



THE FUTURE OF BENEFITS

The themes between obesity, employee benefits programs, and disability management were explored in the *Benefits and Pensions Monitor Meetings & Events 'The Future of Benefits'* session sponsored by Novo Nordisk, CloudMD, and Medavie Blue Cross. Nicole Ardiel, GBA, CHS, BA, an Employee Benefit Advisor & Workplace Obesity Advocate; Adam Kelly, EVP & Chief Commercial Officer at CloudMD; and Rebecca Smith, Director of Group Life and Disability Services at Medavie Blue Cross; shared their thoughts on how plan sponsors can respond to these.

Even as far back as the late 1990s, Ardiel remembers being irked by the term 'lifestyle drugs,' a phrase used by insurance carriers for a grouping of drugs that support a manner of living. A 2000 paper described them as drugs used for non-health problems, for conditions between health needs and lifestyle wishes.

Anti-obesity medication is typically included with these, along with drugs for fertility, erectile dysfunction, and smoking cessation. Use of the word lifestyle suggested that these conditions are based on choice and didn't belong in a benefit plan's coverage.

"Thankfully, this is changing," she said. Obesity, for example, is no longer a lifestyle choice. It is a complex chronic disease caused by the complex interplay of genetic, metabolic, behavioural, and environmental factors which impairs the traditional definition of health.

New clinical practice guidelines are promoting a shift in obesity treatment that focuses on a patient's overall health and experience, rather than just on their weight.

However, the very structure of today's benefit plans still discriminates against those living with obesity. While diabetes, high blood pressure, and mental health are treated as chronic diseases, obesity is still considered a lifestyle condition. Medications for the former are standard, but not so for obesity.

And there is a clear link between people living in bigger bodies and their mental health.

"When I consider the future of benefit plans, this is an area that needs to change. The focus needs to be on an overall health, rather than just solely on weight – not

trying to fit all bodies into one size and shape," said Ardiel.

The topic of obesity is a perfect microcosm around thinking about mental health and the industry needs to do so, said Kelly. Mental health is not adequately supported by the public health system. Generally speaking, individuals dealing with mental health are paying for those services out-of-pocket or relying on employer plans.

Mental health is different from chronic disease conditions like diabetes. These have support through the public system that doesn't exist in the mental health area.



"WE NEED TO ACKNOWLEDGE AND THINK ABOUT ADDRESSING THIS AS WE MOVE FORWARD WITH THE DESIGN OF OUR PLANS AS IT RELATES TO MENTAL HEALTH WITHIN ORGANIZATIONS."

– Adam Kelly

With more and more people reaching out for help, not only is the demand unprecedented, the access to data showcasing the severity of the conditions is increasing and we know there is a scarcity of suppliers. In some parts of Canada today, they may have a four-year wait to see a psychiatrist, he said.

"So when we think about the future benefits, we need to start to rethink the ways that we're offering support and what our role is as employers," said Kelly.

Most employers want to focus on prevention. "When we're talking about prevention, often we're talking about helping that individual manage their condition to prevent them from ending up on a disability. Yet, most of those who end up on disability are dealing with mental health as a chronic disease and our current employer

based supports are not well equipped to deal with major depressive disorders or post-traumatic stress," he said. "We need to acknowledge and think about addressing this as we move forward with the design of our plans as it relates to mental health within organizations."

Understanding those links between the mind and body is the first step in developing strategies to support those living with mental illness and chronic physical conditions, said Smith.

Successful management of a disability requires early intervention with immediate access to tools that will help a member stay at work while addressing any health issues. The key to a strong recovery is proactive treatment that allows a member to come back to work healthy and confident.

To manage through all the external factors, employers need to work with a disability provider who's going to effectively manage claims and find ways to ensure that expenses don't become unsustainable.

Medavie Blue Cross is "keenly focused on adaptations that will help to counteract the trends that we're seeing in overall claims." It is using new technologies to provide individualized treatment with better, effective, and efficient results.

Innovation is the cornerstone of what Medavie Blue Cross is doing. There are a number of innovative tools to help members. Among them is its partnership with Medica which provides an early intervention tool to expedite psychiatric assessments and treatment.

In addition to mental health resources, it has rehabilitation specialists who are regularly reviewing files looking for additional treatments for claimants.

"We know the importance of proactively working with plan members towards their return to health and return to work. We know that collaboration, coordination, and communication are the cornerstones to sustainable recovery and that there is an opportunity to align with the objectives of the plan sponsor to provide sustainable outcomes," she said. Therefore, when assessing how to promote sustainable outcomes, rather than only considering the absolute level of emissions, one must consider the components that influence the level and the timing of the goals to achieve 'zero.' **BPM**



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