

JOINING THE HEALTH CULTURE CLUB



Employers are making greater efforts to promote patient adherence and foster a culture of health in the workplace to help manage chronic conditions.

BY BROOKE SMITH



Three years ago at Pitney Bowes' head office in Stamford, Conn., David Hom, then vice-president of strategic initiatives for the company, received a call from the chair, who wanted to discuss how to create a healthy workplace environment. Specifically, he wanted to use financial incentives to get employees to go to preventative screenings, with the goal of improving the health of the employee population.

While the idea of offering financial incentives might make most CEOs reach for their blood pressure pills, at Pitney Bowes, they work. "Pay 'em off," said Hom, now chair of the Center for Health Value

Innovation, an institute financed by Pitney Bowes. As a strategy to motivate employees to stay healthy, Hom remarked that "bribing is good." Along with these "bribes," in 2002, Pitney Bowes reduced the costs of all drugs covered under the benefits plan (both generic and brand name) for diabetes, asthma and hypertension to 10% co-insurance. "We were agnostic to the drug," said Hom. "What we were wedded to was [prescription drug] compliance."

Fast-forward to 2008, and the issues remain the same: how to get employees to adopt healthy behaviours and adhere to treatment regimes. And that was one focus of this year's Solutions in Drug Plan Management Conference—co-hosted by *Benefits Canada* and *Pharmacy Post*—in Toronto.

The move to 10% co-insurance produced results in Pitney Bowes' employee population. Compliance rates for asthma medication adherence doubled, particularly in the area of controller medications. There was also an increased level of compliance for diabetes and hypertension drugs, notably, for those over age 55. "Our older [employees] began taking their medications," said Hom. "We saw less hospitalization [and] fewer ER visits." In fact, Pitney Bowes reduced its disability days by 50% for its diabetic population.



STEPHEN UHRANEY

OVER-THE-COUNTER ADVICE

By April Scott-Clarke

Encouraging generic substitutes and having restrictive formularies are strategies often used by plan sponsors to combat the ever-rising cost of prescription drugs. But despite these efforts, plan sponsors are still struggling to keep plans affordable. Some experts suggest looking beyond drug plan guidelines and administration to find cost-containment solutions. At the recent Solutions in Drug Plan Management Conference, co-hosted by *Benefits Canada* and *Pharmacy Post*, one pharmacist pointed to the government-sponsored Meds Check program for possible relief.

Meds Check was launched in April 2007 by the Ontario Ministry of Health and Long-Term Care, in conjunction with the Ontario Pharmacy Council and the Ontario Pharmacists' Association. The program is intended to promote better health through medication compliance. It also gives people the opportunity to have an annual medication review with a pharmacist to ensure that they are taking their prescription and over-the-counter medications properly, including herbals. "It's a very holistic view of that person's medication profile in the context of their health conditions," said Rosemarie Patodia, pharmacist and manager, pharmacy marketing and professional services, with Shoppers Drug Mart. The appointment takes approximately



Rosemarie Patodia,
Shoppers Drug Mart

30 minutes and is free for those with more than three chronic prescriptions and who are covered by OHIP. "It's an untapped resource," said Patodia.

Promoting Meds Check in the workplace is in the best interest of employers. As Patodia explained, if employees are using their medications properly, they're more likely to avoid acute illness, time off work, frequent doctor visits and additional drug costs for a condition that could have been prevented by taking their medications correctly. She added that because many people have to rely on clinics and multiple doctors, the onus is on the individual to remember what to take and when—not an easy task when several medications are involved. "You'd be surprised how many people don't know why they're on a particular medication," Patodia said.

During a Meds Check appointment, the pharmacist will explain why the person is taking each prescription, how he or she should be taking it and what the results of taking the medication correctly should be. The pharmacist will also ensure that the medications don't interact. "We always check for interactions when we fill prescriptions, but not every patient gets all of their prescriptions at the same pharmacy," Patodia explained.

During one medication review, Patodia found that a woman was taking two different medications to treat insomnia and anxiety, although both drugs were indicated to treat both conditions. In another review, a man with a chronic lung condition was using numerous inhalers. "He was using two inhalers of the same class of drug, which are not typically taken together for that condition," she said. "I was also able to glean from the discussion that his inhaler technique wasn't quite right."

In both cases, Patodia consulted the physicians to inquire about the duplicate drugs. She also gave both patients lists of their medications, explaining what each drug was for and how it should be taken.

"We know [medication adherence] is a big issue, particularly with people who have chronic diseases and conditions such as hypertension and high cholesterol where people don't have symptoms," Patodia said. She added that something as simple as teaching someone about hypertension and how to manage his or her blood pressure, in addition to taking his or her medications, can help to prevent a stroke. "Optimizing medication use can prevent devastating events that can have significant [health and financial] costs associated with them." **BC**

In 2007, the company moved all of the osteoporosis drugs and prenatal vitamins covered by the benefits plan to 10% co-insurance. "Prenatal vitamins are very expensive, so [women] don't want to take them," said Hom. In addition, Pitney Bowes moved all of its non-smoking drugs to 10% co-insurance. "There are new drug therapies that have significant value," said Hom. "Their results have been phenomenal, so we're going to provide people [with] access to medications—provided that they're getting counselling services. You can't just give them drugs; you've got to get them some sort of assistance."

Pitney Bowes hasn't been alone in its desire to promote healthier employee behaviours. In 2006, General Motors (GM) and the Canadian Auto Workers (CAW) launched a smoking cessation challenge in partnership with the Durham Region Health Department and Green Shield Canada. The initiative was in response to a survey earlier that spring, which indicated that 18.4% of GM's employees smoked, and 50.5% of those smokers were considering quitting within the next six months or were committed to quitting within 30 days.

The 24-week program was available to all GM employees, retirees and their

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— DAVID HOM, CENTER FOR HEALTH VALUE INNOVATION



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eligible family members. Program participants received an information package on self-help resources such as websites and 24/7 phone lines, as well as a list of pharmacists trained in clinical tobacco intervention (CTI), who would support participants during their nicotine withdrawal. “The services provided by CTI-trained pharmacists played a crucial role in the success of this program in assisting employees in quitting smoking and remaining smoke-free,” said Jim Beaudry, national health and wellness coordinator, CAW. “The pharmacists prepared employees to know what to expect in their quit attempts.” One employee, Beaudry said, contacted him in the first few days of the program explaining that he had headaches. If it hadn’t been for the pharmacist, who explained that this was normal, the employee may not have been successful in his attempt to stop smoking.

Of the 180 individuals who registered for the program, 80 took advantage of the CTI-pharmacist consultations and, as a result, received benefits coverage for all nicotine replacement therapy (NRT) products. Gum, patches and inhaler NRTs are not covered under GM’s prescription drug plan outside of the smoking cessation program. “We



Chris Monteith, GM

found there was enough in the literature to support [the idea that] not just pharmacists, but certainly any healthcare provider who touches a person who’s trying to quit [smoking] adds to their success,” said Sal Cimino, manager, pharmacy and professional services, Green Shield Canada, which organized more than 250 pharmacists for the program. GM’s results can now be added to that literature: of the 80 participants, 30 were deemed smoke-free on completion of the program—a 37.5% success rate.

This success has led to a second launch. “Health Canada has approved funding to support our 2008 program, which will, once again, be with the Durham Region Health Department and Green Shield Canada,” said Chris Monteith, HR manager specialist, divisional benefits, GM. “It will be promoted throughout this summer for a fall quit date. Our goal is for a larger participation and, again, a significant success rate.”

Culture of Health

While both Pitney Bowes and GM are meeting healthcare challenges relating to patient adherence—via lower co-payments, incentives and health programs—adherence is only one piece of a much larger puzzle.

Employers need to create a “culture of health,” said Hom. This includes promoting and implementing a healthy organization (through benefits plans, management practices and employee resources) as well as a healthy work environment (through strategies such as offering healthy cafeteria food choices, stretch breaks, ergonomic workspaces and non-smoking worksites). “Talk about health as a culture with your employees,” said Hom. “It gives you a brand distinction and creates a competitive advantage in a tight labour market. And we will have tight



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symbolic to create a culture of health,” said Hom, “we did see an increase [in the] use of the salads. They were placed in front of the cafeteria and really made to look good.”

Smaller initiatives can have a significant impact. “Build one record of success,” said Hom. “It gives you credibility, and you can have a seat at the table with your CEO.” That first success may just lead to a healthier, more productive organization. **BC**

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labour markets going forward.”

In creating its health culture, Pitney Bowes implemented a number of smaller initiatives, one of which was cafeteria messaging. In the majority of its world-wide operations, the company reduced the prices of healthy foods sold in the cafeteria by 50% and increased the price of french fries, onion rings and burgers. “[Unfortunately,] the demands for those foods are everlasting,” said Hom.

The company also restructured the vending machines in some of its locations. Healthy options are now placed at the top, at eye level, and junk foods have been relegated to the bottom. “We also moved the machines to the furthest part of the building to make people walk to them,” said Hom. “It’s the small things you can do to drive the culture of health.”

Other companies, too, are joining the health culture club. Another example, said Hom, is Wegmans, a grocery chain in New York State. Wegmans stopped selling cigarettes at 70 of its U.S. stores in January of this year. “[The CEO] wanted to create a community of health,” said Hom, adding that Wegmans is probably going to take a loss because of it.

Target Practice

But while employers might want to solve all of their employees’ health issues, Hom stressed that they need to zero in on a specific employee population. “You want to target a disease, target a population, target the intervention and target the metric. The simpler you can do it, the easier it’ll be to measure and the better success you’ll have.” He added that to create a business case for investing, companies need to develop short- and long-term goals and determine how to measure return on investment.

As GM, Pitney Bowes and other companies have shown, patient adherence and creating a culture of health leads to positive outcomes. While getting more healthy snacks into the vending machines “was more