HEALTH WEALTH CAREER

OPIOID EPIDEMIC AND WORKPLACE IMPLICATIONS

April 5, 2018

TODAY'S SPEAKER

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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]**

[1] Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep. 2016;65. doi:10.15585/mmwr.mm655051e1.

[2] Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. JAMA Psychiatry. 2014;71(7):821-826

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

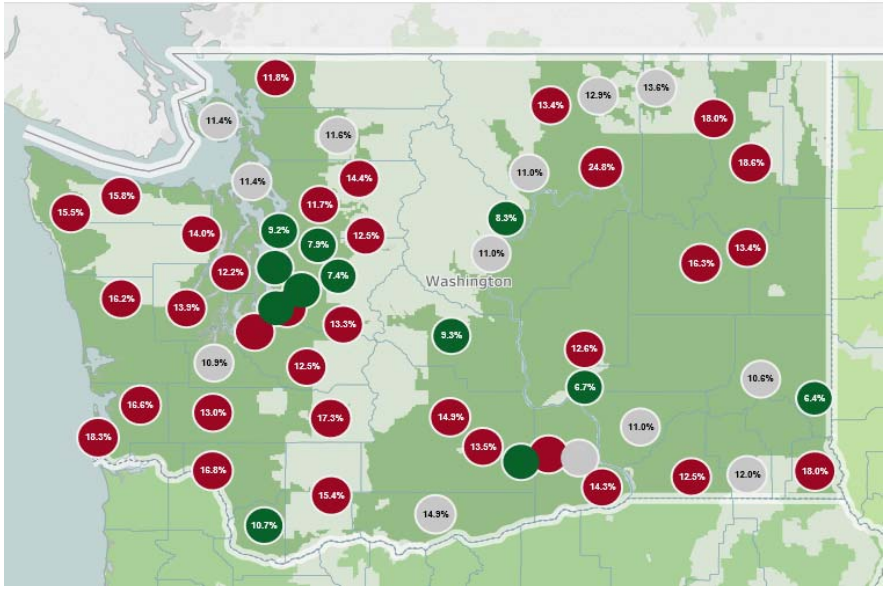
"Struggling to find workers, some employers offer opioid addicts a second chance"
-CNBC Sep 1, 2017

"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

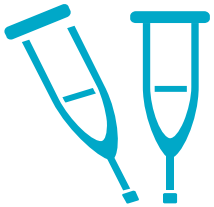
By Age, Gender	Lowest Rate[1]	Highest Rate[1]
2-6 years, Male	1.6% (Bellingham, Kirkland)	4.6% (Moses Lake)
2-6 years, Female	1.1% (Kirkland)	3.7% (Moses Lake)
7-11 years, Male	1.7% (Kirkland)	5.0% (Moses Lake)
7-11 years, Female	1.3% (Kirkland)	5.4% (Moses Lake)
12-19 years, Male	4.0% (Vancouver)	9.4% (South Bend)
12-19 years, Female	5.3% (Vancouver)	11.6% (Centralia)
20-44 years, Male	7.4% (Bellevue)	18.3% (Ilwaco)
20-44 years, Female	11.5% (Bellevue)	27.7% (Ilwaco)
45-64 years, Male	12.0% (Bellevue)	27% (Morton)
45-64 years, Female	13.5% (Bellevue)	28.5% (Morton)
65+ years, Male	10.1% (Vancouver)	26.0% (Enumclaw)
65+ years, Female	8.4% (Vancouver)	25.5% (Longview)

[1] All payer results, including commercial and Medicaid

BEHAVIORAL HEALTH HOT TOPIC
OPIOIDS IMPACT TO EMPLOYERS

70% of Americans utilizing illicit drugs, including misused Rx opioids, **are employed**[1]

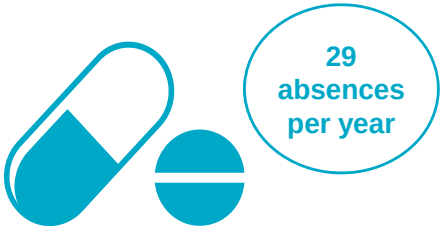
25% of all Worker's Comp Cases involve prescription opioids and receiving more than a one-week supply of opioids **doubles a worker's risk of disability**[2]



Opioid misuse has been linked to a **decline in workforce participation**[3]

In certain geographies, **up to one third of job applicants** are failing pre-employment drug screenings[4]

Employees who misuse opioids **miss roughly 3x more days** from work per year than the general as the workforce[5]

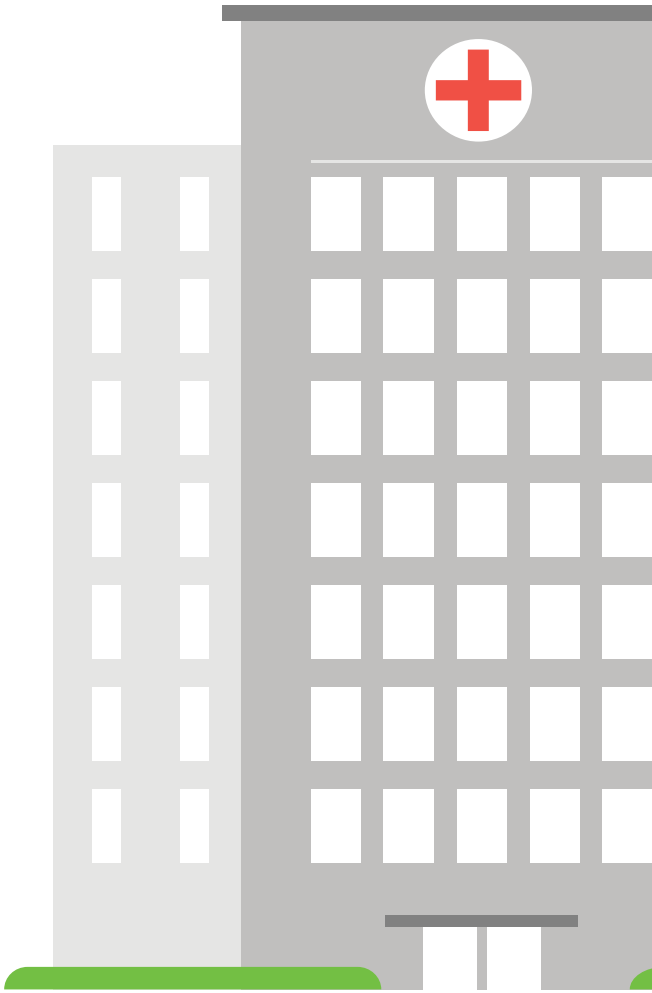


Opioid users 18 and over **cost 5.5 times** as much in total allowed medical and pharmacy costs compared to non-users[6]

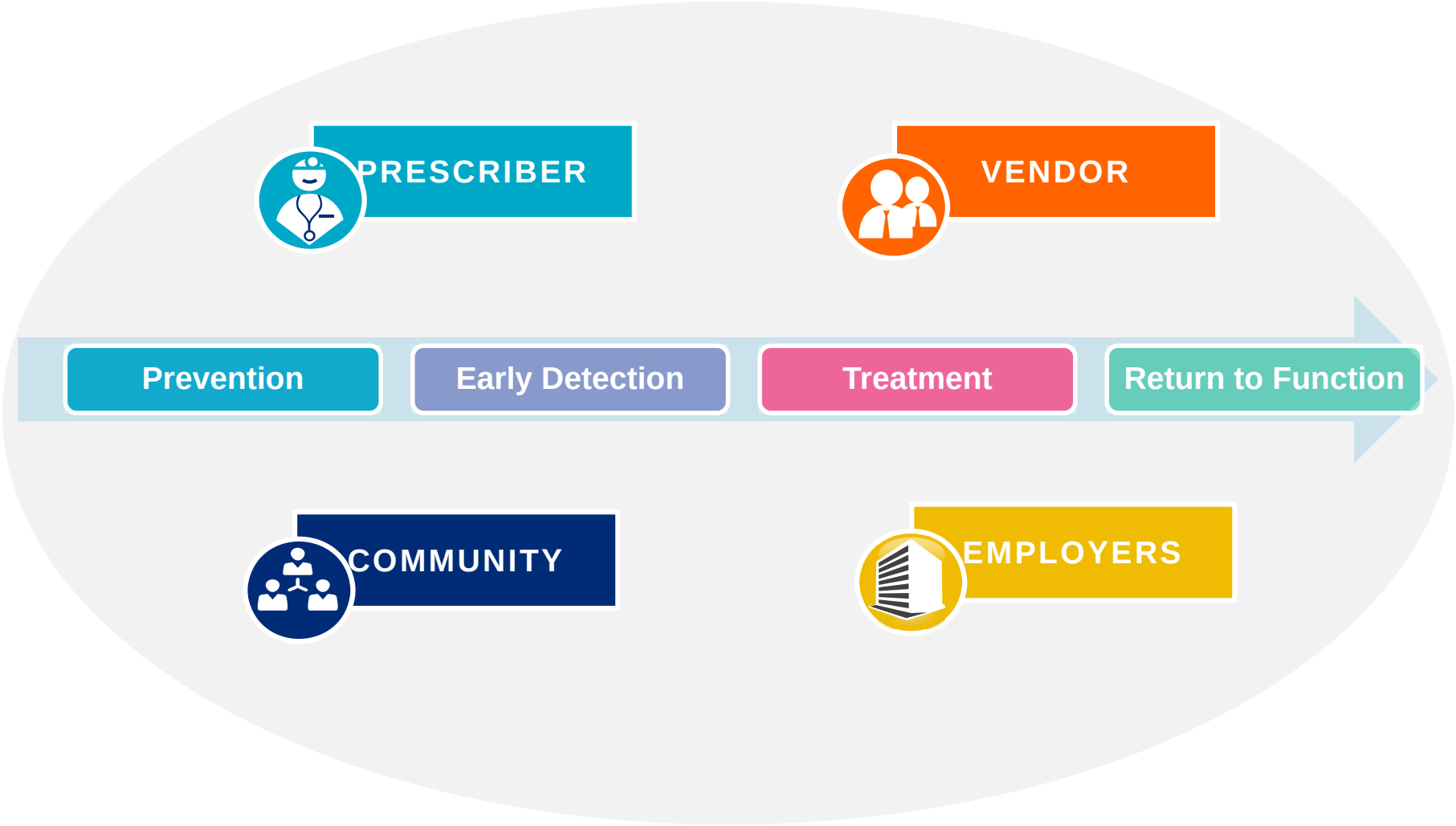
Sources: 1. National Council on Alcoholism and Drug Dependence, Inc., 2015; Castlight Health, 2016; National Safety Council, 2014 2. HR Today. Combatting the Prescription Drug Crisis. March 1, 2016. 3. Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate Alan B. Krueger Princeton University and NBER August 26, 2017 BPEA Conference Draft 4. http://www.npr.org/2017/09/07/545602212/opioid-crisis-looms-over-job-market-worrying-employers-and-economist 5. The Cost of Substance Use to Employers, an analysis of 2012-2014 SAMHSA data compiled by NORC, the non-partisan and objective research organization NORC at the University of Chicago 6. Data sourced from the Mercer FOCUS data warehouse (actives only), Jan 2013 to Dec 2015

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



PREVENTION
INTERDEPENDENT VENDOR STAKEHOLDERS

DRUG

What medications are the patients using?

CHANNEL

Where are the patients getting their drugs?

VENDORS

VENDOR

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

BENEFITS

How to maximize the benefit while recognizing drugs are one aspect of the care plan of patients?

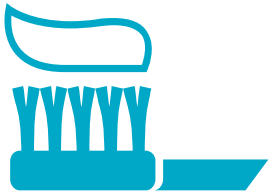
PREVENTION
THE ROLE OF PRESCRIBERS

PRESCRIBER

- 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

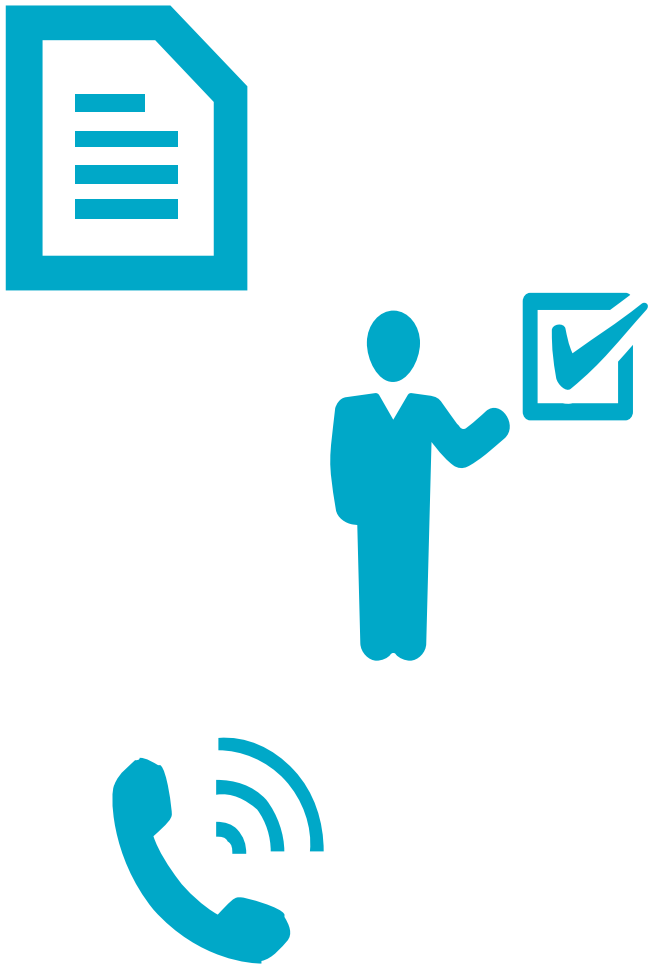
- Utilize available resources such as carrier member notifications and authorization strategies, Prescription Drug Monitoring Program data, and collaborate with health plan and PBMs to understand the patient's Rx utilization



- 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



EARLY DETECTION
PRESCRIBERS AND VENDORS

PRESCRIBER VENDORS

SCREENING IN PRIMARY CARE

Obtain a complete history of the patient's risks for substance use and behavioral health history even during routine visits

REVIEW PDMP AND PBM DATA

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

VENDOR MANAGEMENT

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

MULTIDISCIPLINARY APPROACH

Refer to pain management specialists and behavioral health providers

EMPLOYERS

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?

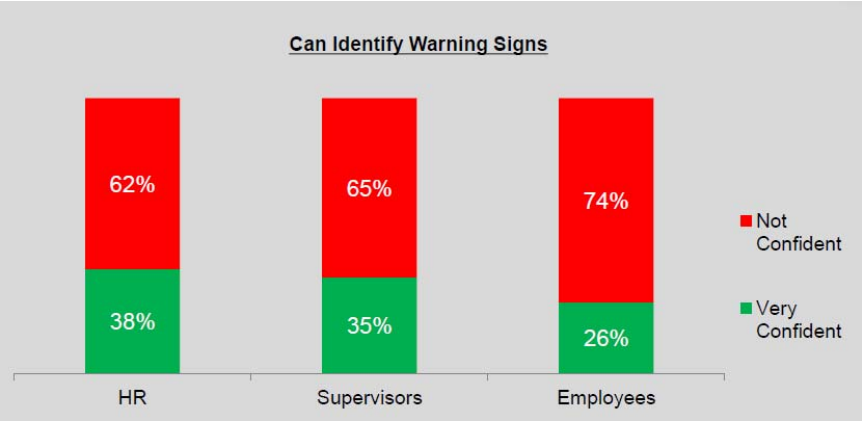
EARLY DETECTION
THE ROLE OF EMPLOYERS

EMPLOYERS

Recommendations from the National Safety Council[1]

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

National Safety Council & Indiana Attorney General Rx Drug Abuse Task Force[2]



[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

PRESCRIBER

- 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

OVERDOSE TREATMENT

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

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

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

PRESCRIBER

Mitigation and Stabilization → **Supporting Access** → **Transition to Recovery**

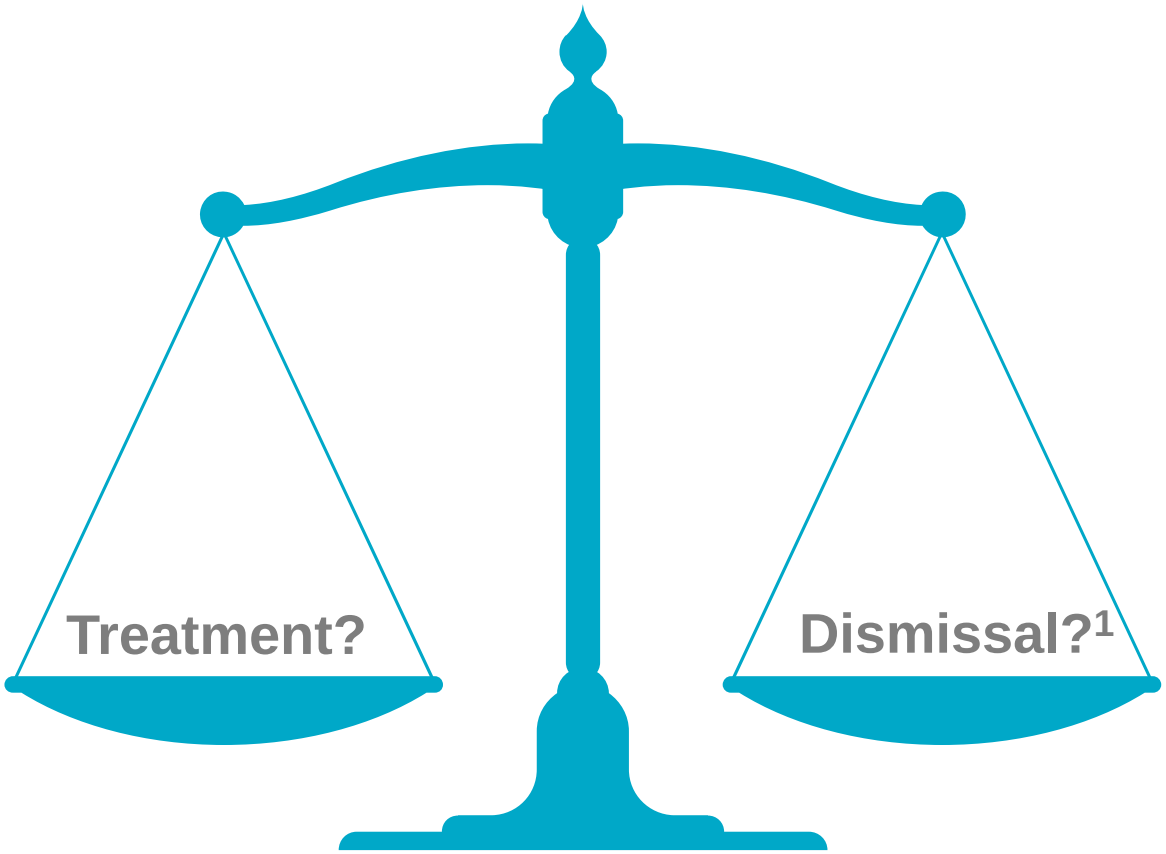
- Adequate Medication Assisted Treatment providers
- Coverage of opioid agonists and naloxone
- Providers must be in network and linked with access to counselling

- Evaluate network adequacy
- Rapid access to treatment
- Coordination of services

- Back to home
- Back to community
- Back to work
- EAP support

SUPPORTING RETURN TO FUNCTION
VALUE PROPOSITION

EMPLOYERS

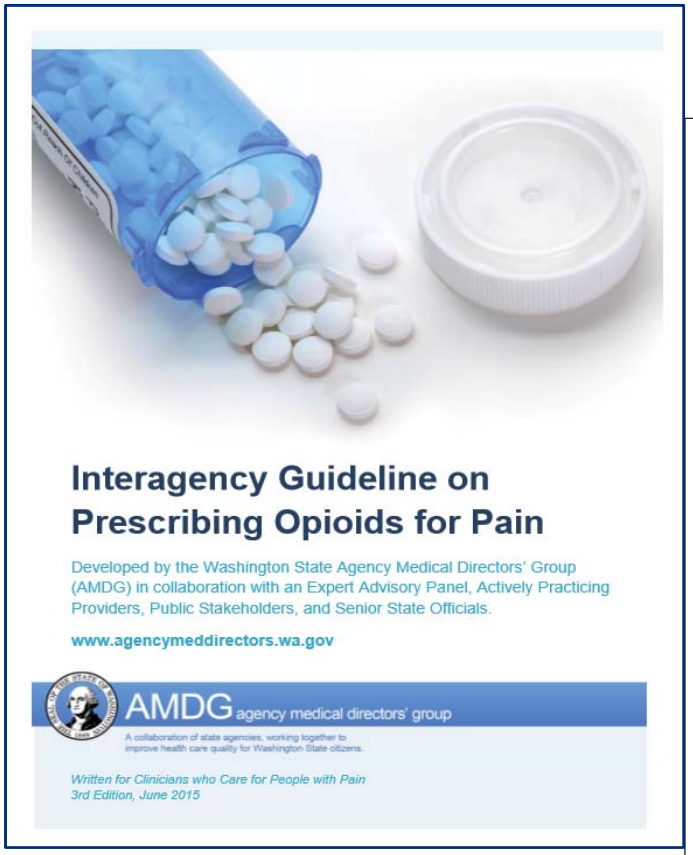


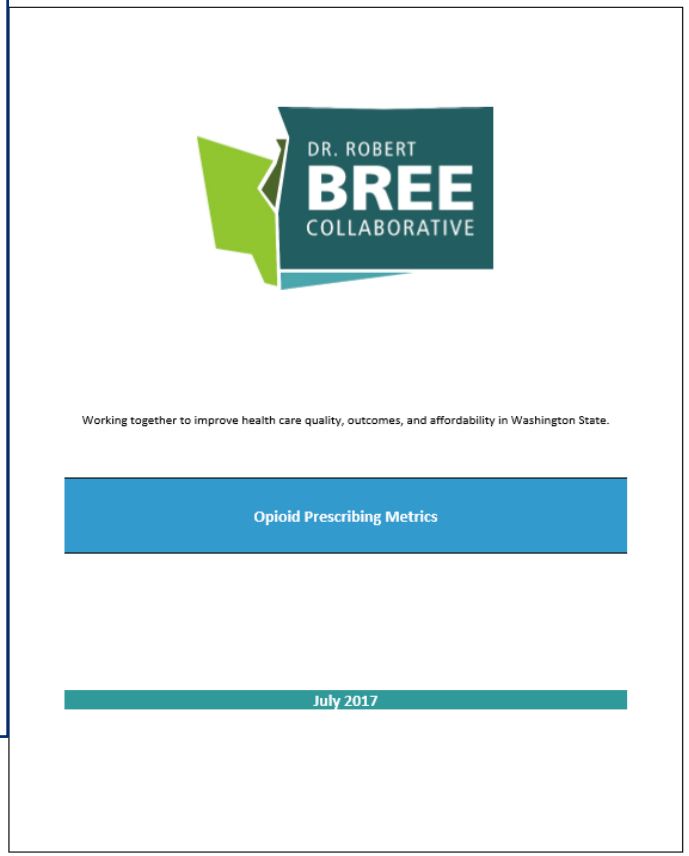
Workers in recovery, who report receiving substance use treatment in the past and who have not had an SUD within the last twelve months, miss the fewest days of any group, including the general workforce.[2]

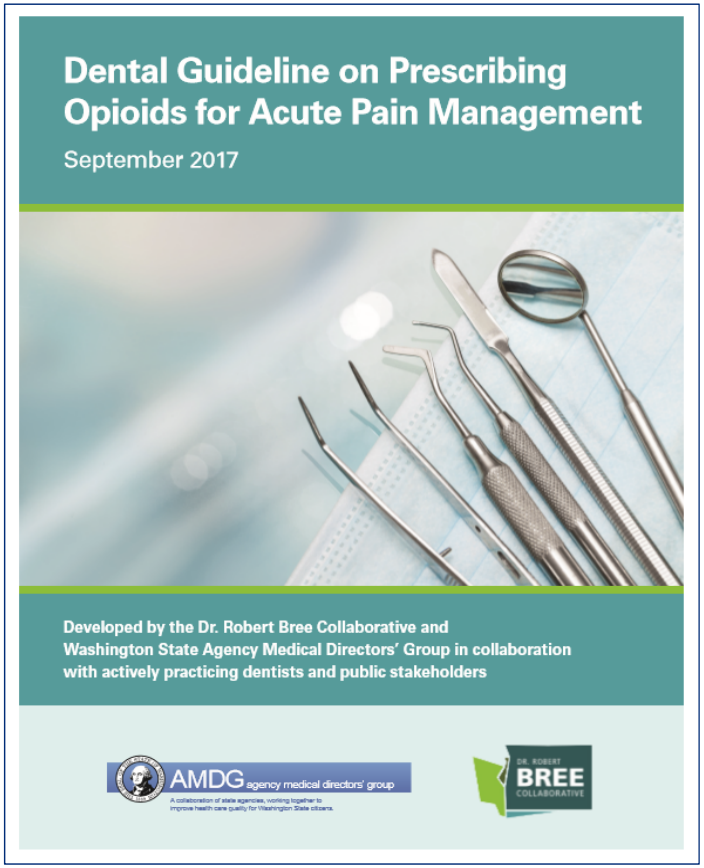
[1] Branham F, "Six Truths about Employee Turnover," NY: American Management Association. http://www.nichebenets.com/Library/sixtruths.pdf

[2] http://www.nsc.org/RxDrugOverdoseDocuments/Calculator-Methodology.pdf#page=11

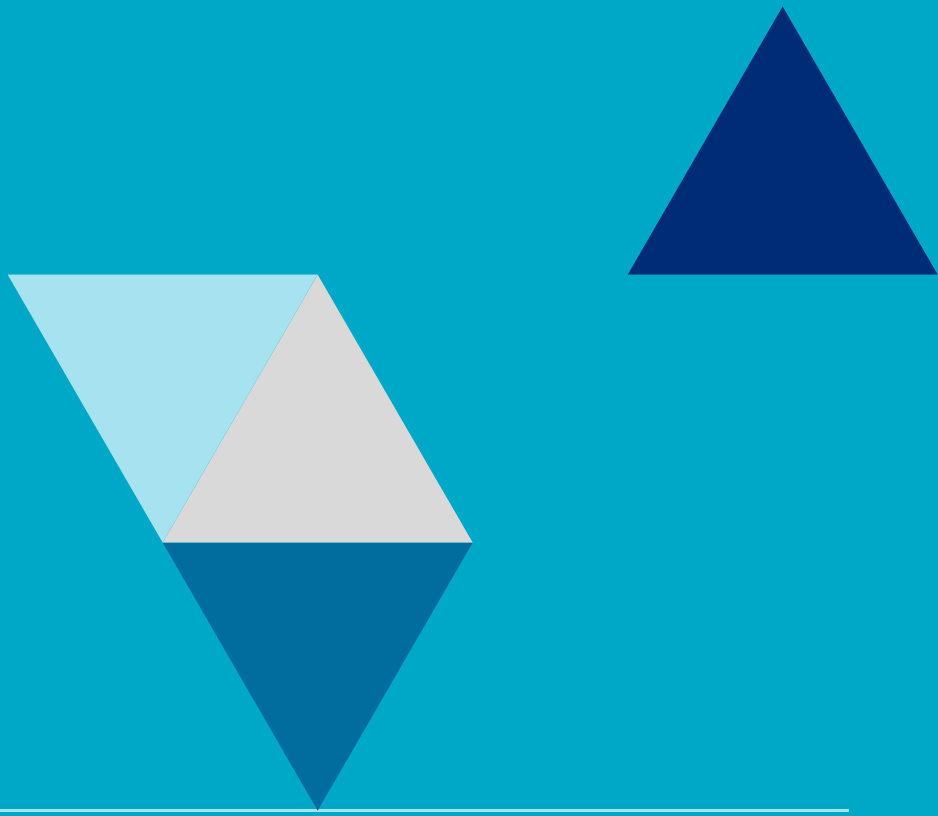
WASHINGTON STATE RESOURCES







EMPLOYER ACTION SELF ASSESSMENT



SAMPLE EMPLOYER SELF ASSESSMENT
PROACTIVE STRATEGIES

EMPLOYERS

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?

Prevention | **Early Detection** | **Treatment** | **Return to Function**

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

Have an effective return to work program?

CASE EXAMPLE
PREVENTION

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.

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

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.

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.

MITIGATING ACTIONS

- The connection between the EAP and the behavioral health carrier needs to be established so that when a crisis situation occurs that 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

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