

Working Well

**2011 EMPLOYERS
CANCER CARE
Summit**



A Network of Support

Employers can step up to the challenge of helping employees deal with cancer

By Elizabeth Garel




In hospital lobbies across the country, volunteers sell quilts and other crafts stitched with symbolically coloured ribbons. Pink for breast cancer, blue for colon cancer, yellow for bladder cancer—each ribbon conveying a message of hope for everyone who has been affected by the disease. The spectrum of colours also reminds us that cancer has a wide reach. In any given week, approximately 3,340 Canadians are diagnosed with some form of cancer; 40% of Canadian women and 45% of men will develop cancer during their lifetimes. More than 76,200

Canadians died from the disease last year. Almost one-third of new cancer cases and 18% of deaths will occur in the working-age population, i.e. adults aged 20 to 59 years.

With virtually every Canadian touched by cancer at some point in their lives, employers are increasingly recognizing the challenges of helping employees deal with this disease. Consider

that the cost of employee absence due to illness, disability or personal or family responsibilities is approximately \$8.6 billion annually, and cancer is the No. 3 reason for taking long-term disability. But with support, individuals dealing with cancer—whether as a patient, a family member or a caregiver—can remain productive members of the workforce.

Employers can also play a role in cancer prevention. Workplace health promotion programs—with components that might include education, cancer screening referral and lifestyle modification—offer huge potential to take advantage of the fact that 50% of all cancers are preventable.

The half-day Employers Cancer Care Summit, held March 1, 2011, at the Sutton Place Hotel in Toronto, educated plan sponsors about cancer in the workplace. From personal stories of struggle and triumph to the latest in research, presenters offered their insights into workplace prevention programs, advancements in cancer treatments, return-to-work strategies and improving access to treatment and funding. 

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Cancer Prevention in the Workplace

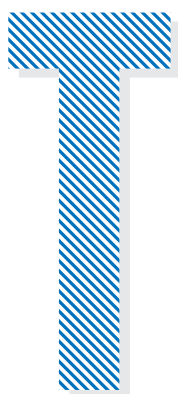


Barry Stein

PRESIDENT

Colorectal Cancer Association of Canada

Colorectal cancer is preventable, treatable and beatable



The Colorectal Cancer Association of Canada (CCAC) is currently in the process of developing a Cancer Prevention in the Workplace program. It will provide individuals and HR personnel with the unique opportunity to

promote cancer prevention and reduce cancer incidence in their workplace community through evidence-based programming and a rich provision of resources.

Employers will be furnished with a training program and a tool kit, enabling them to raise awareness of cancer prevention and screening. The program will place a particular emphasis on colorectal cancer, as it exemplifies the common requirements for prevention not only of colon cancer but for many other cancers and diseases. It will be easily adaptable to include other cancers as well.

The multi-media tool kit will furnish employers with the relevant content on numerous topics, including:

- information and education campaign tools;
- cancer facts and colorectal cancer facts;
- symptoms and risk factors;
- nutrition and diet;
- exercise and weight loss;
- smoking and alcohol cessation;
- improving work environment and reducing work-related hazards;
- stress reduction;
- support programs;

- screening programs;
- information on undergoing treatment while working;
- survivorship; and more.

An online colorectal cancer risk assessment tool will allow communities to assess their risk of developing colorectal cancer as well as track the effectiveness of the program throughout its duration, by assessing the pre-, interim and post-program risk. The tool's ability to generate aggregate data for a community—whether it be the workplace or otherwise—will be one of its many highlights. The community's overall risk will be identified and monitored, providing individuals and employers with the tools required to reduce the overall risk of cancer by implementing the program.

Individuals will ultimately be able to retain their own personal health information through a web application established through a CCAC partnership. HR personnel will be able to utilize aggregate data collected from the community to estimate the community risk for cancer and act accordingly in cancer prevention and risk reduction.

Expert articles and supplemental information will also be featured in an online journal and updated regularly to increase the availability of useful information.

Stay tuned as the CCAC continues to develop additional tools with regard to this exciting new initiative in cancer prevention. ▬▬▬

COLORECTAL CANCER STATS

Last year, 22,500 people were diagnosed with colorectal cancer and sadly 9,100 died from it—equivalent to 30 jet disasters.

- It is the second leading cause of death from cancer in Canada
- One in 14 men expected to develop colorectal cancer during his lifetime and one in 27 will die from it
- One in 15 women expected to develop colorectal cancer during her lifetime and one in 31 will die from it
- Based on 2010 statistics, about 1,500 lives could be saved annually if more Canadians were screened, and even more through adopting healthy lifestyles

Notwithstanding the fact that CRC can be prevented through screening and primary prevention (healthy lifestyles):

- At least 56% of Canadians aged 50 to 74 are not up-to-date with their screening
- Sixty percent do not realize they should actually be checked before signs or symptoms are present
- Colorectal cancer is preventable, treatable and beatable

Gaining Access: Drugs, programs, funding, support



Paulette Birmingham

DRUG ACCESS COORDINATOR

Sudbury Regional Cancer Centre

Removing the financial burden from patients allows them to focus on their health

Drugs are an important part of cancer treatment, yet patients often have difficulty accessing coverage for the most effective medicines. The complexity of cancer drug coverage in Canada can overwhelm patients and families.

Oncology Drug Access Navigators of Ontario (ODANO) is a provincial organization founded to provide support, advocate for members, share resources and educate existing and new navigators in order to maximize the appropriate funding for all cancer patients. Our primary goal is to remove the financial burden from the patient so they can focus on their health. Because of the increasingly complex system to obtain drug coverage, the popularity of drug access navigators has grown, and ODANO now has more than 30 members.

Navigators act as resident experts on drug coverage and criteria for coverage. We facilitate drug coverage by (i) accessing government funding through programs such as the Exceptional Access Program (EAP) in Ontario, (ii) accessing compassionate use programs and (iii) finding other reimbursement programs for unfunded drugs. The EAP represents the bulk of our referrals given the paperwork involved, and it is very slow and inefficient. Particularly onerous is the EAP renewal process, which requires additional paperwork every three to six months. We also assist patients with their

insurance forms and requests to drug companies for co-pay assistance.

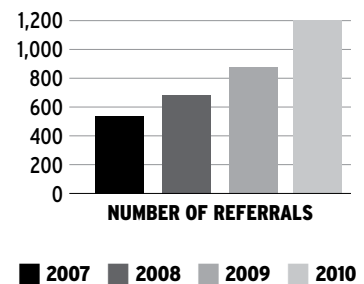
Flaws in our current drug coverage system can lead to delays in treatment and result in negative health outcomes. For example, although cancer drugs administered in hospitals and clinics are often offered free of charge to patients, half of all new cancer drugs are taken at home and, therefore, many are not covered by the public health system. Unfortunately, many of our patients do not have any private insurance. If a patient is fortunate enough to have private coverage, many drug plans require a 20% co-payment, which can quickly become a financial burden to our patients.

Drug access navigators work closely with pharmaceutical company representatives, who provide us with up-to-date information about their products' coverage, including public and private coverage funding criteria and any company reimbursement programs.

To improve drug access, drug access navigators would like to see the following:

- Health Canada's approval process improved;
- faster funding decisions by the payers;
- fewer bureaucratic complexities in applying for access to cancer drugs;
- fewer inequities in coverage of accepted standards of treatment between private and public plans;
- reduced time for prior authorizations and renewals; and
- a fast track system for the more urgent requests. ☺

GROWTH IN NUMBER OF REFERRALS



TOP 20 DRUGS

Referred to the drug access coordinator at the Sudbury Regional Cancer Centre (in alphabetical order)

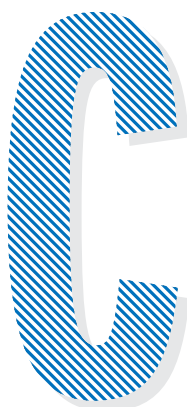
- | | | |
|------------|------------|------------|
| • Arimidex | • Neupogen | • Tasigna |
| • Emend | • Nexavar | • Temodal |
| • Eprex | • Revlimid | • Thalomid |
| • Gleevec | • Rituxan | • Thyrogen |
| • Intron A | • Sprycel | • Zoladex |
| • Iressa | • Sutent | • Zometa |
| • Neulasta | • Tarceva | |

Reframing Our Thinking About Cancer

With support, cancer patients can continue to work, pay taxes and be full-fledged members of society



Cheryl-Anne Simoneau
PRESIDENT & CEO
Chronic Myelogenous
Leukemia Society of
Canada



ancer is a treatable and curable illness. A diagnosis of cancer doesn't have to be a death sentence, and it isn't necessarily a permanent illness. There have been many advancements in the

area of cancer treatments, and a paradigm shift in how we diagnose, treat and even cure cancer has occurred.

Yet society in general is unaware of these major advancements. The media, in particular, focuses on bad news, especially celebrities who have lost their battle with cancer. Fear of the disease and lack of awareness about the progress we've made negatively affect the way co-workers and others perceive cancer survivability.

Chronic Myelogenous Leukemia (CML) is a cancer success story we should celebrate. CML is a rare form of blood cancer that, up until recently, was almost always fatal. Today, the disease is treatable, manageable and may even be thought of as curable. This disease has changed the way we look at, treat and live with cancer. It has also become the role model for other cancers.

CML is an orphan disease, affecting one in 100,000 people; an estimated 3,200 Canadians live with this disease. Some 450 Canadians will be diagnosed with CML this year, while 50 Canadians will die of it. It often strikes midlife, although younger patients are now being

diagnosed. In an important breakthrough, researchers discovered that the disease is associated with chromosomal translocation: chromosomes 9 and 22 exchange some genetic material and form a new chromosome, known as the Philadelphia Chromosome. Risk of CML is increased with exposure to radiation, but there is no specific known cause.

Just 12 years ago, a diagnosis of CML came with a prognosis of a 50% chance of dying within five years after diagnosis.

But from 2001 to 2006, the annual death rate dropped by 74%.

This dramatic improvement in mortality rates is directly attributable to the development of the drug Gleevec. Unlike chemotherapy, Gleevec is administered orally on an out-patient basis, allowing many individuals to continue with their normal daily routines of work, school or caring for a family. However, the lack of serious adverse effects sometimes leads to a tendency to underplay the disease,

diminished adherence to treatment and relapse. In order to be effective, the drug must be taken as prescribed.

Combining Gleevec with other therapies may hasten the onset of complete molecular response, possibly helping patients to achieve progression-free/drug-free sustainable remission. A recent article in *The Lancet* suggested that some patients treated with Gleevec may be able to eventually stop therapy.

Today, patients with CML can expect

to live a normal life span. But Gleevec is not inexpensive. Treatments cost \$35,000 to \$75,000 per year for an undetermined period of time, and not all Canadians have equitable access to them.

Even if an employer covers 80% of drug costs, the price may be out of reach for many patients. On the other hand, while patients take the drugs, they continue to work, pay taxes, raise and support their children—and are full-fledged members of society. ❧

“CML is treatable, manageable and may even be thought of as curable. This disease has changed the way we look at, treat and live with cancer. It has also become the role model for other cancers.”

Funding of Cancer Care: Who will fill the gaps?

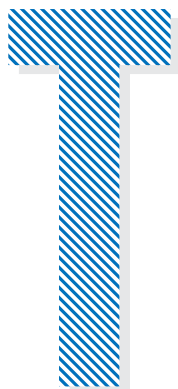


Dr. Pierre-Paul Major

ASSOCIATE PROFESSOR

McMaster University

Lack of resources makes cancer care a long, arduous journey, rather than a short interruption



The treatment of cancer requires a multi-disciplinary approach. Comprehensive cancer centres and hospital-based clinics provide more than 90% of cancer care. Cancer Care Ontario is responsible for providing

all radiation oncology services and the majority of medical oncology services. The latter includes not only medical services but the reimbursement to cancer clinics for the cost of new intravenously administered cancer drugs. Oral cancer drugs, which are growing in number, are covered for patients over the age of 65 by the Ministry of Health (MOH). Patients under 65 receive coverage either through their employer's drug plan or, for those without employer-provided drug plans, through enrollment in the MOH subsidized Trillium Drug Plan.

Timely access to surgical oncology services has recently become a problem. Canada has fewer hospital beds per inhabitant than any western European country, according to the Ontario Hospital Association. Lack of access to acute care beds for surgery is exacerbated by the use of these beds for patients with chronic conditions who cannot be accommodated in under-resourced designated long-term care facilities. Employer benefits programs cannot mitigate this lack of resources in the public system. Currently, the only way for employers to address this issue is through

intervention at the government level. This lack of resources makes cancer care a long, arduous journey rather than a short interruption in an employee's work life.

The cost of delayed and cancelled surgeries has not been quantified in Ontario. Health economists tend to view this with little interest, speculating that the workplace could easily use the unemployed to compensate for workers on health-related absences. This is an overly simplistic and impersonal view. Larger employers might manage in this scenario, but smaller employers bear the burden of short-term disability costs when operating room times for cancer surgery cannot meet our needs in a timely and predictable way.

When Ontario was faced with unacceptable wait times for heart surgery, a cardiac network was organized. This system has worked very well, and we no longer hear of undue delays for patients requiring cardiac surgery. A similar system for cancer surgery could be modelled on this successful approach.

Another issue of importance to employers is the cost of new cancer medicines that are taken orally. Again, larger employers may be able to absorb these costs, but smaller companies will

immediately notice the increase in their drug plan cost, which may not be affordable. The creation of a catastrophic drug plan at the national or provincial level may address this issue. Smaller employers may require some financial incentives to motivate them to participate in such a program.

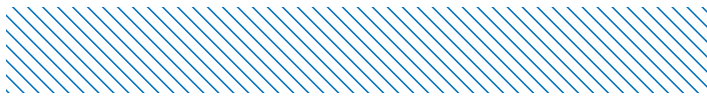
The Cancer Advocacy Coalition of Canada has advanced this proposal in collaboration with other patient advocacy groups. Employers must communicate to the MOH the business case for timely access to new cancer drugs and influence

decision-makers to explore options to make such coverage available. They must also work with their insurance companies to devise attractive and affordable insurance plans for catastrophic disease.

The federal transfer payments to

provinces, which were negotiated almost 10 years ago, are now up for review. This is an opportunity for insurers to propose to employers new risk and cost management strategies for the provision of cancer drug treatments. It is also an opportunity for provincial governments to explore new partnerships to address wide disparities in cancer drug coverage that exist in Ontario and throughout Canada. ❧

"Canada has fewer hospital beds per inhabitant than any western European country."

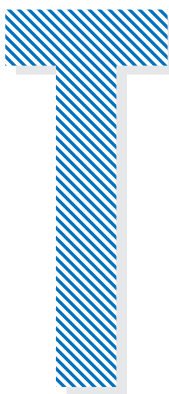


Elizabeth Dulmage
MANAGER
 Erie St. Clair Regional Cancer Program

Your Health Matters:

A workplace cancer prevention and detection program

Affecting change in lifestyle behaviours is a challenging goal



The Erie St. Clair Regional Cancer Program has designed a unique and innovative workplace health information/education and cancer screening referral program called Your Health Matters (YHM).

To create something more than just another

education/awareness-raising program, we included a personalized intervention strategy designed to motivate employee interest and investment in prevention and screening behaviours. The program includes facilitated in-person sessions in the workplace or an e-learning module, plus bilingual materials that were developed in consultation with partners such as Cancer Care Ontario, provincial cancer agencies in other provinces, Public Health Units and the Canadian Cancer Society.

A key component of the program is the personalized risk tracking card. This tool personalizes the individual's cancer risks associated with their lifestyle choices, focusing their attention on behaviour change and, hopefully, motivating that change. The reverse side of the card details screening recommendations. Another important goal of the program is to link participants with existing

workplace and community resources and support programs to assist them in adopting and continuing healthy behaviours.

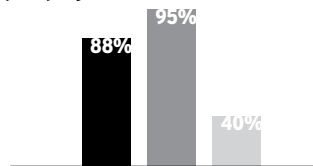
Results from a pilot study among employees at Windsor Regional Hospital indicated that immediately following the information session, 95% of participants indicated an intention to follow up with a healthcare provider regarding their personal risk factors for cancer and screening

recommendations. At 12 months, 45% indicated that they had indeed done so. As well, 73% agreed or strongly agreed that they had used the health information provided by YHM to make positive health changes. Interestingly, 40% of participants indicated they would not have received this health information elsewhere, and this pilot group was from an Ontario healthcare facility.

The following are the results for specific cancer screening:

PILOT IMMEDIATE FEEDBACK

GOAL: Increase awareness of support programs for cancer prevention and link with established support programs.



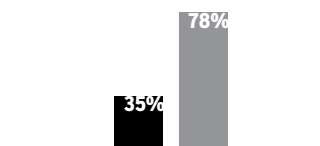
Immediate: Intention to Act

- 88% will likely act on recommendations
- 95% indicated intent to follow up with a healthcare provider
- Only 40% would have received cancer information elsewhere

PILOT OUTCOMES: CANCER SCREENING

GOAL: Identify, educate and refer eligible participants to cancer screening programs and a healthcare provider.

OUTCOME MEASUREMENT: Matched sample 12-month outcome survey n=166



Breast Screening

- 35% learned they were due for a mammogram
- Of those who learned this, 78% had completed (post 12 months)

- Breast cancer: 35% learned that they were due for a mammogram; of these, 78% had the test done within 12 months.
- Cervical cancer: 59% learned they were due for a Pap test; of these, 70% had the test done within 12 months.
- Colon cancer: 70% learned they were due for a fecal occult blood test; of these, 41.2% had the test done within 12 months. In addition, 21% learned they were due for a colonoscopy; of these, 42.1% had the test done within 12 months.

Of course, affecting change in lifestyle behaviours is a much more challenging

goal. At the original pilot site, 12-month matched outcome data were used to determine the proportion of participants reporting improvements in risk level(s) or categories: obesity/body mass index, diet, alcohol use, smoking and physical activity. As this program was implemented and expanded, iterative improvements were made in an attempt to help support healthy behaviour changes. Strategic alignment of workplace follow-up support programs was co-ordinated with YHM implementation (for example, using pedometers as incentives, launching a Walk Across Canada campaign and offering a smoking cessation program).

Thanks to funding from the Public

Health Agency of Canada, the pilot program expanded to four national companies in four sectors: energy, manufacturing (automotive), public municipal employers and healthcare. The program is now in 19 more workplaces.

YHM is a program that can be implemented in workplaces throughout the country, utilizing occupational health nurses, HR personnel, health educators, public or regional health personnel or e-learning at minimal cost. The cost varies depending on selection of optional components, such as the research piece and the e-learning component, and the degree of sophistication desired, but it is approximately \$5 per employee. ❧

Your Health Matters—in Action



Linda Ydreos
SENIOR DIRECTOR, BENEFITS
 Spectra Energy Transmission

Pilot site targets employees' modifiable risk factors

From cancer survivor to mentor, Linda Ydreos has journeyed through diagnosis to treatment to surviving and thriving. With the help of her family and colleagues at work, she has used her intimate knowledge of the entire cancer system to help launch one of the first pilot sites for the Your Health Matters (YHM) program at Spectra Energy Transmission, where Ydreos is senior director, benefits.

In late 2009, Spectra Energy's Connect to Wellness program teamed with the Windsor Essex County Health

Unit (WECHU) and Cancer Care Ontario to offer all employees the opportunity to take part in a YHM presentation. The presentation ran approximately 45 minutes and provided employees with information regarding modifiable behavioural risk factors, three commonly recommended screening tests and healthy lifestyle choices.

Participation was voluntary and open to all Spectra Energy Canada employees, including contract employees; a total of 550 staff took part in either the in-person presentation or the e-learning module. The data employees provided at the presentation were kept completely confidential,

stored by WECHU and given to the Public Health Agency of Canada in aggregate form to be used to develop "best practice" prevention and educational tools for Canadian workplaces.

Spectra Energy employees found the YHM easy to understand and helpful. Many indicated that they would act on some of the recommendations and/or follow up with a healthcare practitioner about screening. Interestingly, 86% of Spectra employees were already meeting the recommended guidelines for mammography and 83% for Pap tests. These positive results may, in part, be attributable to the company's existing workplace wellness culture. ❧

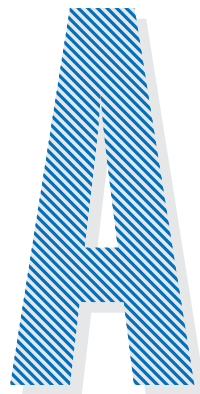
Supporting Employees Battling Cancer



Jennifer Hurst

**VICE-PRESIDENT,
GROUP INSURANCE**
AXA Assurances Inc.

Employers are in a strategic position to better support employees



According to the Canadian Cancer Society, 40% of Canadian women and 45% of Canadian men will develop cancer during their lifetime. Cancer remains the leading cause of premature death in Canada and is a leading cause for long-term disability claims in the workplace. Cancer, however, is a treatable illness; based on 2004 estimates, 62% of people are expected to survive for five years after their diagnosis.

Employers are in a strategic position to better support employees battling cancer. Group critical illness (CI) insurance is designed to assist those who survive a critical illness by paying a lump sum benefit to the beneficiary, to use at their discretion. This benefit can provide much needed financial assistance to cope with unforeseen expenses, allowing the patient to focus on recovery.

As an example, drugs are an important part of cancer treatment, yet the complexity of cancer drug coverage in Canada creates barriers for some patients, as access to the most effective cancer medicine can be challenging and costly. A CI insurance payment can provide an alternative to patients in pressing need of funding for the necessary treatments. CI insurance plan designs vary and generally cover anywhere from three to 25 illnesses. Cancer claims, however, account for two-thirds of total claims since the inception of CI insurance in the Canadian marketplace in the early 1990s.

As employers are faced with the challenge of managing increasing costs of their benefits programs, many are rethinking their healthcare priorities and focusing on prevention in order to better manage these costs. Flexible benefits plans and voluntary enrollment options are key elements to reducing risk. Most plans already include a voluntary component, such as CI insurance. Expanding voluntary benefits can allow an employer to effectively enhance its program without incurring additional costs. Flexible benefits plans, which are also gaining momentum, allow for cost management through paying only for the specific benefits chosen by the employee.

Offering CI insurance on a voluntary basis is a cost-effective way for employers to support employees battling illness, providing coverage at affordable rates to those who may not be aware of the product and its worth or to those who may be aware of the benefit but do not have the opportunity to afford it on an individual basis. Insurers offer guaranteed issue amounts to groups, which simplifies the underwriting and enrollment process by providing coverage without any required medical underwriting.

The AXA Experience

As part of various initiatives to promote health in the workplace, in 2009, AXA hosted a series of lunch and learn conferences for our employees on various health management topics, including cancer prevention. In addition, AXA is getting ready to roll out its employee CI insurance offer for the third consecutive year. The Critical Choice Care product will continue to be offered to our employees and their spouses. ☺