

TIPS FOR PRIVATE PLANS

Recruiting and retaining women+ with inflammatory arthritis, rheumatic and psoriatic diseases

INTRODUCTION

The onset and diagnosis of inflammatory arthritis, rheumatic and psoriatic diseases commonly affects people in the prime of their lives and brings up many reproductive and sexual health-related concerns related to contraception, family planning, parenting, menopause, pain and mental health.

The Canadian Arthritis Patient Alliance, Canadian Association of Psoriasis Patients, Canadian Psoriasis Network, and Canadian Spondylitis Association heard from over 400 women+ across Canada about gaps in private coverage. Here are tips for private plans to keep these women+ healthy and engaged in the workplace.

EMPLOYER CONSIDERATIONS

- Inflammatory arthritis & psoriasis are each estimated to impact roughly 1 million people in Canada – there is a high probability that your organization employs someone with these condition(s)
- Women+ are a critical part of the workforce and these diseases impact people in the prime of their lives when they are making decisions about starting a family, parenting, and living through peri/menopause
- Diversity, equity, and inclusion are key human resources priorities in many workplaces – compensation packages should reflect these priorities
- Benefits like private drug coverage that are offered to all workers are easier to access for employees and support them without them having to 'disclose' health issues



CONTEXT

PREGNANCY & BREASTFEEDING

Not all medications for these diseases are safe in pregnancy and breastfeeding. More than one-quarter of women+ discussed pregnancy with their HCP after becoming pregnant.

When women+ are taking unsafe medications, their healthcare provider has to change their treatment plan. More than three-fifths of women+ had to switch to a medication that was safer in pregnancy and breastfeeding.

FERTILITY & CONTRACEPTION

Nearly 1 in 10 were actively trying to prevent pregnancy (particularly younger women+).

However, less than half (45%) of participants indicated their health care provider provided adequate information about the impact of medications on ability to conceive.

PAYING FOR MEDICATIONS

Over half of the women+ surveyed indicated they had experienced financial hardships associated with paying for their medications – more so for women+ under 30.

They reported spending up to \$4,000 per month out-of-pocket for prescription medications (prescribed by a healthcare provider) and so they take less medication.

PAIN

Many people become isolated when experiencing pain. Only 58% feel like their healthcare provider “gets it”.

About a third of participants (32%) do not feel like they have useful and helpful options to deal with their pain.

MENTAL HEALTH

Mental health is often underappreciated. Seven-eighths (87%) of participants worry about the impact of their condition on their mental health.

Yet, only 16% of participants have a mental health professional (e.g., psychiatrist, psychologist, social worker) as part of their care team.

PRIVATE PLAN SOLUTIONS

- Ensure that private plans include these safer options
- Offer navigational support to plan members where prior authorization is needed
- Do not make pregnancy a precondition to accessing safer medications as these should be available before the start of pregnancy
- Plan design should provide choice in reimbursing contraception options, especially considering the effects of medications for these diseases on fertility and conception
- Benefits advisors should review plans and educate plan sponsors about the medications offered that impact fertility and pregnancy
- Support women+ navigating plan options to reduce financial burden and improve their wellness
- Simplify processes for plan members, including prior authorization
- Support inclusion of temporary workers in benefit plans
- Provide access or flexibility to paramedical services
- Share patient organizations’ resources on pain management
- Include comprehensive pain management options in plan design (robust formulary, massage therapy, acupuncture, physiotherapy, etc.) and mental health supports
- Increase flexibility in access to paramedical services (e.g., psychology and social work)
- Explore co-development of mental health supports with patient organizations
- Educate plan sponsors about the distinction between EAPs (free to employee) and access to mental health support (often a shared expense)