



Work Comp's Bitter Pill

*Ending Opioid Abuse Critical
to Speeding Return to Work*

It's no secret that pharmacy costs often tip the scales for self-insured group health plans, but they're also a significant concern for self-insured workers' compensation programs for several reasons.

The National Council on Compensation Insurance estimates that they account for 18% of the total workers' comp medical spend.

And while at first blush that might not seem to be cause for alarm, consider the potential Domino Effect that's hidden from view.

The #1 Rx challenge for workers' comp cases involves the use – and misuse – of opioid analgesics for pain relief, says Tron Emptage, a registered pharmacist and chief clinical officer at Helios, an Optum company.

Two examples of common opioid medications dispensed for the management of pain include OxyContin and MS Contin and their generic equivalents where available. He says 60% of the claims Helios manages involve at least one opioid prescription.

The issue is clearly a matter of life and death, not just dollars and cents. Concern is mounting about overdose deaths traced to over-prescribed and misused narcotic opioids, which kill 46 Americans daily and increased by 9% in 2014, in the U.S., according to a Helios workers' comp pharmacy resource guide published in January. What's equally troubling is that as many as 91% of patients who survived an opioid overdose were prescribed more opioids, the report also noted.

Mindful of this troubling trend on both the workers' comp and group health side, the Centers for Disease Control and Prevention recently issued guideline for providers who prescribe opioids for chronic pain. Overall, Emptage estimates that about 75% of the medication spend in workers' comp are for the management of pain or pain symptoms.

The opioid issue is certainly timely. "It's something that President Obama has spoken about for the past six months," observes Mark Pew, SVP at PRIUM, whose solutions seek to prevent and eliminate what the firm calls "directionless" workers' comp claims. "All of the presidential candidates had either friends or family that have either died or have suffered from substance abuse, primarily prescription drug abuse or illegal drug abuse."

Pew believes it could take years to tame this beast "because we've created a concurrent and parallel epidemic of heroin use in conjunction with opioids. If we can make it a little bit more difficult for people to get opioids, they turn to heroin, which is

cheaper and easier to get. But we're making significant progress. It's top of mind for almost everybody in the work comp industry and it is an important issue to resolve for the employer and the employee."

Brian Allen, VP of government affairs at Helios, says it's important to pass laws and regulations at the state level to not only create an environment that promotes the safe and effective use of opioids but also establish appropriate guiderails for prescribing that work with and not against, medical evidence and treatment guidelines whether at the state or national level.

Solutions include treatment guidelines that limit when, and for how long, opioids can be prescribed, as well as mandating some formularies that require pre-authorization of opioids to ensure they're medically necessary. Other clinical management tools Allen references include step-down therapy, urine drug monitoring and addiction recovery programs.

Opioids have been associated with spiking workers' comp claims cost and extending the duration of care, which as a result, slows any return to work, explains Melissa Bean, national medical director at Coventry Workers' Comp Services who is board certified in occupational medicine and family practice.

Opioids continue to be the most expensive therapy class, according to preliminary data in the 2015 Drug Trend Report by Express Scripts, the nation's largest prescription benefits manager (PBM) by volume of prescriptions processed. However, a number of strategies have helped decrease utilization over the past five years, reports Brigitte Nelson, Pharm.D., SVP of workers' compensation clinical management at Express Scripts.

One such effort program involves

the PBM's morphine equivalent dose program that compares the amounts of a drug in different drugs. "If a patient is talking multiple opioid or narcotic medications, you can come up with a cumulative number that shows how much they're talking," she explains. "At the point of sale, we actually are able to look at the opioids and add them all together to see if they're above any limits that might be a problem." That may be between 50 and 120 morphine equivalents per day.

Strength in Numbers

Analytics is critical from both a predictive and clinical perspective because, as Emptage suggests, it comes down to "the old adage you can't manage what you don't measure." Formularies serve as the baseline for any measurement to ensure dispensing of "the right medications for the right patient at the right time," he adds. The data is indispensable for identifying the potential for overusing or misusing opioids.

A predictive clinical analytics program at Helios seeks to identify injured workers early on after their injury who have taken their first opioid, or other medications and are at risk for long-term use of medication.

"If they're seeing multiple prescribers for opioids, that's an even more significant risk factor," notes Joe Anderson, director of analytics at Helios. "All those data elements we track and get all those into a format that our pharmacist can identify those that are at the highest risk from our statistical algorithm vs. those that are at the lowest risk at the bottom."

Coventry uses analytics to track which claimants have multiple prescribers and the dosing over time. "We put alerts in place to make sure those claimants are being monitored, receiving proper treatment and getting the care they need," Bean says.



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The managed care organization also conducts drug utilization reviews and employs pharmacists to examine inappropriate reactions in poly-pharmacy claims, as well as suggest generic medications and alternative prescribing doses to improve health outcomes and speed up the return to work, which ultimately can reduce costs also. Coventry's clients include self-insured employers, insurance companies and TPAs.

There are systemic problems with the workers' comp system that complicate prescription drug management, according to Pew. On the one hand, for example, claimants lack any motivation to question their scripts because there are no out-of-pocket costs. In contrast, he says some industry players, including plaintiffs' or trial attorneys, stand to gain financially by keeping claims open.

Inflammation injuries, contusions

and fractures are some of the most common workers' comp claims that are being treated with medications and reports. He also cites "a bucket of claims that have multiple injuries" involving some combinations thereof and a "long tail claims at the end.

Average wholesale price inflation represents another key trend, with increases in generic prices raising some eyebrows. "Last year, we saw increases across all drugs of 11.4% in drug prices and generic prices were up 10%, which continues to be higher than the longer term historical trend," Anderson says. "We'd expect to see, generic medications about flat. That's how it was for years in workers' compensation."

A few particular medications, ibuprofen among them, doubled or more than doubled in price, which he says caught many industry observers off guard.

"As a pharmacy benefit manager, our goal is to bring it down to cost per claim, not just the cost per medication," he explains.

"You can break down the cost of the overall injured worker's medication regimen by getting them on more appropriate medications that are more cost effective without detriment to the efficacy level of care."



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medication, for example, Nelson says it's not only more expensive than if it came from a retail pharmacy, but also may not be as efficacious. For example, it would not have the same safety and formulary edits, which could lead to some duplication in therapy. Another concern she expresses involves physicians who lack access to a patient's full medication history prescribing harmful combinations of drugs, which also can fuel the opioid problem. ■

Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for 28 years.

Pew describes a closed drug formulary in Texas as a “rallying point” for similar efforts that have taken shape in California, Arizona, Oklahoma, Washington, Ohio and Tennessee. There has been “a stronger focus on prescription drug monitoring programs around the country, not only for real-time access and mandating access, but linking data beyond the state boundary so you can have a better picture of things,” he says.

Another helpful strategy is to vet polypharmacy claims involving multiple prescribing physicians or pharmacies with the same objective in mind. And as part of that mission, Emptage says taking an alternative medication like an antidepressant or anticonvulsant may be beneficial to claimants to minimize or in some cases, eliminate the use of an opioid for their chronic pain. But at the same time, he cautions that multiple medications or different combinations of sleep aids, benzodiazepines, or antidepressants may not be appropriate and can cause several side effects.

“Our goal really is to help manage utilization, making sure that that patient is on the right meds for their injury at the right time in the cycle of their injury,” Emptage explains, especially given dramatic increases in pricing over the past few years.

Managing Comorbidities

Part of the Rx utilization review process seeks to understand if there are comorbid conditions, such as depression or anxiety, that might complicate a return to work, Nelson observes. A patient suffering from depression or other mental health challenges “may not be necessarily the best candidate for opioid therapy, or that certainly needs to be taken into account,” she explains. The fear is that these claimants could be more prone to misusing substances.

Indeed, patients who are prescribed opioids should be screened for depression, according to recommendations by the American College of Occupational and Environmental Medicine, American Society of Interventional Pain Physicians and American Academy of Neurology.

The point of service also plays a role. When a physician's office dispenses