Workers Compensation
Opioid Dependence
Avoidance and
Acute Intervention Program

PRESENTED BY:
CAROL PINKERTON
DR. BRIAN MAYHUGH
Pioneer status in workplace-based behavior change:

- Through combining evidence-based science, insightful customer service, and caring relationships

- By leveraging clinical and professional expertise helping individuals and organizations overcome challenges to achieve better health, productivity, and overall wellbeing.

- We pursue our standards and goals behind this vision because we believe they are intrinsically right. They also happen to be good healthcare.
The Injured Worker, Chronic Pain, and Drugs

- In the last 20 years, opioid used to treat chronic pain has skyrocketed in North America.
- More than two million people were estimated to be abusing or addicted to powerful opioid drugs.
- In 2007 estimated costs of misuse or abuse of opioids was estimated at more than 55 million dollars in the U.S.
- United States is the largest consumer of prescription opioid use.
Center for Disease Control

Opioid Statistics

- Since 2000 more than 300,000 Americans have lost their lives to an opioid overdose
- Drug Overdose from 2010 to 2014 increased 23%
- 2105 Drug overdose deaths were at 52,000
- 33,000 (63%) involved a prescription or illicit opioid
- Death rates for synthetic opioids excluding methadone was up 72%
- Fentanyl death rates doubled from 2013 to 2014
National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers (excluding non-methadone synthetics)

Source: National Center for Health Statistics, CDC Wonder
Regulatory Attempts Had Secondary Consequences...

Prescription drug seeking in bordering states

Street drug use and heroine
The Problem for the Worker

In 2014, about 9% of substance use disorders (1.9 million addicted people) involved prescription pain relievers (ASAM, 2016)

- Common prescription opioids:
  - Oxycodone
  - Hydrocodone
  - Codeine
  - Morphine
  - Fentanyl
The Problem for the Employer, TPA or Carrier

- 80.7 million opioid claims for 116 opioid products
- $3.7 billion is the opioid drug cost of $103 billion of prescription drug benefit costs
- Efforts, aimed at pharmacy benefit suppliers and physicians, reduced opioid utilization nominally but;
  - 60.2% of injured workers utilize opioid analgesics
  - >50% of persons receiving 90+ days of continuous opioid treatment remain on opioids for years requiring large liability reserves
Prescription opioids are presently the number one workers' compensation problem in terms of controlling the ultimate cost of indemnity losses...

There has never been a more damaging impact on the cost of workers' compensation claims from a single issue than the abuse of opioid prescriptions for the management of chronic pain.

Long term use of opioids is devastating to return to work.

LOCKTON AND ASSOCIATES (2012)
Five years ago medical costs represented **56%** of a claim...

By 2020, that medical cost will likely grow to **76%** of an injured worker’s claim, according to industry experts...

**Jack Probolus, Liberty Mutual**

Willis reports by 2020 medical costs will account for **70%** of all workers compensation costs
The Solution Needs to be Comprehensive

IBH proposes the solution must impact the following:

- Injured worker quality of life
- Injured worker family and social relationships
- Volume of financial reserves related to the plan
- Ability for all to win with case closure, RTW or settlements

The right thing to do for the plan
The right thing to do for the individual

Lives Can Change
Specialty Programs for Opioid Use or Abuse Includes:

- Health professionals
- Specialty facilities
- Multi-disciplinary and multi-specialty approach
- Intensive Case Management
- Best practice guidelines

- Drug use monitoring
- Medical integration
- Psycho-educational materials
- Psycho-social resources
- Coaching
Pharmacy costs represent an estimated 19% of workers’ compensation medical costs.

- Oxycontin was the first ranked drug by dollars spent in states studied (Lipton, Laws, & Li, 2011).

- Michigan, 38% of all medical claims for worker injury in 2008 received narcotics (White, Tao, Taireja, Tower, & Bernacki, 2012).
Prolonged opioid use correlates with:

- Poor outcomes
- Longer disability
- Increased medical costs
- Increased potency
- Increased problem
- Worse outcome

California 3% of the doctors prescribe 55% of the opioids.
From 2002 to 2011 there was a 321% increase in opioid prescriptions.
Accident Fund in Michigan Study of 1,200 Claims

- Long acting opioids in a claim resulted in almost 3.9 times likelihood of a greater than $100,000 in claims
- Short acting opioids in a claim resulted in a 1.8 times more likely to have greater than $100,000 in claims
- Claims with non-opioid prescriptions showed no increased likelihood of exceeding $100,000
Definitions

- **Opiates** are drugs derived from opium

- Initially "**opioids**" referred to synthetic **opiates** only (drugs created to emulate opium, however different chemically)

- Currently and for the purpose of this presentation, **opioid** is used for the entire family of **opiates** including natural, synthetic and semi-synthetic
Effects of Addiction to Opioids

- Tolerance
- Withdrawal
- Addiction
- Physical Dependence
- Opioid Induced Hyperalgesia
Regulatory Intervention

- Healthcare provider education requirement
- Healthcare practice protocols
- Prescription drug monitoring programs use by prescriber and dispenser to evaluate patient prescription patterns
- Licensure and pharmacy limitation on amount and duration of prescription
- Pre- and continued authorization of opioid prescriptions
Workers Compensation Vertically Integrated Solutions

- Pre-employment Evaluation
- Drug Free Workplace and EAP
- Worker Compensation Early Risk Management to Avoid Dependency
- Case Specific Intervention in Chronic Opioid Dependent Claimants
Opiate Claim Avoidance Starts at Hire - Choose Your Crew

- Pre-hire Drug Screening may identify an individual that has opioid use upon employment
  - 75% of substance abusers are employed
  - Substance use affects safety, legal, and regulatory compliance
- Reduced productivity
- Increased medical and workers compensation costs
Opioid Claim Avoidance Before the Injury - **Manage The Team**

- Maintain a drug free workplace
  - Worker policy education
  - Supervisor Training
  - Clear path for the policy
  - Use of the Employee Assistance Program
  - Reasonable Suspicion Testing
  - For Cause Testing
Monitor the Workplace
Supervisor Vigilance

A study in 2009-2010 of those who reported sourced pain relievers non-medically in the past 12 months:

**OPIOID ACCESS**

- Friend or Relative for Free: 55.0%
- One Doctor: 17.3%
- Other: 22.9%
- Drug Dealer or Stranger: 4.4%
- Internet: 0.4%

Of these, 79.4% reported that a friend or relative had obtained the drugs from just one doctor.
How Will Opiates Affect Employees?

- Drowsiness followed by sleep
- Decreased physical activity
- Drug craving
- Depression and apathy
- Critical thinking skills decreased.
Opiate Use
What Supervisors Look For?

- Drugs & paraphernalia
- Reduced productivity
- Poor work performance
- Pinpoint pupils
- Slow breathing
- Anorexia
- Slow reactions
- Loss of sense of time & space

- Convulsions
- Lack of interest
- Insomnia
- Needle marks
- Profuse perspiring
- Falling asleep on the job
- Impaired motor skills.
Observation Performance Indicators

- Lowered productivity
- Inconsistent work quality
- Tardiness & Absenteeism
- Unexplained disappearances from jobsite, extended breaks, early departures
- Concentration, distraction problems
- High accident rate, careless, mistakes
- Errors in judgment, needless risk taking.
Observable Behavioral Risk Indicators

- Strained relations on the job
- Frequent financial problems
- Avoidance of friends and colleagues
- Blaming others for own problems
- Complaints about problems at home
- Deterioration in personal appearance
- Complaints and excuses of vaguely defined illnesses.
Opioids and Brain Damage

Relationship between opioid overdose and depressed respiration (slowed breathing) has been confirmed.

Depressed respiration and reduced oxygen to the brain results in Hypoxia.

It can have short- and long-term psychological and neurological effects, including coma and permanent brain damage.

 Especially when exacerbated with Obstructive and or Central Sleep Apnea

Deterioration has been observed of the brain’s white matter due to heroin use, which may affect decision-making abilities, the ability to regulate behavior, and responses to stressful situations.
Prescription Drugs

- Commonly Abused Prescription Drugs:
  - OxyContin, Hydrocodone, Vicodin, Norco, Codeine, Ritalin and other amphetamines
- Know Rx company reporting policy, i.e. Fitness for Duty statement from employee’s doctor
- Report Rx with label warnings to onsite medical
- Employee **must have current** prescription
High Rate of Opiate Painkiller Prescriptions
Strategic Opioid Program Objectives – Deal With The Storm

- Assist the patient in overcoming dependency and addiction, or
- Minimize need for opioids, or
- Prevent progression from acute to chronic use of opioids
- Case Resolution - Settlement or RTW
Case Management Process

Client Identification

- Receive electronic file of client chronic opioid cases
- Determine: target number of cases, policies/procedures for
- Engagement, case management and claim adjuster relationship
- Set metrics for monitoring and outcome reporting
- for program compliance

Patient Selection

- Review pharmacy, medical, and claim data
- Screen, profile, identify and select cases
- Consult with client claim analyst – continue consult through program
- Load clinical, administrative, financial and claim history

Patient Engagement

- Telephonic interview/consult with claimant offering program
- Confirm nature of case management/provider partner relationship
- Determine motivation for program compliance
Risk Identification

- Pharmacy metrics
- Patient
- Behavioral risk
- Prescriber metrics
- Opioid specific metrics

<table>
<thead>
<tr>
<th>Risk factor 1</th>
<th>Early refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factor 2</td>
<td>Excessive use of controlled substances</td>
</tr>
<tr>
<td>Risk factor 3</td>
<td>Dosage and volume of opioids</td>
</tr>
</tbody>
</table>
Early Intervention Outreach

- Early Intervention and Drug Testing
- Orientation and Engagement of Patient and Patient’s Provider
- If Needed Referral to Appropriate Specialty Partner Center of Excellence for Treatment
- Collegial Management of Patient’s Treatment within Best Practice Guidelines
- Consultation and Recommendation for Necessary Pain Management
- Personal Case Manager use of Coaching, Educational Elements, Stress/resilience Training, Psychosocial Support for Patient and Family, Coordination with Medical Providers, Treatment and Post-treatment Monitoring for Substance use.
Claimant and Provider Outreach

**Claimant**

- Information about opioid use and options to avoid use or to minimize possibility that use becomes chronic
- Provide support, coaching and personal apps services to assist with pain and stress management, and to increase resilience

**Provider**

- Providing information about best practices and guidelines for opioid use and presenting support and services for the claimant/patient
Acute Chronic Opioid Dependency / Reduction Intervention

- Orientation and Engagement of Patient, Family and Patient’s Provider
- Referral to Appropriate IBH Specialty Partner Center of Excellence for Treatment
- Personal Case Manager use of Coaching, Educational Elements, Stress/resilience Training, Psychosocial
- Support for Patient and Family, Coordination with Medical Providers, Treatment and Post-treatment Monitoring for Substance use
- Use of Opiate Blocking Medication in Post Acute State
- Measurement and Reporting of Progress and Outcomes
Opioid Dependency Program Management Process

- Case manager integrates treatment services with medical, pharmacy, employer, and payor claims analyst.

- Manage comprehensive care across levels and settings toward maximizing patient’s health, functionality, and option for return to work.

- Ancillary services provided as needed; coaching, psychoeducational, stress and resilience training, psychosocial, and substance monitoring during and post treatment.
Claimant Engagement

- Sense of purpose
- Social and community relationships
- Financial health
- Work injury perspective
Family Engagement

FAMILY ENGAGEMENT
- Provide program orientation, consult, and support
- Arrange family participation, either on-site or by secure video

 call

ONGOING FAMILY AND PSYCHOSOCIAL SUPPORT
- Provide consult and support during and after program
- Secure video consultation
- Family assistance through apps and programs for finance, Family IQ, communication
- Stress management, and other psychosocial issues.
Centers of Excellence – Why not any S/A provider?

These are a special population that need tailored treatment with centers of excellence.

- These centers provide:
  - Specific understanding of population who become opioid dependent, as opposed to self-initiated narcotic use
  - Pain control alternatives and skills for management of the condition
  - Partner on cases thru 12 to 24 months
  - Experienced and credentialed
  - No “Spin-Dry” Programs
Claimant Profile for maximum success probability:

- No more than one surgery.
- Daily opioid prescribed use >36 months
- Average morphine equivalent use of >50mg/day
- Pharma confirms no multiple pharmacies or multiple prescribers used
- Co-morbid condition, if present, can be addressed by case management (i.e. diabetes, depression, hypertension)
- Has family support structure
- Compliance with administrative and medical services per claimant adjuster
- Projected positive rationale for successful settlement, if not return to work
Workers Compensation
Opioid Dependence
Avoidance and
Acute Intervention Program

PRESENTED BY:
CAROL PINKERTON
DR. BRIAN MAYHUGH