

THE INSIDE STORY[®]

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Transitions made easy

Transferring business to a new benefits carrier is often the last thing that an employer wants to do. Issues with an existing carrier are often the cause of dissatisfaction, but most employers are afraid to start all over again with a new one. This was the case with Windsor Regional Hospital, who had been with their carrier for many years. They didn't have the time or the internal resources to move their health and dental benefits to another company. Their human resources (HR) department was busy having just overhauled their HR database, and they had other things on their mind—like serving 400,000 patients in Windsor and Essex County. However, they finally decided to go to market to find a new carrier for their benefits, and that's when Green Shield Canada saw an opportunity.

"Large cases typically take a considerable amount of time and effort to move over, but our promise is that a transition to us requires less of our clients' time and effort. We assured Windsor Regional Hospital that we would do everything possible to move their business over to us seamlessly."

– Diane Russett, Manager, Windsor Sales,
Green Shield Canada

Moving and managing benefits

Convincing Windsor Regional Hospital to move their health and dental benefits to us was easy. We worked with their plan advisor, Aon, to prove our capabilities in customer service and benefits management. Once the decision was made to move their benefits, our goal was

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to handle the transition with minimal effort from the client. Assembling a team of experts from various departments at Green Shield Canada, we put together a customized implementation action plan and worked with Aon to create the plan designs. Our dedicated staff enrolled all 2,000 employees and their dependents in the new plan, loaded previous claims data into our Green Shield Advantage® system and ensured that all of this was completed accurately—all within three months. Weekly meetings with our internal team of experts were held from the date that we were selected in August until we paid the first Windsor Regional Hospital claim in November.

"We have worked with Windsor Regional Hospital for over 10 years. Having an in-depth knowledge of their various and complex plan designs, it was crucial that a partnership of all parties was formed from the beginning in order to get this right. Due to the magnitude of the project and the condensed timeframe, it was imperative that a clear vision and road map were laid out from the start. The combined, dedicated efforts and diligent work of all parties contributed to the overall success of this mandate."

– Patti Landry, Consultant, Aon Consulting

Preparation and communication

Every employee within an organization makes contact with their benefits carrier at some point. With large case transitions such as this one, it was imperative that we made things convenient for the plan sponsor and administrators as well as for plan members. To help employees understand the upcoming change, we provided the communications: packages, which included frequently asked questions (FAQs) to

"I just want to indicate what a great job everyone has done on transitioning our business to Green Shield Canada. It's gone much more smoothly than I could have anticipated. Great job all."

– David Musyj, Vice-President, Corporate Services and Medical Affairs, Windsor Regional Hospital

address any questions or concerns, were mailed to employees' homes. We also ensured that the enrollment data we captured was current, detailed and compatible with Windsor Regional Hospital's HR database. In addition, a help desk was set up at Green Shield Canada in case employees had any questions or wanted to update their information.

Implementation expertise

On November 1, 2006, we began to pay Windsor Regional Hospital's claims. The flexibility of our Green Shield Advantage® system and the expertise of our dedicated staff ensured a seamless transfer of Windsor Regional Hospital's business.

About Windsor Regional Hospital

Windsor Regional Hospital is a large multi-site health-service organization serving 400,000 people in Windsor and Essex County. Established in 1994 following a merger of Windsor Western Hospital Centre Inc. and Metropolitan General Hospital, Windsor Regional Hospital has over 174 years of combined history in health care services. Providing acute and continuing care services with 716 beds at various sites, Windsor Regional Hospital is one of the largest non-teaching hospitals in Ontario.

Announcement



David Lewis
Chair of the Board
of Directors

The Board of Directors of Green Shield Canada is pleased to announce the appointment of David Lewis as Chair of the Board. David has been a long-time director of Green Shield Canada. A graduate of UTS, the University of Toronto and the Massachusetts Institute of Technology, David was a career banker, retiring as Chairman and CEO of the Continental Bank of Canada. He continues to serve as a director of several public companies and is a past Chair of The United Way of Greater Toronto and The United Way of Canada.

The Board of Directors is also pleased to announce the appointment of Sherry Peister as Vice-Chair of the Board. Sherry was elected to the Green Shield Canada Board in 1997. A graduate of the University of

Toronto, she is a consultant pharmacist involved in pharmacy practice enhancement. Sherry is a past president of the Ontario Pharmacists' Association and the Ontario board member for the Canadian Pharmacists Association. She currently sits on the Professional Practice Committee of the Ontario College of Pharmacists and the Advisory Council of the School of Pharmacy, University of Waterloo.



Sherry Peister
Vice-Chair of the
Board of Directors



YOU ASKED US

What will be the impact of the end of mandatory retirement in Ontario on group benefit plans?

As of December 12, 2006, Ontario workers now have the right to choose when they want to retire. Employers are no longer permitted to force their Ontario employees into retirement because they are 65 years of age or older; however:

- exceptions may be allowed if being younger than 65 is an occupational requirement
- older employees can still be dismissed for reasons not relating to age
- employers can still provide early retirement incentives to promote voluntary exit from the workplace

Providing benefits to employees aged 65 and older is at the plan sponsor's discretion. The impact on group benefit plans will vary and will ultimately depend on the choices that plan sponsors make regarding benefit coverage. Extending drug and extended health benefits to employees aged 65 and older will most likely result in higher costs, as medical needs increase with age. Dental benefit cost increases should be minimal, as costs are generally higher for younger age groups. If benefit coverage is already being provided for retirees, the cost impact of continuing health and dental benefits will be minimal.

We suggest that plan sponsors review their benefit plan contracts and language with their Plan Advisor or Green Shield Canada Account Executive.

Source: www.labour.gov.on.ca/english/news/m_mr.html

HEALTH TIPS



Feeling under the weather?

Joy and sadness are part of everyday life, but how can you tell if someone you know is just sad or is truly depressed? Sadness is a natural emotional

reaction to loss or disappointment. It can be caused by death, separation, divorce, or job loss.

However, depression is a feeling of intense sadness that usually follows a recent sad event but persists for a longer time, usually six to nine months. People who are depressed tend to be irritable and anxious, and may withdraw, stop eating, sleep less, be indecisive, or feel hopeless. If you suspect someone you know is depressed, encourage him or her to see a doctor.

Source: Merck Manual of Medical Information

How safe is canned fish?

Earlier this year, the University of Ottawa tested canned albacore tuna for mercury levels and found that 13 per cent of the tuna tested exceeded Health Canada guidelines (0.5 ppm).

In reaction, Health Canada issued new guidelines advising children and pregnant or breastfeeding women to limit their consumption of the canned tuna. In an update on their website, the agency noted that canned albacore tuna "is not the same as canned light tuna, which contains other tuna species such as skipjack and yellowfin, which are relatively low in mercury."



Most fish contain small amounts of mercury. Health Canada recommends at least two food-guide servings (1/2 cup) each week of fish.

Source: CBC News, Health Canada

WHAT'S NEW

Dental hygienists may offer savings

Green Shield Canada can now accept claims submitted by dental hygienists from three provinces: British Columbia, Saskatchewan and Alberta. Although this is not standard practice on our dental plans, it is a plan design alternative. If a client would like to cover services rendered by a dental hygienist, the flexibility of our Green Shield Advantage® system allows us to put the rules in place. If this option is selected, we will only provide coverage for scaling, polishing, root planing, pit and fissure sealants, fluoride, mouth protectors, desensitization, bleaching vital teeth, denture/implant cleaning and oral hygiene instruction. Benefits listed above must be eligible on the plan and are subject to plan limitations. Unless a client chooses to include a dental hygienist as an eligible provider on their plan, submitted claims will be denied.

In our experience, dental hygienist fees are not necessarily lower than dentist fees. For example, hygienist fees in British Columbia tend to be equal to, or higher than, the dentist fees. In Saskatchewan, a client might experience some savings, depending on the service rendered, ranging from 0% to 8%. Since Alberta has not published a dental hygienist fee guide to date, we are not able to predict savings in that province. Please contact your Plan Advisor or Green Shield Canada Account Executive if you would like to discuss this plan design alternative.

Provincial dental fee increases for 2007

Every year, we outline the changes to the fees for dental services performed by general practitioners. The chart below lists the provincial increases for 2007 as provided by the various provincial dental associations. Although increases will vary by the procedure codes, the average increases, to date, are as indicated.

The chart also lists the average provincial increases from 1989 to 2007, as well as the straight average (not weighted) for all provinces. We can certainly recommend cost-containment strategies that will help ease the effect of these annual increases.

2007 Dental Fee Increases														Straight average for all provinces
	BC	AB	MB	SK	ON	PQ	NB	NS	PE	NL	YK	NT	NU	
2006—2007	3.19	4.25	3.79	6.23	3.60	2.80	3.00	3.46	2.80	3.00	3.19	3.50	3.50	3.56
Average from 1989—2007	3.03	2.90	3.45	3.62	3.13	3.18	3.07	2.95	2.43	2.65	3.44	2.86	3.99	3.18

Dental providers can submit digital X-rays and photos online

As a specialist in the benefits industry, we work towards supplying streamlined solutions with state-of-the-art technology. Effective April 1, 2007, dental providers can submit digital X-rays and photos electronically through our website at www.greenshield.ca. A first in the industry, this initiative gives dental providers an option to supply supportive claim information in a format that safeguards patients' records—thus improving our efficiency in claims processing and allowing for more enhanced provider profiling. It also helps safeguard patients' health, as radiation exposure to patients using digital X-ray systems is reduced by up to 80% compared with conventional dental X-ray films.

Source: Clinical Research Associates

Tramacet utilization prompts change

Green Shield Canada has changed the maximum allowable frequency for Tramacet tablets. Tramacet is a painkiller approved by Health Canada for acute pain. Recommended guidelines state that it is intended only for acute, short-term use. In our review of Tramacet utilization, we found that some plan members are receiving the painkiller continuously (e.g., weekly claims for months). As a result of these findings, we have changed the maximum allowable frequency from 60 tablets in a week to 60 tablets in a month from the first paid claim. Since 60 tablets should only last for two weeks, this frequency restriction should help deter plan members from using this medication chronically.

We have sent a letter to those plan members who were receiving weekly prescriptions for Tramacet. The letter advised them of the change in allowable frequency and prompted them to see their physicians to discuss alternative pain treatments. Although Tramacet quantity restrictions were already in place in our Green Shield Advantage® system, revisions were needed in order to follow the recommended guidelines for good pharmaceutical care. It is our belief that these restrictions will help manage the high utilization associated with this drug while ensuring that the health of plan members is not compromised.

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FOCUS ON DRUGS

Polypharmacy: How much is too much?

Polypharmacy is a term used to refer to the use of multiple medications by an individual. Prescription medication, over-the-counter (OTC) medication, natural health products and supplements can all contribute to the problem of polypharmacy. Unfortunately, with each medication taken, the risk of adverse drug reactions and drug interactions increases dramatically, as do the potential costs to public and private drug plans.

The elderly are at particular risk for polypharmacy. When OTC drugs and supplements are included, research has indicated that approximately 50% of those over the age of 65 take five or more medications on a regular basis.^{1,2} Other studies have reported patients using an average of 10 or more medications at the same time.^{3,4} Psychiatric patients, those seeing multiple physicians and pharmacists, and younger individuals with multiple disease states are also at risk.

It is important to remember that just because a plan member is taking multiple medications does not mean that they are being poorly treated. In fact, it is common to require multiple drugs to manage various medical conditions (e.g., two or three drugs for diabetes, another two for cholesterol, and three or four for high blood pressure).

Electronic Drug Utilization Review (DUR) can help identify potential duplication of drug therapies and warn of potential drug interactions. However, DUR provides only a guideline and is not a substitute for the professional judgement of the prescriber or pharmacist. In many cases, the use of multiple medications is entirely logical and intentional.

How can you avoid taking too many medications?^{5,6}

- **Know your medications.** Know the names of the medications, why they are being used, and their side effects. Always read labels and package inserts.
- **Talk to your doctor and pharmacist.** Make sure your doctor and pharmacist know about *all* of the drugs you may be taking, including OTC drugs, dietary supplements and herbal/natural products. Do not expect a drug for every ailment, as some concerns may be better treated with non-drug measures. If you see more than one physician, make sure each knows about all of the medications you are taking. *Never stop taking a medication without first talking with your physician.*
- **If possible, use only one pharmacy for your medication needs.** This will make it easier to catch potential problems early, especially when it comes to non-prescription drugs (including supplements and herbals).
- **Organize.** Always keep a current list of the medications you are taking, including prescribed drugs, OTCs, supplements and natural health products. Review this list regularly with your physician.
- **Dispose of any unused medications** unless otherwise directed by your physician or pharmacist.

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What's New... continued from page 4

Ontario's Assistive Devices Program now available for insulin pumps and supplies

Any permanent resident of Ontario who has a valid health card, is 18 years of age or under, and meets the established eligibility criteria is now eligible for provincial coverage for insulin pumps and supplies through the Assistive Devices Program. As a result, Green Shield Canada will no longer pay for insulin pumps and supplies for those aged 18 and under and who medically qualify until the claim has already been sent to the provincial plan for payment. If the plan

member does not qualify for the Assistive Devices Program, the benefit plan will continue to pay as long as insulin pumps and supplies are already a benefit of the plan and the member qualifies based on the plan rules.

We have sent a letter to the small number of plan members who have recently claimed for these items advising them of the program and the need to apply for funding. Information on the insulin pump program can be found on the Ontario Ministry of Health and Long-Term Care website at www.health.gov.on.ca/english/public/pub/adp/insulin.html.

LAUGH LINES

Brain teasers

To solve a Sudoku puzzle, complete the grid so that every row, every column, and every 3 x 3 block contains the digits from 1 to 9.

Contest deadline

Entries for this contest must reach us by May 4, 2007. We'll draw three names from the correct responses and announce the winners in our next issue. Prizes will be sent to the winners. Please fax your response to "Puzzle Editor" at 416.221.0350. Please ensure that your name, company name and business address are included.

Congratulations to our winners

In our last issue, we asked you to solve a Sudoku puzzle. At right is the solution. Please join us in congratulating our first-place winner, **Carol Lessard** of **Mines and Aggregates Safety and Health Association**

5	3	6	4	9	1	7	2	8
7	8	1	6	2	5	3	4	9
2	9	4	7	8	3	6	5	1
1	2	8	3	7	4	9	6	5
3	6	7	5	1	9	2	8	4
9	4	5	8	6	2	1	3	7
8	7	3	1	4	6	5	9	2
4	5	2	9	3	7	8	1	6
6	1	9	2	5	8	4	7	3

in North Bay, ON; our second-place winner, **Susan Gillespie** of **The BPC Group** in Mississauga, ON; and our third-place winner, **Tammy May** of **R&D Benefits Inc.** in Lunenburg, NS.

	2	3				1	6	
			1		6			
	1		2	9	8		7	
	6			7			8	
9	7						4	6
	8			1			5	
	9		8	2	5		3	
			9		7			
	4	8					2	9

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