

OPIOIDS AT WORK

EMPLOYER TOOLKIT



Navigating Benefits and Health Care Data

HEALTH CARE PLANS

When working with your insurance broker or agent at your next strategic planning meeting, bring this checklist to ensure that the healthcare and pharmacy vendors you choose to work with are providing optimal coverage for employees. Coverage should include mechanisms to prevent opioid misuse (such as alternative pain management therapies), all forms of treatment for substance use disorders (SUDs), behavioral health interventions, and recovery supports (such as support groups).

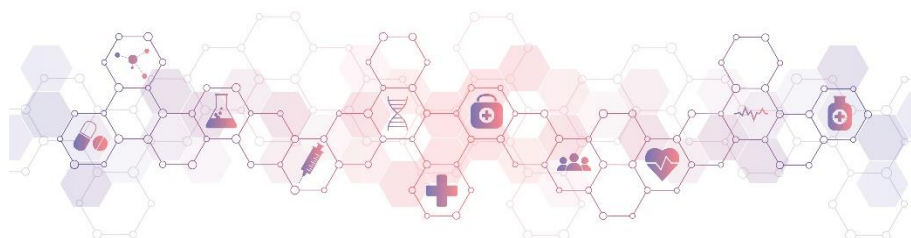
Health care coverage should include:

- Employee education and training on prescription opioid use and safe disposal of unneeded drugs
- Coverage for non-drug pain treatment alternatives such as physical therapy, acupuncture and massage
- Confidential screening for SUDs
- Training on intervention approaches
- Inpatient and outpatient SUD treatment
- Coverage for all types of medication assisted treatment including methadone, buprenorphine and naltrexone, without requirement for prior authorization
- Individual or group counseling for people with a SUD and their families



Ensuring access to all types of treatment for SUDs and OUDs is critical to saving lives.

Everyone has a different path to recovery. Employees should have access to a full range of treatment via their health care plans, and should not be required to use any one specific form of treatment. Medical professionals should have the capacity and freedom to tailor treatment plans to individuals' needs. See the Understanding Treatment and Recovery document to learn more.



USING DATA TO LEARN ABOUT YOUR WORKFORCE

Workplaces impact the full continuum of opioid use, from precursors in the workplace that may lead to use of opioids, to employment and working conditions that may increase likelihood of developing an opioid use disorder, to potential barriers to treatment and recovery.

Understanding what happens when someone is injured is important to understanding how opioids impact your employees and workforce. Data from pharmacy benefit management programs along with data from worker's compensation claims can help provide a more complete picture of how, when, and for how long employees are prescribed opioids.

This information is critical to understanding the path that injured workers may follow when prescribed opioids. Longer term opioid prescriptions increase the likelihood of development of an opioid use disorder, can extend the recovery period for the injured worker, and delay return to work.

Pharmacy benefit management

Comprehensive employer-provided health care plans typically include pharmacy benefits managers (PBMs). These programs help employers reduce prescription drug costs and audit drug utilization, and can flag employees who exhibit signs of having a substance use disorder. When working with your insurance broker or agent, ensure your PBM can answer the following questions:

- Does utilization auditing include information about total opioid drug spend and trends?
- Is there a prior authorization program for opioids?
- Are opioid prescriptions approved in alignment with the [CDC Guideline for Prescribing Opioids for Chronic Pain?](#)
- Are opioid prescriptions for acute pain limited in dosage and length?
- Is prescriber/dispenser use of the state prescription drug monitoring program (PDMP) required, where available? Can prescribers/dispensers override the PDMP flag?
- How are too-frequent prescriptions and early refill requests flagged and handled?
- Is there a system alert for concurrent prescriptions that could cause an overdose if taken together, such as sedatives or anti-anxiety medications?
- If people are using more than one provider to obtain opioids or other impairing drugs, how does the PBM respond?

Third Party Administrators

Third party administrators have responded to the opioid crisis in a variety of ways. Some key elements¹ are:

- Early identification and recognition of the risk of addiction
- Rigorous monitoring of the injured worker throughout the life of the claim
- A team approach to pain management
- A regulatory environment conducive to managing prescribing practices
- Increasing health education and literacy

Workers' compensation claims

Understanding what is happening in your workforce when someone is injured can help prioritize what interventions will help the most, and where your workforce is particularly vulnerable. While trends point to a decrease in opioid prescribing for workers' compensation (WC) claims, there is still much to be understood about long-term claims, and how to help employees on them lead healthy, safe lives at work and at home.

What to know:

- The increase in prescribing restrictions and regulations has correlated to a 55% decrease since 2012 in the number of WC claims with prescription that included at least one prescription for an opioid².
- The average amount of opioids prescribed per WC claim has also been reduced in most states, though there is some variation by state. Additionally, the rate per state varies dramatically, with three times as much opioid medications being prescribed in the highest states as compared to the lowest states³.
- WC and prescription drug monitoring program data systems can be linked to examine further opioid usage patterns among workers. A recent study done in the state of Washington found that opioid and benzodiazepine use before injury can increase the risk of disability after work-related injury⁴.
- A significant share of WC opioid prescriptions are associated with injuries that occurred several years prior to the prescription. In fact, 80% of opioids are consumed by 10% of claimants. Workers who are using or trending towards using opioids long-term should be identified and linked into care.
- Opioid dispensing rates vary within the WC system by industry (mining and construction had the highest opioid dispensing rates), company size, injured worker age (older workers had higher opioid dispensing rates), health insurance status (areas with low rates of health insurance had higher rates for opioid prescribing than areas with high rates of health insurance), and injury type⁵

Legal Implications

Every component of the drug free workplace program must:

- Be developed in partnership with the organization's legal advisers
- Safeguard employee confidentiality
- Comply with federal, state and local regulations, including but not limited to OSHA, the Americans with Disabilities Act, Mental Health Parity Act and HIPAA
- Comply with union and industry regulations

The Opioids at Work Employer Toolkit has been developed to raise awareness with businesses about how to respond to the risks associated with the misuse of opioids and other drugs. The content is meant for educational purposes only and not for the purpose of providing legal advice or replacing the work needed to develop a responsible drug-free workplace program. As such, it should not be used as a substitute for consultation with a legal professional, or other competent advisor.

Medical advice and information in this document were approved by NSC physicians who advise the Council on our substance use harm initiatives. These doctors also are members of the [NSC Physician Speakers Bureau](#).

¹ On Opioids - The Claims Professionals' Perspective. (n.d.). Retrieved August 1, 2019, from https://www.ncci.com/Articles/Pages/II_OnOpioids-Claims.asp

² NCCI. (n.d.). Medical Data Report Opioid Utilization Supplement. Retrieved August 1, 2019, from https://workerscomp.nm.gov/sites/default/files/documents/publications/NM_Opioid_Supplement_2017.pdf

³ Thumula, V., Wang, D., & Liu, T. (n.d.). Interstate Variations in Use of Opioids, 4th Edition. Retrieved August 1, 2019, from <https://www.wcrinet.org/images/uploads/files/wcri2837.pdf>

⁴ Nkyekyer, E. W., Fulton-Kehoe, D., Spector, J., & Franklin, G. (2018, September). Opioid and Benzodiazepine Use Before Injury Among Workers in Washington State, 2012 to 2015. Retrieved August 1, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/29668527>

⁵ Thumula, V., & Liu, T. (n.d.). Correlates of Opioid Prescribing. Retrieved August 1, 2019, from <https://www.wcrinet.org/images/uploads/files/wcri8394.pdf>