



# BEYOND OPIOIDS

*EAPs, clinical resources and benefit plan design, along with the right corporate culture, can help self-insured employers manage a host of addictions across group medical and work comp*

The nation's opioid epidemic is so dire that it is supplanting concern about chronic diseases, cancer and other addictive behaviors such as smoking, warn industry observers and government officials alike. It's also decimating the group medical, behavioral health and workers' compensation areas for self-insured employers, not to mention undermining talent management.

But a comprehensive and holistic approach that integrates employee assistance programs (EAPs) with clinical resources, coupled with the right plan design and cultures of health and safety, can make a significant positive difference.

*“Opioids were over prescribed in the mid-1990s for a variety of reasons,”* says Mark Pew, SVP at PRIUM, a division of Genex Services, LLC that

seeks to prevent and eliminate directionless work comp claims.

*“At some point, the side effects and symptoms from those side effects start compounding instead of dealing with the root cause, which led to a lot of inappropriate poly-pharmacy regimens.”*

Fentanyl or Actiq were often prescribed for chronic pain in work comp cases for years. But then Pew says there was a realization that the FDA never approved these drugs “for anything other than palliative care, especially end-of-life care, and it created all sorts of nasty side effects.”

People with nonspecific low-back injuries whose pain isn't going away can end up developing anxiety, insomnia or depression, as well as obesity from lethargy and constipation from drugs to deal with their weight gain, according to Pew. The gateway to addiction for some may have begun with a botched surgery that proved to be unnecessary in the first place.

In many instances, he says more conservative treatments involving Aleve or a combination of ibuprofen and acetaminophen, physical therapy, chiropractic care, yoga, tai-chi or meditation “would have been more than sufficient.”

### **A most bitter pill**

With President Donald Trump recently declaring it a national health emergency and the Food and Drug Administration (FDA) seeking to increase medication-assisted treatments for opioid addiction, a new war on drugs is being waged.

Opioid abuse skyrocketed 500% in the past seven years, cautions a report by

the Blue Cross Blue Shield Association. In fact, a report released by U.S. Surgeon General Vivek Murthy suggested that more Americans take prescription painkillers than use tobacco products and struggle more with this issue than cancer.

The scourge of drug abuse is engulfing the workplace. As many as 70% of employers say narcotic painkillers have affected their business operations, reports the National Safety Council. The \$78 billion cost of opioid use, abuse and treatment in the U.S. estimated by the National Institute on Drug Abuse in 2013 translates into about \$756 per employee per year. Workers' compensation claims costs are ten times higher when long-acting opioids are involved, noted a *New York Times* report that cited multiple government sources.





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Robert Mines

The opioid epidemic is not only a costly in terms of dollars and cents, but also lives lost, observes David Pawlowski, VP of administration at CuraLinc Healthcare, which provides an integrated suite of behavioral health and wellness programs.

He says the estimated \$20 billion in emergency room visits and inpatient medical care for overdoses includes an average cost of more than \$92,000 to self-funded plans just to save the life of those who are admitted to the ICU. On top of that are costs related to higher absenteeism and presenteeism, as well as lower productivity and being more prone to cause an accident.

Since roughly two-thirds of opioid abusers are employed, the epidemic “is taking a massive toll” on the workplace and society from multiple angles and is “exponentially getting worse,” cautions Lou Ryan, founder and CEO of Self-HelpWorks, Inc., whose cognitive-based lifestyle and disease management programs seek to improve population health.

Half the expense can be traced to lost productivity, while high rates of comorbidity

drive benefit costs, he says, adding one study concluded that opioid abusers cost about \$16,000 on average vs. non-users at just \$1,800. “It’s a much more costly affliction or condition than traditional sickness, and probably chronic disease, to some degree,” he warns.

About 80% of chronic disease involves opportunities for employers to pick low-hanging fruit from a cost-saving standpoint, “but the reality is 80% of all chronic disease costs are preventable and the result of six lifestyle behaviors,” he explains.

About half of all work comp claims two years ago involved opioid issues, Ryan says. Another manifestation of the opioid epidemic is the adverse effect on talent management. He reports that “the rate of sudden abandonment of the job, either by choice, death or some other reason” is extremely expensive, especially in the executive ranks where the tab can swell to \$200,000, \$300,000 or \$400,000.

There’s significant data showing that the opioid epidemic is having a direct impact on both group health and work comp claims, notes Bob Mines, Ph.D., a psychologist and chairman of Mines & Associates, which provides managed behavioral health and EAPs.

On the behavioral health side, that includes multiple readmissions associated with high relapse rates that highlight a significant level of addiction with opiates and difficult recoveries. For injuries and surgeries, especially for work comp cases, he references a vicious cycle in which an opiate is prescribed and later replaced by cheaper street drugs like heroin when it’s discontinued by the physician.

The dual diagnosis aspect of people with substance abuse issues who also suffer from mental illness is important to highlight, Mines says, because of data suggesting “their costs are 60% to 180% higher for the same medical condition if those comorbid conditions are untreated.”

### **Alcoholism and other addictions**

But this crisis may be the tip of a much bigger iceberg. The National Council on Alcoholism and Drug Dependence, for example, estimates that alcoholics are 2.7 times more likely to have injury-related absences at work, while 35% of ER patients with an occupational injury are at-risk drinkers.

Moreover, the group labels marijuana “the most commonly used and abused illegal drug by employees, followed by cocaine, with prescription drug use steadily increasing.” It’s also worth noting that positive drug test results reached a 12-year high last spring based on an analysis of 10 million workplace drug screenings by Quest Diagnostics.

An argument can be made that the U.S. has become largely complacent about other addictions in the face of an opioid epidemic. Take tobacco, which Pew observes is no longer top of mind because smoking isn’t as widespread as before, while alcohol has become “inculcated into the normal culture” since Prohibition.

“Alcohol is by far the most widely abused drug in society,” Pawlowski explains. “It causes more deaths and is more costly than all other drugs combined.”

Whereas alcoholism typically can take months or years to reach crisis proportions, he says



Mark Pew

the challenge with opioid abuse is that it can become a crisis in a matter of days or weeks. Addiction is often accompanied by a pain management issue, according to Pawlowski, who laments the knee-jerk reaction to write a prescription than consider alternative treatments such as mindfulness meditation to manage chronic pain or mental illness. His point is to resolve the underlying issue. Untreated alcoholic or substance abusers also cost their families more on the medical side in terms of stress, Mines adds.

Despite repeated warnings about unhealthy foods and beverages by U.S. Surgeon General, Pew says obesity has become an epidemic in children as well as adults. A puritanical view also precludes anyone from even talking about addiction to sex, he adds. Mental illness is another largely unchecked issue, which he laments has led to Xanax and Valium “rampantly over-prescribed,” along with Ritalin for children who are diagnosed with attention deficit and hyperactivity disorder.

Dani Kimlinger, Ph.D., CEO of Mines

& Associates whose background is in organizational psychology and human resources, suggests an integrated approach that ties together pain management with the pharmacy benefits management and managed care components of self-funded health plans. “It allows for better continuum of care,” she says, which can lower costs and improve outcomes.

In addition, she cites intangible cost benefits when employers not only offer helpful resources to employees and their families, but also allow so-called mental health days to help recharge one’s proverbial batteries.

### **EAPs to the rescue?**

Any fix for the opioid epidemic or other addictions rest with individuals identifying that they have a problem and seeking treatment. “That’s where the EAP is a huge resource,” notes Pew, who earlier this year began helping his employer clients incorporate EAPs into their corporate wellness programs, as well as HR and risk-management strategies. He believes this comprehensive view is more effective at helping manage absenteeism, presenteeism and cascading side effects.

“EAPs can play a vital role in helping self-funded employers address what really is a unique problem of opioid abuse,” Pawlowski says, “but to be effective, it has to be built and positioned in a very specific way.”

For starters, he says it must be an entry point for all mental health and substance abuse services, and it helps to include a toll-free number for the EAP on the back of every insurance card. It also should provide 24/7 access to licensed and experienced professionals who conduct a comprehensive clinical assessment along with evidence-based strategies that enhance motivation

and increase the likelihood of follow through with treatment.

Finally, it should be fully integrated with the mental health and substance abuse component of the medical plan because opioid addiction will often require longer-term treatment. He emphasizes a variety of outpatient and inpatient treatment options available, including medication-assisted treatment, along with ongoing case management. The thinking is that it will help avoid readmissions that diminish clinical outcomes and spike health care costs.

Self-funded employers also can ensure that their pharmacy vendor has the proper monitoring and the rules to red flag a case that could be indicative of a pattern of opioid abuse, Pawlowski says. Another recommendation is to establish protocols to ensure that employees meet regularly with their physician and the appropriate clinicians are prescribing medications to treat these issues.

To help erase the stigma associated with seeking help, Mines suggests a multimedia



Dani Kimlinger



marketing campaign supported and promoted by an organization's leadership that encourages the use of behavioral health benefits and drug treatment. It could include benefits forums or health fairs, company newsletters and social media, as well as spotlighting stories on celebrities who have talked about their own recovery process.

Removing this stigma is one key to success. Only about 10% of Americans with substance abuse problems receive treatment, Ryan adds.

Employee wellness programs could be used to warn about the dangers and the risk of developing addiction, as well as realize it's a biological issue and not about human weakness, Ryan suggests. This stands in stark contrast to addictions involving tobacco, food addictions or sex, which he says start with a cognitive addiction.

Self-funded health plans must treat the mental part of a substance abuse problem or "it will almost guarantee recidivism," he adds. "Pain medication is used to give people relief from emotional or physical discomfort, and people who are addicted to opioids, food, alcohol, or tobacco take those drugs for the same reason." In short, he says, "cognitive approaches that reprogram the neural pathways are essential for a full recovery."

By aggressively managing addiction issues and creating

a culture of accountability, Pew says employers can expect to see a marked decline in prescription drug and medical costs, as well as the duration or severity of workplace accidents and injuries. Intangible benefits include higher productivity when he says employees are more engaged and less distracted, as well as more physically, emotionally and psychologically fit.

Ryan says it's critical to have ongoing after-care support and check-in meetings with individuals in recovery, especially for safety-sensitive environments.

*"Corporations need to be leaders from a cultural standpoint as well as every other way that they were designed to run their businesses,"* he suggests, noting how people spend most of their waking life at work. *"This kind of abuse and overuse is what created the Roman Empire to fall, and the United States is not too big to fall if these kinds of things begin to dominate."* ■



## Nuanced packaging raises concerns

Drug packaging is a critical part of the safety equation. "Most people don't understand they're getting an opioid because it comes in Oxys and says Narco. It never says opioid," explains Larry Twersky, CEO of TimerCap LLC, which has developed a mechanism that detects how long it has been since a pill bottle was opened.

With more than half of dependents also being covered under a health plan, Twersky cites the importance of clear safety packaging and caps for pill bottles and to keep dangerous scripts away from children. He says there are several safety principles for measuring and monitoring medicine and disposing of unused medications, which can help prevent an accidental overdose of opioids in the home.

"There are some things employers can do that could mitigate the risks of their employees becoming long-term addicted," according to Twersky.

One solution is to establish a drug policy to keep employees who are prescribed pain medication from seeking illicit drugs and falling down a slippery slope that undermines workplace safety. In doing so, he says the goal is to fuse a prevention strategy with the need for meaningful treatment and therapy. Another idea is let patients know when a pharmacy benefit is dispensed that they can choose a safe alternative.

Whether someone uses a stopwatch or one of his company's timer caps, he says it's imperative to measure one's pain level, interval and what drug is being taken. "We see this work not only for opioids," Twersky adds, but also to gauge marijuana levels before someone gets back behind the wheel of a motor vehicle. Vital label and safety information is particularly important with a powerful drug like Naloxone, which he says can help prevent workplace injuries.

Citing a CDC study that shows 52% of all opioid and heroin addiction started in somebody's medicine cabinet, he believes it should be mandatory for self-insured employers to offer an opioid prevention kit. At just \$2 to \$3 per kit, he says this modest investment would be well worth avoiding the \$70,000 to \$90,000 average cost of a full-therapy opioid treatment and could generate "a huge ROI."

*Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for nearly 30 years.*