



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. “When you’re addressing issues like anxiety, inclusion and isolation, you’re addressing mental and physical health and you’re addressing collaboration and corporate social responsibility. That all leads to



improved business performance and that’s what makes wellness care table stakes for employers.”

“A wellness strategy certainly does tie in with the workforce strategy,” added Rose Kwan, senior consultant, Mercer Marsh Benefits. And if the workplace strategy includes the recruitment of skilled labour or talent for shorter durations, then the wellness strategy needs to address that.

“How do we alter our value delivery in order to engage every individual employee, whether they are full time, part time or on contract? The goal is to ensure the end outcomes are the same for every employee; in other words, that they are healthy, productive and working in perfect harmony,” said Kwan.

Laying the foundation

Organizational health, or a “healthy” workplace culture, is paramount.

“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

Mental health: hub of the wellness wheel

Mental health is a unifying factor for all other aspects of personal wellness, experts at the TELUS Health Executive Roundtable unanimously agreed. Mental health can both influence and be influenced by physical, financial and social health, and mental illness can have a devastating impact on total wellbeing.

Workplace initiatives are moving upstream to address the full continuum of mental health. Resilience training, especially, is gaining traction through evidence-based modalities such as mindfulness and cognitive behavioural therapy. Employers can also apply the mental health lens to the work environment and workplace policies.

Flexible work arrangements can be an important contribution, with one important caveat: for work-at-home employees, a formal process needs to be in place for regular interactions (by phone or video calls) between managers and co-workers to prevent feelings of isolation, which can negatively impact productivity and mental health. In light of the rapid rise in work-at-home arrangements triggered by the COVID-19 pandemic, the result may see growing adoption of at-home arrangements as the “new normal.”

The bottom line, summarized executive roundtable participants, is access at the time of need. “Mental health challenges cross all boundaries and touch people at every stage of life,” stated Youlanda Hart, director, organizational health consulting, Sun Life. “The commitment to mental health is really about proactively, consistently and creatively communicating a system of solutions to ensure that people can access and navigate care when they need it.”

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 comorbid 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,”

Executive Roundtable Participants



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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 turning this into a differentiator that improves our value proposition to plan sponsors,” said Melissa Carruthers, senior manager, Deloitte.

For providers and plan sponsors alike, affordability—like behaviour

change—can be seen as incremental. Funds can be freed by reducing or discontinuing benefits or wellness offerings that no longer deliver enough value when measured against the new wellness strategy. And initial steps should be small, yet deliberate. “Being nimble is going to be important: the ability to test and learn, pilot and change direction,” 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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