

## **US versus Canadian Health Care**

**Brief On-Line Survey Results  
EASNA Institute  
Montreal, Canada  
6/10/10**

*Patricia Herlihy Ph.D., RN*

## **Introduction**

Health Care Delivery has sparked debate on both sides of the US/Canadian border. Spiraling costs, changing markets and a global market place are challenging conventional wisdom. Delivery success in one country is not necessarily transferable across the border due to societal, cultural and economic differences of the Health Care Industry in each country.

A presentation at EASNA's annual Institute on this topic offered comparative data on various aspects of Health Care and efforts at reform on both sides of the borders. Prior to the actual presentation an on-line survey was offered to all conference attendees and EASNA membership – an approximate group of 200 professionals in North America. Over 60 individuals were kind enough to take a moment to answer this brief survey. The following report is a combination of the survey responses as well as the discussion in the actual presentation. In Montreal there were approximately 70 attendees mainly from Canada. Thus there was an interesting difference on first blush: more Canadian attendees at the presentation, but a far larger response of US professionals to the on-line Survey. It is hard to make any causal associations with this fact – other than it existed.

For informational purposes the survey respondents again were either EASNA members or individuals who expressed an interest in attending this Institute. They responded to one of two email blasts asking for their participation in a 5 minute survey between the dates of April 1 and April 30, 2010. One immediate outside influence is that a controversial Health Care Bill was signed into Law in the United States on March 23, 2010 which may have led to a larger participation of US professionals who were all curious about how this new law. This became very clear in the qualitative questions posed in the survey which will be addressed later in this report.

Both the survey and the presentation were offered to allow professionals from all over North America a timely opportunity to compare two different yet neighboring Health Care Systems, as well as to examine their implications for EAP practice. One system has been very successful over the years; the other, in severe need of reform, is changing. Many questions arose in both the survey answers and during the presentation around regulatory issues; implications for the New US Health Care Law; and severe differences in usage of testing for diagnoses in the two countries. The presenters were impressed again with both the level of knowledge of Health Care Policy in both the survey responses and the audiences' engagement and thoughtful questions.

The following charts offer a concrete look at some of the online responses. These charts will be used as a template to add some of the richness of the actual material that was addressed and discussed in the Montreal presentation.

# Survey Results

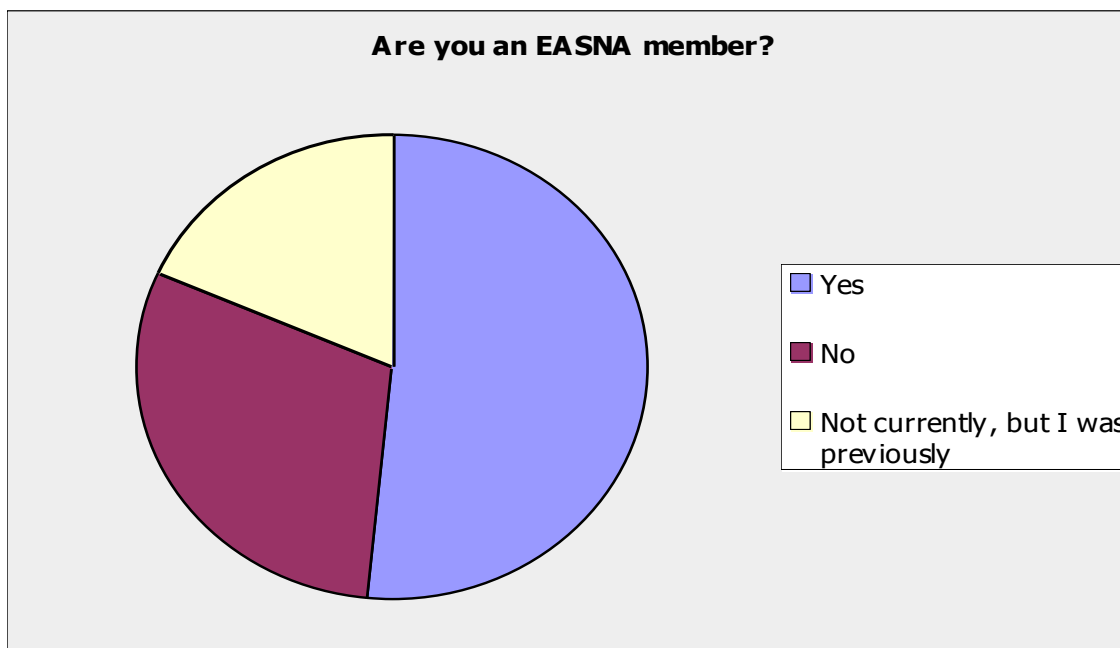
## Question #1

### Are you an EASNA member?

Answer Options	Response Percent	Response Count
Yes	51.7%	31
No	30.0%	18
Not currently, but I was previously	18.3%	11

This initial survey question was asked to determine how many folks actually answered the online questionnaire as well as determine who was a current and/or past member of EASNA. The interesting part of the response N=60 is two-fold. This is a fairly impressive response rate to a brief online survey distributed to only 200 individuals and for a one month period thru the process of two email blasts. The implication is that Health Care Policy is very much a topic of interest in this field, and that only slightly over 50% of respondents were current EASNA members.

The audience at the actual presentation was mainly composed of Canadian Professionals – about 70 participants with about 60 from Canada. For this fairly small Institute this was an impressive amount of individuals who remained for the last session of the conference and chose this topic over another solid presentation next door on Brief Alcohol Screening. Again, this suggests that EAP Professionals are knowledgeable, interested and hungry for more information regarding Health Care Policy.



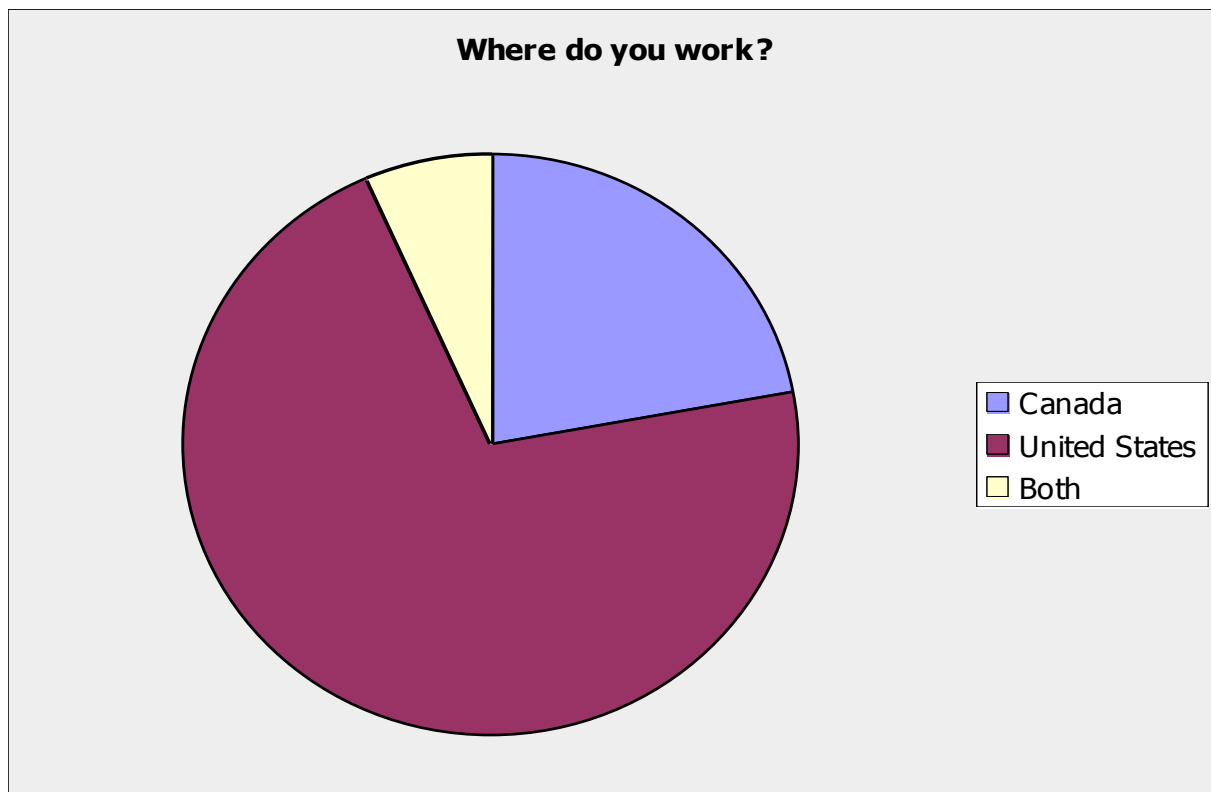
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## Question #2

### Where do you work?

Answer Options	Response Percent	Response Count
Canada	22.0%	13
United States	71.2%	42
Both	6.8%	4

The interesting question that is raised by this online answer is why U.S. folks tend to answer online surveys to such a greater extent than Canadians (3xs greater). There are too many intervening variables and too little information to actually answer that question, but one might consider the possibility that U.S. Professionals are a bit more comfortable answering online surveys. It was also interesting to the presenters that there were so few (4) survey respondents indicated working in both the US and Canada), but again there is not enough information to understand this variable. It could be as simple as folks responding to the question and answering where their headquarters were located. Further research might enlighten folks in the EAP field how much cross fertilization occurs across our borders, especially from an Association which is specifically constructed for North American issues and support.



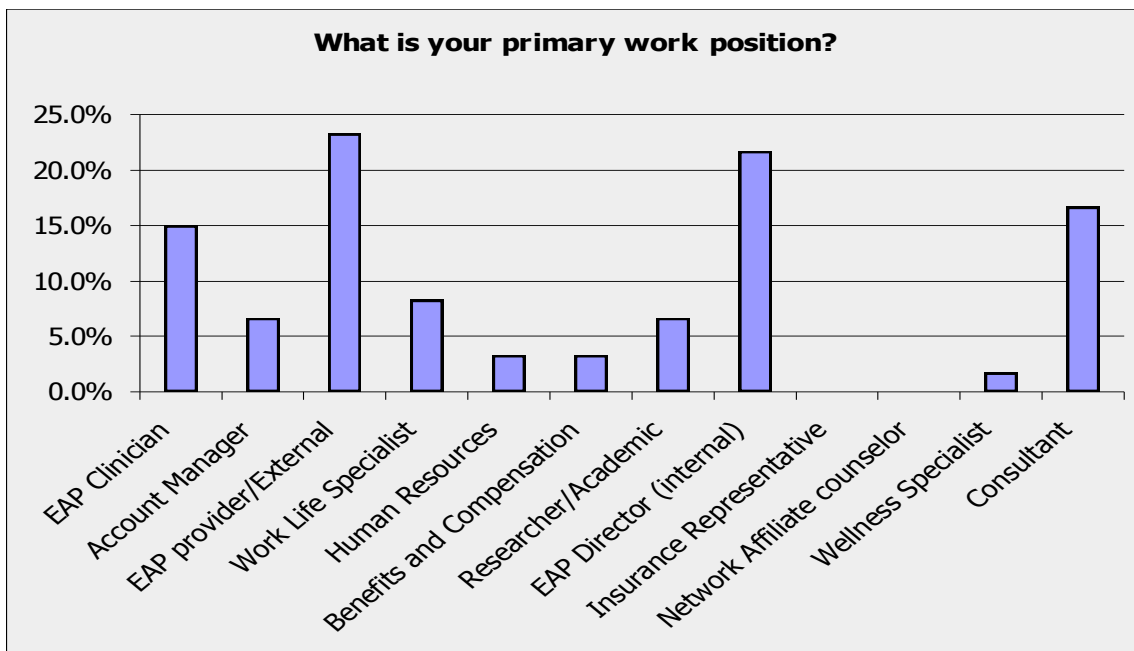
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### Question #3

#### What is your primary work position?

Answer Options	Response Percent	Response Count
EAP Clinician	15.0%	9
Account Manager	6.7%	4
EAP provider/External	23.3%	14
Work Life Specialist	8.3%	5
Human Resources	3.3%	2
Benefits and Compensation	3.3%	2
Researcher/Academic	6.7%	4
EAP Director (internal)	21.7%	13
Insurance Representative	0.0%	0
Network Affiliate counselor	0.0%	0
Wellness Specialist	1.7%	1
Consultant	16.7%	10
Other (please specify)		13

The online survey answers to this question about work position tend to range all over the professional arena. The only striking factor at first look is that there were almost as many External Vendors responding as Internal EAP Directors. In the United States there are far more External EAPs than Internal. The unofficial breakdown in the United States is that there are approximately 90% external EAPs and 10% internal. Since a large number of respondents were from the U.S, it is interesting to note the large number of respondents who were internal EAP providers. But caution is needed here in jumping to conclusions because there are also serious debates on both sides of the border on the definition of an EAP. If one cannot define the entity then it is nearly impossible to have an accurate accounting of the actual programs in existence.



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## Question #4

<b>Describe proposed or recently enacted legislation and/or policy regulations that are most important to your practice. (Top 20 responses)</b>	
<b>Number</b>	<b>Response Text</b>
1	HIV/AIDS Policy:
2	Mental Health Parity Act 2009 ( US)
3	HIPPA laws - (particularly ARRA/HITECH)
4	Health Care Reform Bill/New Law ( US)
5	Treasury Board Secretariat of Canada's EAP Policy
6	Extension of benefits to uninsured and how that effects other Health Care Policy Issues
7	Executive mandate for enhancement of comprehensive wellness services w/n U.S. Federal government agencies.
8	Affordable health care for all
9	Expanding coverage under parents' plan to age 26
10	US healthcare policy providing coverage to all citizens
11	Change of purpose of 1-3 Assessment & Referral function of EAP and the possibility of it discontinuance
12	British Columbia cuts to medical support to people on disability
13	British Columbia financial cuts to Light writer provision, contraception; Dental Care and Orthotics
14	The US government's regulations for Mental Health Parity and Addiction Equity.
15	Recent health care reform bill eliminating preexisting conditions clause
16	Wellness rider and Health Initiatives hidden in health care reform bill
17	Most recently--FLSA amendment regarding breaks for breastfeeding employees.
17	Proposed Legislation around Bullying Laws
18	We are health insured through the state of AZ, which is self-insured. Need information on top ICD-9 codes.
19	Concurrent care demonstration program that will allow patients eligibility for hospice care
20	Healthcare reform, state and federal legislation affecting the economy such as ARRA
21	Bill 168 (Ontario) which covers issues like workplace harassment etc.,
22	Consolidation of health authorities in British Columbia

As one can see from this list of the top twenty Legislative Issues, the respondents identified that there is great interest, concern and knowledge amongst EAP providers in this area. It is interesting that there are many specific concerns on the local, regional and Federal/National level. The question becomes one of how to support professionals in the field by both keeping them informed on new legislative efforts as well as providing support and forums for advocacy groups.

A similar notation was observed with the participants at the Montreal Presentation. The audience consisted of EAP Managers, Vendors and Directors who were very interested in Health Care Policy Issues and especially interested in the comparisons between the two countries. One respondent asked about a slide (see presentation slide # 37)) which indicated that the U.S utilizes 4-5 times the number of MRI tests compared to Canadian usage. This initiated a lively debate about potential over use of diagnostic tests in the US as well as perhaps lack of funding for necessary equipment for appropriate testing in Canada.

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## Question #5

### What other issues and or policies would like you to see addressed? (Top 30)

1	Would like more information regarding Return on Investment to companies with EAP services
2	Upcoming EAP-related trends/research/regulations on bullying and similar issues
3	In Florida, we have great Drug Free Workplace legislation, but EAPs are not mandated as a part of the program. We would like to see this change.
4	More discussion and debate on the viability of EAPs in a world with increasing commoditization
5	Clarification on COBRA subsidies once and for all
6	More information on Executive training to support shift in workplace wellness culture and workplace flexibility.
7	Exploration of easier access for all, especially small businesses in coverage for mental health services
8	EASNA member reaction to the US Mental Parity Law 2009, and how it translates to future program design of EAPs
9	Insurance Coverage for social work practice as well as MDs and psychologists in all mental health insurance plans
10	More accessibility for all to community-based resources
11	Mental health coverage is remarkably inferior to physical health coverage, yet research indicates that inadequate mental health coverage results in higher crime rates
12	Would like to see mental health coverage for all disability cases in the workplace
13	The impact of US healthcare reform "exchanges" and whether it will result in more companies discontinuing their corporate health plans
14	Will more companies in the US opt out of the Health Care Requirements and simply pay the federal fine, which will then force their employees to go out onto the "exchange" market to purchase their health insurance.
15	Better and more effective Integration of health, wellness and prevention into all EAP services.
16	Further exploration of the possibility of a single payer system in the US
17	Clarification within insurance regulations that REQUIRE wellness offerings; EAP promotion; evidence-based prevention;
18	Increased focus on behavioral health issues in general
19	More information on Flexibility Issues especially for hourly workers
20	Insurance exclusions for methadone treatment and transgender treatment
21	More updated information on Domestic Violence
22	Job creation. Many states have shared work programs, but they are so poorly publicized that few are aware of them. More help here would help.
23	Would like to see inclusion of dentistry & visual insurance coverage as well as greater compensation for alternative medicine
24	Reimbursement for end-of-life counseling that was eliminated from the health reform legislation because of misinformation spread about death panels.
25	More Information on the growing use of Online Therapy, Telehealth, social networking and other technology advances and their impact/use in EAP
26	Treatment centers should have greater flexibility regarding levels of care and the ability to move up and down along that continuum.
27	Need to change Health insurance policies that dictate treatment through it coverage policies.
28	Innovation by treatment providers is should be encouraged rather than discouraged by insurance providers and government programs
29	Impact of Healthcare Reform on long term treatment benefits and provider networks
30	What is EAPA's relationship with extended health programs

## **Question 5: Notes and Comments**

As can be seen by the above list of areas of interest regarding ongoing Health Care Policy Issues, respondents were well informed, knowledgeable and interested in a whole gamut of areas regarding various legislative issues. All of these issues were presented to EASNA's Advocacy Committee who expressed interest in pursuing avenues to support some method of providing timely information about Health Care Policy Issues.

In Montreal at the presentation the audience was also very well informed, but expressed more curiosity about the comparisons between the US and Canada's approach to various health policy issues. One area of interest that surfaced was Canadian Policy around Maternity Leaves. Evidently in Canada employees are allowed to take up to a one year leave post birth at approximately 90% of their salary. Clearly the US's Family Medical Leave Act (FMLA) has a way to go to catch up to that generous benefit.

Another interesting observation in the Montreal discussions was the acknowledgement that Canadians statistically live 2 years longer than US citizens (slide #16). One participant commented on this and asked if there was any connection with Americans' tendency to work longer into elder hood. This is another interesting question that could use further investigation particularly as it was acknowledged by the Canadian members on the Panel, that Canada is itself worried that they not prepared to handle the growing demographics of elders in their current health care system.

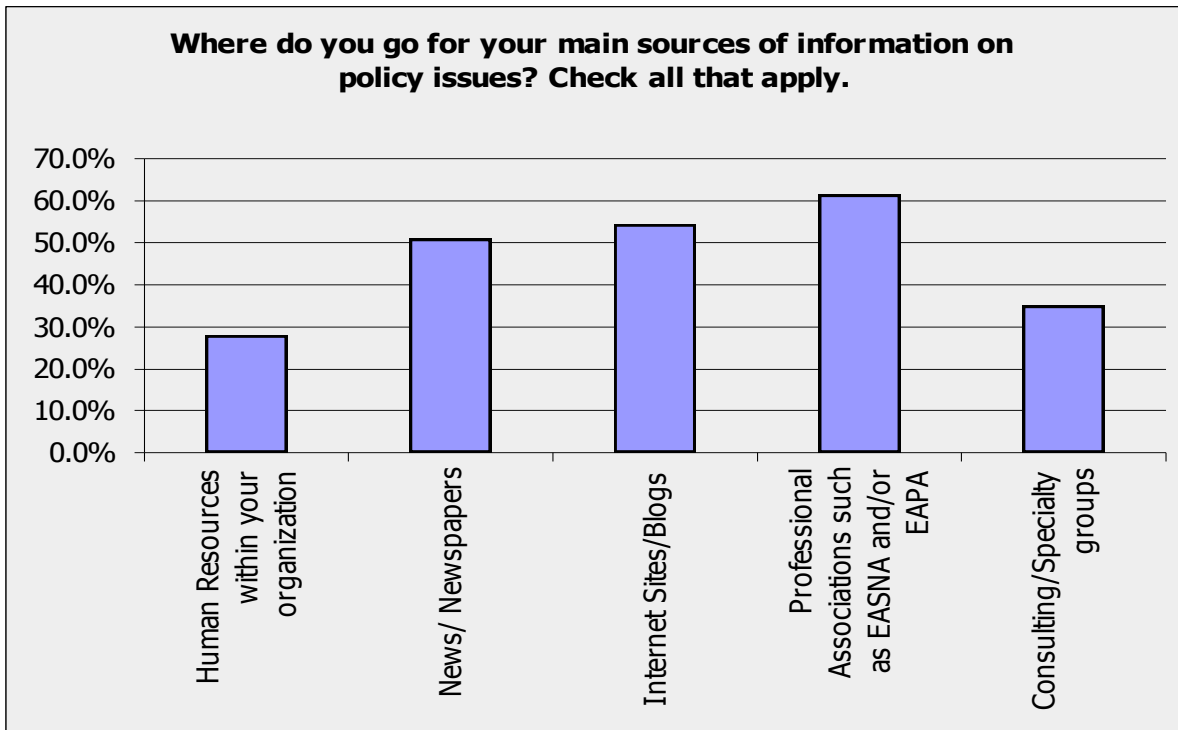
Overall Canadians seemed happy with their health care system other than the *Wait Time* for certain deemed "non-emergent" issues such as, a hip replacement. Waiting time for a hip replacement can take up to 18 months in Canada (slide #11). U.S attendees, on the other hand, were more concerned about access and cost issues of Health Care in their country (slide #15).

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**Question #6**

<b>Where do you go for your main sources of information on policy issues? Check all that apply.</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Human Resources within your organization	28.1%	16
News/ Newspapers	50.9%	29
Internet Sites/Blogs	54.4%	31
Professional Associations such as EASNA and/or EAPA	61.4%	35
Consulting/Specialty groups	35.1%	20
Other (please specify)		14



Question 6, which addresses where EAP professionals go for daily updates around Health Care Policy Issues in general, was a fascinating one for the presenters. Clearly, we wanted to understand what role EASNA and other EAP Associations had in providing this information, but we were impressed that over 35% of the respondents did look to various Professional Associations for this information. The assumption was that they would turn to the internet, blogs, news etc., so it was helpful to have this information which, again, has been presented to the EASNA Board as an area of interest and need for their membership. It was also telling that so few people turn to their internal Human Resource Departments for leadership in this area. There is a long standing history of mixed relationships between EAP Departments and Human Resource Departments. This particular response hints that these issues still may persist within some organizations.

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## Question #7

### What are your Three Favorite Websites for Information about Health Care Policy Issues (Key Sites listed)

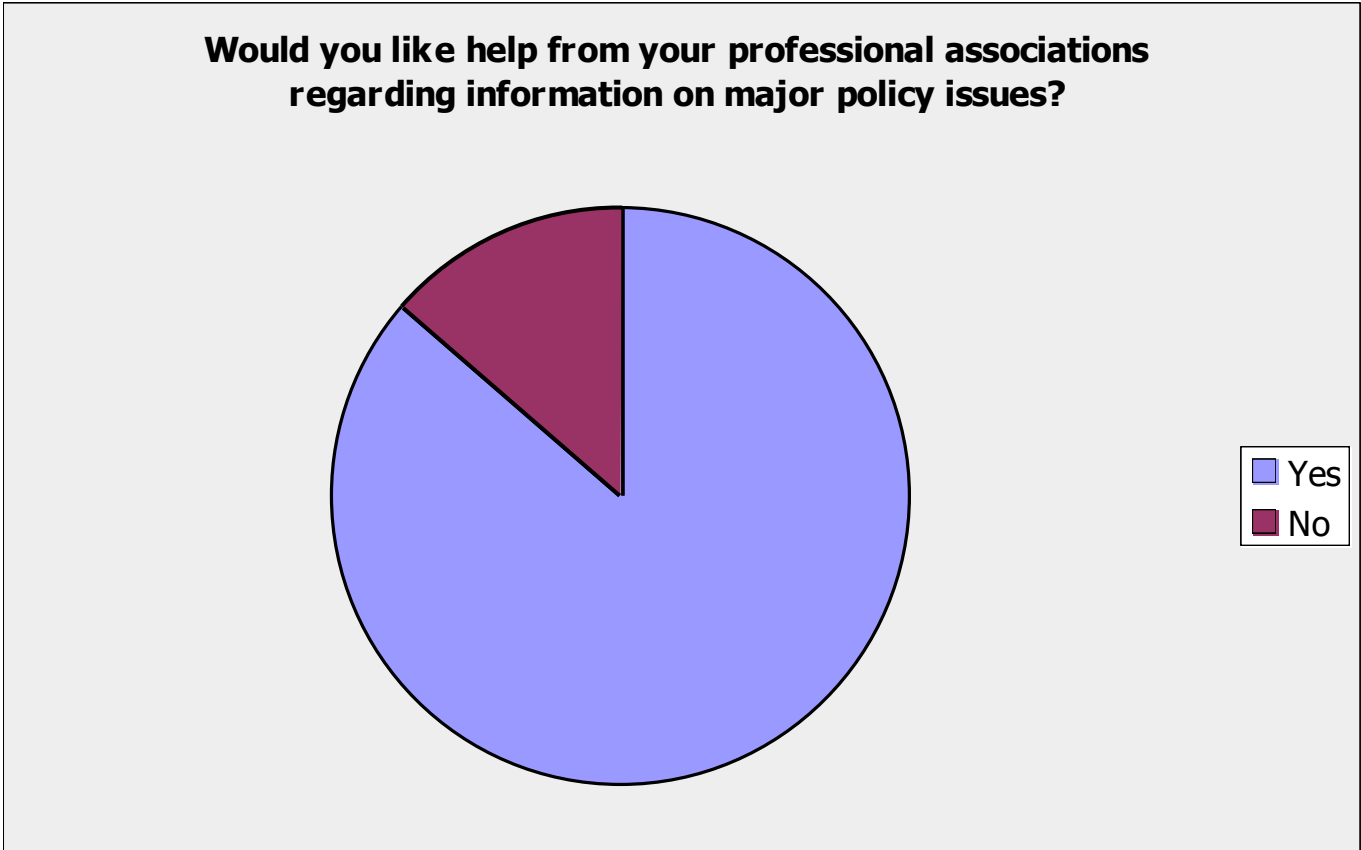
1.	2.	3.
EAPA - <a href="http://www.eapassn.org">www.eapassn.org</a>	IHPM- <a href="http://www.ihpm.org/">http://www.ihpm.org/</a>	SHRM – <a href="http://www.shrm.org">www.shrm.org</a>
EASNA - <a href="http://www.easna.org">www.easna.org</a>	National Council for Community Behavioral Health <a href="http://www.nccbh.org">www.nccbh.org</a>	Behavioral Health <a href="http://www.openminds.org">www.openminds.org</a>
HRMA ( Job Site) - <a href="http://www.hrma.org/">http://www.hrma.org/</a>	Health Canada – Healthy Living - <a href="http://www.hc-sc.gc.ca/hl-vs/index-eng.php">www.hc-sc.gc.ca/hl-vs/index-eng.php</a>	World at Work: <a href="http://www.worldatwork.org/waw/home/html/home.jsp">http://www.worldatwork.org/waw/home/html/home.jsp</a>
International Foundation on Comp. & Benefits <a href="http://www.ifebp.org">www.ifebp.org</a>	US Labor Department <a href="http://www.dol.gov">www.dol.gov</a>	CCH (Accounting ) <a href="http://www.cch.org">www.cch.org</a>
Psychology healthy workplace from the APA – <a href="http://www.apa.org">www.apa.org</a>	Health Works: American Psychiatric Association occupational site	National Business Group on Health <a href="http://www.businessgrouphealth.org">www.businessgrouphealth.org</a>
College for Behavioral Health Leadership - <a href="http://www.acmha.org">www.acmha.org</a>	National Council on Community Behavioral Health Services – <a href="http://www.thenationalcouncil.org">www.thenationalcouncil.org</a>	Substance Abuse and mental Health Services - <a href="http://www.samhsa.gov">www.samhsa.gov</a>
<a href="http://healthpromotionadvocates.org">http://healthpromotionadvocates.org</a>	Economist <a href="http://www.economist.com">www.economist.com</a>	NASW- <a href="http://www.nasw.org/">http://www.nasw.org/</a>
Families and Work Institute <a href="http://www.familiesandwork.org">www.familiesandwork.org</a>	World@Work Compensation & Benefits Association <a href="http://www.worldatwork.org">www.worldatwork.org</a>	Sloan Work Family Network <a href="http://www.sloan.org">www.sloan.org</a>
Alliance for Work Life Progress <a href="http://www.awlp.org">www.awlp.org</a>	Center for Work Life Policy <a href="http://www.worklifepolicy.org">www.worklifepolicy.org</a>	Boston College Center on Work and Family: <a href="http://www.bc.edu/centers/cwf">www.bc.edu/centers/cwf</a>
University of Arizona – HR <a href="http://www.hr.arizona.edu/">http://www.hr.arizona.edu/</a>	US Senate – <a href="http://www.senate.gov">www.senate.gov</a>	<a href="http://www.house.gov/">http://www.house.gov/</a>
Google news- <a href="http://news.google.com/">http://news.google.com/</a>	CNN- <a href="http://www.cnn.com">www.cnn.com</a>	e-laws- <a href="http://www.dol.gov/elaws/">http://www.dol.gov/elaws/</a>
Kaiser Family Foundation- <a href="http://www.kp.org">www.kp.org</a>	National Partnership for Women and Families: <a href="http://www.nationalpartnership.org/site/PageServer">http://www.nationalpartnership.org/site/PageServer</a>	National Hospice & Palliative Care Organization: <a href="http://www.nhpco.org/templates/1/homepage.cfm">http://www.nhpco.org/templates/1/homepage.cfm</a>
HERO Association <a href="http://www.the-hero.org">www.the-hero.org</a>	Directory of US Health Plans <a href="http://www.AIShealth.com">www.AIShealth.com</a>	Health2.0- <a href="http://www.Linkedin.com">www.Linkedin.com</a>
CNN - <a href="http://www.cnn.com">www.cnn.com</a>	Dept. of Labor - <a href="http://www.dol.gov/">http://www.dol.gov/</a>	White House <a href="http://www.whitehouse.gov">http://www.whitehouse.gov</a>
Healthy People 2020 - <a href="http://www.healthypeople.gov/hp2020/">http://www.healthypeople.gov/hp2020/</a>	WSJ <a href="http://online.wsj.com/home-page">http://online.wsj.com/home-page</a>	The Conference Board - <a href="http://www.conference-board.org/">http://www.conference-board.org/</a>
Web MD - <a href="http://www.webmd.com/">http://www.webmd.com/</a>	NIMH: <a href="http://www.nimh.nih.gov/index.shtml">http://www.nimh.nih.gov/index.shtml</a>	Department of Homeland Security – <a href="http://www.dhs.gov">www.dhs.gov</a>
Fed Gov Canada - <a href="http://canada.gc.ca/home.html">http://canada.gc.ca/home.html</a>	Mental Health Commission of Canada <a href="http://www.mentalhealthcommission.ca">www.mentalhealthcommission.ca</a>	Benefits Canada - <a href="http://www.benefitscanada.com">http://www.benefitscanada.com</a>
SHRM - <a href="http://www.shrm.org">www.shrm.org</a>	National Association of Health Underwriters- <a href="http://www.nahu.org/">www.nahu.org/</a>	Mercer: <a href="http://www.mercer.com/home.htm">http://www.mercer.com/home.htm</a>
Government of Newfoundland Labrador <a href="http://www.gov.nl.ca">www.gov.nl.ca</a>	Association of State & Provincial Psychology Boards <a href="http://www.asppb.org">www.asppb.org</a>	CA Psychological Association <a href="http://www.cpapsych.org">http://www.cpapsych.org</a>

Clearly this is an interesting list of potential sources of information on this topic. Unfortunately, since the responses were mainly from the U.S, there are fewer Canadian sites listed. The Resource list made available to Montreal presentation participants has a more inclusive list of Canadian sources of information.

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**Question #8**

<b>Would you like help from your professional associations regarding information on major policy issues?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	86.4%	51
No	13.6%	8



Question 8 was an obvious attempt to assess whether EAP professionals turn to their associations for support in both obtaining health care policy information in a timely fashion, as well as whether they would like their associations to take a more active role regarding policy issues in general. The answer seems to be a resounding yes.

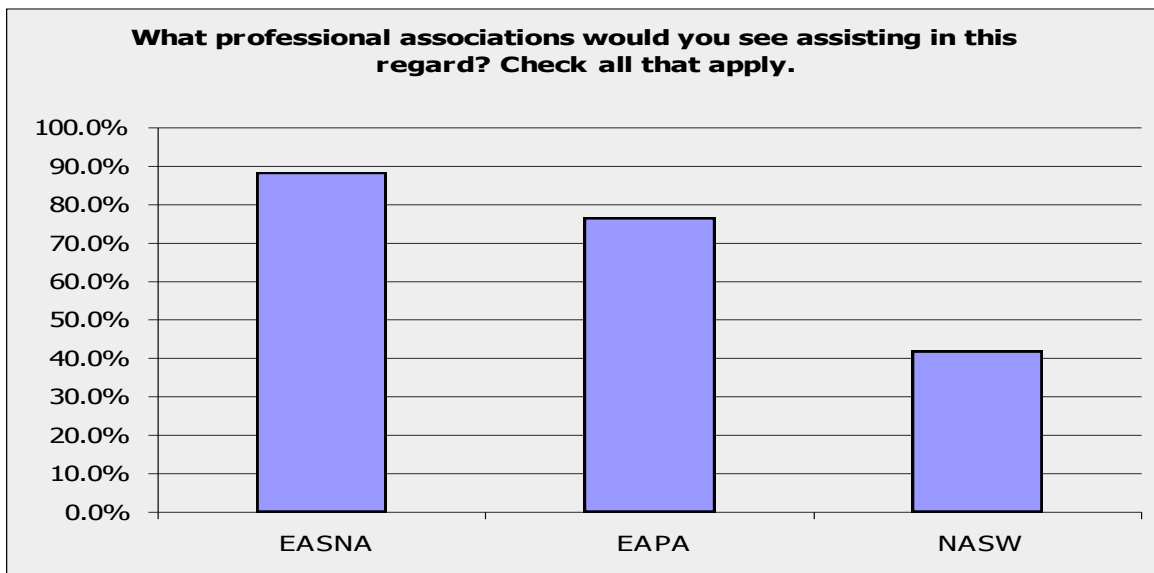
The response in Montreal was similar. Not only during the actual presentation, but also throughout the Institute, individuals approached several of the presenters regarding this topic. There seemed to be genuine interest on the part of the attendees in professional associations meeting this need, as well as there was a reciprocal interest on the part of the EASNA Board in exploring options to meet this growing need on both sides of the border.

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## Question #9

**What professional associations would you see assisting in this regard? Check all that apply.**

Answer Options	Response Percent	Response Count
EASNA	88.4%	38
EAPA	76.7%	33
NASW	41.9%	18
Others (please specify)		19



It seems clear from the responses to this question that EAP Professionals would like increased assistance and support from their Professional Associations in regards to ongoing information about Health Care Policy. The additional possibilities (Other) are similar to the answers given regarding useful Websites for information. However, we thought it was worth listing again to assist Managers and Directors in guiding staff to potentially broader sources for updates in this area.

Number	Others (please specify)
1	World at Work
2	ifebp
3	American Counseling Assoc, American Psychological Association
4	Iaeape
5	OASW
6	APA
7	American Management Association
8	CUWFA
9	IAEAPE
10	ACOEM
11	IHPM; HERO; UM Health Management Research
12	LMFT
13	SHRM
14	APA
15	HRIA
16	CDN Psychological Association; CHRSSP

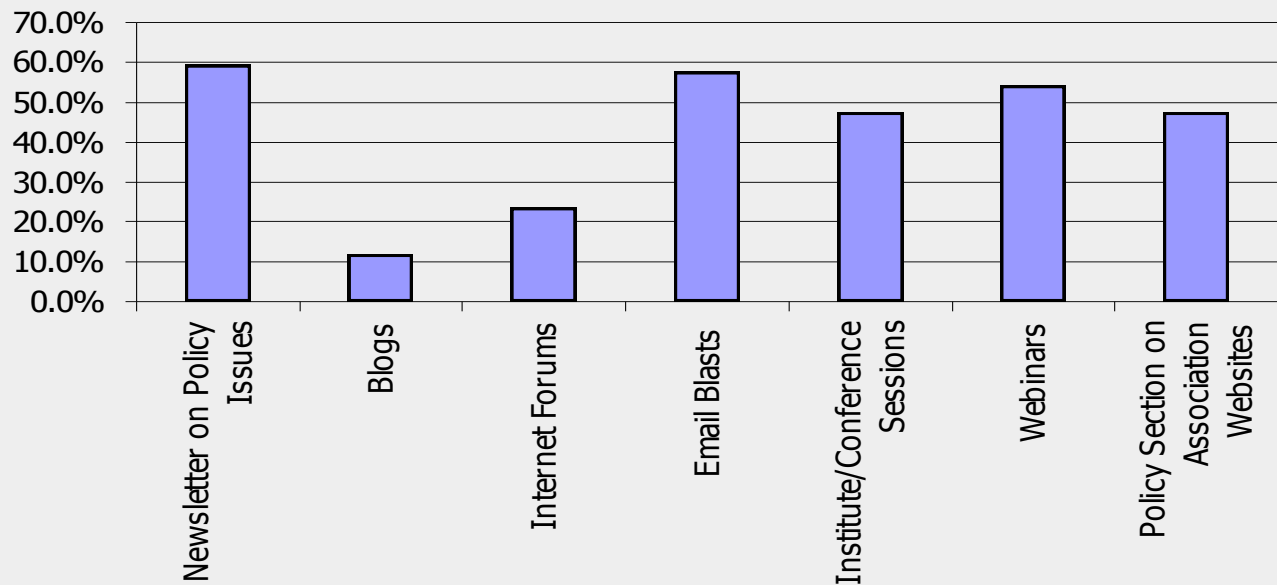
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## Question #10

**In what ways would you like to receive updates from your professional association about current legislation and related policy issues? (Check all that apply)**

Answer Options	Response Percent	Response Count
Newsletter on Policy Issues	59.3%	35
Blogs	11.9%	7
Internet Forums	23.7%	14
Email Blasts	57.6%	34
Institute/Conference Sessions	47.5%	28
Webinars	54.2%	32
Policy Section on Association Websites	47.5%	28

**In what ways would you like to receive updates from your professional association about current legislation and related policy issues? Check all that apply.**



The answers to this question are fairly self explanatory. EAP Professionals are actively seeking solid sources for assistance in keeping up with the ongoing information flow regarding Health Care Policy Issues.

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## Question #11 - Additional thoughts and/or comments...

Key Responses
What products are available to work with EAPs to help do their jobs and furnish broad brush work life balance programs?
Information on lessons learned in the Canadian health system and especially coverage and access to behavioral health problems
I am now in SE Asia involved in trauma training for lay professionals. Would appreciate any cross cultural mental health studies.
The EAP landscape in the US will continue to change significantly with parity and healthcare reform. The landscape in North America will change significantly with increased use of technology applications. The EAP industry needs quick access to expert advice and direction as this impact is realized.
Our professional associations should take a lead in these matters by providing information to members and coordinating lobbying (educational) efforts.
Focus on best practices relative to integration of EAP, wellness and work/life programs!
Lobby opportunities for EAPs

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### Closing Thoughts:

This brief summary of the online survey and presentation comments from the US versus Canadian Health Care and Implications for EAPs offered at EASNA's Institute in Montreal in May 2010 are offered as a Thank You to those who participated. It is also our hope that some of the material such as the extensive Website List might serve as the beginnings of increased support in obtaining current needed information on Health Care Issues to EAP Professionals in a timely manner.

Clearly, both mediums demonstrated a strong interest from EAP Professionals around the topic of Health Care Policy as well as requests for more support in both obtaining timely data as well as providing forums for debate, dissemination and potential advocacy on key related issues in the EAP field.

*Once again, Thanks to everyone  
who took a moment to help us out!*