

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



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# *Presentation Goals*

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*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*

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- ◆ 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%

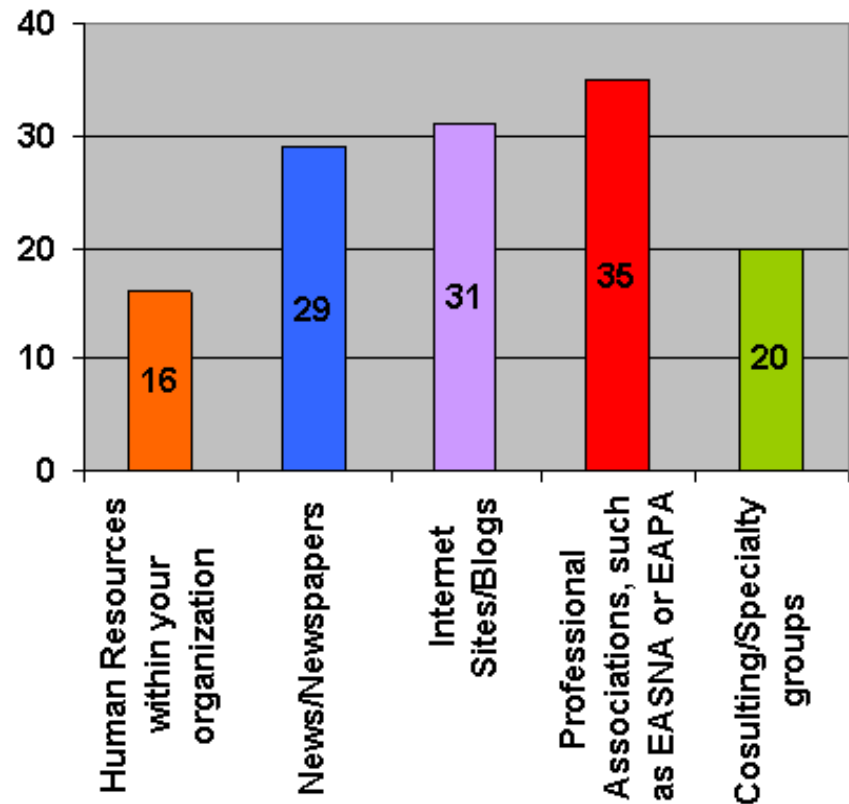
## ■ Important On-going Legislation

- 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*

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- 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*

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- 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.....*

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- 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*

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- **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*

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**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*

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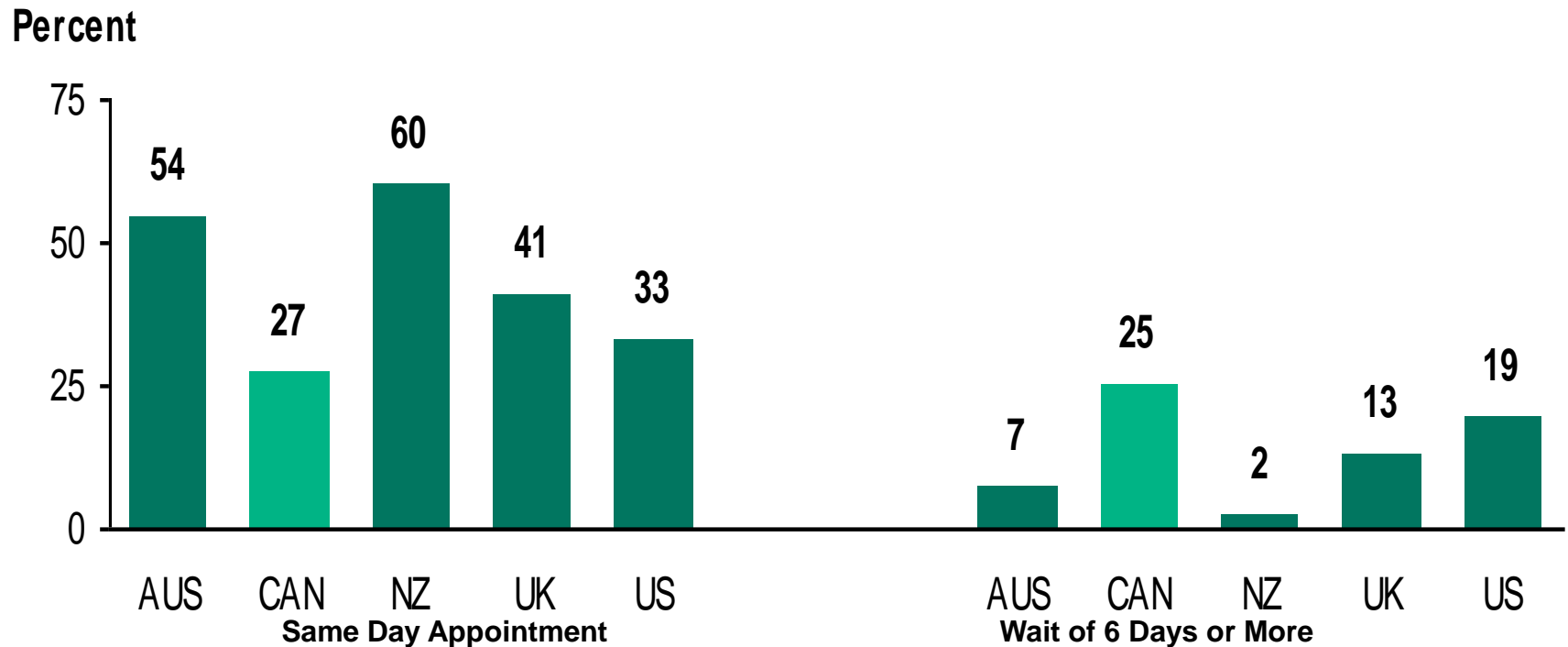
- Medicare looks after physical and psychiatric health at no cost, covers cost of all hospital stays
- Cdn employers, like US, provide insured supplementary healthcare for employees
  - Covers Rx drugs outside of hospital
  - Mental health counseling up to \$350 to \$1000 a year
- Psychiatric referrals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

# *No Average Patient, No Average Wait...*

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

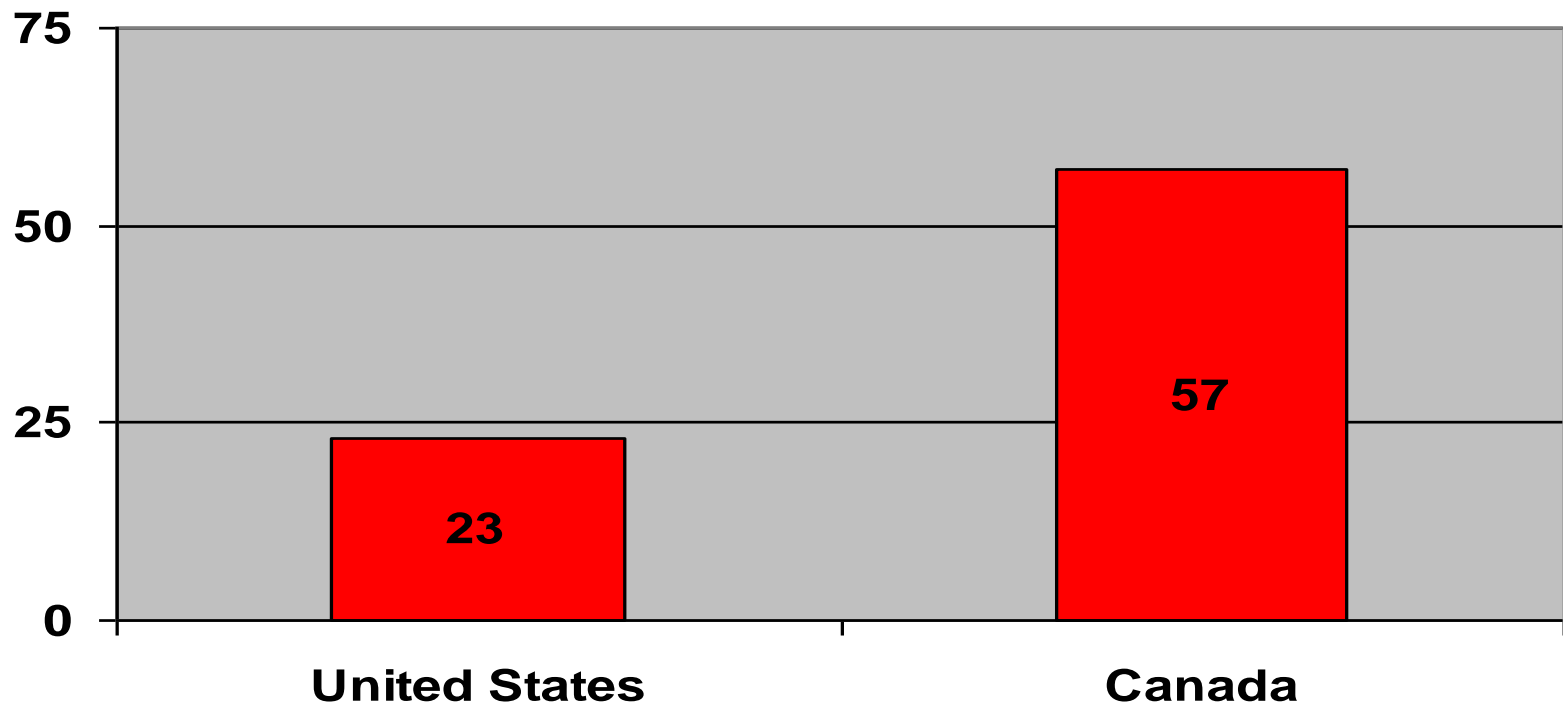
# *Emergency Room Use and Waits in 2004*

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

*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*

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*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*

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- ◆ 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*

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

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

# *Mental Health Indicators Average Rankings for Suicide*

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	Female	Male
<u>Lowest Rate of Suicide</u>		
Belgium, France, Germany, <b>US</b>	7.3	8.3
<u>Middle Rate of Suicide</u>		
Australia, <b>Canada</b> , 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

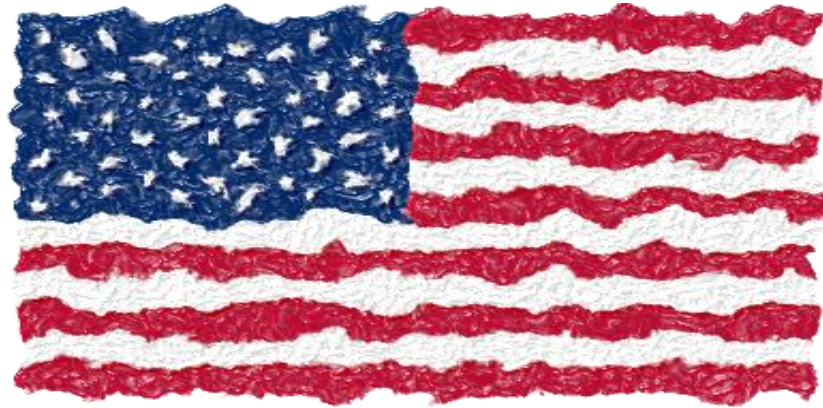
# *Canada & Mental Health?*

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- 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](http://www.mentalhealthcommission.ca))

# *Health Care Industry vs health care system*

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- ◆ 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

**1940s**

Unions -  
negotiate  
Health  
Coverage

**1960**

HMO vs Fee  
for Service -  
multinational  
companies

**1980**

National  
Insurance  
Attempt-  
failed

**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*

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- ❑ 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*

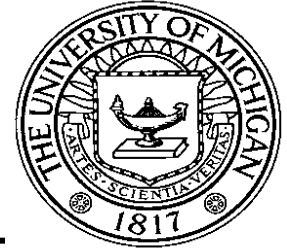
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- \* 48 million Americans - no insurance
- \* Costs for Medicare and Medicaid Skyrocket
- \* Global economic downturn

# *Reforming US Health Care*

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- ◆ 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?*

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- ◆ 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*

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- ◆ 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*

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- ◆ 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*

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- ◆ 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)*

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- ◆ 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*

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- ◆ 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....*



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## **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



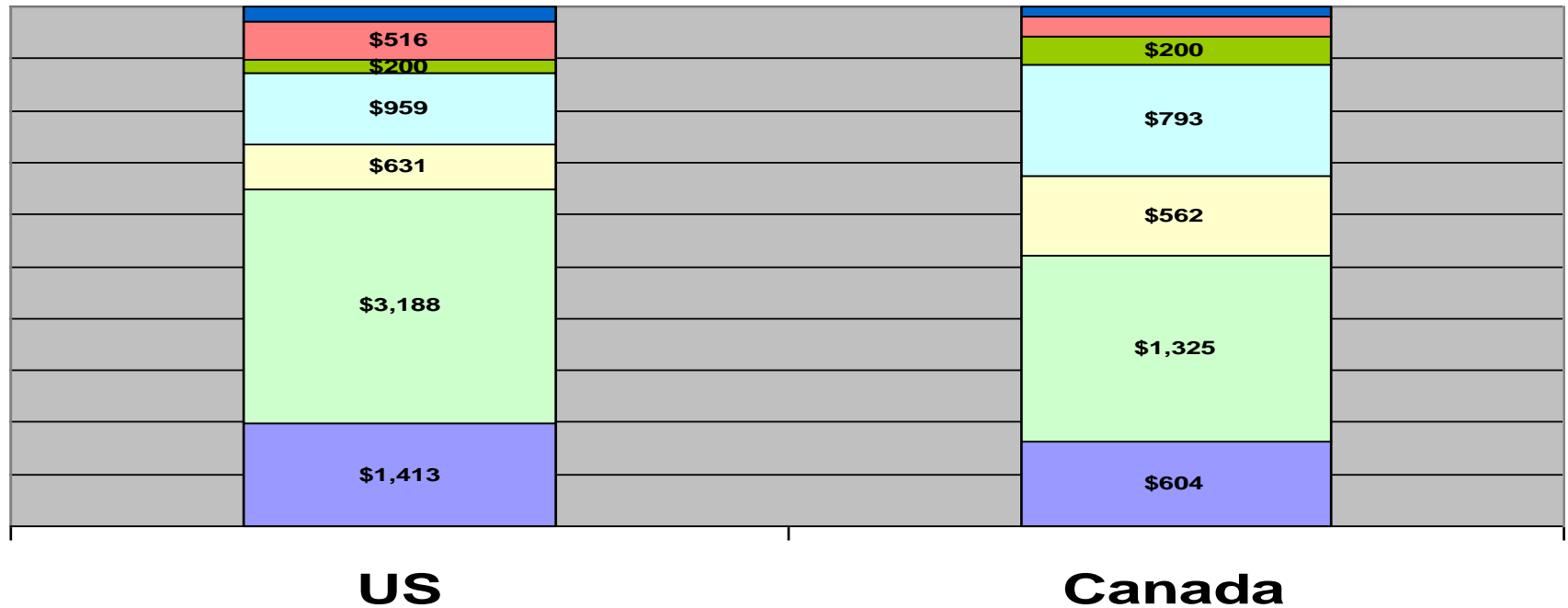
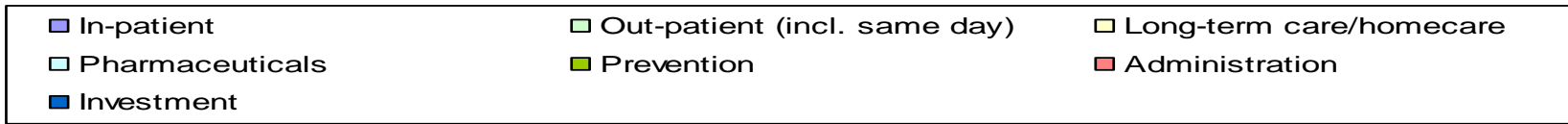
- 2020 - \$138 Billion Reduction
- 2030 - additional \$1.2 Trillion Reduction

# *US- Limitations of New Health Care Bill*

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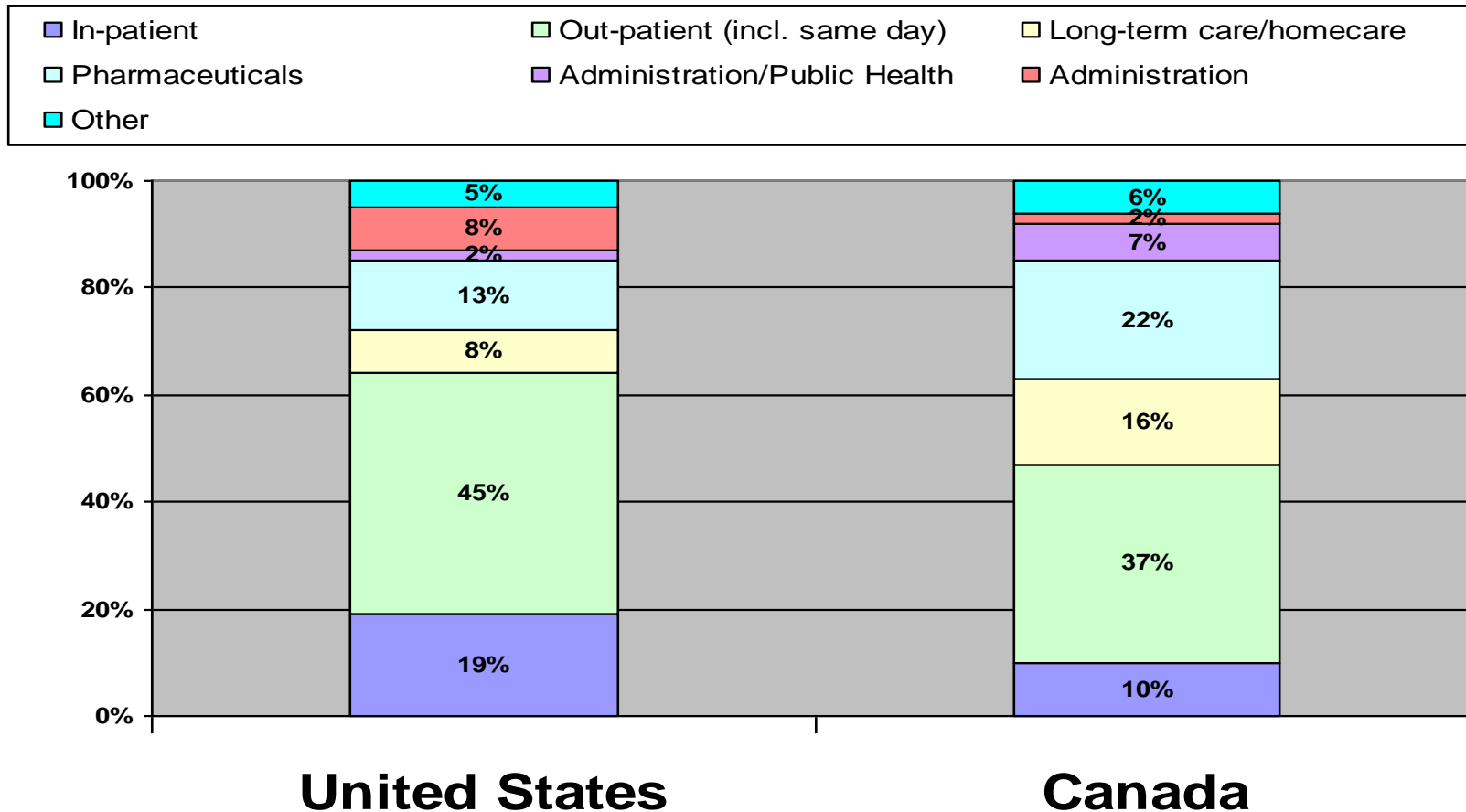
- ◆ Cost Control - Needs reimbursement authority to incentivize use of Demonstrated Best Practices
- ◆ Needs Stronger Competition to force lower Private Insurance Prices
- ◆ Still Need More Access
  - ◆ Bill includes 32 million Americans
  - ◆ Another 16 million will remain outside of system
- ◆ Need 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.

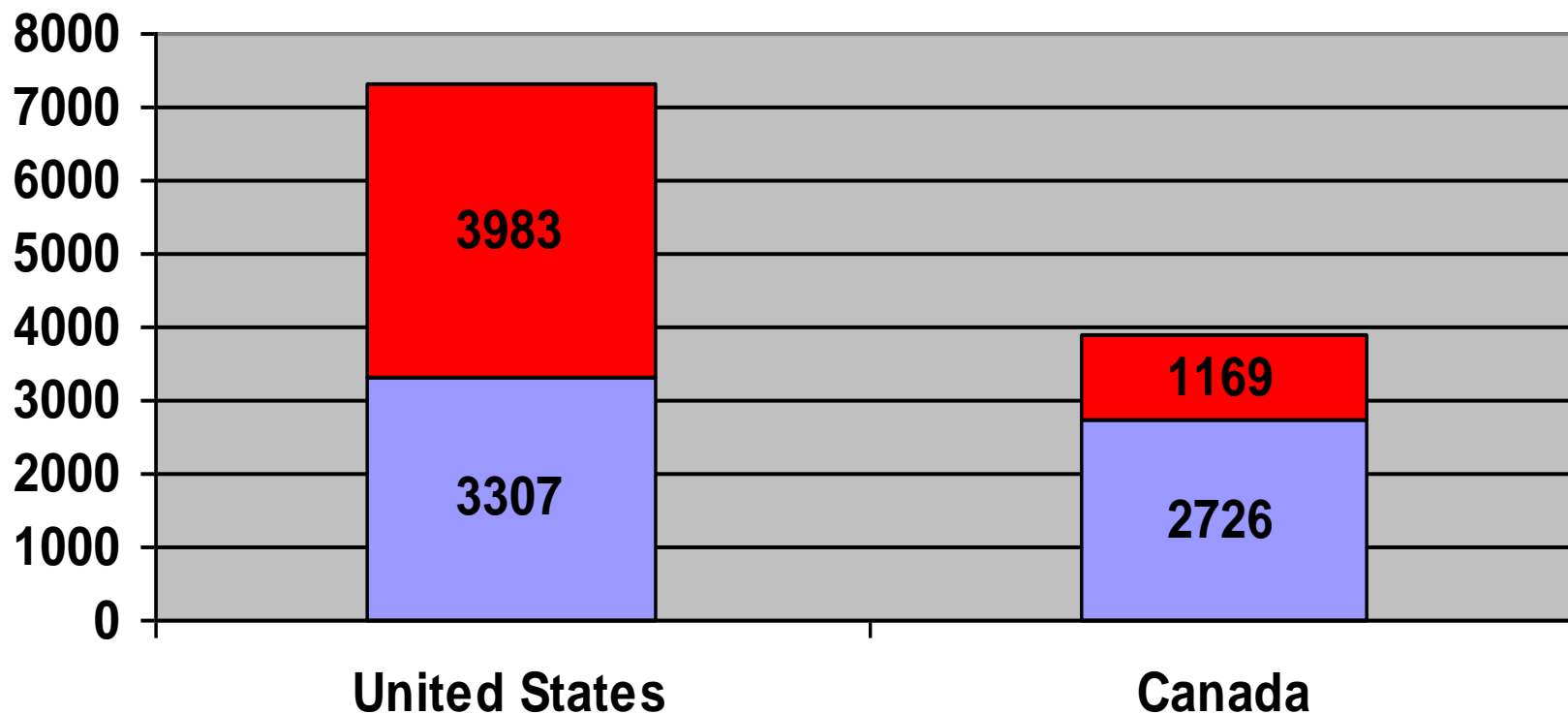
# Average Annual Real Growth in Health Spending 2003-2006 by Category of Care



Source: OECD Health Data 2009 and McKinsey Global Institute.

# *Health Expenditure: per capita US\$ 2007*

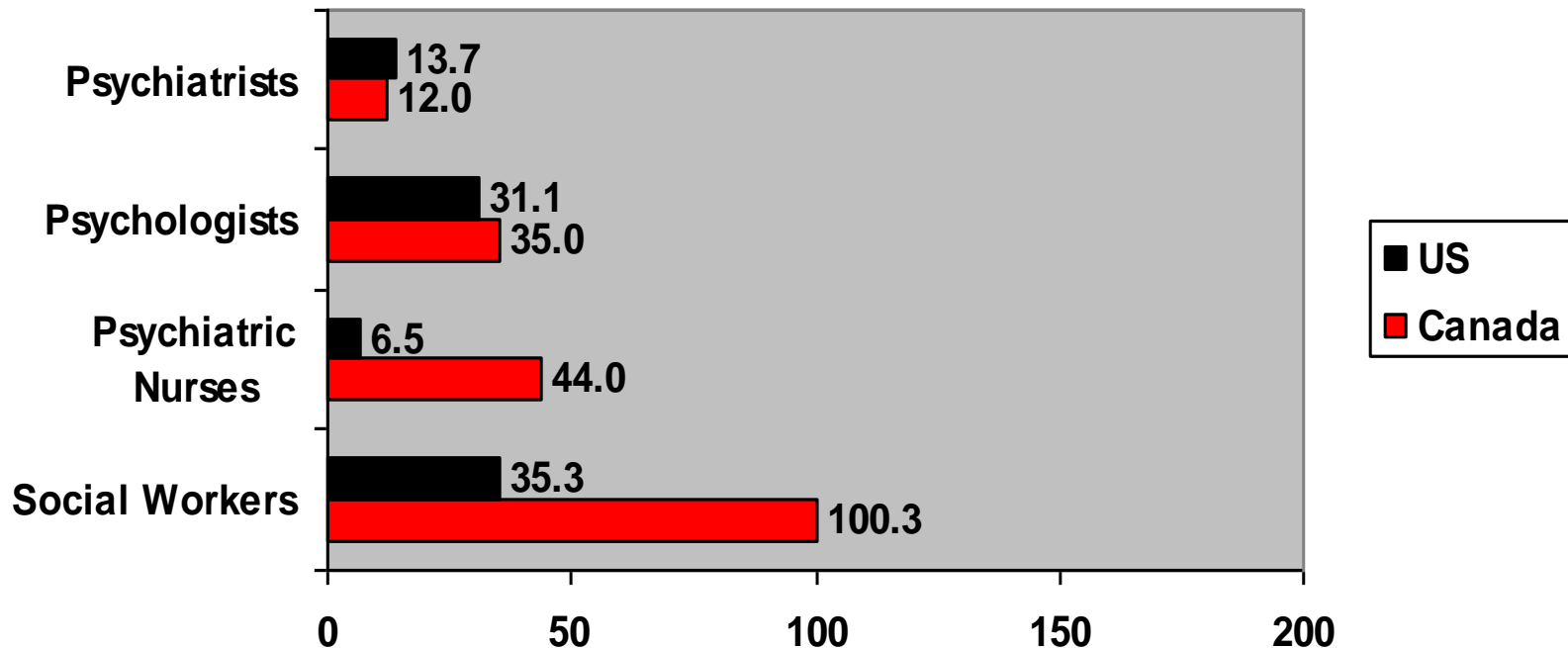
■ Public expenditure on health ■ Private expenditure on health



# *Mental Health Resources*

*Canada vs US (per 100,000 population)*

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# *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
<b>Canada</b>	<b>6.7</b>	<b>31.2</b>	<b>12.7</b>	<b>103.5</b>	<b>208.6</b>	<b>139.5</b>	<b>26.3</b>
<b>US</b>	<b>25.9</b>	<b>91.2</b>	<b>34.3</b>	<b>227.8</b>	<b>521.3</b>	<b>183.1</b>	<b>31.1</b>
<b>OECD Average</b>	<b>11.0</b>	<b>41.3</b>	<b>22.8</b>	<b>110.7</b>	<b>266.7</b>	<b>117.9</b>	<b>25.7</b>

Source: OECD Health Data 2009

# *Strategic Decision to Adopt the “Wellness Mission”*

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- 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*

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- 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*

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- 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*

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

# *Resources - Helpful Websites*

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## **Health and Wellness**

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

# *Resources - Topic Based*

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## **Behavioral Health**

- OPEN MINDS - [www.openminds.com](http://www.openminds.com)

## **On-Line Therapy**

- Online Therapy Institute - [www.onlinetherapyinstitute.com](http://www.onlinetherapyinstitute.com)
- Therapy Online - [www.therapyonline.ca](http://www.therapyonline.ca)

## **International Organizations**

- Organisation for Economic Cooperation and Development Health - [ww.oecd.org](http://ww.oecd.org)
- World Health Organization - [www.who.int](http://www.who.int)

## **Wellness Culture**

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

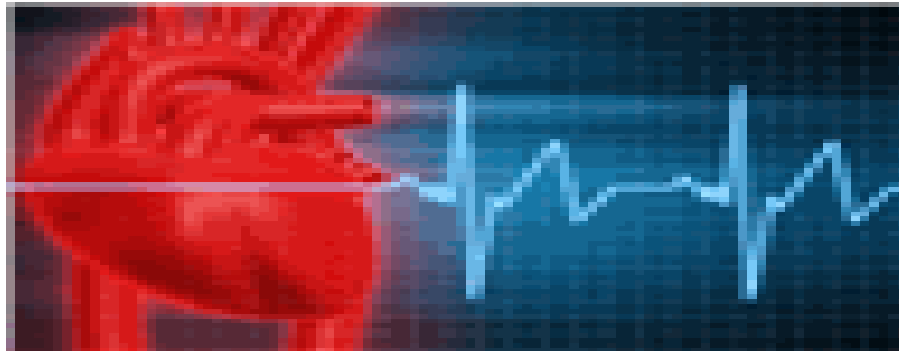
# *Resources - Publications*

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- 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](http://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](http://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/](http://www.who.int/mental_health/evidence/en/)
- The World Factbook [www.cia.gov/library/publications/the-world-factbook/fields/2102.html](http://www.cia.gov/library/publications/the-world-factbook/fields/2102.html)
- Organisation for Economic Cooperation and Development Health  
[www.oecd.org](http://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](http://www.statcan.gc.ca/pub/82-003-x/82-003-x2010002-eng.htm)

# *Presenters - Contact Information*

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