



UNKNOTTING the GOALS of MASSAGE THERAPY as an EMPLOYEE BENEFIT

*By Sara
Tatelman*



“It would take me the entire hour to get rid of all the trigger points along your spine,” the massage therapist tells me during a recent visit to a Toronto clinic. I mumble surprise into the face pillow and agree she should focus on the knots in my shoulders. As she kneads, she casually suggests I should see her colleagues for physiotherapy — which can include personal training — and chiropractic treatment.

She hands me a coupon for 60 per cent off at the end of the massage for chiropractic services. After all, I have a great benefits plan, she says, and if I spend an amount that’s equivalent to maximizing the coverage for three paramedical services on my plan, the clinic will throw in \$100 of free chiropractic care. It’s quite the sales effort in the name of patient education and it’s surprising to see a clinician doling out financial tips in the middle of a treatment.

Of course, such interactions aren’t necessarily unusual. Many paramedical clinics “are being run by hybrid crafts-people/businesspeople,” says Yafa Sakkejha, general manager at the Beneplan Co-operative in Toronto.

When the co-operative was at one point looking to buy a clinic, prospective sellers — who were all health-care practitioners — kept emphasizing the potential profits from employee benefits and auto insurance. “So we ended up not purchasing any of these clinics, because there’s such a disconnect between what employers want — which is, ‘Really, I just want you to take care of the health of my people so they can go to work’ — as opposed to these clinics that are just focused on profit maximization,” says Sakkejha.

So at a time of increased pressure on employee benefits plans, do such approaches to services like massage therapy suggest it’s time to reconsider plan design to put more emphasis on medically

necessary treatments? Or, putting aside the service provider’s obvious interest in maximizing profits, does massage have other wellness and health promotion benefits for employees that employers may want to support? Or is massage simply a perk Canadians have come to expect that companies would do well to provide as a way of keeping their staff happy and engaged?

“The goal in providing coverage for massage therapy is to address or correct

a medical condition that an employee or plan member has,” says Shelly Selinger, senior manager of health claims and managed health programs at the Co-operators Group Ltd. in Regina. Those conditions, she adds, should tie to physical illness or injury.

Others view the issue differently. “I don’t believe that ‘medically necessary’ is probably the best way to put it,” says Andrew Lewarne, executive director and chief executive officer of the Registered Massage Therapists’ Association of Ontario.

“I think it should be clinically or therapeutically indicated massage therapy because we are preventative, not just an intervention based on an acute presentation.”

Many employers, in fact, are open to the prevention message. The 2016 Sanofi Canada health-care survey, for example, found employers were more willing to invest in programs that could prevent claims from happening in the future (43 per cent) than in those that could reduce current ones (18 per cent). Another 40 per cent would invest in programs that target both current and future claims.

THE UNIVERSITY OF VICTORIA’S APPROACH TO MASSAGE COVERAGE

At the University of Victoria, the benefits plan reimburses faculty members \$10 per massage treatment for their first 12 appointments each year, says benefits manager Suzanne Helston. After that, it reimburses them 100 per cent to a maximum of \$750.

“For some reason, the faculty have left it very, very low,” she says. “They’ve negotiated other things instead.”

The situation is different for many other employees, she adds. “The majority of our employees get \$30 per visit for the first 12 visits and then they get 100 per cent up to \$500 per year.”

Helston stresses the low level of reimbursement isn’t an effort to discourage staff from getting treatment, whether it’s preventative or restorative. “Of course, we want to encourage people to use massage,” she says.

Many people are using the benefit, in fact. From 2014-15, massage visits by university employees increased by 12 per cent, which didn’t negatively affect the organization’s benefits budget at all.





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“It’s important that plan sponsors step back and articulate the prevention of future claims as an objective, and then strategically look at that in the context of current plan design,” Lisa Callaghan, assistant vice-president of product and group benefits at Manulife Financial, said in the report. “Is there a willingness to shift current investments? This can be a difficult exercise to go through, but it’s necessary if plan sponsors want to prevent future claims.”

Millennials and their perks

There are plenty of views on how to best approach benefits coverage for massage. Joan Weir, director of health and dental policy at the Canadian Life and Health Insurance Association in Toronto, says massage coverage should “prevent injury, support wellness, ensure members are healthy and productive at work, take care of any workplace issues that could put stresses on backs and repetitive stress injuries and those sorts of things.”

Then there’s the attitude that massage is an employee perk, which is more common among millennials, says Brian Lindenberg, senior partner and health and benefits leader at Mercer in Calgary. “If you think — ‘I’m young and somewhat immortal, how am I going to get value from a benefit program?’ — well, it’s in areas such as massage therapy. It makes me feel good. I can control when I go and how much I spend.”

The Sanofi survey found nearly half (47 per cent) of those aged 18 to 34 use massage to relax, compared to 33 per cent who get it to treat a particular condition or injury. The cohort of those aged 55 to 64 years old is much more likely to use massage to treat conditions (58 per cent) than for stress (31 per cent).

Lewarne points out patients’ non-clinical language may cause confusion around the goals of massage. Employees may say they’re getting a massage “because it makes [them] feel better. And so that translates as, ‘That’s a perk.’ But remember, that’s the patient’s language.

That’s not the clinician’s language. So when somebody comes in to see me and says, ‘I’m tight, I’m this, I’m this, I’m this, I’m this,’ my response is to clinically assess them . . . and to provide preventative health care.”

Among the areas where it can be effective, Lewarne says massage is particularly good for issues such as chronic headaches and peripheral nerve entrapment. But even if massage doesn’t prevent future claims — the Sanofi survey noted the data linking massage and stress relief is unclear — some employers are happy to provide generous benefits for it, says Lindenberg. “Some would say: ‘If it makes my employees feel they’re getting more value from their benefit program, great. Why put limitations around that? Currently, it’s not a huge cost, so why be too concerned about that?’”

But considering massage therapy as a perk moves the treatment away from being an insurer’s responsibility, says Selinger, since policies should kick in “when you have some event you didn’t plan for and needed massage treatment, which would relate to a physical injury.”

And as Lindenberg points out, the attitudes about paramedical services like massage are quite different in countries such as the United States. In that country, he notes, health coverage “is primarily focused on acute care” for services such as physician and hospital visits. “The current health-care commitment is significant, particularly related to cost, so there is no burning need or desire to expand on this commitment by providing access to these other services.”

The December binge

Of course, employee massage binges can add up. Weir has seen “a fairly dramatic increase” in paramedical claims recently, with massage claims growing the most rapidly of the various services last year. Some of the increase may reflect end-of-year messaging from the wellness industry that encourages plan members to use their benefits before they expire on Dec. 31.

“I think almost all health-care professionals out there who can bill through private insurance probably give some kind of message at the end of the year,” says Weir. “We see it in the dental area as well: ‘Your annual benefits are coming to a close. Use them.’ And they do definitely drive people to come back in to take advantage.”

Whether motivated by splashy spa ads or not, many plan members spend more on paramedical treatments at the end of the year. “We see four or five times as many claims submitted in January than in any other part of the year,” says Sakkejha.

Some employers do respond to the ballooning costs. In 2007, as the economy was starting to turn, one of Beneplan’s clients determined it would have to lay off staff if it didn’t cut its benefits costs. But its unionized workforce demanded the company maintain its \$500 coverage for massage therapy.

“We found in the U.S., [health maintenance organizations] actually require pre-approval for all paramedicals,” says Sakkejha, noting they typically will require a physician’s diagnosis before approving coverage.

MAXIMUM ANNUAL REIMBURSEMENTS FOR MASSAGE THERAPY AT SOME POST-SECONDARY INSTITUTIONS

\$750

University of Victoria faculty (\$10 maximum for each of the first 12 visits, after which coverage increases to 100 per cent)

\$500

Memorial University of Newfoundland employees (80 per cent coverage)

\$500

University of Manitoba faculty (combined with other paramedical services)

\$649

University of Waterloo employees (80 per cent coverage)

\$450

University of Guelph employees (\$30 maximum per visit)

\$350

Lakehead University faculty (80 per cent coverage)



Sources: University of Victoria, University of Waterloo, Memorial University of Newfoundland, University of Manitoba, University of Guelph, Lakehead University



Eckler Ltd. welcomes **Zaheed Jiwani** to its growing DC practice

Zaheed joined Eckler in July as a senior consultant, bringing with him almost 20 years of institutional investment industry experience. He provides clients with unique perspective, drawing on an extensive background in consulting, asset management and record keeping.

At Eckler, Zaheed will focus on helping clients establish governance structures, plan design, record keeper selection and monitoring, creating and monitoring investment programs, and evaluating plan effectiveness.

He actively contributes to the industry by regularly speaking at conferences, authoring articles, and as a member of the Benefits Canada Advisory Board.

Prior to joining Eckler, Zaheed led the defined contribution business at an asset management firm, where he helped design and build a target date fund suite. He has also led the DC consulting practice at another consulting firm where he consulted to DC and DB clients.

Zaheed graduated from the University of Toronto with a Bachelor of Science degree with a Specialist in Actuarial Science. He also holds the Chartered Financial Analyst designation.

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Stian Andersen, CIM®
Director,
Institutional Business Development,
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Lori Landry, Chief Marketing Officer and Head of Institutional Business, is pleased to announce the appointment of Stian Andersen as Director, Institutional Business Development, Western Canada, effective July 11, 2016.

Based in Calgary, Stian is responsible for further developing and building new relationships for the firm’s growing institutional asset management business in B.C., Alberta, Saskatchewan and Manitoba.

Stian joins us from Manulife Asset Management. He started his career at Standard Life Assurance in Edinburgh, Scotland and moved to Standard Life Investments in 2007. He has since been based in Calgary, covering institutional sales.

Stian has a MA (Honours) in International Business from the University of Edinburgh. He also is an active member of the Southern Alberta region of Canadian Pension & Benefits Institute.

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“Physicians will quite readily provide a referral for a massage service, so in that way, it was implementing an unnecessary step.”

“We had to do that for our one client because there was nothing else they could do. They were in a really extreme situation. But it worked so well. Their claims actually dropped by two-thirds,” she adds, noting the company was able to increase coverage to \$1,000 for employees with serious conditions.

While the Co-operators doesn’t routinely ask plan members for documentation of physical injuries, Selinger says it reserves the right to do so if it suspects fraud or abuse. Some employers, she adds, are considering dividing paramedical coverage between treatments focused on well-being — such as massage — and those focused on addressing acute injuries — such as physiotherapy — and could set different annual limits for each pot.

“I think it’s certainly an option [plan sponsors] are willing to entertain,” says Selinger. “They want more information about it. They want to understand what carriers can do to address this focus towards overall well-being and associated mental health.”

Time-wasting prescriptions

According to Weir, insurers work to ensure appropriate coverage by only reimbursing plan members in Ontario, British Columbia, New Brunswick and Newfoundland who visit registered massage therapists. In other jurisdictions that don’t regulate massage therapists, provincial associations share information on their governance and ethics with insurers, which in turn decide whether they want to accept claims for those organizations’ members on a carrier-by-carrier basis.

Insurers are also keen to make sure treatments are medically necessary. “Certainly, when you see receipts coming in from spas indicating couples’ massage and other sorts of probably recreational types of activities, it’s easier to spot those than any other,” says Weir. “So we do rely upon massage therapists to make sure they are seeing [plan members] for therapeutic reasons and properly document that in some kind of chart or receipt . . .”

Despite the concern, few insurers require patients to provide doctors’ notes. “We were finding that it was just unnecessary administration,” says Selinger. “Physicians will quite readily provide a referral for a massage service, so in that way, it was implementing an unnecessary step. It also created some unnecessary burden to provincial plans.”

Other options for reducing massage costs include reducing annual limits, combining all paramedical coverage into one pot and cancelling the plan altogether. But in the last two to three years, according to Selinger, fewer than 10 per cent of the Co-operators’ clients have taken any steps to reduce their coverage.

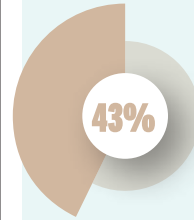
“More and more plan sponsors, as they start to invest in workplace wellness [and] see that as something they want to embrace, we tell them, ‘If you’re going to go down that road, let us make sure that your benefit plans support that in an appropriate way,’” says Lindenberg. “As you get more employers that are more in tune with that, I’d say they would be less focused on massage therapy just being for medically necessary services. They’d be more comfortable with having that opening up a bit.”

Employees at Boeing Canada, for example, receive 80 per cent coverage for massage to a maximum of \$600 each year. “I think it’s for both,” says Nancy Mackenzie, a Boeing benefits specialist in Winnipeg, in reference to the benefits of massage for physical and mental health. “We do have a lot of people who have very physical jobs, so I think that to use massage therapy would probably help physically for them to be able to withstand the pressure of doing their jobs.”

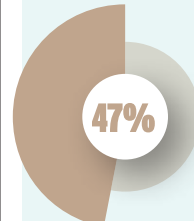
The company has seen an increase in claims over the past five years but it isn’t looking to reduce costs, says Mackenzie. “We just assume that people can seek out that kind of help if they need.”

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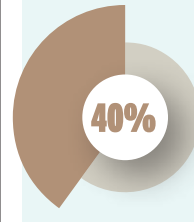
FINDINGS ON MASSAGE USE



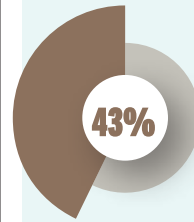
Percentage of plan members who submitted at least one massage claim in the past year



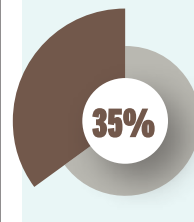
Percentage of employees in the 18-34 cohort who submitted massage claims. Employees in this cohort submitted 4.2 claims per year on average



Percentage of employees in the 55-64 cohort who submitted massage claims. Employees in this cohort submitted 5.5 claims per year on average



Percentage of plan members who used their benefits plan to treat or prevent injury



Percentage of plan members who viewed their benefits plan as extra compensation



Source: Sanofi Canada 2016 health-care survey