

**Midwest Business Group on Health**  
*The Source for Leading Health Benefits Professionals*

# The Opioid Epidemic and How It is Impacting the Workplace

July 24, 2018

# In 2016.....



- CDC reports a 300% increase in opioid prescription sales since 1999 without an overall change in reported pain
- National Safety Council HR/benefits survey indicates 70% of employers have been impacted by prescription drug costs, but 81% don't have a comprehensive drug-free workplace policy
- Kaiser Family Foundation reveals:
  - Workers with employer health insurance received \$2.6 billion worth of treatment for opioid addiction/overdoses – an eight-fold increase from 2004
  - \$1.3 billion was spent on outpatient treatment (average cost \$4,700); \$991 million went toward inpatient care (average cost \$16,100): Prescription drugs costs for treatment = \$435 million

# Employer Impacts

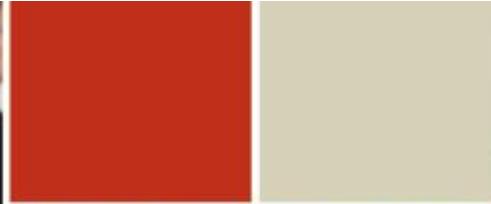


- Opioid abusers cost employers nearly twice as much (\$19,450) in medical expenses on average annually than non-abusers (\$10,853)
- Nearly one out of three opioid prescriptions subsidized by U.S. employers is being abused
- Approximately 60% of adults with substance dependence are employed full time
- Employees and their family members who suffer from pain are less productive and more costly for employers

# MBGH 2017 Employer Survey



- 48% of respondents don't track inpatient admissions or ER visits for opioid abuse or poisoning; 24% don't track it now but plan to in the next 12 months
- 57% don't know if PBM provides coverage for an opioid antagonist such as naloxone
- Majority do not plan to make benefit changes thru PBM for medications that treat pain
- 61% are not likely or have no plans to make changes to internal policies for pain management in next 12 months



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# MBGH Employer Toolkit & Guide

## Addressing Pain Management & Opioid Use/Abuse

# What's in the Employer Toolkit & Guide?



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## Building a Business Case



- [Background](#)
- [Pathway to Addiction](#)
- [Economics & Impact](#)

## Getting & Using Data



- [Where to Look](#)
- [What to Look For](#)
- [Gaps & Limitations](#)

## Pain Management & Opioid Abuse Strategies



- [Medical Alternatives: Non-drug](#)
- [Medication Management](#)
- [Addiction Recovery](#)

## Internal Policies



- [Workplace Drug Policies](#)
- [Drug Testing](#)
- [Return to Work](#)

## Tools & Resources



- [Employer Resources](#)
- [For Employees & Dependents](#)
- [Tools & Templates](#)

## Employer Activities & Insights



- [Employer Activities](#)
- [Employer Trends & Insights](#)
- [Coalition Activities](#)

# Medical Claims Analysis

- Most common and costly pain conditions
- Multiple admissions for pain diagnosis
- Claims for opioid abuse, dependence or poisoning
- Sites of care utilization for treatment of pain (inpatient, outpatient, emergency room, urgent care)
- Combine health plan and PBM data to assess treatment patterns

## Data Limitations:

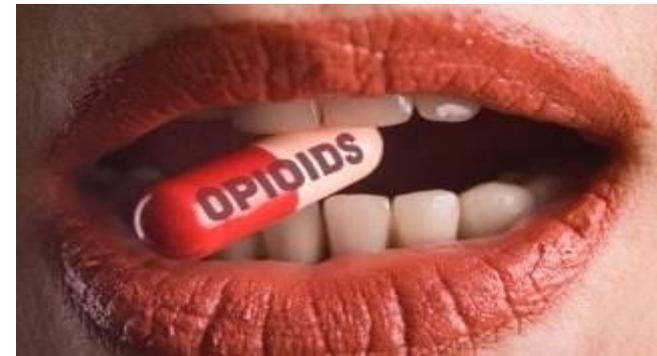
- Incorrect codes
- Missing codes





# Medical Benefit

- Provide coverage for non-medication therapy options for conditions supported by clinical evidence
  - Physical therapy
  - Behavioral health treatment
  - Acupuncture
  - Chiropractic care
  - Medical message therapy – e.g. licensed medical massage therapist; prescription required every 12 months
  - Yoga therapy
  - Pain management specialists



# Medical Benefit



- Employee Assistance Programs
  - 24/7 access
- Behavioral Health - Substance Abuse Treatment
  - Prior authorization for non-emergent treatment
  - Concurrent utilization review
  - Voluntary patient contract – counseling attendance, notification to prescribing physician/s, etc.
  - Treatment Centers of Excellence with financial incentives for use

# Pharmacy Benefit



- Review number of prescribers writing more than one type of pain medicine for same patient
- Review number of opioid prescriptions for same patient at multiple pharmacies
- If available, review:
  - Drug therapy class (Generic Product Index (GPI) codes)
  - National Drug Code (NDC) to determine exact strength/dose
  - Days' supply and quantity dispensed
  - Prescriber and pharmacy NABP information
  - Diagnosis codes
- Identify patients with poor adherence to non-opioid medication therapy

# Pharmacy Benefit

- Check under and over use of opioids and non-opioids
- Evaluate copays for non-opioid therapy relative to opioid therapy to ensure first line therapies are not circumvented
- Require routine assessment and documentation for patients with opioid prescription per CDC Guidelines
- Require high users to “lock-in” – *only receive prescriptions from one prescriber and one pharmacy*
- Consider quantity limits per opioid fill for acute pain (3-7 days)



# Pharmacy Benefit



- Include coverage for current opioid reversal (naloxone) prescriptions for:
  - History of overdose
  - Substance abuse disorder
  - Higher opioid doses
  - Concurrent benzodiazepine use
- Offer coverage for abuse deterrent formulations when chronic opioid therapy is appropriate – e.g. after three months or use of long-acting opioid
- Identify patient populations and conditions that may be undertreated

# Pharmacy Benefit



- Identify conditions where opioids may be used for inappropriate conditions – e.g. fibromyalgia
- Review benefit design for opioid prescriptions to ensure alignment with clinical guidelines
  - Consider opioids only after failure of, or in conjunction with, first-line non-opioid and non-pharmacologic therapies
  - Immediate release formulations should be prescribed before long-acting
- Long-acting opioids should only be for patients with pain severe enough to require daily, around-the-clock long-term treatment and where alternative treatments are inadequate

# Pharmacy Benefit



- Identify processes to intervene when abuse is suspected by patients or prescribers – e.g. EAP does outreach
- Additional interventions or reviews may be needed for members with naloxone and chronic opioid prescriptions
  - Care coordination for substance abuse treatment
  - Member is receiving care by a prescriber certified through SAMHSA (Substance Abuse and Mental Health Services Administration)

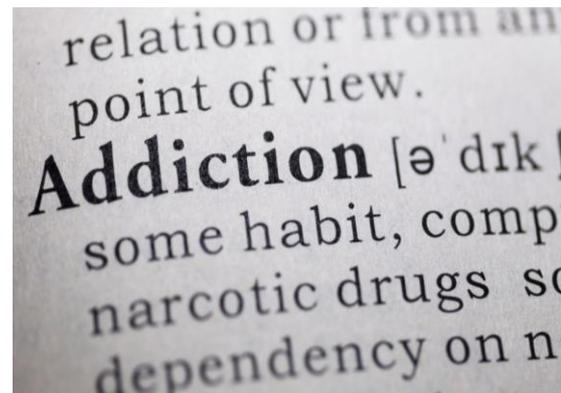
## Data Limitations – not included:

- OTC, non-steroidal anti-inflammatory agents or topical patches
- Patients that pay cash for prescriptions (including opioids)
- Data from state prescription drug monitoring programs

# Addiction Recovery Benefits

Opioid abuse alters the brain's structure and function resulting in changes that persist long after use of medication has stopped

- Risk of relapse is high
- Treatment should be customized to achieve best outcomes using a combination of:
  - Medically assisted detoxification
  - Individualized counseling
  - Treatment of other co-morbid physical or mental conditions
- Comprehensive support should be provided at different stages of recovery process by working with multiple vendors – e.g. health plans, PBMs, EAPs



# Addiction Recovery Benefits



- Evaluate benefit offerings from health plan and EAP to ensure comprehensive counseling is being offered – minimum coverage 90 days
- Allow EAP encounter data to be shared with other vendors
- Medication coverage for opioid abuse treatment should include methadone, buprenorphine and naltrexone
- Vendor counseling options should readily accommodate multiple situations needed through the recovery process

Other areas covered in the resources: STD, LTD, WC, internal policies, education and outreach, return to work

# Employer Case Study



- Started with fraud waste abuse program and enhanced data mining
- Created opioid education letter pilot to reduce number of opioids dispensed
  - First time user received letter and outbound call from pharmacist informing them of the risks
- Looked at data (all types of opioids) and why stronger drug was prescribed for someone without a cancer diagnosis (off-label use of products)
  - Revised criteria so access to those products was restricted only to those with cancer diagnosis

# Employer Case Study



- Looked at days' supply – saw large numbers of teens becoming abusers of opioids (e.g. first-time Rx for wisdom teeth; important that families lock up their drugs)
- Changed quantity limit on first time opioid use to only 5-day supply, lower milligram dose and started outreach to members and providers
  - Moving to 3 day supply for some drugs
- PBM saw sharp decrease in number of opioids dispensed and a pivot from long-acting to short-acting
- Looked across supply stream at all providers – dental, medical, behavioral health, PBM, and teed up questions to find out how each is looking at data, how they are mitigating risk and came up with assets and strengths to work together on

# Important Legal Considerations for Employers



- Employer plan sponsors have ERISA fiduciary obligations to:
  - Administer plans in accordance with terms
  - For exclusive purpose of providing benefits to plan beneficiaries and defraying reasonable plan administrative expenses
- Based on these obligations, it's critical to identify fraud against the plan, including opioid-related claims
- Rescissions: Plan can retroactively cancel coverage for participant fraud or intentional misrepresentation of a material fact
  - Consider how defined and proof of intent
- Caution: consider HIPAA privacy obligations when evaluating options for dealing with employees (cannot use plan information to make employment-related decisions)

# Cautions



- Many companies still use standard panel tests that miss oxycodone and methadone (synthetic opioids)
  - Typical test covers five drugs – opiates/heroin, cocaine, marijuana, PCP and amphetamines (not synthetic opioids)
- Many commonly abused prescription drugs are not included in federally mandated tests or other drug testing panels
- **Panel should include at least the following seven compounds: benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines and THC**
- If Dilaudid, Fentanyl or other drugs are commonly used in your area, additional tests need to be added

# Thank You!



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Midwest Business Group on Health - [www.mbgh.org](http://www.mbgh.org)

Toolkit

<https://www.mbgh.org/resources/employertoolkits/painmanagement>

Guide

<https://higherlogicdownload.s3.amazonaws.com/MBGH/4f7f512a-e946-4060-9575-b27c65545cb8/UploadedImages/Pain Mgt Guide/V2 mbgh pain management guide Final 2018 Update.pdf>