



Volume **2** Issue **4** | Winter 2014

## Community Services Benefits Trust Newsletter - Winter Edition

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### CSBT Completes its NEW PATH



This fall the CSBT Board of Trustees, GroupHEALTH staff, and nine key Advisor Partners spent two days planning for our vision of where we would like to see CSBT in the next two years. We used PATH (Planning Alternative Futures with Hope), a key future planning process social services can use to help their clients achieve the lifestyle they want. What an energizing time of dreaming for the future while making concrete plans to make the vision a reality! It was also extremely gratifying to create the vision with the people who deliver our program (GroupHEALTH) and the Partners who provide day-to-day support to our members across Canada.

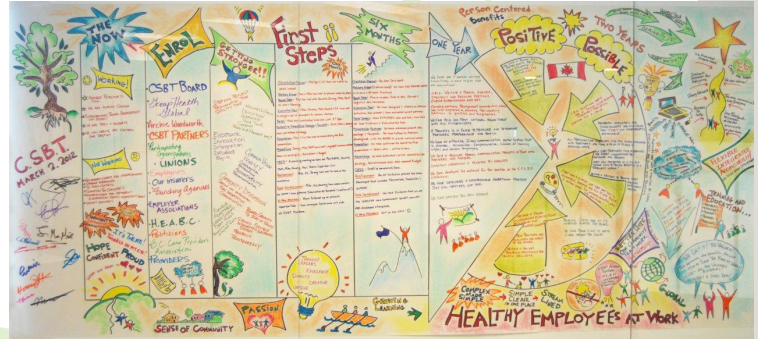
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Our vision is to be “Positive and Possible” and our goals to accomplish this vision include:

- **BUILDING AND MAINTAINING OUR INTEGRITY**
  - Relationships with key stakeholders
  - Increase member contact and focus
  - Focus initiatives on cost containment
- **BUILDING OUR CAPACITY**
  - Build our base of members and Advisor Partners
  - More input from each region
  - Increase supports and options (like a retirement option) for all parties
- **COMMUNICATION AND EDUCATION INITIATIVES**
  - Increase and vary communication
  - Strengthen the use of technology with better video and other tools
  - Full electronic enrollment
- **HEARING FROM THE PEOPLE (remember, we want to be person centred):**
  - Increase opportunities to tell us how we’re doing
  - “Give back” initiatives like a walk-a-thon and affinity programs
- **TECHNOLOGY**
  - Optimizing use of social media and search engines
  - Create an app to access all aspects of CSBT
  - CSBT Wikipedia page

These are just some of the goals of our Board, Partners and GroupHEALTH are aiming to complete to achieve our overall “Positive and Possible” vision. The PATH includes First Steps, which is a program we started in October to help meet our goals. This includes organizing a walk-a-thon, hosting a Wellness event, beginning to build our base of members and Advisor Partners, and more!

The PATH, a graphical representation of our vision, is hanging in the office at GroupHEALTH (to keep our commitments front and centre). A picture of the PATH is shown below.



We’d love to hear your feedback and advice. I’d be happy to discuss our plans with any of our members. Just send me an email at [paul.wheeler@csbt.ca](mailto:paul.wheeler@csbt.ca).

Paul Wheeler, Chair, CSBT Board of Trustees

## Meet our Board Members: Darlys Carlson-McDonald

The Human Resources Director of Bethesda Christian Association, Darlys Carlson McDonald oversees human resources for approximately 400 employees supporting people with disabilities and their families. Darlys has contributed to Bethesda’s success for the past 18 years.



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## Brand-name Drug Manufacturers see Generic Manufacturers as Serious Threat

As competition between brand-name and generic drugs grows, so do the attacks, according to a recent article by the National Post.

Supporters of pharmaceuticals are attacking generic manufacturers by speculating that the different inactive ingredients in generic drugs could trigger harmful reactions. Generic drugs are pharmaceutical copies produced after the original brand-name patent expires. They are required to have the same active ingredient but may differ in non-medical ingredients such as colours and shapes. Without having to shoulder the cost of developing and marketing the drug, generic manufacturers can charge a significantly lower price for what is effectively, the same product. Generic drugs are subject to the same stringent Health Canada approval process as brand-name drugs.

Academic pharmacologists have stated the speculations by pharmaceutical supporters are not scientific, but rather market-driven issues, and that there is little or no basis in empirical evidence to support these speculations. There are 50 years of almost trouble-free use of generic drugs to support the fact that generic drugs are just as effective as their brand-name equivalent.

So why are brand-name manufacturers attacking generic drug manufacturers? According to the IMS Brogan market-research company, between 2010 and August 2013, many brand-name drugs lost their patent protection and companies and governments are encouraging switching to generic equivalents. As a result, pharmacists are filling more than two thirds of Canadian prescriptions with generics, which means less money for the pharmaceutical giants, but more

savings for you. So the next time you are getting a prescription, ask your doctor the following questions to help save cost:

1. Is this a generic?
2. Is there a generic version of my drug available?
3. Can I substitute my medication with a generic?
4. How much will I save under my prescription plan if I take the generic?
5. Does the generic version look different from the brand name drug?
6. By switching to a generic drug, you and your benefit plan can see significant savings.

According to An End to Blank Cheques by Helen Stevenson, if generic penetration in Canada was increased by just 1%, drug plans would save an estimated \$229 million annually. GroupHEALTH's Managed Rx™ product allows you to do just that. Managed Rx™ has two components:

- **Tiered Drug Formulary:** Generic drugs can cost significantly less than their brand-name equivalents. By introducing a tiered formulary (list of drugs) encouraging employees to choose generics and lower cost therapeutic alternatives, plans can realize significant savings.
- **Central Dispensing Pharmacy:** GroupHEALTH™ partnered with a central dispensing pharmacy. Benefit plans and plan members can save through reduced ingredient costs and low dispensing fees. Both are a product of group purchasing power and reduced overhead.

Through Managed Rx™, you can save on the cost of the drugs themselves, and on dispensing fees.

[Learn More](#)

## Pharmacare: The Answer to Canada's Rising Drug Costs?

GroupHEALTH's Managed Rx™ offers organizations a sustainable solution to help control the rising costs of prescription drugs so both the employer and employee can save money. It encourages plan members to buy generic drugs through a central dispensing pharmacy (CDP), which is a large centralized pharmacy that uses group purchasing power to buy drugs in bulk so plan members can save money through reduced ingredient costs and lower dispensing fees. Does this sound familiar to you? Well if you've been reading or listening to the news this week, you'll realize it sounds similar to *pharmacare*.

Pharmacare is the name of a national program the Canadian government is looking into to cover prescription drugs costs through a publicly funded system instead of through your wallet. Physicians are backing the pharmacare program by stating a successful public healthcare system isn't just about access to doctors or X-rays, but it should also include access to drugs to treat patients. If Canadians are unable to pay for drugs required for their treatment, their health can further deteriorate and put them in a hospital bed – a more significant cost to the healthcare system. Even Canadians who do have access to private insurance may not be fully covered. This is especially true for prescriptions required to treat rare illnesses. Prescription drug costs are the most expensive category in group insurance, but with pharmacare, patients with rare illnesseses, cancer, diabetes, or heart disease will be able to afford their medication because the pharmacare program will allow hospitals and public and private insurance providers to pool their purchasing power and buy drugs in bulk, comparable to how a CDP works.

Pharmacare will also encourage people to buy generic drugs by making them more affordable to help lower costs even further. So as you can see, the pharmacare program is similar to Managed Rx™, which offers organizations a solution to reduce drug costs by encouraging plan members to buy generic drugs through a CDP.

[Learn More](#)

## Keeping Employees Healthy is Next Year's Goal

Health, mental health and wellness will get a boost from employers next year.

According to Morneau Shepell's annual survey of Compensation and Trends in Human Resources, 57% of employers said that a top priority for 2015 is improving health and well-being, said Joy Sloane a partner with Morneau Shepell, speaking on the findings for workplace health and disability management last week in Toronto.

Fifty-four percent of employers are currently analyzing drug claims (with 17% planning to do this in the next 12 to 18 months). Fifty-two percent are looking at their disability claims by diagnostic category (with 12% planning to do this next year), and 23% are monitoring health risk assessment results (with 14% planning to do this next year). And 20% are looking at these three elements together, with more than double wanting to take this tack in the future.

Reducing short-term disability (STD) costs is also a priority for 2015 for 39% of those surveyed. The top two causes of STD are mental health and musculoskeletal conditions, said Sloane.

Employers are moving away from health and wellness programs with no measurable results, Sloane said, adding that it will take time for employers to do this.

"You need to identify where your population is and what they need. The health promotion strategy needs to be a strategy that actively supports healthy living," she said. "Employers need to offer tools to do that. It's not just about saying it."

As for mental health, 20% of employers will be looking to implement the Standards for Psychological Health and Safety next year. And 38% of employers want to improve mental health in the workplace in 2015, with 28% planning for mental health training for managers.

The survey interviewed more than 250 organizations (encompassing 800,000 employees) from a mix of regions and industries across Canada.

[Learn More](#)



## Introducing PostScripts Rx

GroupHEALTH recently unveiled a new product called PostScripts Rx. Aimed at helping control prescription drug costs while leaving plan design unchanged, PostScripts Rx is essentially a delivery system for maintenance medications. Once stabilized on maintenance medication, Plan Members use a centralized dispensing pharmacy and their prescriptions are shipped to the location of their choice (free of charge). GroupHEALTH has provided many groups with access to a centralized dispensing pharmacy in the past and has received lots of feedback about the convenience of the service.

The Community Social Services Employers' Association (CSSEA) of BC included the centralized dispensing of maintenance drug prescriptions as one of the key features of the 2012-14 collective agreements. Although not yet mandatory, PostScripts Rx will be rolled out to a number of interested CSSEA union organizations in April 2015.

PostScripts Rx is available to non-union organizations at any time.

If you'd like more information about PostScripts Rx, please talk to your Advisor Partner.

## Feeling Good: 100 Ways to Feel Better Every Day

### Tip 23: Get in the Sleep Mood

## Feeling good

100 ways to feel better every day



Most of us average 6 hours 54 minutes of sleep a night—about an hour less than the 8 hours that many experts recommend. Too little sleep can affect your mood, your work, and how you feel. If you have trouble falling asleep or staying asleep at night, or if you're sleepy during the day, you may be sleep deprived. To improve your sleep, get in the sleep mood. Help your body make the shift from busy-awake time to sleep-time by establishing a "wind-down" hour before bed. During this time, don't work, pay bills, exercise, or watch disturbing shows on TV. Use your wind-down hour to read and relax and soon you'll be nodding off.

Tip: If you have trouble falling asleep after 20-30 minutes, get out of bed and do something relaxing, such as reading. Try going back to bed after half an hour. Repeat if necessary.



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