As new players on the scene, Canada’s largest insurance providers have been busy introducing a slew of technology-focused options for delivering their services and facilitating access to digital health-care providers.

By Kanupriya Vashisht

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The convenience factor

The old inside-out approach of trying out what looks to be a good idea doesn’t work anymore, says Fedorchuk. “We have started to think like our customers and engage the marketplace much earlier in our design thinking. Our focus is on how we can make it simpler and more convenient, integrate and aggregate, remove redundancies and leverage big data to anticipate client needs better.”

Last year, Sun Life Financial did just that when it refreshed its mobile app. The app now takes self-service to the next level by allowing plan members to quickly check coverage, review plan balances, find and review health-care providers, submit claims, make retirement contributions and manage workplace savings and investments.

“The convenience factor is a huge draw,” says Kevin Dougherty, executive vice-president of innovation and partnerships at Sun Life.

His counterpart at Intact Financial Corp., notes the importance of a simplified experience when plan members sign onto a platform. “Being a technology company, we invest a lot of time and money to make sure our platforms are user-friendly. We expect the same from our providers,” he says.

Having an app makes a big difference for Intact employees, Lemay adds. “Now, they just click a picture and instantly submit a claim.”

“Ella is capable of reaching out to plan members in a very personalized way. For example, Ella could tell you that you haven’t been participating in a pension plan and missed out on over $4,000 of employer money to make sure our platforms are user-friendly. We expect the same from our providers,” he says.

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and you know that, why wait an hour in a clinic with a restless kid when you can have that resolved virtually in 15 minutes and have a prescription online?” says Fedorchuk.

On the pension side, Great-West Life has also piloted an online platform called Wayfinder, which allows plan members to view their workplace retirement plans, alongside their individual savings, in order to get a big-picture view of their financial progress. Fedorchuk says about 40 per cent of the people who weren’t maximizing their employer match are now taking advantage of it. “It’s a great example of how aggregating information and representing it easily, visually and in a personalized way works.” The company is planning to launch the Wayfinder platform this year.

**Closing the treatment gap**

Back on the health side, Green Shield Canada launched a free digital mindfulness program in December 2017. Through its six modules, the program allows people to get evidence-based mental-health support at their convenience.

David Willows, Green Shield Canada’s chief innovation and marketing officer, says the program wasn’t the result of a eureka moment. “It was a slow build. We looked at our data and saw mental health was a problem to reckon with in Canada. And we severely lack adequate resources on the ground to treat people. We don’t want to bypass the traditional system. But if it isn’t stepping up, here’s a creative and convenient way to close that gap.”

While Willows sees promise in the various technologies, he says staying atop the gadgets race is only a short-term solution. “I’m not sure how game-changing a new app to book a massage appointment really is. Our more earnest effort is to address the gaping holes in our health-care system, like the gaps in mental-health treatment or the lack of accountability for health outcomes.”

Green Shield Canada, he says, is taking affirmative

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**Source:** Benefits Canada/Canadian Institutional Investment Network’s 2018 survey of group insurance providers

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<table>
<thead>
<tr>
<th>TOP 20</th>
<th>GROUP INSURANCE PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company</strong></td>
<td><strong>2017</strong></td>
</tr>
<tr>
<td>1</td>
<td>Sun Life Financial</td>
</tr>
<tr>
<td>2</td>
<td>Great-West Life Assurance Co.</td>
</tr>
<tr>
<td>3</td>
<td>Manulife Financial Corp.*</td>
</tr>
<tr>
<td>4</td>
<td>Desjardins Insurance</td>
</tr>
<tr>
<td>5</td>
<td>Green Shield Canada¹</td>
</tr>
<tr>
<td>6</td>
<td>SSO Insurance⁴</td>
</tr>
<tr>
<td>7</td>
<td>Medavie Blue Cross</td>
</tr>
<tr>
<td>8</td>
<td>Pacific Blue Cross*</td>
</tr>
<tr>
<td>9</td>
<td>iA Financial Group³</td>
</tr>
<tr>
<td>10</td>
<td>Alberta Blue Cross</td>
</tr>
<tr>
<td>11</td>
<td>La Capitale assureur de l’administration publique inc.⁴</td>
</tr>
<tr>
<td>12</td>
<td>Equitable Life Insurance Co. of Canada</td>
</tr>
<tr>
<td>13</td>
<td>Empire Life Insurance Co.*</td>
</tr>
<tr>
<td>14</td>
<td>Manitoba Blue Cross</td>
</tr>
<tr>
<td>15</td>
<td>The Co-operators Life Insurance Co.</td>
</tr>
<tr>
<td>16</td>
<td>RBC Insurance*</td>
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<tr>
<td>17</td>
<td>Saskatchewan Blue Cross</td>
</tr>
<tr>
<td>18</td>
<td>Assumption Life</td>
</tr>
<tr>
<td>19</td>
<td>UL Mutual Co.</td>
</tr>
<tr>
<td>20</td>
<td>GMS Insurance Inc.</td>
</tr>
</tbody>
</table>

**Top 20 Industry total** | $41,611.1 | $39,922.3 | 4.2% |

**Notes:** Figures in this report are based on responses provided by the survey participants. Benefits Canada assumes no responsibility for the accuracy of the data provided. All totals are subject to +/- variance due to rounding. 1. The significant increase is due to the onboarding of several large groups in 2017. 2. Formerly known as SSO Financial Group. 3. Formerly known as Industrial Alliance Insurance & Financial Services Inc. 4. Formerly known as La Capitale assurances et gestion du patrimoine. * Restated figures for 2016
steps in that direction. “Take our value-based pharmacy platform, for example, where Canadian pharmacists — if they have GSC plan members — now get a monthly scorecard telling them how they did on certain health outcome metrics. To me, that’s more disruptive and innovative than asking Alexa what my health-care spending account balance is. We need to think bigger and more strategically.”

With that bigger picture in mind, Manulife has rolled out five new pilot projects that focus on three key aspects of the health-care cycle: access to care, diagnostics and treatment. Four of the projects have an explicit focus on mental health and include virtual cognitive behavioural therapy and pharmacogenetic testing. The fifth focuses on the treatment ecosystem and pushes for a holistic, multidisciplinary approach to assessing and treating musculoskeletal disorders. It also includes the support of a care co-ordinator.

Source: Benefits Canada/Canadian Institutional Investment Network’s 2018 survey of group insurance providers
To address Canada’s growing mental-health crisis, Sun Life is also piloting a virtual cognitive behavioural therapy program in partnership with the University of Regina.

**Backroom buzz**

While front-end user experience is driving much of the innovation in the insurance industry, convenience and ease of use aren’t the only applications of technology. Tim Clarke, president of TC Health Consulting Inc., says underwriting, fraud prevention and backroom operations are equally on the cusp of exciting change.

“From an underwriting perspective, change is already underway in car insurance. Through telematics, a device in your car measures acceleration and you get a discount for being a safe driver. The same concept can apply to your health insurance. When you use a fitness tracker, it measures your steps, and you get a discount for being active,” he says.

There are exciting ways technology can also help streamline backroom operations, including claims processing, predictive analytics and fraud detection, or make them smarter by identifying trends and detecting patterns. Clarke offers the example of renewals of long-term disability policies. “You review not only LTD data but also analyze the [short-term disability] experience. Now, if you had a strong program analyzing STDI and medical claims, you’d be better able to identify the risk of new LTD claims. That could substantially improve your renewal accuracy.”

Even with gadgets like Alexa, Google Home or Apple Inc.’s Home Pod, it’s not just the plan members who benefit, according to Chris Gory, president and employee benefits advisor at Toronto-based Insurance Portfolio Financial Services Inc. “They’re also great for small-business owners who don’t have a dedicated HR person and can help ease the burden for the small group plan administrator by answering basic questions people can find in their booklet but don’t bother to,” says Gory, who also has high hopes for blockchain technology and how it will affect data exchange, claims adjudication and information sharing.

Dougherty agrees investments in big data and artificial intelligence could have some very positive outcomes for plan sponsors and carriers. “Big data can allow you to see things and detect patterns you wouldn’t otherwise spot if you were looking at just one claim. For example, you might get four claims from a chiropractor on one day for a specific plan sponsor. That might not look unusual. But if you look across your database and see you got 100 treatments by that chiropractor on one day, red flags go off.”

**Decisions, decisions**

The onslaught of change in the insurance industry also comes with a dizzying barrage of choices. There are thousands of startups clamouring to push their next big idea. However, it’s not just impossible but it can also be counterproductive to hop onto every bandwagon. Carriers and sponsors need to carefully determine what makes sense for their business and how to incorporate it into existing plans. “For example, if you’re in construction and your demographic’s average age is 55, you won’t have much uptake for a Fitbit,” says Gory.

Clarke offers some advice: “Don’t be bamboozled by new offerings. Step back and see if they fit into your program, make sense for your demographic.”

He adds: “There’s much interest in virtual and mobile therapies of all sorts — telemedicine, apps to support mental health, fitness, weight loss or diet. However, our plans aren’t necessarily built to cover a paid visit with a telemedicine doctor or an annual subscription to a mental-health app. But if done right, they needn’t necessarily raise the cost. If you can pay $200 a year to install an app that complements [cognitive behavioural therapy], you could put that under paramedical benefits for psychologists. If effective, $200 on the app might eliminate $500 on visits.”

With such rapid change in products and processes, plan designs need a facelift as well. “Sponsors need to redefine coverage to let people access care the way they want to,” says Clarke. “You could look at these apps as an entire class of paramedical benefits and not limit coverage to specific vendors. Accept any app that meets specific criteria or select a category and allow any vendor within that category to serve it.”

As technology evolves at lightning pace, it can be a real challenge for plan sponsors to pick a partner that will stay through the length of their plan cycle. That’s a guarantee that would be a challenge for most startups to offer. “But current annual plans don’t lend themselves to that kind of agility. Sponsors like to build in two to three years of consistency to evaluate how a feature works,” says Clarke.

“Employees need to get a bit more experimental and be ready to adapt quicker than two- to three-year cycles [and] maybe even consider adding a program midway,” he adds. “Startups, too, need to recognize they’re catering to a world that likes stability. Their business model cannot change three times during a plan year, once a plan sponsor starts communicating the program to their employees. Both sides need to learn to work with each other.”

Employers, according to Clarke, also need to evaluate existing plans with the same rigour they apply to new ideas. “If you decide virtual care offers better [return on investment] than massage therapy, you need to actively consider it, rather than be rigid about changing anything you’ve been offering so far.”

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**2018 GROUP BENEFITS PROVIDERS REPORT**

**HOW MUCH INTEREST IS THERE FROM PLAN SPONSORS IN COVERAGE/SERVICES IN THE FOLLOWING AREAS?**

- **Significant interest**
  - Telemedicine: 24%
  - Health coaching and navigation: 14%
  - Virtual health care/psychotherapy: 24%
  - Pharmacogenetic testing: 10%
  - Pharmacy services: 43%
  - Medical marijuana: 40%

- **Some interest**
  - Teledentistry: 24%
  - Physical therapy: 43%
  - Occupational therapy: 43%
  - Chiropractic: 35%
  - Massage therapy: 24%

- **Little/no interest**
  - Dentistry: 29%
  - Chiropractic: 42%

**Source:** Benefits Canada/Canadian Institutional Investment Network’s 2018 survey of group insurance providers

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**TOP 10 | ASO PROVIDERS (ASO GROUP LIFE + ASO GROUP HEALTH)**

<table>
<thead>
<tr>
<th>Company</th>
<th>2017</th>
<th>2016</th>
<th>Variance</th>
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<tbody>
<tr>
<td>Sun Life Financial</td>
<td>$4,982.2</td>
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<tr>
<td>Manulife Financial Corp.</td>
<td>$3,534.4</td>
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<td>$3,153.1</td>
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<td>$1,645.3</td>
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<td>SSO Insurance*</td>
<td>$552.1</td>
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<td>4.0%</td>
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**NON-INSURED DEPOSITS (MILLIONS) AS OF DEC. 31, 2017**

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- Manulife Financial Corp. $3,534.4
- Sun Life Financial $4,982.2

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**Source:** Benefits Canada/Canadian Institutional Investment Network’s 2018 survey of group insurance providers

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*Kanupriya Vashisht is a Milton, Ont.-based freelance writer.*