

*The Challenge of Delivering
Health Care and EAPs:
US/Canadian Perspective*



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Presentation Goals

The significant problems we face cannot be solved at the same level of thinking we were at when we created them.

Albert Einstein

- ◆ **TODAY** - Health in modern society has been defined at the individual level of treatment. As a result, our focus is on containing costs—almost entirely—for individuals
- ◆ **TOMORROW** - The Culture of Wellness can support prevention and treatment side by side for the good of the whole while preventing risks and containing costs.

Overview of Presentation

- ◆ On Line Survey Results
- ◆ Canadian Health Care Primer
- ◆ US Health Care Primer
- ◆ Comparison Stats
- ◆ Implications for EAP Professionals
- ◆ Future Steps towards Wellness Culture

US vs Canadian Health Care Survey

■ Sample - N=60 (EASNA = 51%)

- US = 71%
- Canada = 22%
- Both 7%

■ Position

- Clinicians = 15%
- Vendors = 23%
- Internal EAP Dir = 22%
- Consultants = 16%

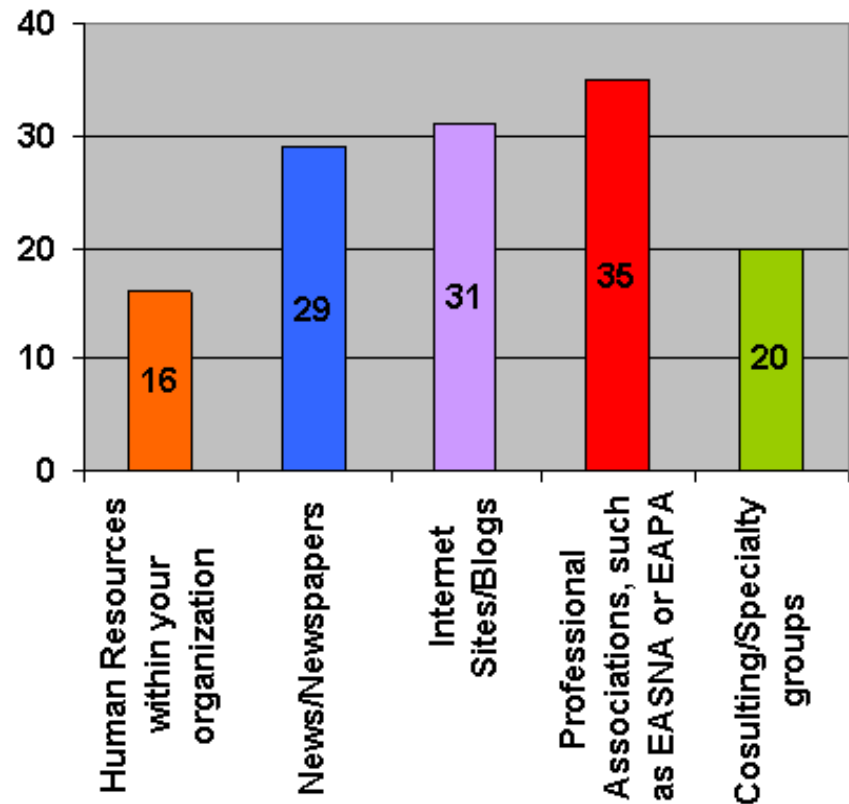
■ Important On-going Legislation

- HIPPA
- Mental Health Parity
- US Health Care Reform
- BC - Consolidation & Cutbacks

■ Interested Policy Issues

- Single Payor System
- Impact of US HC Bill on EAP & Wellness Programs
- Bullying Legislation

Where do you go for your main sources of information on policy issues? Check all that apply.



All you need to know about Canada

- We mostly speak English
- We use a Dollar (Canadian dollar)
- We have Provinces instead of States
- We have a Prime Minister instead of a President
- We have a big country with few people
- We have Medicare



Canada Trivia

- What is our favorite syrup?
- What is our favorite sport?
- What is our favorite saying?
- What is on the Cdn Flag?
- What is our national animal
- What do Mike Myers, Leslie Nielson, Michael J Fox, Celine Dion, have in common?
- What's a kilometre?
- What's Ottawa?
- What is \$1 US worth in Canada?

More Trivia.....

- Canada spends more of its gross domestic product (GDP) on education and less on health care than the United States
- Canada has more donut shops per capita than the United States does
- Canada's two official sports are lacrosse and hockey
- Canada's national colors are red and white
- Canadians consume more Kraft Dinner (aka Kraft Macaroni & Cheese) per capita than any other nationality on earth

Canada's Medicare System

- **Administration** of the health care insurance plan of a province must be carried out on a non-profit basis by a public authority
- **Comprehensive:** all medically necessary services provided by hospitals and doctors must be covered
- **Universal:** all insured persons in the province or territory must be entitled to public health insurance coverage on uniform terms and conditions

Canadian Medicare

Portable: coverage for insured services must be maintained when an insured person moves or travels within Canada or travels outside the country

Accessible: reasonable access by insured persons to medically necessary hospital and physician services must be unimpeded by financial or other barriers

Canadian Medicare

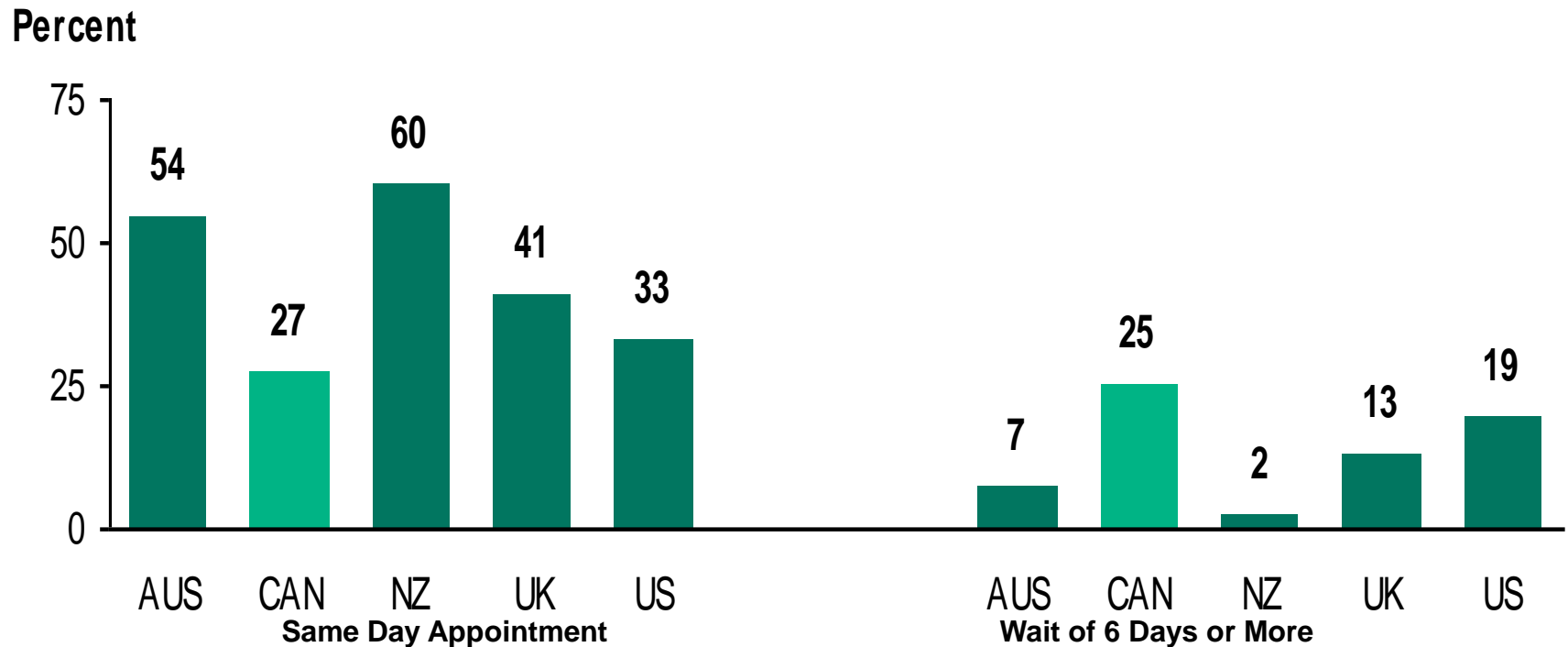
- Medicare looks after physical and psychiatric health at no cost, covers cost of all hospital stays
- Cdn employers, like US, provide insured supplementary healthcare for employees
 - Covers Rx drugs outside of hospital
 - Mental health counseling up to \$350 to \$1000 a year
- Psychiatric referrals are free thru Medicare
- Psych referrals via family physician or Emergency Dept of hospital
- EAP counselor cannot refer

No Average Patient, No Average Wait...

Care Area	10%— Shortest Waits	50%	10%— Longest Waits
Emergency department wait to physician initial assessment	10 minutes	51 minutes	165 minutes
Hip fracture	same day	next day	3 days
Non-emergency MRI/CT/angiography	1 day	3 weeks	4 months
Specialists	a few days	1 month	4 months
Non-emergency surgery	a few days	1 month	6 months
Hip replacement (specialist to surgery)	<1 month	4.5 months	14 months
Knee replacement (specialist to surgery)	1–2 months	7 months	21 months

Sources: National Ambulatory Care Reporting System, Statistics Canada, Canadian Joint Replacement Registry and Hospital Morbidity Database, CIHI.

Access to Doctor When Sick or Need Medical Attention



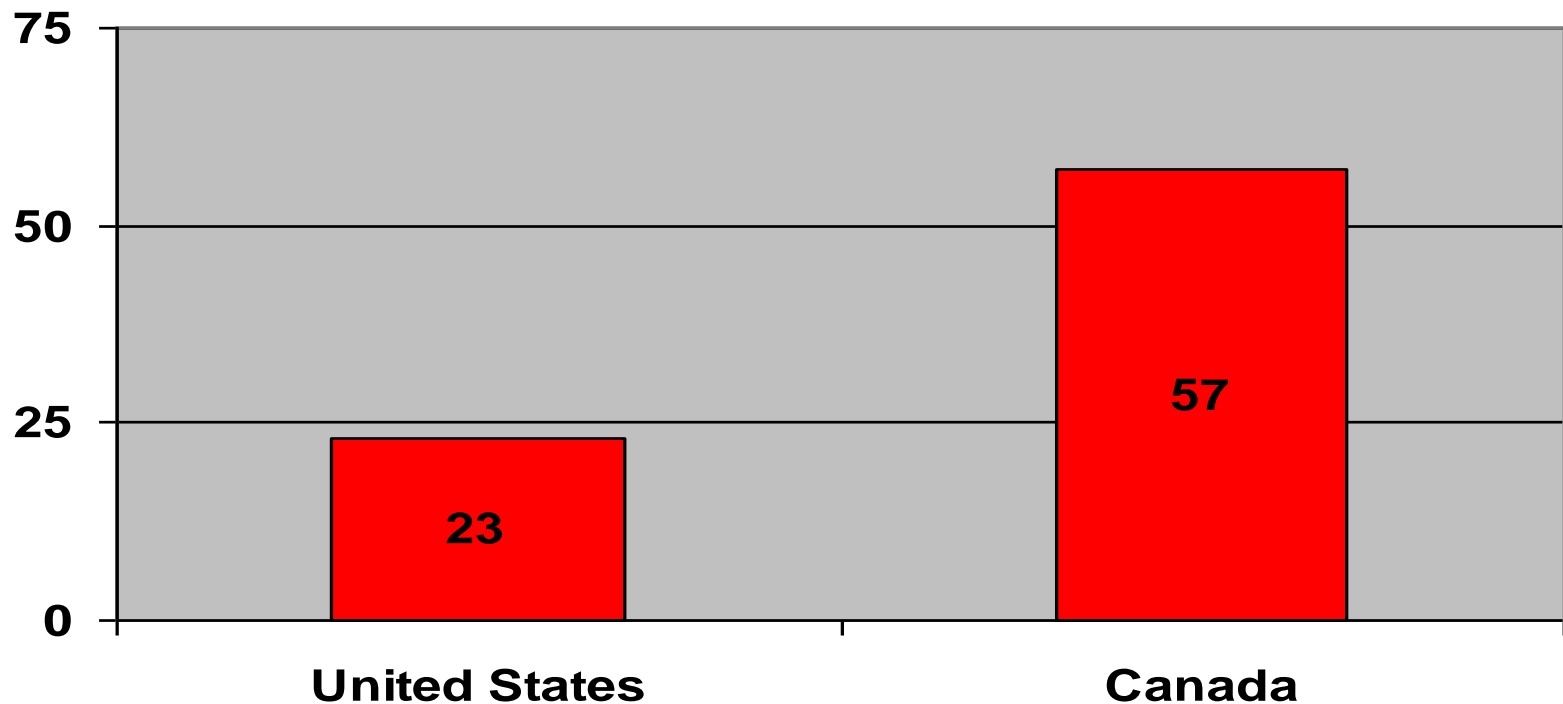
Source: *Primary Care and Health System Performance: Adults' Experiences in Five Countries*, Commonwealth Fund, 2004. CIHI

Emergency Room Use and Waits in 2004

Patient Activity	Canada %	US %
Went to the emergency department in the last 2 years	38	34
Went to the emergency department, but felt they could have been treated by regular doctor if available	18	16
Reported waiting >2 hours before being treated	48	34

Source: Primary Care and Health System Performance: Adults' Experiences in Five Countries, Commonwealth Fund, 2004. CIHI

Comparisons of Patients Who Waited More Than Four Weeks to See a Specialist



Note: Patients are adults with health problems.

Source: 2005 International Health Policy Survey, Commonwealth Fund. CIHI

Canada/U.S. Comparison of Unmet Needs 2002– 2003

- ◆ Same % of Canadians (11%) and Americans (13%) report unmet health care needs
- ◆ Of those reporting unmet needs, the primary barrier cited was:
 - ◆ “Waiting for care” for 32% of Canadians
 - ◆ “Cost” for 53% of Americans

Source: Joint Canada-US Health Survey, Statistics Canada/NCHS. CIHI

Life Expectancy

	Male	Female	All
Canada	76.02	83	79.43
China	69.6	73.33	71.38
France	74.85	82.89	78.76
Phillipines	64.65	70.46	67.48
Saudi Arabia	66.11	69.51	67.77
Sweden	76.95	82.37	79.58
US	74.24	79.9	77.12

Source: U.S. Bureau of the Census, International Data Base (2000 midyear estimates)

Mental Health Indicators Average Rankings for Suicide

	Female	Male
<u>Lowest Rate of Suicide</u> Belgium, France, Germany, US	7.3	8.3
<u>Middle Rate of Suicide</u> Australia, Canada , Japan, Sweden	7.0	7.3
<u>Highest Rate of Suicide</u> Finland, Denmark, Nether, Spain, UK	6.8	5.8

Source: Dr. B. Starfield 2002 , OECD Tapes, 1998

Canada & Mental Health?

- Incidence of Mental Illness is generally similar to other industrial countries
- Mental health is provided like all other health services but is on average less available (Kirby report, 2006)
- Canada has no current national strategy for mental health
- Mental Health Commission of Canada has a 10 year mandate to address gaps and develop and drive implementation of a national strategy (for more details: www.mentalhealthcommission.ca)

Health Care Industry vs health care system



- ◆ Developed piece by piece - Decade by Decade
- ◆ Designed by Private Innovations (solved problems for innovators)
- ◆ Each addition built on old foundation (only occasional Government interventions)

US Health Care Timeline: 1930 - 1990

SS Leg -
BC
Hospital
Insurance

Unions -
negotiate
Health
Coverage

HMO vs Fee
for Service -
multinational
companies

National
Insurance
Attempt-
failed

1940s

1960

1980

1930

Insurance
for War
Plant
Factories

1950

Civil Rights
Voting Act
Medicare/
Medicaid

1970

Reagonomics:
Deregulation
& For Profit
Services

1990

2000 - 2008: US Health Care Disintegrates

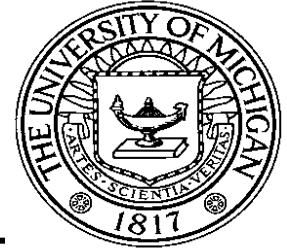
- ❑ Health Care major economic growth area
- ❑ Consolidation leads to rapid cost increases
- ❑ Higher Health Insurance Premiums
- ❑ Increased Monies going to Administrative Services
- ❑ Insurance begins to refuse coverage for pre-existing conditions
- ❑ Coverage dropped if medical bills too high
- ❑ Efforts to control Health Care Costs increases
- ❑ Major Tax cuts for wealthy

US Mounting Health Care Crisis



- * 48 million Americans - no insurance
- * Costs for Medicare and Medicaid Skyrocket
- * Global economic downturn

Reforming US Health Care



- ◆ Creating a New Social Contract - Historical
(Social Security: 1936 & Medicare/Medicaid: 1966)

- ◆ Addressing Four Key Problems:
 - “Increasing Access to care
 - “Controlling Health care costs
 - “Maintaining economic vitality of Health Care Industry
 - “Dealing with Federal Deficit

- ◆ Solution had to be a Political One
 - Seeking a Win-Win for Government, health care industry, employers and citizens

US - Why Not Medicare for All?



- ◆ Would require major tax increases...
 - ◆ No political will for any further tax increases
- ◆ Health Care Industry is too Strong...
 - ◆ Health Care industry major donors to Congress
 - ◆ Lobbyists for all aspects of Health Care have great influence in Congress

US Reforms - Improving Access



- ◆ No one can be denied coverage
- ◆ All insurance must offer Mental Health Parity
- ◆ Expanding Medicaid access:
 - ◆ Free Care for all persons below 133% poverty
 - ◆ Physician Incentives to treat Medicaid enrollees
- ◆ Partial premiums subsidies (via tax credits)
- ◆ Young adults can remain on parents insurance policies

US Reforms - Improving Access

- ◆ Making Health Care available in underserved areas:
 - Funding more School & Community Clinics
 - Recruiting a National Health Service Corps -
via Medical student scholarships and loan repayment credits
to provide primary care and other services where most
needed
- ◆ Offering Federal long-term care insurance for at-home
Elderly Care

US - Controlling Costs

- ◆ 80% - 85% of Private Insurance Company premiums must be spent on actual health care services
- ◆ Co-Op Exchanges help people buy insurance:
 - ◆ Monitor & Insure Quality
 - ◆ Some States will include public insurance plans
- ◆ Feds move to Value Based Purchasing vs Fee for Service



US - Controlling Costs (cont)

- ◆ Prevention Services for Medicaid & Medicare
- ◆ Chronic Disease Management for Medicaid & Medicare
- ◆ Help Evaluating Business Wellness Programs
- ◆ Demonstration Projects to try out cost effective reforms
(ie. Does Malpractice Insurance Reform decrease use of unnecessary or “defensive medicine”?)

Maintaining US Health Care Industry Vitality

- ◆ Adds 32 million additional paying health care services consumers (trading increased volume for reduced price)
- ◆ Federal subsidies to lower income population
- ◆ Demonstration Projects
 - “Develop Cost Effective Best Practices
- ◆ Changes to Medicare and Medicaid Programs
 - Test Cost-Effectiveness of alternative Remuneration Strategies for Health Services

Cost....



Additional Federal Costs: 935 billion over 10 years

- ◆ How will funds be found ?
 - ◆ Higher Medicare monthly taxes for the wealthy
 - ◆ Programs to monitor & eliminate fraud and abuse in Medicare and Medicaid Billing Services
 - ◆ Annual Fees assessed on the Health Care Industry
 - ◆ Taxing Private Health Insurance companies on excess costs of “Cadillac plan” policies

Effects on Federal Deficit

- The 2010 Health Care Reform Bill will provide health insurance to 32 million more Americans WHILE also reducing the federal Deficit

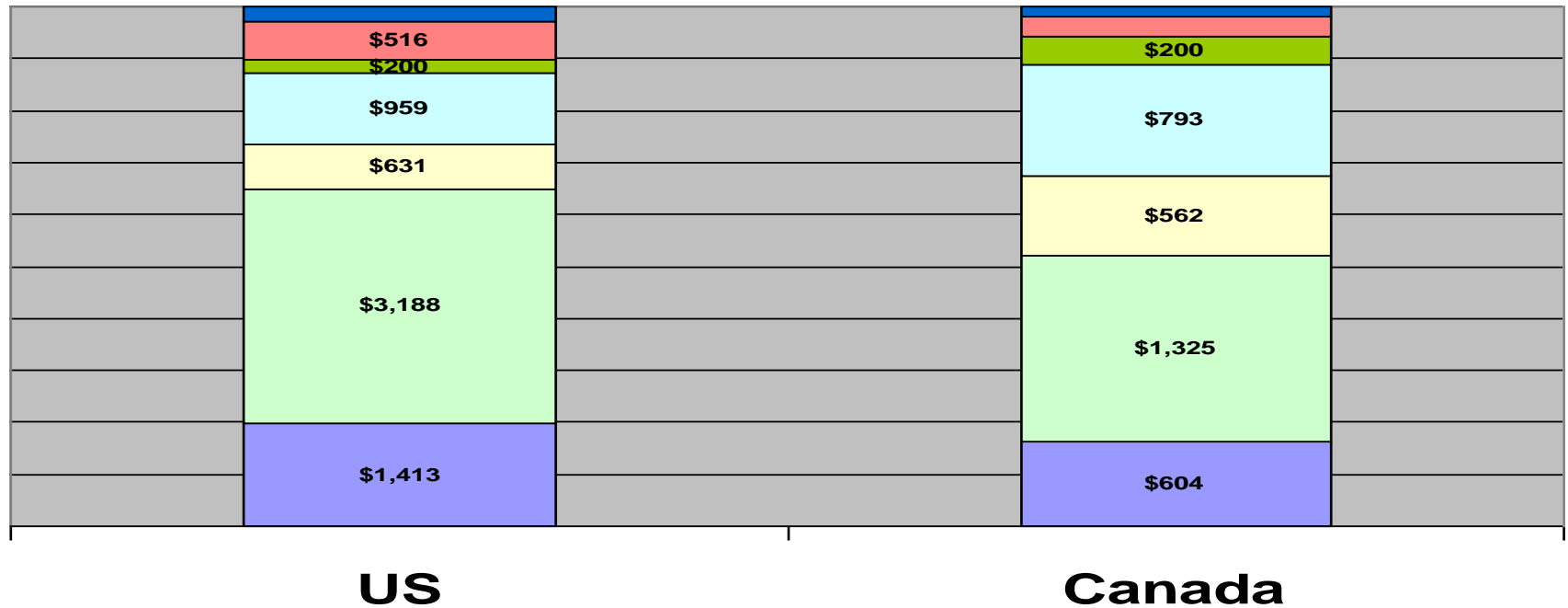
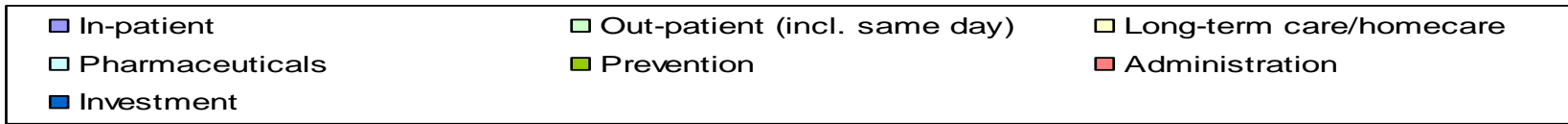


- 2020 - \$138 Billion Reduction
- 2030 - additional \$1.2 Trillion Reduction

US- Limitations of New Health Care Bill

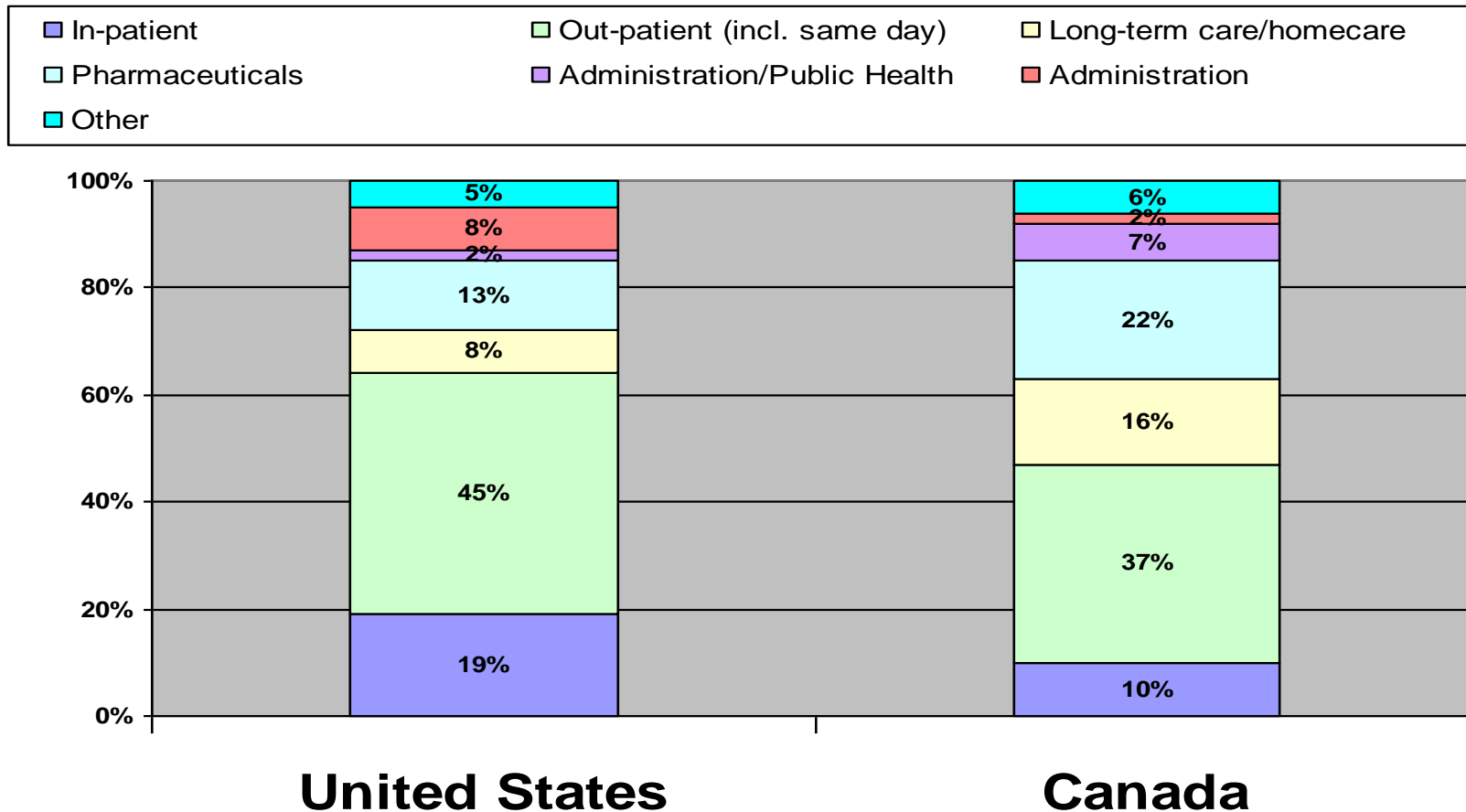
- ◆ Cost Control - Needs reimbursement authority to incentivize use of Demonstrated Best Practices
- ◆ Needs Stronger Competition to force lower Private Insurance Prices
- ◆ Still Need More Access
 - ◆ Bill includes 32 million Americans
 - ◆ Another 16 million will remain outside of system
- ◆ Need a larger cultural change toward a “Wellness Culture”

Current health expenditure per capita by category of care, 2007



Source: OECD Health Data 2009 and McKinsey Global Institute.

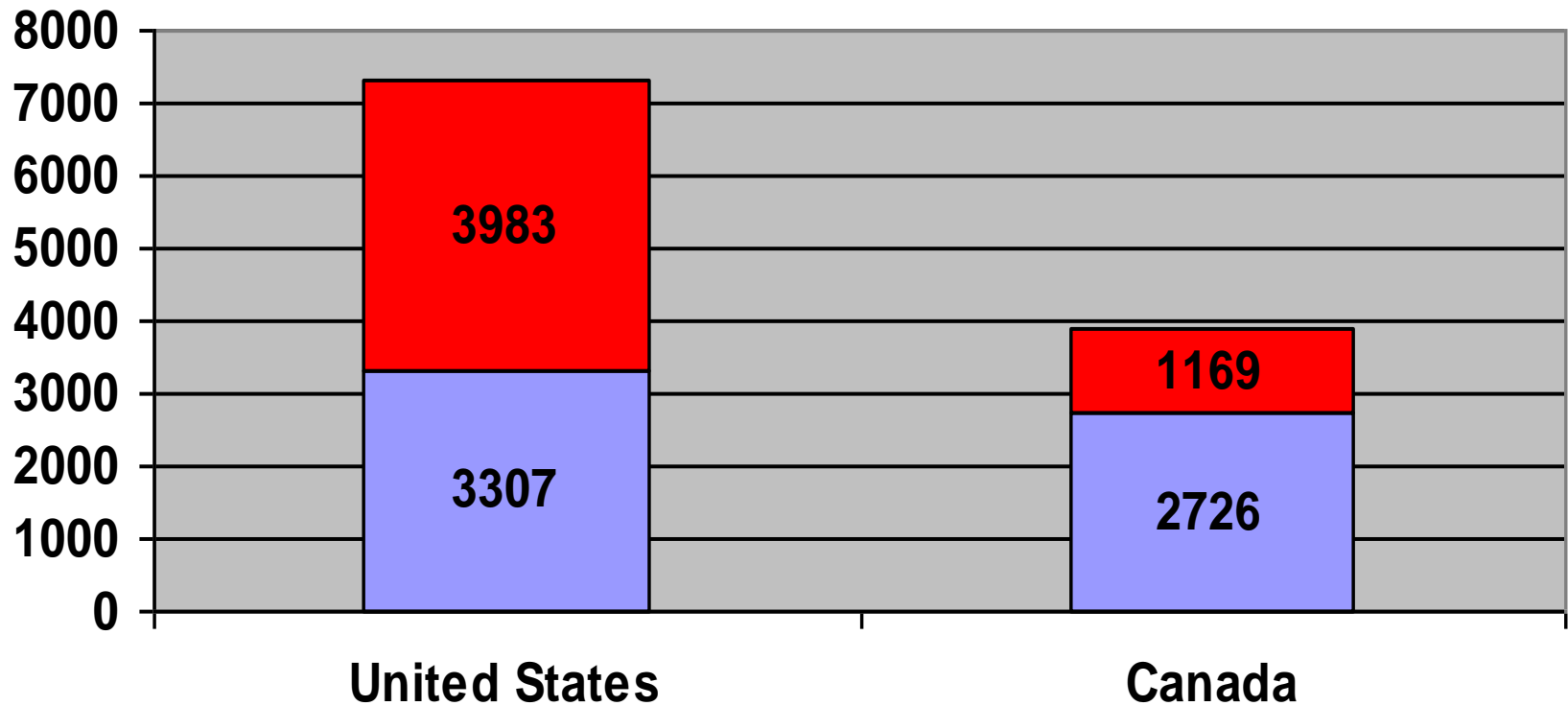
Average Annual Real Growth in Health Spending 2003-2006 by Category of Care



Source: OECD Health Data 2009 and McKinsey Global Institute.

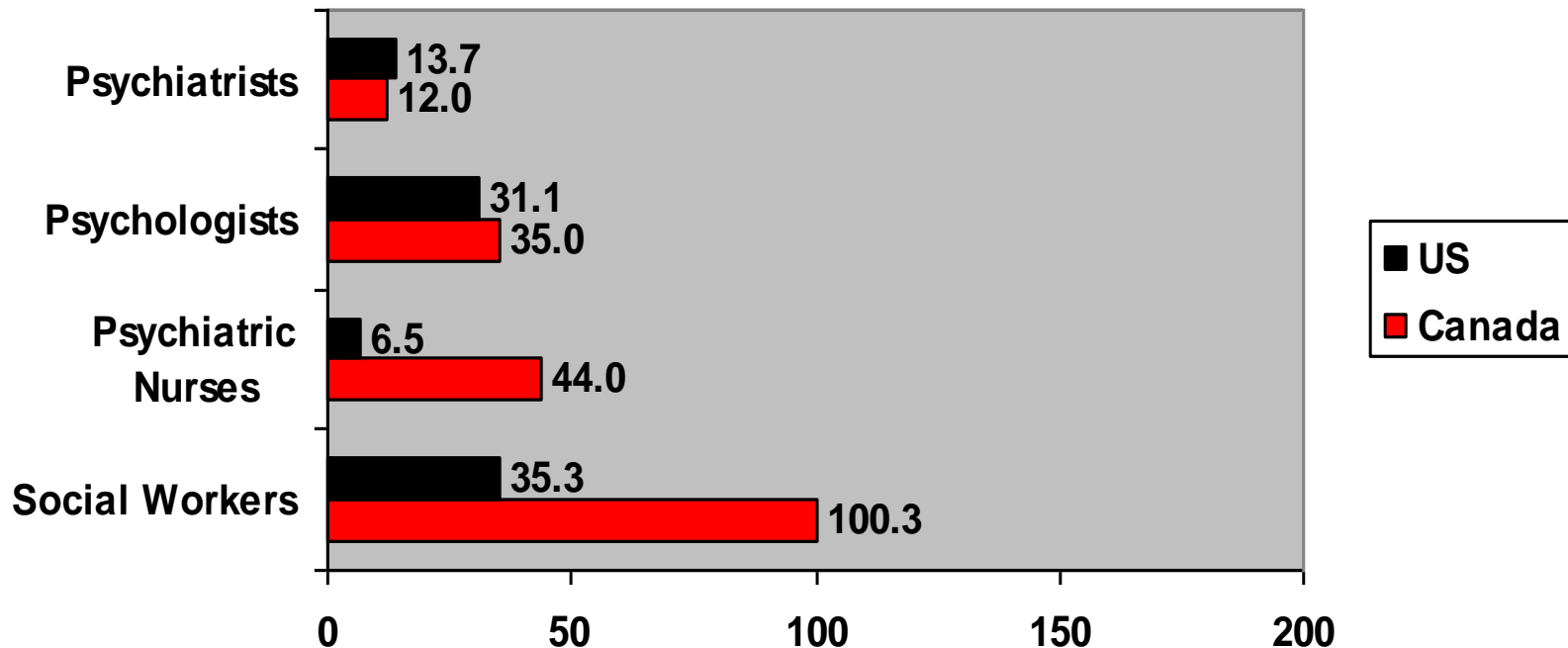
Health Expenditure: per capita US\$ 2007

■ Public expenditure on health ■ Private expenditure on health



Mental Health Resources

Canada vs US (per 100,000 population)



Health Care Capacity and Utilization, 2007

	Diagnostic procedures				Surgical procedures		
	MRI units per million population	MRI exams per 1 000 population	CT scanners per million population	CT exams per 1 000 population	Revascularisation (CABG+PTCA) per 100 000 population	Knee replacement per 100 000 population	Caesarean section per 100 births
Canada	6.7	31.2	12.7	103.5	208.6	139.5	26.3
US	25.9	91.2	34.3	227.8	521.3	183.1	31.1
OECD Average	11.0	41.3	22.8	110.7	266.7	117.9	25.7

Source: OECD Health Data 2009

Strategic Decision to Adopt the “Wellness Mission”

- Become part of the Business Strategy
- Holistic view of mental and physical health
- Paradigm Shift to Prevention of Mental Stress
- Lay the foundation for “wellness culture”
- Secure genuine top leadership support

Practical Implications

- Understand global differences
- Screen health risks & refer to wellness
- Screen depression/stress & refer to EAP
- Improve joint utilization and engagement
- Integrated data to produce outcomes
- Training programs for “effective referrals”

Innovative Implications

- Prevention of depression & happiness science
- Workplace stress programs – “wellness approach”
- New Technologies: Online, Digital, MM
- Health Coaching & Telehealth
- Growing practice of Positive Psychology
- Sustainability of programs & behavior change

Major Lesson Learned



*Need for Change towards
a Wellness Culture...*

Resources - Helpful Websites

Health and Wellness

- America's Health Insurance Plans - www.ahipwire.org/wellbeing
- Centers for Disease Control - www.cdc.gov/nchs/fastats/hinsure.htm
- Canadian Institutes for Health Information - www.cihi.ca
- Gallup-Healthways Well-Being Index™ - www.well-beingindex.com
- Health Canada – Healthy Living - www.hc-sc.gc.ca/hl-vs/index-eng.php
- Health Promotion Advocates http://healthpromotionadvocates.org/sources_detail_documents.htm
- IHPM - Institute for Health and Productivity Management - www.ihpm.org/
- Mental Health Commission of Canada - www.mentalhealthcommission.ca
- National Wellness Institute - www.nationalwellness.org
- WorldatWork: global human resources association focused on compensation, benefits, work-life and integrated total rewards - www.worldatwork.org

Resources - Topic Based

Behavioral Health

- OPEN MINDS - www.openminds.com

On-Line Therapy

- Online Therapy Institute - www.onlinetherapyinstitute.com
- Therapy Online - www.therapyonline.ca

International Organizations

- Organisation for Economic Cooperation and Development Health - ww.oecd.org
- World Health Organization - www.who.int

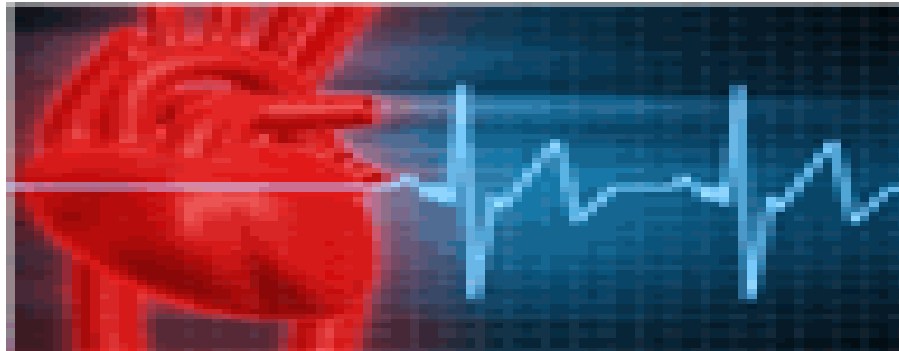
Wellness Culture

- Judd Allen - www.healthyculture.com
- Joel Bennett - Wellness Organization - www.intellpre.com
- Martin Shain - <http://healintheworkplace.wordpress.com>
- Michael O'Donell - <http://healthpromotionadvocates.org>

Resources - Publications

- Heirich, Max. (1998). *Rethinking Health Care: Innovation & Change In America*
- *Disparities in health expenditure across OECD countries: Why does the United States spend so much more than other countries?*
www.oecdwash.org/PDFILES/Pearson_Testimony_30Sept2009.pdf
- Health Data 2009, Organisation for Economic Cooperation and Development
www.oecd.org/document/16/0,3343,en_2649_34631_2085200_1_1_1_1,00.html
- Mental Health Atlas 2005, World Health Organization
www.who.int/mental_health/evidence/en/
- The World Factbook www.cia.gov/library/publications/the-world-factbook/fields/2102.html
- Organisation for Economic Cooperation and Development Health
www.oecd.org
- Statistics Canada Health Reports – Waiting time for medical specialist consultations in Canada, 2007 www.statcan.gc.ca/pub/82-003-x/82-003-x2010002-eng.htm

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