

THE

# INSIDE STORY<sup>®</sup>

JULY/AUGUST 2020

WHAT'S  
INSIDE

## P IS FOR PANDEMIC...

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## WHAT'S UP...

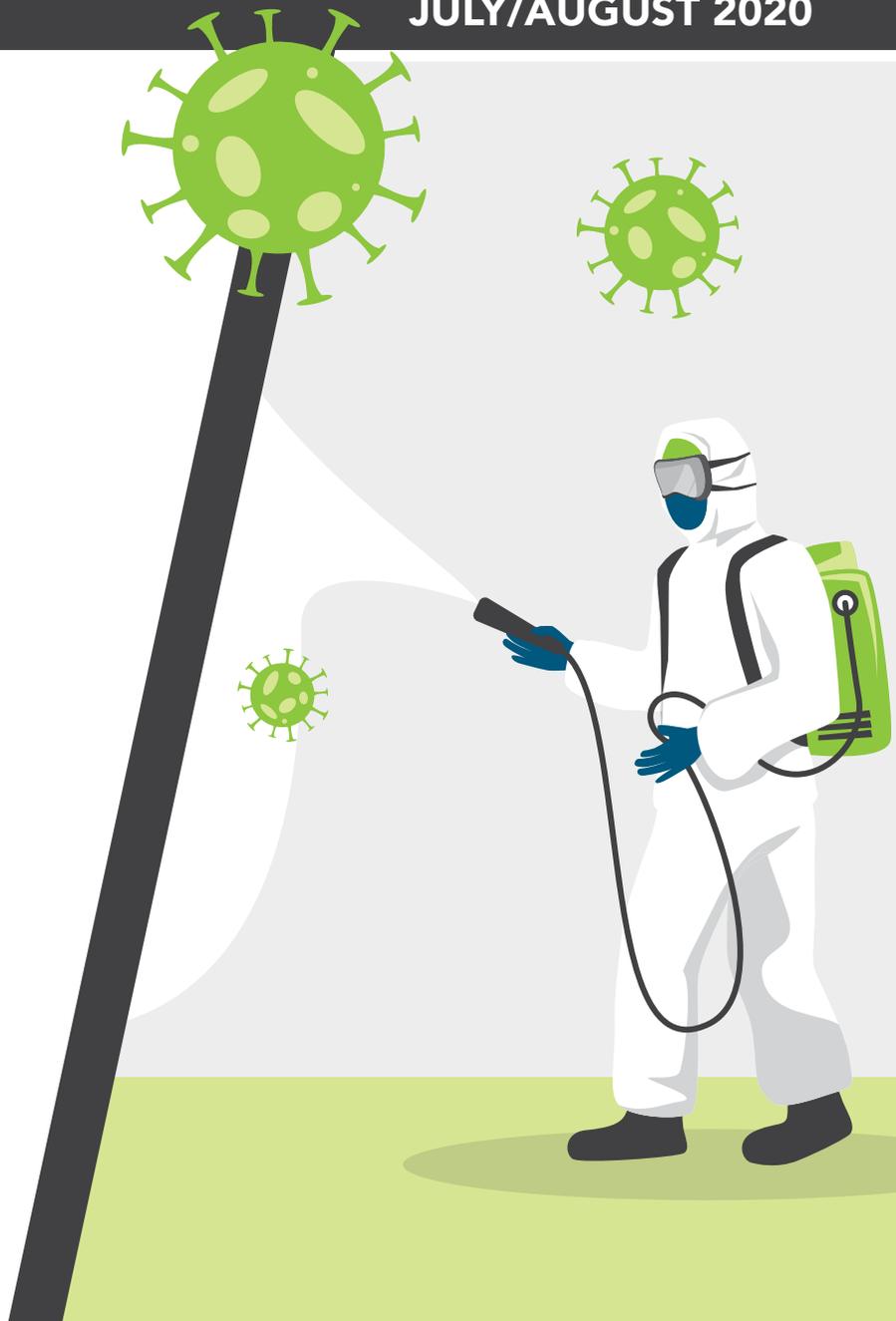
New obesity guidelines shift away from just weight loss

Report predicts long-term hike in mental illness

Survey reveals coronavirus vaccine essential but some hesitant to get it

Speaking of vaccines, what's in store for this year's flu season?

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# P IS FOR PANDEMIC...

## And predictions, possibilities, promises, and partnerships for workplace health

We're hoping we hooked you in with our clickbait-style headline and sparked your curiosity on more COVID-19 talk and theorizing. It's likely safe to say that most of us are a tad tired of reading and hearing about the pandemic. However, unless you've been living under a rock (not a bad idea these days), it's hard not to notice that each day brings with it a slew of news. This prompted us to reach out (socially distanced, of course) to some insightful minds in the health benefits industry to get the pulse on how the evolving pandemic may impact workplace health.

So without further ado, we will deliver on our headline and hopefully (especially for a summertime edition) offset some of the heavier pandemic news with some pandemic "P" jargon of our own. *Drum roll please...* Here's the word on the street regarding the initial lessons learned for workplace health from the pandemic...

## Predicting a renewed and ongoing focus on employee wellness

Although the pandemic's rallying cry has been "flattening the curve," there seems to be another move afoot regarding the industry's emphasis on employee wellness—it's all about onward and upward. As Mike McClenahan, managing partner, Benefits By Design, predicts, "We will see a renewed focus on employee wellness, including mental, physical, social, and financial health. Although at first this trend will be reactionary in response to the initial COVID issues like financial stress and loneliness, it will shift to preventive approaches with measurables and will ideally result in improved health outcomes."

As the pandemic evolves, keeping laser focused on common themes in public opinion polls and industry surveys—namely, that employees are struggling on any number of fronts—will hopefully ensure wellness is front and centre.<sup>1</sup> In addition, research published during the pandemic reinforces that wellness isn't simple; it's not just a matter of physical or mental health. Rather, it's made up of numerous interrelated domains, and the pandemic is taking its toll across them: "The need to balance challenging work and family demands not only may cause individuals to underperform in both the work and family domains but can also result in increased emotional exhaustion, stress, and burnout."<sup>2</sup>

The pandemic may also spur on a renewed focus on employee wellness by shedding light on long-standing issues with the industry's current approach to employee wellness. Chris Bonnett, principal consultant, H3 Consulting, explains that "the massive human and financial cost of the pandemic is the proverbial burning platform that is highlighting deficiencies in our current approach. The underlying issues persist in how we manage employee well-being. For instance, although carriers are providing more real-time reports, data are still inadequate, inconsistent, and late, which deters insight and proactive intervention. Not only are comorbidities missed because they are still delivered in discreet programs, the fundamental power of leadership, culture, and data evaluation are also absent. As a result, the health of the workforce is rarely linked to business strategy. I predict leading employers will now require better value and insight from every health dollar. Employers need help in translating the data and providing direction for how to achieve better health outcomes."

The importance of "elevating advice and engagement" is also predicted by Deloitte in reporting on the impact of the pandemic on Canada's life and health insurance industry. "Customers are looking to their providers for financial and health-related advice, coaching, and support—now is not the time to be silent... Relevant, personal, and proactive customer advice and engagement in this time of crisis will be fundamental to strengthening brand, and building trust and long-term relationships with consumers."<sup>3</sup>

## Possibility of stretching health benefits flexibility like never before

The experience of Shannon MacDonald, senior managing director, Accenture, really hits home just how individualized our health benefits needs are. And by contrast, just how inflexible many of our traditional plan designs are in meeting these needs:

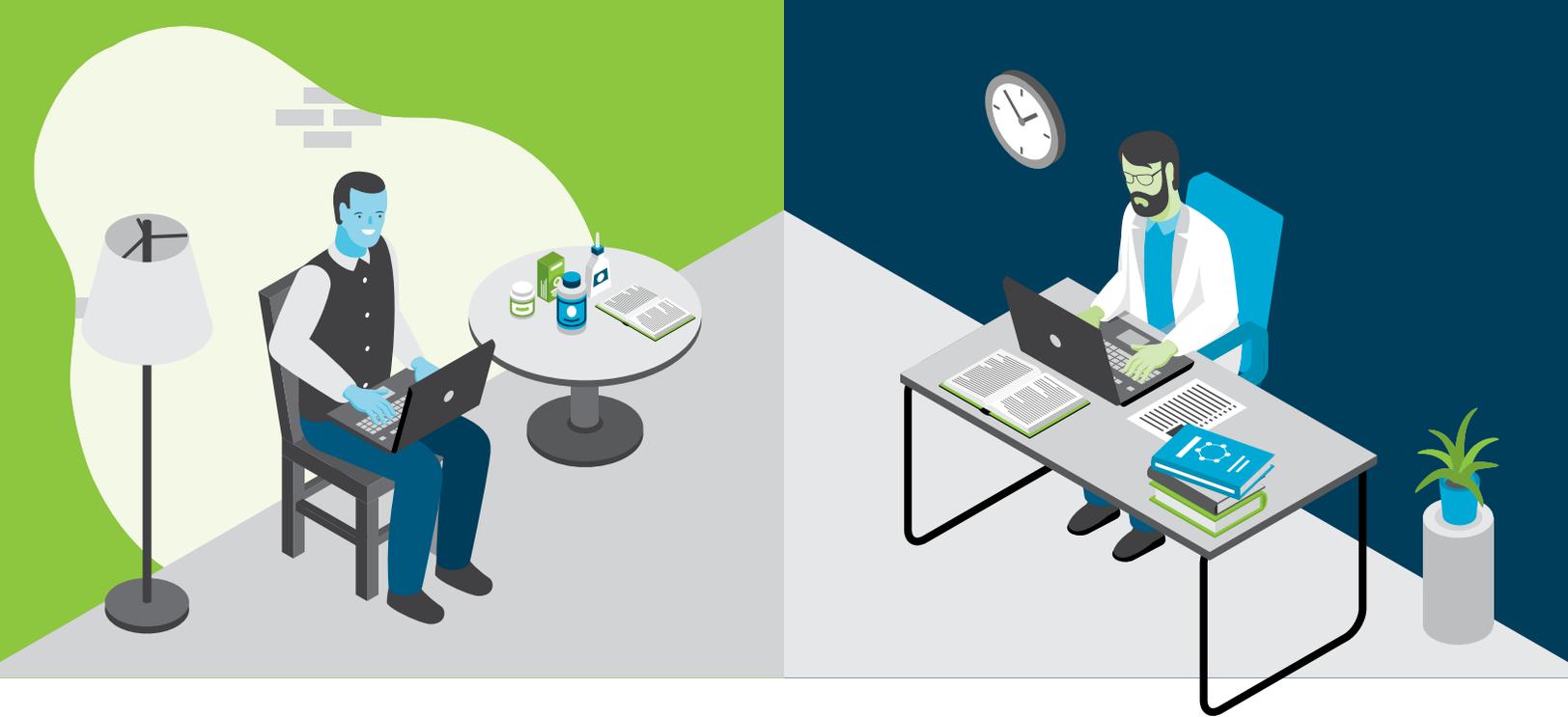
“When the pandemic began, making changes to my car insurance was simple, I just called up my car insurer and removed coverage from my car that was no longer on the road. This made me wonder, what changes would I have made to my health plan? Maybe I’d temporarily remove dental, massage, and vision care. And then, maybe I’d add home delivery of essentials, an online fitness coach, and moving expenses for children coming home during the quarantine. It seems that while shedding light on how individualized plan members’ needs are, the pandemic is also highlighting a universal need for flexibility and choices. And ideally, flexibility with ease—like digital access to make plan changes even within a calendar year.”

Indeed, the proof is in the pandemic: individual needs are diverse. So in turn, should health benefit plans be as flexible as possible to allow for as many diverse options as possible? Choices definitely add value, which can translate into enhanced wellness, productivity, and engagement. What about coverage for emergency childcare? Or for eldercare support and long-term care expenses not covered by the province?

Similarly, although research shows that a common pain point is the pandemic’s financial hit, its specific impact on people’s finances is quite individualized.<sup>4</sup> For instance, for some it’s job loss and for others, it’s decreased income level, while for almost everyone it’s deteriorating investment value. And a recent public opinion poll indicates that the situation is becoming increasingly precarious with 32% of respondents having missed a rent or mortgage payment or having had to borrow money, and 34% worrying about having to do this.<sup>5</sup>

Michael Bradie, GSC’s leader, Strategic Innovation, weighs in, “The pandemic’s impact on the economy and personal finances will dictate a continued emphasis on financial wellness as a benefit. Fortunately, the flourishing of fin-tech is making it easier to take control of finances through technology like apps. We’re sure to see more products on the market and in turn, more options consistently included as a benefit offering.”

In addition, in keeping with the theme of stretching health benefit flexibility like never before, this includes stretching health benefit dollars. As GSC’s Ned Pojskic, leader, Pharmacy & Health Provider Relations advises, “Economic turmoil may persist for years, putting benefit plans and especially drug coverage under greater scrutiny. The good news is that there is relief available as this situation provides fertile ground for implementing some of the cost management strategies that employers have traditionally shied away from.”



And of course, it would be hugely remiss to discuss flexibility of health benefits without talking about virtual services...

## **Promises come true as employee health goes virtual**

Even if you are literally under that rock, there is no better time to be there as, pandemic aside, our way of life continues to go digital, and we increasingly live in a virtual world. "Today our mobile devices know who you are, where you are, and what you love. With just a few clicks, you can have your order of a tall, non-fat latte complete with caramel drizzle right to your doorstep. And without stepping out your door, you can participate in a virtual workout with thousands of other people worldwide via an app," describes Steve Mast, president and chief innovation officer, Delvinia. "The digitization of everything has been slowly transforming society and culture. COVID-19 poured rocket fuel on this."

For virtual health care, this rocket fuel may be the boost that the promise of more accessible and more affordable health care needs to really get off the ground. Although virtual health services have been on the horizon for some time—with some options having already dawned pre-pandemic—now telehealth services have really taken off.

Although in February of this year, a task force led by the Canadian Medical Association (CMA) issued a report recommending how the federal government and stakeholders can improve and expand virtual care throughout Canada, the pandemic appears to be the tipping point: "Physical distancing measures designed to keep Canadians safe during our fight against COVID-19 have led to the adoption of virtual care out of necessity," says the CMA president in a media release.<sup>6</sup>

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**“Clearly, this crisis and the required physical distancing has changed the entire health care environment.”**

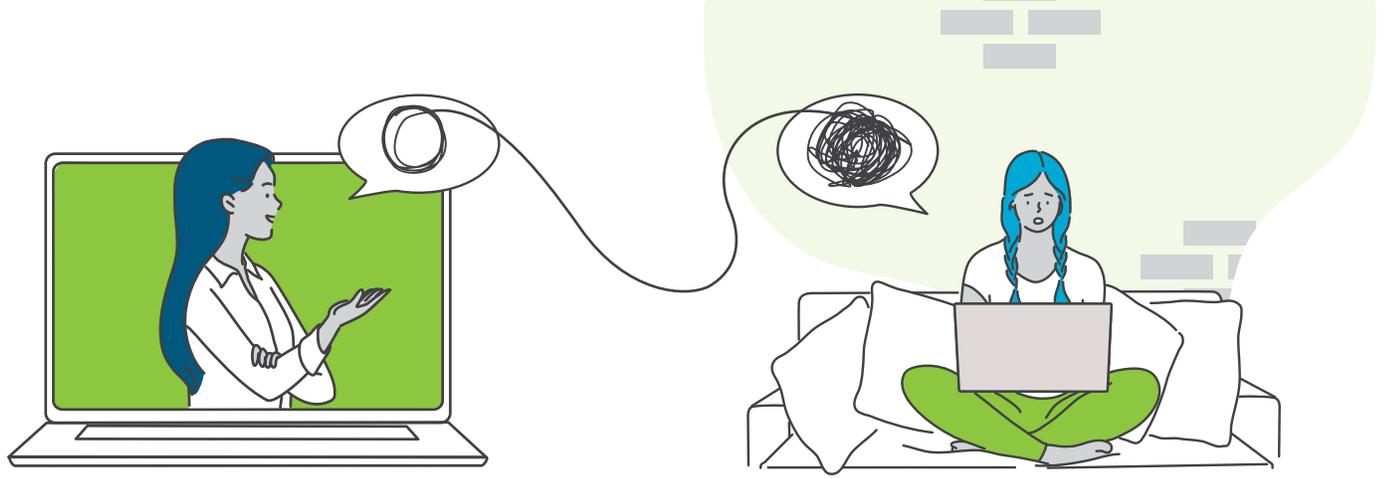
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Similarly, David Willows, GSC’s executive vice-president of Digital, Innovation and Brand Experience, comments on a study GSC conducted in May 2020 measuring attitudes about virtual health care, “Clearly, this crisis and the required physical distancing has changed the entire health care environment.” Seventy-four per cent said they’re willing to use a virtual service to consult with a doctor, 67% said they’d fill a prescription from an online pharmacy, and 43% said they’d be open to online mental-health support.

And now that the era of virtual health is truly upon us, this industry veteran and GSC alumni is confident that it’s full steam ahead. You may remember Peter Gove in his previous life as GSC’s innovation leader, Health Management (now happily in retirement land). “To date, the provinces have been loath to allow physicians to deliver health care remotely or digitally. In Ontario for example, physicians could do remote health care, but only by utilizing the Ontario Telehealth network. Employees typically had to leave the workplace and lose work time to attend medical appointments. The natural experiment that has been driven by this pandemic demonstrates that all kinds of health care services are presently being delivered digitally, and users appear to be very satisfied. User acceptance of digital delivery has undergone a significant shift. Digital health care is a winner for the patient, and a winner the employer, and a winner for the system. This world has permanently changed.”

The CMA president agrees: “The train has left the station now that Canadians have had the opportunity to access virtual care, and they’ve had an overwhelmingly positive experience when they did so. We need to build on this momentum. Canadians should be able to access health care in a timely and convenient fashion.”<sup>7</sup> Overwhelmingly positive results from a CMA poll in May 2020 include a 91% satisfaction rate reported by those who had accessed a doctor virtually during the pandemic and almost half (46%) would prefer a virtual option as a first point of contact with their doctor.<sup>8</sup>

For employee health, this means give the people what they want. With many virtual health care offerings already part of health benefit plans, the launch of many more options is likely to accelerate. And leading the charge? Virtual mental health care.

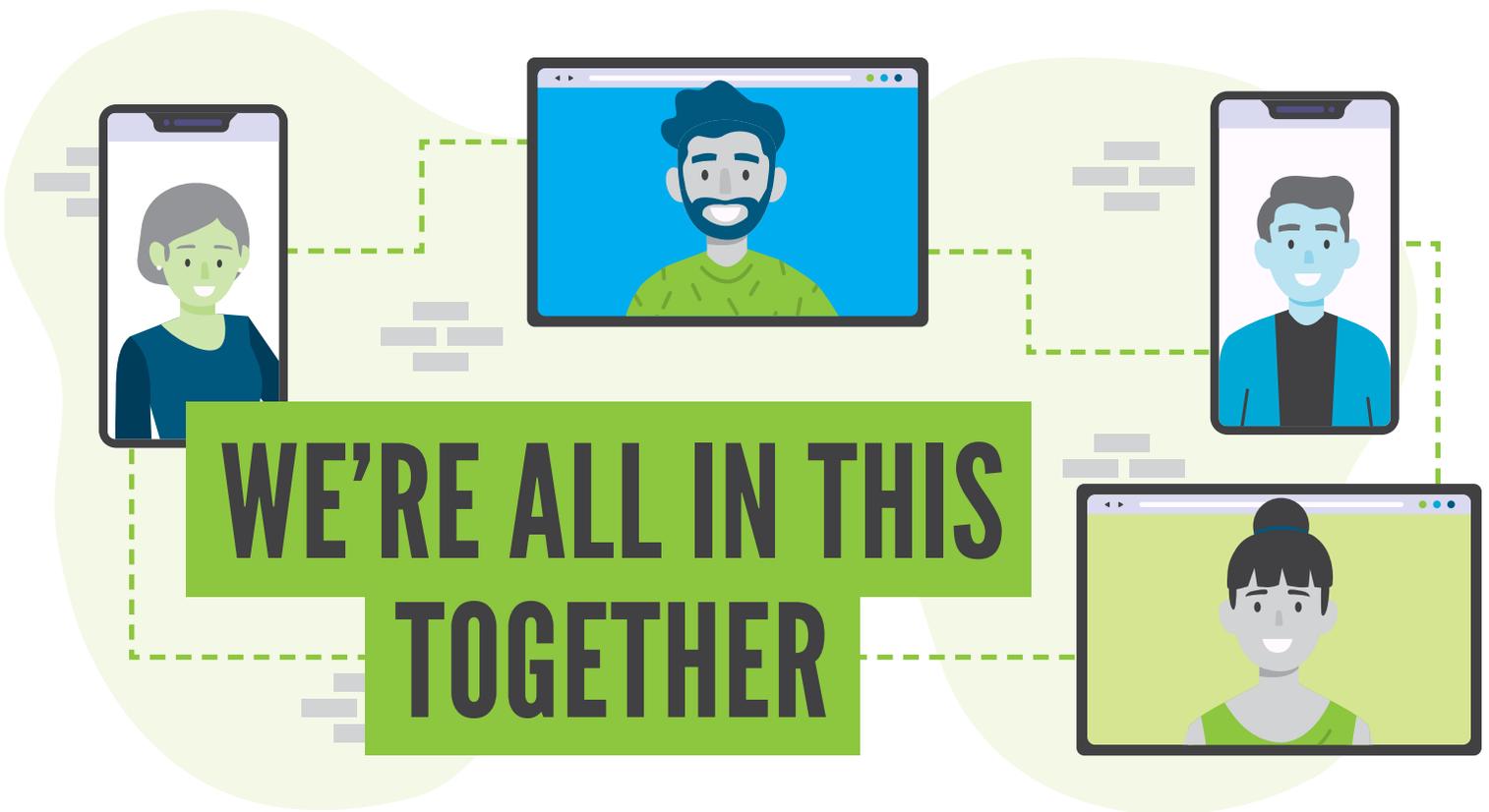


## The real second wave of the pandemic: mental health issues

Deteriorating mental health is being referred to as the second wave of the pandemic and as “a health and economic emergency in one, with all the components of a mental-health tsunami.”<sup>9</sup> Steve Mast shares an experience that illustrates how the necessary strain of physical distancing—and all the things that go along with it, like face masks, plexiglass barriers, and distancing markings—may be contributing to a growing sense of isolation and loneliness. “I was picking up a few things from Home Depot and although the staff were very helpful, I sensed sadness. So I asked the cashier how she was doing. She stopped scanning, teared up, and thanked me for asking. She said that between the face masks and the barriers that it’s hard to hear customers and difficult to connect with them. It made me think that the long-term effects of loneliness represent a serious consequence of the pandemic and something we need to provide support for.”

Stephen Frank, president and CEO of the Canadian Life and Health Insurance Association, agrees, “As the pandemic continues to evolve, mental health and access to therapy will be a very big part of the recovery. If employers have not yet re-looked at their benefit plans from this perspective, they probably should. Working from home, physical distancing, having to rely on devices to connect people, not being able to hold or attend social events, and of course the virus itself; there are so many reasons why employees may be struggling to cope.”

The data out there from a range of public opinion polls continues to confirm the rising incidence of mental health issues. Similarly, GSC’s Erin Crump, vice president, Individual & Mental Health, reports, “We are seeing early signs in our claims data for antidepressants. In response, plan sponsors should be aggressively promoting or adding preventive mental health programs. Also, plan sponsors should be preparing themselves for hefty LTD rate increases, driven by low interest rates and volatile equity markets, but also by an anticipated increase of mental health claims, or mental health comorbidities complicating claims and increasing claim durations. On the flip side, we may see more plan sponsors limiting the duration of their LTD coverage.”



Speaking of the nuts and bolts of how this will all work, Stephen Frank thinks that “although we’re learning how to deliver various sorts of health care services at a distance, including even physical services and products like physiotherapy and orthotics, for this to really stick, regulators will need to help. They will need to clearly indicate what services can be delivered virtually within each health provider’s scope of practice. Many regulators hadn’t considered virtual before mid-March, so they had to pivot pretty quickly to ensure that everyone has clarity.”

Makes you think: With predictions of a renewed focus on employee health—with possibilities for stretching health benefits flexibility like never before—and the promise of virtual health care becoming reality, just how will all this come about?

## **Partnerships make predictions, possibilities, and promises a reality**

The pandemic has certainly triggered more than its share of unpleasant surprises. However, during the early stages of the pandemic, a pleasant surprise was how effectively (for the most part) all levels of government and the business community worked together. Taking a “we’re all in this together” attitude may drive more collaboration and in turn, enable more initiatives to become a reality. For instance, to help cope with the mental health issues caused by the pandemic, various provincial governments have teamed up with mental health service providers to ensure people in need can easily access free counselling services.

Collaboration may also mean teaming up in different ways. Although the debate about who does what in health care is a recurring theme, the pandemic may be bringing various scope of practice issues to the forefront. Like the age-old debate regarding how to leverage the skills of nurses and nurse practitioners so they can play a bigger role, increasing access to timely care. And what about pharmacists? Based on a successful track record of providing flu shots, what about providing COVID testing to alleviate the strain on testing centres? And down the road, hopefully a COVID vaccine?

## The fifth 'P'

Surprisingly, the pandemic's 4Ps of predictions, possibilities, promises, and partnerships, point to a fifth P – positive. Of course positive and pandemic rarely go together but there just may be some positive changes in store for how plan sponsors and insurers approach workplace health.

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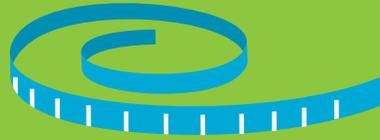
<sup>2</sup> Taking control amidst the chaos: Emotion regulation during the COVID-19 pandemic, Simon Lloyd D. Restubog, Anna Carmella G. Ocampo, Lu Wang, Journal of Vocational Behaviour, June 2020. Retrieved August 2020: <https://www.sciencedirect.com/science/article/pii/S0001879120300658>

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# WHAT'S UP

## **New obesity guidelines shift away from just weight loss**

In its first update since 2006, The Canadian Medical Association has released new clinical practice guidelines for obesity. The new guidelines shift weight management away from focusing solely on lifestyle choices to recognizing obesity as a chronic medical condition. As such, it requires ongoing management using a medical treatment model. Accordingly, the guidelines no longer just focus on what are now considered simplistic approaches like “eat less and move more.” Instead, the goal is to improve overall health rather than weight loss alone.

In keeping with this move away from focusing on just a number on a scale, body mass index (a ratio of height to weight) and waist circumference are no longer recommended as the primary diagnostic tools. The Edmonton Obesity Staging System is now recommended: a five-stage method of classifying obesity based on physical and psychological measures. It also factors in any metabolic weight-related health problems like high blood pressure or obstructive sleep apnea.

In addition, the weight management plan should include the patient’s own health goals regarding positive health outcomes and well-being overall. And it should recommend evidence-based interventions to help reduce calories, such as what is referred to as “medical nutrition therapy.” Rather than recommending a diet, this approach involves personalized counselling by a registered dietitian with a focus on healthy food choices that align with the patient’s medical condition. For instance, recommendations for a patient with diabetes may emphasize low carbohydrates. Physical activity, psychological interventions, pharmacotherapy, and surgery may all also be part of the mix.

To ensure that the guidelines accurately reflect patients' experiences, people with obesity were involved in creating the guidelines, including new topics like weight bias and stigma. In addition, doctors, researchers, and mental health professionals were part of the guideline's more than 60 co-authors. The new version was funded by Obesity Canada, the Canadian Association of Bariatric Physicians and Surgeons, and the Canadian Institutes of Health Research.

For more information and to see the guidelines, visit <https://www.cmaj.ca/content/192/31/E875>.

## Report predicts long-term hike in mental illness

A new study by Deloitte—*Uncovering the hidden iceberg, Why the impact of COVID-19 could be a third crisis*—predicts that Canada will see large increases in mental illness for years after the COVID-19 pandemic is finally over with far-reaching impacts. For instance, compared to pre-pandemic levels, estimates include that there will be a:

- 1–3% increase in emergency room visits for stress and anxiety-related disorders
- 54–163% increase in doctor visits for mental health issues
- 46–63% increase in visits to mental health practitioners
- 6–19% increase in antidepressant prescriptions

The estimates are based on an analysis of the long-term impact of other disasters namely the 2016 Fort McMurray wildfire and the 1990 and 2008 recessions. To prepare for and manage the rise in mental health issues, the report recommends that:

- Insurers should review procedures to more efficiently process a larger number of transactions and to expand mental health services to include offerings like mindfulness programs.
- Employers should review their employee benefits offerings and consider how best to accommodate employees' needs.
- Governments should fund mental health services and facilitate connecting patients to mental-health service providers via the internet, helplines, and apps.
- Mental-health service providers should prepare for increased demand.

For more information and to see the report, visit <https://www2.deloitte.com/ca/en/pages/about-deloitte/articles/crisis-covid-19-human-impacts.html>.

## Survey reveals coronavirus vaccine essential but some hesitant to get it

Health experts advise that a key to returning to a normal post-pandemic life is not just the development of a vaccine for the coronavirus, but also that a critical mass of Canadians receive it. Data from the Angus Reid Institute indicate that many Canadians agree as 77% of urbanites and 59% of rural residents say that life will not go back to normal in their communities until people are vaccinated. However, the survey also reveals that although 46% intend to get vaccinated as soon as a vaccine is available, 32% say they will wait a while before getting it. Another 14% say they will not get a coronavirus vaccine at all, and 8% are not sure.

Why wait? Seventy-six per cent of those who say they would wait to get the vaccine say they are worried about side-effects. Whereas, of those who say they will get vaccinated as soon as it's available, only 37% report being worried about side-effects. Respondents also indicated places or situations in which they feel vaccination should be mandatory, specifically for those working in or visiting:

- Health care places or extended care homes: 76%
- Schools: 63%
- Workplaces (job sites, offices, restaurants, etc.): 52%
- Public events or large gatherings (concerts, events with 50+ people, etc.): 47%
- None of these places: 16%

For more information and to see the survey, visit <http://angusreid.org/coronavirus-vaccine/>.

## Speaking of vaccines, what's in store for this year's flu season?

As always as the fall approaches, predictions abound for the 2020-2021 flu season. Nothing new here. But of course what is new is a flu season during a global pandemic. Although there is some preliminary research showing promise for the flu shot in providing benefits for people with COVID-19, further research is necessary to clarify findings. However, regardless of benefits related to COVID-19, getting the flu shot is of course warranted in its own right. And where better to look for lessons learned to help predict this year's flu season than countries where the flu season is already in full swing?

Good news (finally!): the July 5, 2020, influenza update from the World Health Organization (WHO) indicates that countries in the Southern Hemisphere are reporting fewer cases of influenza than expected for this time of year. Why? Theories include that public health safety measures to help contain the spread of COVID-19 may be to thank, plus, higher vaccination rates.

In Australia, for example, although officials feel that it's too early to definitively report on the severity of influenza this year, it's so far, so good. The peak influenza period usually runs from June to September each year. However, the federal government urged Australians to get vaccinated as early as April to reduce the risk for themselves and for the health care system of the combined impact of influenza and the coronavirus. Statistics reveal that from March 1 to May 12, 2020, immunization almost doubled compared to the number for the same period in 2019.

Increased flu vaccination is a dream-come-true under normal times, but especially now. However, increased demand brings with it a range of questions around managing the risk of transmitting COVID-19 while administering the shots. In March 2020, the WHO recommended temporarily stopping mass vaccination campaigns and exploring innovative vaccine delivery methods. Likewise, in May 2020, the government of Canada's National Advisory Committee on Immunization advised that to prevent transmission of COVID-19, traditional flu vaccine delivery approaches will need to be adjusted, citing examples of outdoor and drive-through vaccine clinics.

In addition, to protect immunizers, in April 2020, the WHO recommended frequent hand hygiene and just "rational use" of personal protective equipment (PPE). It also suggested how to minimize the need for PPE explaining that it should not be relied on as a primary prevention strategy. Once again, taking a worldview provides insight into how recommendations are being put into practice:

- *Australia*: In addition to cleaning and disinfecting, guidance from the Pharmacy Guild of Australia recommends that pharmacists carefully screen patients for illness, consider the use of electronic screening and consent forms, stagger vaccination appointment times, and provide a safe place to wait after the injection. Regarding the use of PPE, it's up to the discretion of the pharmacist based on the advice that the risk of transmission is minimal for a normal vaccination service; risk is greatest for close contact as in face to face for at least 15 minutes. Similarly, Australian GPs are advised to follow similar safety measures to reduce transmission that favour hand washing and physical distancing over PPE.
- *New Zealand*: In addition to disinfecting, guidance from the Immunization Advisory Centre emphasizes physical distancing practices like letting patients into the pharmacy or doctor's office one at a time and keeping patients in separate rooms, as well as outdoor venues like vaccinating in cars. If possible, patients over 70 could receive the shot at home. And the [New Zealand Ministry of Health](#) says that PPE is not necessary when vaccinating asymptomatic patients. If concerned about transmission, PPE should only be used by staff who will be in contact with a patient for more than 15 minutes.

For more information and ongoing influenza updates, visit [https://www.who.int/influenza/surveillance\\_monitoring/updates/en/](https://www.who.int/influenza/surveillance_monitoring/updates/en/).

# Haiku (Training)

New words for haikus  
COVID is two syllables  
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