time participants were able to be productive while hindered by asthma increased from 85.4% (baseline) to 95.9% (nine months). Similarly, the percentage of work completed while hindered by asthma also increased, from 88.6% (baseline) to 96.0% (nine months).

Lee said there was roughly a \$4 return

for every dollar spent on the program at Moosehead. But it wasn't just about the cost savings, he stressed, the big thing was quality of life. “The quality of life improvement was phenomenal,” he said. In fact, Dalhousie University conducted a 24-question survey on asthma quality-of-life issues. For every question, there was a “statistically significant” improvement reported after three, six and nine months.

### True value

But absenteeism, productivity and quality of life don't improve as a result of merely implementing a program and hoping to save a few dollars. It's about value.

Lee said employers tend to look at three traditional phases when trying to manage high drug costs. First, there's the recognition and blame phase, in which plan sponsors tend to blame high drug costs on pharmacists, manufacturers and insurers.

Second is the managed costs phase. Because drugs are expensive, employers begin to transfer costs. For example, premiums, co-pays or fixed pharmacy fees may crop up. “We did all kinds of things to contain costs, but what did we do to add value?” Lee said. “At the end of the day, the pie didn't get any bigger, it just got sliced a little different.”

Finally, in the managed care phase, employers have options such as restricted formularies, special authorization and generic and therapeutic substitution.

Lee said these approaches were not going to help contain costs at Moosehead. “Employers need to take a value approach to drugs versus a cost approach.” Inspire at Work, although it increased asthma drug costs, had a valuable ROI and, more important, a positive, healthy impact on employees.

Initiating workplace health programs, however, is not without its drawbacks (think manager resistance, cost). But when implemented by caring organizations with the right intentions, as these case studies indicate, both employers and employees reap the benefits. “We should not be here today talking about ad hoc participation,” Lee said in conclusion. “We should make it part of the way we do business.” **BC**

Brooke Smith is assistant editor of BENEFITS CANADA. [brooke.smith@rci.rogers.com](mailto:brooke.smith@rci.rogers.com)