Getting Down to the Business of Health

The next few years will see an exciting evolution of care and wellness offerings across the health continuum, from prevention to chronic disease management.

The TELUS Health Executive Roundtable was held on January 28, 2020. The recommendations captured in this report neither reflect the current reality nor take the current situation into consideration.

Collective action can play a vital role in protecting and promoting health, as dramatically demonstrated by the multi-stakeholder response to the COVID-19 pandemic. As society and businesses adjust to a “new normal,” plan sponsors and their benefits providers can facilitate increasingly meaningful modalities of support for plan members’ day-to-day wellbeing, as explored in this article.

Technology and behavioural science are paving the way toward a “high-tech, high-touch” model for healthcare. This model will reset workplace health benefit plans and wellness initiatives. Private insurers are mobilizing resources as well as new partners to make this model a reality over the next few years—but industry experts at this year’s TELUS Health Executive Roundtable agreed that the stage must first be set at the plan sponsor level.
Efforts in the wellness space have led plan sponsors to the realization that success—in their employees and in business performance—is best achieved when they develop and embrace a comprehensive, “walk-the-talk” strategy that’s tailored to the needs of their workforce. Ideally, that strategy also endorses a broader definition of wellness, to reflect the interconnections between physical, mental, financial and social health.

Today’s value equation
The changing workforce is a major factor behind the evolution of wellness in the workplace. Millennials steadily comprise a larger share of the working population, as do contract, part-time or “gig-economy” workers. Not only do they have different expectations and needs, but they also are much more likely to regularly switch jobs in their pursuit of career advancement.

A higher rate of employee turnover means that traditional return-on-investment thinking falls short. Instead, the value of investing in health lies in its immediate benefits measured by key performance indicators such as productivity, absenteeism and the continuous attraction of talent.

“We need to change the lens. We’ve been at this long enough to know that when employees’ unmet health needs are addressed, it is highly correlated to success in business performance,” said Cheryl Kane, vice-president, Morneau Shepell. “We probably won’t even get to individual health without cultural or organizational health,” stated Kane.

Inextricably tied to that is senior leadership buy-in. “It can be hard to change the culture, but if it starts from the top then you can accomplish a lot,” said Geneviève Richard, director of product development, Desjardins Insurance. Once leadership is on board, employees themselves are the best source of information to determine what contributes to a healthy work environment. “Millennials, especially, will influence the culture. They will ask for more in areas such as work-life balance, the daily work environment and social enterprise.”

To more specifically address employees’ health needs, plan sponsors should work with their benefits advisor and/or insurance provider to develop a tailored strategy based on claims data and employee input. Executive roundtable participants noted that more sophisticated reporting is available, and plan sponsors should be able to expect one-page summaries that spell out priorities and recommended actions.

When it comes to drug claims information in particular, top disease states should be ranked by prevalence of claims or unique individuals who claimed a drug for a particular condition. “Traditionally, disease states are ranked by cost, but the top condition by cost could affect a very small portion of the population. When you rank by prevalence, you get a better sense of the number of employees affected within an organization. You might also include spouses and dependents covered under the plan because you want to think about the caregiver burden as well,” said Joanne Jung, Canadian pharmacy practice leader, Willis Towers Watson.
A wellness strategy works best when it addresses the four main pillars of health: physical, mental, financial and social (e.g., volunteerism). “Ten years ago, we were still focused very much on the physical. Now we know that mental health and financial health can have a tremendous impact on the person,” said Kane.

We also have to think about the entire continuum of care, from a state of good health to chronic illness and crisis. People can be anywhere on that continuum, at different times in their life, agreed executive roundtable participants.

The evolution of offerings
Technology is certainly helping to drive the development of a new model for health care. For many other aspects of daily life, consumers use digital devices for self-serve, frictionless access to a marketplace of products and services, which constantly changes based on individual behaviours and preferences. The capability exists to do something similar for healthcare.

Technology, including personalized communications that are pushed out to plan members, can improve engagement levels in all four pillars of health and across the health continuum, and at a lower cost than traditional, broad-stroke workplace wellness initiatives.

However, technology is the fuel, not the engine, stressed executive roundtable participants. When it comes to sustained improvements to health, behavioural science is the lynchpin to success.

“As an industry we’re better positioned than ever before. What is most encouraging is that we’re coming back to the human element. The focus is less on treating the condition and more on understanding what drives behaviour. Without that understanding, we’ll never really be able to move the needle,” explained Matthew Gaudry, director of product support and management, Canada Life.

“The human experience is more important than technology. Having said that, you need the technology to be able to pinpoint and reach people wherever they are in their journey. Technology is also essential to help with access and navigation,” added Christine Than, pharmacist and drug solutions specialist, Aon.

Type 2 diabetes is a good example of a disease state that would benefit from the “high-tech, high-touch” approach, given that behaviour change can be a huge factor in health outcomes. However, barriers to change include lack of resources, denial, stigma and co-morbid conditions such as depression, and there is no single solution.

“It all depends on a person’s readiness for change, and from there you move forward in incremental steps,” said Aida Begovic, senior director, workplace wellbeing, Shoppers Drug Mart. “It’s about matching people to the right healthcare provider and the right program, where people become accountable and empowered, and providers focus on the whole person.”

For some people, a rewards-based smartphone app may be enough; for others, virtual chats or one-on-one coaching sessions make the difference.

Virtual care is a blend of technology and the personal touch, and some insurance providers already offer it for non-emergency health situations (such as fever or skin rash). Longer term virtual care for chronic conditions is emerging, led by internet-based cognitive behavioural therapy (iCBT) for mental health.

Other benefits that could be part of the new wellness “ecosystem” include increased benefit maximums (to remove financial barriers to behaviour change), pharmacogenetic testing, financial planning (including student debt repayment), spending accounts (coupled with personalized recommendations for use) and flexible work arrangements.

What we can expect
All the insurers and consulting firms at the executive roundtable reported significant increases in wellness staffing within their own organizations over the past few years and investments in both technology and the application of behavioural science. They are walking the talk by removing internal silos between departments, implementing new or expanded benefits and piloting
programs, such as virtual care and one-on-one coaching, with their own workforces.

The vetting of hundreds of providers has also become part of the job description, leading to acquisitions or partnerships. Outside-the-box partnerships with healthcare providers, such as physicians, nurses, pharmacists, dietitians and physiotherapists, are on the table.

“We need providers who are in the trenches, who can stay in regular contact with their patients and who can really help them on their journey at a very personal, private level,” said Martin Chung, assistant vice-president, Equitable Life.

Pharmacists in particular can provide services well beyond the transactional dispensing of prescriptions. While much still needs to be done, including a reasonable revenue model, the work is underway. “There is a strong potential for partnership on behavioural economics because we share the same customer. We can share data insights at the aggregate level and create more meaningful products, with triggers or reminders at the pharmacy to help drive engagement,” said Begovic.

Pharmacists with training in behavioural change can become part of a referral system and provide services virtually or over the phone. “A preferred provider network is not necessarily required. We already have referral models today, and we could add certain pharmacists’ services to that,” noted Chung.

An affordable business model

The participants at the executive roundtable all agreed that larger employers will likely be early adopters of the new approach to employee health; however, scalability for small and mid-size employers is certainly the end goal. Leading up to that, more benefits advisors will step up as contributors and navigators for their clients. “It’s already happening, supported by mergers and acquisitions in the advisor space. These larger national firms are combining resources and investing in innovative health-related services traditionally provided by insurers,” said Marilee Mark, group benefits strategist, Marilee Mark Consulting.

“The bulk of our business is small to mid-size, and it’s important to provide that type of a one-stop shop to these segments,” agreed Gerri O’Leary, vice-president, Johnston Group. “Our new wellness offering includes services such as financial counselling and telemedicine, and we’ve baked it into our regular product for clients.”

The general consensus at the roundtable was for a base offering at no extra cost. Certain components may require additional spending, which can be tied to fee for service based on utilization rather than the traditional model of a cost per member per month. “One of the biggest challenges is to figure out these partnership models and how to monetize all of this, while at the same time testing and evaluating, until we can really step back and say that this has been successful,” said Mark.

From there, the results should speak for themselves. “As providers, we are constantly testing and evaluating, adjusting and scaling from there. And while we are still in early days, we are seeing increased engagement, including from high-risk groups who traditionally don’t engage in previous wellness offerings. The best is yet to come,” stated Isaac Strang, director, health innovation, Manulife.

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