

EMPLOYEE Benefit news

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Family physicians in high demand

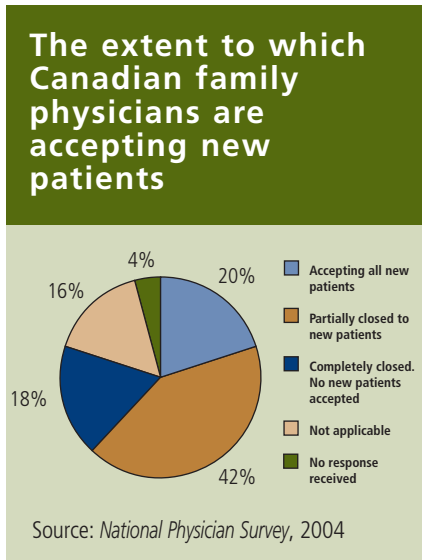
Fewer doctors
accepting new
patients

The discussion over the difficulties Canadians sometimes face when seeking healthcare, and the amount of time patients are required to wait to see specialists and receive certain medical procedures, have been hot subjects for some time now.

The heat was turned even higher last summer when a Supreme Court of Canada ruling in Quebec found certain provisions of the *Health Insurance Act* and the *Hospital Insurance Act* to be illegal (see *Employee Benefit News* Legislative Update, Q3 2005). In essence, the provisions were preventing people from obtaining timely access to the health services they needed.

What kinds of difficulties do your plan members face when seeking routine medical care? Two surveys of Canadian doctors offer plan sponsors some insight into the challenges plan members may encounter when trying to obtain the most basic health service – a regular family physician. The results highlight some potential obstacles employers may need to be aware of in their efforts to keep their workforces healthy, productive and on-the-job.

The *National Physician Survey* was sent to all licensed doctors in Canada and just over 21,000 physicians responded. The survey aimed to document Canadian doctors' efforts to meet the needs of their patients while also satisfying their own, individual interests and career goals. In the survey, family physicians were asked, "To what extent are you accepting new patients into your main patient care setting?" Doctors were asked to choose one of four possible answers that best describes the situation in their offices, as the following graph illustrates:



Tipping the scales

The balance is nearly even between the percentage of doctors' offices across the country that are accepting new patients and those that aren't accepting any new patients at all. But, the scale topples over when you consider that fully 60 percent of all doctors' offices in Canada are restricting access to new patients to some extent (42% partially closed and 18% fully closed).

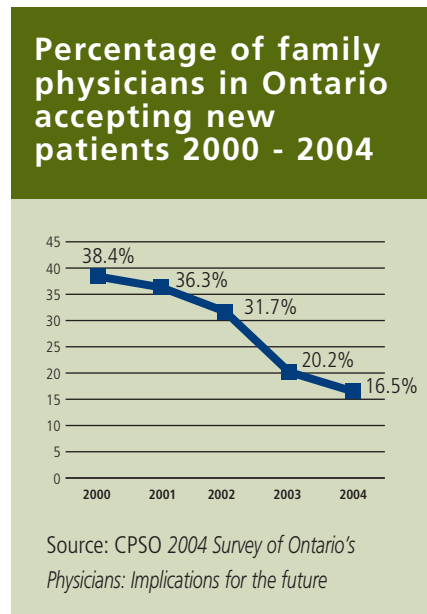
Success in Saskatchewan

According to the provincial data collected by the *National Physician Survey*, the odds of finding a regular family doctor are the best in Saskatchewan. In that province, exactly half of all doctors report they are accepting all new patients. About a quarter (26%) of all offices in Saskatchewan are partially closed to new patients, and only 7 percent are completely closed. The toughest place to find a doctor appears to be Ontario where 13 percent of doctors are accepting all new patients, and 69 percent are either partially or fully closed. Also noteworthy is Prince Edward Island, where just 9 percent of family doctors are open to all new patients (the lowest in the country) and 52 percent are either partially or fully closed.

The *National Physician Survey* examined doctors' perceptions on a range of issues, including their patients' accessibility to various medical professionals, services and procedures. The survey can be found at www.nps-snm.ca

Ontario's challenge

A similar study conducted by the College of Physicians and Surgeons of Ontario (CPSO) contacted over 27,000 physicians in that province, and 81 percent of these individuals responded to the annual survey. Over the years, the Ontario findings have tracked a steadily declining number of doctors who are able to accept new patients.



The survey's authors call this trend alarming, but point out that an even greater cause for concern is the number of Ontario doctors and specialists who will reach retirement age in the next ten years, a fact that could restrict access further and lengthen the line of patients waiting for appointments with specialists.

According to the CPSO 2004 *Survey of Ontario's Physicians*, the average age of a doctor practicing in Ontario is now 51 years of age. Just over a third of the province's physicians are nearing retirement age (55 years of age or older), and more than half of these are specialists. The survey predicts that in less than a decade 56.6 percent of Ontario's doctors will be at least 55 years old.

Desperately seeking doctors

Of course, none of these numbers would have any significance if every

Canadian citizen already had a regular family physician; however, that's not the case and there are hundreds of communities across the country that would hand over the keys to the city to attract new doctors into town. The talents of our healthcare workers are in great demand, but these individuals are aging and, as the Ontario survey finds, younger doctors aren't willing to work the kind of long hours that previous generations did.

The doctor shortage is a complex problem, and one that isn't unique to the Canadian healthcare system. Obviously, everyone has a vested interest in finding a long-term solution. Even those people who are fortunate to have a family doctor today could easily be without one tomorrow as physicians age and opt to enjoy the retirement they've earned. Plan sponsors can influence plan member health through wellness promotion, by creating healthy work environments that support workers and their families, and by contributing to the health and vitality of their communities. And, as an important payer of healthcare services, plan sponsors also have a role to play in shaping healthcare policy to ensure tomorrow's system continues to be accessible to their employees and all Canadians.

Sources: *National Physician Survey, 2004* (College of Family Physicians of Canada, Canadian Medical Association, Royal College of Physicians and Surgeons of Canada); The College of Physicians and Surgeons of Ontario (www.cpso.on.ca) *2004 Survey of Ontario's Physicians: Implications for the future*.

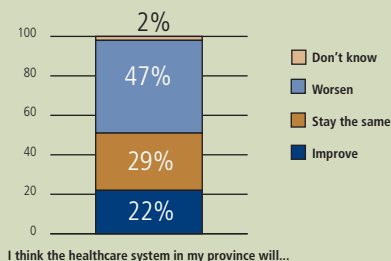


Making the grade...for now

Plan members wonder about the future of the Canadian healthcare system

Earlier this year, the *sanofi-aventis Healthcare Survey* asked group benefits plan members across the country for their views on our national healthcare system. Their perspectives were insightful, although somewhat discouraging. While plan members were generally positive about the public healthcare system and the quality of medical services it currently provides, their overall rating was far from being “excellent” or even “very good.” And despite the apparent satisfaction with the status quo, this didn’t translate into optimism for its future, with most plan members believing that things will likely get worse before they get better.

Plan members predict the future of the healthcare system in their province



As recently as a few years ago, many Canadians felt that what the healthcare system really needed was a significant shot of cash – an infusion to “cure all ills.” But the reality is that when the 2004 Health Accord made \$41 billion available to healthcare over ten years, a federal poll conducted shortly afterwards suggested that Canadians in fact wanted to see “fundamental reforms” to the healthcare system, and not just the allocation of financial resources.

“It would be a mistake to think all we need from government is money,” says Marilee Mark, Vice President of Marketing at Manulife Financial and a member of the *sanofi-*

aventis Healthcare Survey Advisory Board. “We need (government) to make some well-placed investments in the future of the healthcare system, and that means prevention. In other words, we need to address the root causes of rising healthcare system costs.”

Case in point: Of the literally billions of dollars that have been spent at the federal level on the diagnosis and treatment of infectious and chronic illnesses, there has been comparatively less focus – and funding – paid to public health education initiatives and the prevention of disease through diet, activity and lifestyle habits. Nor have there been tax incentives and/or public policy initiatives for Canadian businesses that promote good health to their employees. However, many of the plan members surveyed (63%) do indeed support the idea of some type of government incentive to encourage Canadians to make healthy lifestyle choices. In the survey’s final report, Advisory Board member Chris Bonnet, of H3 Consulting, points out that different strategies are required to motivate different people. Bonnet says, “Incentives seem to be attractive to those already active. We will need other tactics for those whose health is poor, declining or at risk.”

At the provincial level, Manitoba, Nova Scotia and Ontario have already made programs and services that help people achieve better health a priority within their governments by creating special health promotion portfolios and initiatives. And in an effort to contribute to the health of their employees, the survey revealed that a significant number of businesses and organizations are implementing workplace health and wellness programs, with 41 percent of plan members indicating they have access to these. Plan members, meanwhile, are taking greater personal responsibility for their health and lifestyle choices, and over 70 percent of respondents expressed both a willingness to work with the healthcare system and a willingness to pay a small fee-for-service as a way to encourage positive changes, provided these fees are reinvested to generate funding for new health initiatives.

Computers

Making life easier, or more stressful, for your plan members?

Last quarter's edition of *eBenefit News* outlined the value of electronic Health Risk Assessments (HRA). These online tools are excellent ways for plan sponsors to measure and evaluate their plan members' current health and uncover potential health risks through a series of interactive questions. Ironically, one risk your plan members may be susceptible to is the stress caused by the very tool many people will use to complete their surveys – their computers.

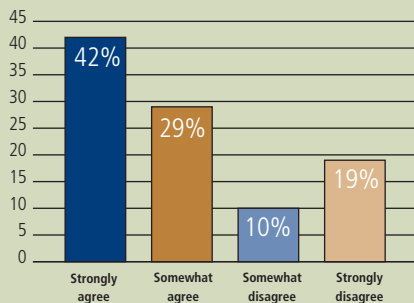
In May 2005, the Toronto research firm Pollara conducted a computer stress and security study for Symantec. The survey found almost three quarters of Canadians who use computers report being stressed out by problems arising from nuisances such as slow computing speed, computer viruses, spam and system crashes. When confronted with these problems, the majority of computer users ask an expert for help, but 11 percent of users turn to the tried and trusted techniques that have worked for centuries: shout at it and swear at it. Women seem to be able to deal with computer-related stress a little better because they admit to being more inclined to ask for help – a parallel to the old adage about asking for directions when lost.

The survey found younger employees, those who have practically been raised in the presence of computers, are also better equipped to deal with various computer problems on their own, although they also employ the shouting/swearing technique.

Computers aren't going away and more people are using them all day, everyday. This research suggests there's great value in on-going computer training to help all employees understand how their computers work and what to do when they don't. That, plus the availability of a computer Help Desk or another easy-to-access form of advice (and encouragement to use it), could be valuable investments, both in your business and the mental health and wellness of your plan members.

Manulife Financial plan members and plan administrators who have questions about their group benefits secure Internet sites can receive technical support by calling the Customer Service Centre. Customer service representatives have online tools allowing them to see exactly what the caller is seeing, so they can guide callers through the various functions of the site while the customer is on the phone.

Plan members' willingness to pay a small fee-for-service



"I would be willing to pay \$5 for services (visit to emergency room, doctor's office or a day in the hospital) provided the money was reinvested into services (such as home care, community care, nursing home care, costly drugs, mental health counselling or palliative care)."

Plan members' apparent willingness to pay a modest fee-for-service in the manner that the survey describes is noteworthy, and an indication that individual Canadians see themselves as part of the solution, literally putting their money where their mouths are in order to improve the healthcare system. But if past history is any indication, it's unlikely that more money alone will make the kind of difference that Canadians are looking for. Until plan members feel confident that their politicians, health professionals, workplaces, communities and the environment are all working in harmony to consistently deliver quality health services and results, they are likely to continue giving the healthcare system grades that fall below the mark.

This concludes our two part series on the *sanofi-aventis Healthcare Survey 2005*.

Source: *sanofi-aventis Healthcare Survey 2005*, www.sanofi-aventis.ca

Plan member education

Find our newsletters online

In September, the Manulife Financial family of customer newsletters, including *Employee Benefit News*, *Wellness Report*, *Administrative Update* and *Benefits Bulletin*, received an Award of Excellence at the Insurance and Financial Communicators Association's annual meeting in San Francisco. The award recognized the successful uniting of the publications that were brought together when Maritime Life integrated operations with Manulife Financial. We hope that you, too, find our newsletters to be informative and useful, and that you'll share the information with others in your organization.

Employee Benefit News – Group benefits industry information that will help plan sponsors make future decisions about their benefits programs.

Wellness Report – Health and wellness information for plan members.

Administrative Update – Information that plan administrators need to know in order to manage the day-to-day operation of their group benefits plans.

Plan member education is an important aspect of any successful group benefits program. Plan sponsors and plan administrators are reminded that any of our articles that you think will be helpful to your plan members can be reprinted and distributed in your own employee newsletters or posted on staff bulletin boards or on your internal intranet sites.

All of our articles can be found on the Group Benefits public website. From there, they can be downloaded or printed. You can search for articles by date or by topic to locate the information you need. When reproducing these articles, please remember to include the name of the newsletter and all original sources of information.

To find us on the web

Go to www.manulife.ca/groupbenefits

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You can also subscribe online to receive e-mail notification when the latest editions of our quarterly newsletters are available on the website.



The Script

Cards edging ahead of paper claims

Of all the features found in a typical group benefits program, the drug plan is likely the most popular, the most fascinating and these days, the most likely topic for debate. That's because there are so many aspects to consider when designing a drug plan, and so many forces shaping the way the plan will be used.

Considering the complexity of many drug plan discussions, one of the most common questions plan sponsors ask is quite straightforward, "What's more common, pay-direct drug cards, or paper claim forms?"

A pay-direct drug plan uses a wallet card that is carried by plan members and shown to the pharmacist when filling a prescription. Pharmacists use the card to verify the plan member, group, coordination of benefits, coverage and other information. The drug claim is processed electronically and the portion of the bill covered by the group benefits plan is paid to the pharmacist automatically, lowering or eliminating the plan member's upfront out of pocket expenses.

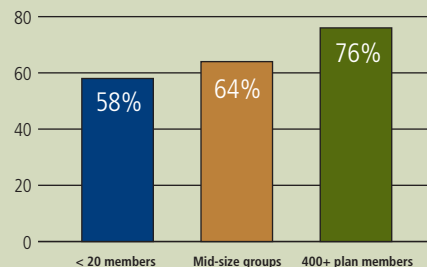
Drug plans that use paper claim forms (also known as reimbursement plans) require plan members to pay the full price of a prescription at the pharmacist's counter. Afterwards, the plan member completes a claim form, attaches receipts from the pharmacy and either submits the paperwork to his or her plan administrator or mails it directly to the insurance company for processing.

Until recently, the two plan designs were running a neck-and-neck race. But the latest analysis by Manulife Financial shows pay-direct drug cards are now edging ahead and being used by more group benefits plans, and more plan members.

Among Manulife Financial customers, 59.5 percent of plans now use pay-direct cards, compared to the 40.5 percent that use paper claim forms. In terms of actual plan members, 62 percent of all Manulife Financial plan members have pay-direct cards in their wallets or handbags, illustrating that pay-direct drug cards have added appeal for larger employers.

As the size of the group increases, so does the popularity of pay-direct cards. Among smaller plans (those with under 20 plan members), just over half use the pay-direct card. In medium size companies (20 to 399 plan members), the percentage increases to almost 65 percent, and among the largest plans, over three-quarters now use cards versus paper.

Percentage of Manulife Financial plans using pay-direct drug cards, by employer size



Robert Nicholas, Vice President of Group Benefits Marketing for Manulife Financial, says, "Both of these plan designs offer their own features and advantages for plan members and plan sponsors, and both are effective ways to manage a drug plan and pay claims accurately." But as Nicholas points out, "The convenience of electronic claims submission continues to grow, pushing the popularity of drug cards ahead of paper claims forms."

For further benefits information, please call your usual Manulife Financial contacts.

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Please Note:

Employee Benefit News is published to provide information about current issues and assist in the decision-making process. Our articles however, are not intended to provide medical, financial or legal advice and any queries you may have should be directed to an appropriate professional advisor.

Extra! Extra!

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Legislative update

Quebec: Private plans to duplicate exception process

Régie de l'assurance maladie du Québec (RAMQ), the provincial health plan in Quebec, has amended its regulations regarding the list of medications covered by the basic prescription drug insurance plan. The amendment came into effect on September 1, 2005, and requires private plans to cover, in exceptional circumstances, drugs that are not found on the province's basic drug plan.

Exception drugs are medications that are only covered by RAMQ in certain situations. The specific circumstances differ from one drug to another, but in essence, an exception drug may be covered "when a person absolutely needs to take a particular drug because of his or her state of health."

As a result of the recent amendment, private drug plans are now required to duplicate the exception process developed by RAMQ to review plan member appeals for drugs not normally covered by the provincial plan.

Drug plans in Quebec

(effective July 1, 2005)

In Quebec, when a plan sponsor wants to offer his or her employees a group insurance contract including coverage for accident, illness or disability, a drug plan must be part of the package. The drug plan must meet (or exceed) the minimum coverage offered by RAMQ. This includes

- coverage for all drugs listed on the RAMQ formulary
- plan member co-insurance that must not exceed 28.5% of the prescription's cost
- plan member out-of-pocket expenses that must not exceed \$857 per year.