OPIOID EPIDEMIC AND WORKPLACE IMPLICATIONS

April 5, 2018
TODAY’S SPEAKER

Mary Kay O’Neill, MD, MBA
Partner
Seattle

As Senior Clinical Advisor for Mercer Health & Benefits, Dr. O’Neill leverages her clinical strategy and operations experience to drive Mercer’s value-based care initiatives and provide strategic advice and health care data analysis for Mercer clients. She is part of the Total Health Management practice.

Dr. O’Neill has more than 30 years of health care experience. Most recently, she was Chief Medical Director at Coordinated Care in Tacoma, WA, responsible for forming strategic partnerships with community organizations and network partners and developing benefit design and services. Prior to that, she was with Regence BlueShield from 2013 to 2014, CIGNA from 2007 to 2013, and the Washington State Health Care Authority from 2001 to 2007.

She graduated from the University of Washington, where she earned an MBA, an MD, and a BS in Biology.
AGENDA
WHAT WE’LL COVER TODAY

1. Impact of Addiction to the Workplace
2. The Impact of Opioid Misuse
3. Framework for Action-A Holistic Model
4. Recap and Considerations for Employers
5. Case Studies
OPIOID ABUSE
A NATIONAL EPIDEMIC

• Opioid abuse is a national crisis with current estimates of 90 people per day in the U.S. dying from drug overdoses.¹
  – Now the #1 cause of accidental death in the United States.

• 75% of individuals who misuse opioids started by taking a prescription; 80% of individuals who use heroin started with prescription opioids.²

OPIOID EPIDEMIC IN THE NEWS
IMPACT TO EMPLOYERS

“The opioid crisis spills into the workplace”
- Bloomberg Sep 23, 2017

“Goldman Sachs thinks the opioid crisis is so bad it’s affecting the economy”
- Yahoo Finance July 6, 2017

“Struggling to find workers, some employers offer opioid addicts a second chance”
- CNBC Sep 1, 2017

“All hands needed on deck to turn the tide against the opioid crisis”
- WhiteHouse.gov press release Sep 25, 2017

“Opioid Crisis Looms Over Job Market, Worrying Employers And Economists”
- NPR Sep 7, 2017
OPIOID PRESCRIBING IN WASHINGTON

- Based on Washington Health Alliance data (commercial + Medicaid), 468,940 people in Washington received at least one opioid prescription in the latest measurement year, an overall rate of 12.1%

- There wasn’t a large difference between insurance types:
  - 11.4% Commercial
  - 12.9% Medicaid

- Significant variation in opioid prescribing rates, varying by age, gender and location within the state
OPIOID PRESCRIBING PATTERNS EMERGE

- Percentage of individuals receiving at least one opioid prescription during the measurement year

<table>
<thead>
<tr>
<th>By Age, Gender</th>
<th>Lowest Rate</th>
<th>Highest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 years, Male</td>
<td>1.6% (Bellingham, Kirkland)</td>
<td>4.6% (Moses Lake)</td>
</tr>
<tr>
<td>2-6 years, Female</td>
<td>1.1% (Kirkland)</td>
<td>3.7% (Moses Lake)</td>
</tr>
<tr>
<td>7-11 years, Male</td>
<td>1.7% (Kirkland)</td>
<td>5.0% (Moses Lake)</td>
</tr>
<tr>
<td>7-11 years, Female</td>
<td>1.3% (Kirkland)</td>
<td>5.4% (Moses Lake)</td>
</tr>
<tr>
<td>12-19 years, Male</td>
<td>4.0% (Vancouver)</td>
<td>9.4% (South Bend)</td>
</tr>
<tr>
<td>12-19 years, Female</td>
<td>5.3% (Vancouver)</td>
<td>11.6% (Centralia)</td>
</tr>
<tr>
<td>20-44 years, Male</td>
<td>7.4% (Bellevue)</td>
<td>18.3% (Ilwaco)</td>
</tr>
<tr>
<td>20-44 years, Female</td>
<td>11.5% (Bellevue)</td>
<td>27.7% (Ilwaco)</td>
</tr>
<tr>
<td>45-64 years, Male</td>
<td>12.0% (Bellevue)</td>
<td>27% (Morton)</td>
</tr>
<tr>
<td>45-64 years, Female</td>
<td>13.5% (Bellevue)</td>
<td>28.5% (Morton)</td>
</tr>
<tr>
<td>65+ years, Male</td>
<td>10.1% (Vancouver)</td>
<td>26.0% (Enumclaw)</td>
</tr>
<tr>
<td>65+ years, Female</td>
<td>8.4% (Vancouver)</td>
<td>25.5% (Longview)</td>
</tr>
</tbody>
</table>

1 All payer results, including commercial and Medicaid

© 2018 Washington Health Alliance. All rights reserved.
This material may not be reproduced or modified without the prior permission of the Washington Health Alliance.
**BEHAVIORAL HEALTH HOT TOPIC**

**OPIOIDS IMPACT TO EMPLOYERS**

70% of Americans utilizing illicit drugs, including misused Rx opioids, are employed

25% of all Worker’s Comp Cases involve prescription opioids and receiving more than a one-week supply of opioids doubles a worker's risk of disability

Opioid misuse has been linked to a decline in workforce participation

In certain geographies, up to one third of job applicants are failing pre-employment drug screenings

Employees who misuse opioids miss roughly 3x more days from work per year than the general workforce

Opioid users 18 and over cost 5.5 times as much in total allowed medical and pharmacy costs compared to non-users

70% of Americans utilizing illicit drugs, including misused Rx opioids, are employed

25% of all Worker’s Comp Cases involve prescription opioids and receiving more than a one-week supply of opioids doubles a worker's risk of disability

Opioid misuse has been linked to a decline in workforce participation

In certain geographies, up to one third of job applicants are failing pre-employment drug screenings

Employees who misuse opioids miss roughly 3x more days from work per year than the general workforce

Opioid users 18 and over cost 5.5 times as much in total allowed medical and pharmacy costs compared to non-users

APPROACHING THE PROBLEM
AN EVOLVING STRATEGY

- Detecting fraud, waste, and abuse: carrier and PBM management of opioid Rx utilization
- Drug-free workplace policies, communication, and supervisor trainings
- Provider (including dental) training and education, including following updated CDC guidelines and use of PDMPs
- Expand access to emergency OD treatment (naloxone), evidence-supported addiction treatment, including MAT
OPIOID ABUSE
A NATIONAL EPIDEMIC

PRESCRIBER
PREVENTION

VENDOR
EARLY DETECTION

COMMUNITY
TREATMENT

EMPLOYERS
RETURN TO FUNCTION
Who are the drug and care management vendors and how to get the most out of their efforts?

What medications are the patients using?

Where are the patients getting their drugs?

How to maximize the benefit while recognizing drugs are one aspect of the care plan of patients?
PREVENTION
THE ROLE OF PRESCRIBERS

• Discuss risks of opioids with patients and consider alternative treatment strategies
  – Obtain personal and family history of substance use and behavioral health conditions

• Follow updated CDC guidelines and guidelines from your state licensing board when prescribing opioids

• Utilize available resources such as carrier member notifications and authorization strategies, Prescription Drug Monitoring Program data, and collaborate with health plan and PBMs to understand the patient’s Rx utilization

• Dentists and oral surgeons are often the prescribers who first introduce opioid prescription to younger members, responsible for 31% of opioid prescriptions for members age 10-19\(^1\)
PREVENTION
EMPLOYEE EDUCATION

- Provide employees with information on how opioid medications could affect health, job performance, and safety, including:
  - Talking to doctors about non-opioid options for pain management
  - Avoiding driving and operating machinery while under the influence of drugs, including prescribed medications
  - Safe storage and disposal of medications
  - Not to share medications with family, friends, or colleagues
- How to seek help for opioid addiction
- Offer frequent reminders of the prescription drug policy for your workplace
Obtain a complete history of the patient’s risks for substance use and behavioral health history even during routine visits.

Utilize available the Health Plan data, PBMs, and PDMPs to identify potential RX misuse.

Consider what have you delegated to vendors when concerns are identified early.

Refer to pain management specialists and behavioral health providers.
EMPLOYER ACTION: QUESTIONS FOR CARRIERS AND PBM

- How do you share data on possible cases of abuse?
- How can you address patients that might need larger quantities?
- Do you have communication plans for patients that might be impacted?
- Have the carriers and EAP been informed of the new Rx design?
- How do we structure member contributions now that 30-day supplies may be limited?
EARLY DETECTION
THE ROLE OF EMPLOYERS

Recommendations from the National Safety Council¹

- Drug Testing Programs
- Recognize Signs of Impairment
- Well-Written Policies
- Access to Effective Treatment

National Safety Council & Indiana Attorney
General Rx Drug Abuse Task Force²

Can Identify Warning Signs

<table>
<thead>
<tr>
<th></th>
<th>Not Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Supervisors</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Employees</td>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>

¹ The National Safety Council Report: The Proactive Role Employers can Take: Opioids in the workplace
² http://www.nsc.org/NSCDocuments_Advocacy/FINAL%20Media%20briefing%20PPT.PDF
**TREATMENT APPROACH**
**OPIOID USE DISORDER**

- **Treatment**
  - A customized approach is required for each patient
  - Wide variety of options including residential programs, intensive outpatient programs, partial day treatment
  - Features of treatment choices are that they are accredited, they have results to report, they are connected to long term recovery services, they provide resources to address biopsychosocial needs of the patients

**DETOX AND STABILIZATION**
- Detox provides a medically safe way to stop using opioids and is usually done in a medical facility
- Medication assisted treatment will prevent withdrawal and cravings in most cases

**OVERDOSE TREATMENT**
- Injectable Naloxone (Narcan)
- Made available to first responders and friends and families of those using opioids

**KEYS TO SUCCESS**
- A holistic and integrated approach from detox through return to work and community
- Adequate length of treatment with well-coordinated handoffs between types and levels of care
- Relapse prevention and early detection strategies
**TREATMENT MITIGATION AND STABILIZATION**

**Mitigation and Stabilization**
- Adequate Medication Assisted Treatment providers
- Coverage of opioid agonists and naloxone
- Providers must be in network and linked with access to counselling

**Supporting Access**
- Evaluate network adequacy
- Rapid access to treatment
- Coordination of services

**Transition to Recovery**
- Back to home
- Back to community
- Back to work
- EAP support
Workers in recovery, who report receiving substance use treatment in the past and who have not had an SUD within the last twelve months, miss the fewest days of any group, including the general workforce.2

2 http://www.nsc.org/RxDrugOverdoseDocuments/Calculator-Methodology.pdf#page=11
WASHINGTON STATE RESOURCES

Interagency Guideline on Prescribing Opioids for Pain

Developed by the Washington State Agency Medical Directors’ Group (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials.

Written for Clinicians who Care for People with Pain
3rd Edition, June 2019

Opioid Prescribing Metrics

July 2017

Dental Guideline on Prescribing Opioids for Acute Pain Management

September 2017

Developed by the Dr. Robert Bree Collaborative and Washington State Agency Medical Directors’ Group in collaboration with actively practicing dentists and public stakeholders.
SAMPLE EMPLOYER SELF ASSESSMENT
PROACTIVE STRATEGIES

DOES MY COMPANY:

Have effective and well-communicated policies on workplace substance use and testing?

Partner with Medical and BH carriers and PBMs to ensure access to high quality treatment?

Utilize EAP offerings to their fullest capabilities, including management training on detecting signs of misuse?

Have an effective return to work program?
BACKGROUND
• People under 25 are at risk of becoming long term utilizers of opioids if they are given > 3 day dosage of opioids
• Current patient safety recommendations are to limit prescriptions
  – For people <25 to 12 total dosages
  – For people ≥25 to five days or 20 total dosages

CASE EXAMPLE

17 year old dependent is getting their wisdom teeth removed

• The dentist who performs the procedure provides a prescription of opioid medication for 30 days
• This is the first opioid that this young person has been prescribed.

MITIGATING ACTIONS
• Meet with the dental carrier to assess their network quality capabilities and to present the expectation that they communicate with the network dentists that they are prescribing appropriately
• Facilitate the sharing of prescribing data between the pharmacy benefit manager and the dental carrier
• Inform the dental carrier that the formulary is changing to restrict prescription size
• Review safe opioid prescription size with the PBM
CASE EXAMPLE
EARLY DETECTION (SCREENING AND HARM MITIGATION)

40 year old employee is experiencing back pain

• The employee was given a month long prescription for opioids to treat the pain

• This individual had been under a lot of pressure at work and was experiencing significant anxiety but had not shared this with their physician and they had not been asked about it.

• This individual found that the medication helped some with the back problem but had a positive effect on the anxiety.

• Several months later they were still using the meds on a daily basis although it took more pills to get the same effect.

• Meanwhile their focus on work was diminishing and they were frequently more irritable and distracted both at work and at home.

MITIGATING ACTIONS

• Through the health plan the employer put into place clinical performance guarantees that included routine screening for substance abuse within the network.

• They also made sure that there were adequate numbers of physicians certified to provide medication assisted treatment for opioid use syndrome.

• They made sure that physicians were aware of how to refer their patients to these services promptly so that the employee could get evidence based care early in the process and stop the progression of the addiction.
MITIGATING ACTIONS

- The connection between the EAP and the behavioral health carrier needs to be established so that when a crisis situation occurs there is prompt access to the most appropriate level of treatment which can be inpatient, residential or intensive outpatient.

- This will require that the case management staff of the carrier and the EAP counsellors have an established relationship.

- There should be adequate access to in-network facilities that provide quality care.

- Once the treatment program has started it is a requirement of the carrier case managers to be sure that the quality of care is adequate and that any transitions to less intense levels of treatment are carefully planned.

CASE EXAMPLE

TREATMENT

A valued employee is suddenly struggling with performance

- They came to work looking unsteady and unable to concentrate.

- They were referred to HR to evaluate them and admitted to using substances.

BACKGROUND

- EAP can provide training for supervisors and managers to identify people with substance abuse disorders.

- They can also provide a triage function when someone presents in crisis.
**CASE EXAMPLE TREATMENT**

An employee is returning from a substance related medical leave

- The individual has been on leave to attend a residential treatment program for opioid abuse
- They have transitioned to an outpatient follow up program and are participating in treatment including the family support program.
- They are concerned about the stigma that is attached to their condition and finding new ways to cope with the stress of their role

**BACKGROUND**

- Individuals with substance abuse disorder are always at risk of relapse but that risk is the greatest in the first year after treatment
- One of the variables that helps “lock in” recovery is the successful return to work

**MITIGATING ACTIONS**

- HR has a program in place to assure that the individual is able to participate in any recommended follow up care as they transition back to work
- The EAP carrier can provide a return to work support function that allows the employee to reach out for brief support in real time
- One of the variables that helps “lock in” recovery is the successful return to work and in fact as a group the most productive employees are those with a year or more recovery from substance abuse