

The Opioid Crisis: What Every Employer Needs to Know



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An Epidemic in the U.S. and Every Community.

In 2016, the U.S. Surgeon General released the pivotal Report of Alcohol, Drugs and Health that highlighted the growing burden of opioid dependency and addiction. Since that time, we have seen a call to respond to the opioid epidemic by national physician organizations, the Centers for Disease Control and Prevention, and more recently a declaration of a national public health emergency.

If you've had any exposure to media in the last year you've likely seen, heard or read disturbing recounts of the illicit drug heroin and the emergence of fentanyl driving the overdose and death tallies. It is true that the connection between these street drugs and prescription drugs is real – 80 percent of heroin users started out using prescription drugs². However, the epidemic of opioids did not surface from this dead-end perspective – it began with a genuine desire to reduce the suffering of pain. The causes of our current opioid epidemic are numerous, including overprescribing of opioid pain medications, development of stronger and longer-acting formulations to overcome tolerance to pain-relieving effects, and self-medicating for stress and boredom. Each cause needs its own unique strategy to mitigate the negative outcomes. Opioid use disorder is an “Equal Opportunity Destroyer” negatively impacting individuals across the U.S. regardless of a person's age, location or career. Our national opioid epidemic will likely take as many years to resolve as it did to develop. In the meantime, employers and their workforce are at risk.

The response to the call for action on opioids is slowly gaining momentum. State medical boards and professional licensing groups are looking to restrict prescribing habits – to curb the supply of opioids being diverted and decrease the misuse of narcotic pain killers. Some insurance carriers are dropping coverage of long-acting opioids, to further limit their use. These regulations and restrictions directly impact the prescribers: physicians, nurse practitioners, physician assistants and dentists alike. Some emergency and urgent care settings are adopting “no narcotic pain med” protocols and many primary care providers are refusing to prescribe opioid pain medications at all. Patients previously on long-term opioids for pain management (considered somewhere between 30 days and 6 months of ongoing treatment) may be referred to a pain management specialist or rapidly tapered off pain medication without further plans to address their pain symptoms.

Consider the context of the employee who feels they have been able to 'function' at work because of a three-times a day dosage of an opioid pain medication that they have been on for several years, now being told they will no longer be prescribed any opioids. The subsequent fear and anxiety can become crippling: how bad will the return of pain be, have I become dependent on these meds, will my employer think I'm an addict, what am I supposed to do when I can't work because I hurt too much?

In many cases, the path to an opioid use disorder starts with a prescription from a healthcare provider for a legitimate injury or painful condition.

More than 130 people die every day from opioid-related overdoses, with more than 1/3 related to prescription overdoses.¹

Workers' Compensation cases carry a particular risk with opioids – any opioid use has demonstrated costs of the claim to be on average four times that of a similar claim without opioids; long-acting opioids associated with a workers' compensation claim average closer to 10 times the amount³. These prescription-opioid related costs may not be readily apparent in health plan claims data and reporting. While the rate of prescribing opioid pain medications has decreased since 2015, their related costs to employers continues to increase. A significant portion of this is due to the costs of treating opioid use disorder.

The Impact on Employers.

Opioid use in the workplace is not readily apparent, yet employers across all industries are impacted by the opioid crisis. The 2017 National Employer Drug Survey indicated that more than 70 percent of employers report that prescription opioids are impacting their workforce⁴. Opioid use disorder can be subtle – allowing it to gradually fester over time so that behavioral changes or the impact on performance are not immediately noticeable. Manifesting as absenteeism, impaired job performance or near-miss events at work, the economic toll from opioid use disorders on U.S. employers is more than that of diabetes and heart attacks.

An additional toll to employers is the decrease in the eligible workforce: either through a lack of eligible candidates testing negative in preemployment screenings or, as some economists have theorized, a “lost workforce” between the ages of 30 and 65 due to dependency and the adverse effects of opioid prescriptions.

However, most employers have yet to take steps in their workplace to protect and support their members from the potential harm caused by prescription opioids and opioid use disorder. Most organizations act when either they are forced to, or proactively when the data indicates a new strategy must be deployed. This crisis is different, as it can be a challenge to identify the specific impact on an organization.

Some employers have taken steps, either independently or through their healthcare plan, to limit access to prescription opioids. Such restrictions are proving positive in reducing excessive supplies and use that can contribute to diversion of opioid pain medications. However, for individuals who have become dependent on opioid pain medications, such restrictions can have an unintentional detrimental effect. This makes it critical for employers to provide education on the potential harms of long-term opioid medication use and to reinforce access to supportive care for those who find themselves unintentionally dependent on these medications.

Overcoming the Challenge of Stigma to Support a Culture of Wellbeing.

Every employer faces the challenge of overcoming the hurdle of perceived stigma of acknowledging a prescription opioid problem and asking for help. Recent survey data suggests that 8 out of 10 employees would not come forward for help, due to a perceived stigma in the workplace⁵. By taking a specific stance to address the stigma, employers have an opportunity to address this epidemic with compassion and understanding, using a holistic approach.

In most situations, ibuprofen and acetaminophen are just as effective in managing pain, without the addictive qualities.

With a critical look at policies, benefit plan design and organizational culture, employers can take thoughtful steps to prevent employees and their families from unnecessary harm and support those who need assistance. This may take the form of providing direct support and resources to individuals experiencing an opioid use disorder, indirectly supporting those who are concerned about a loved one or by building general awareness towards the risks of misusing opioid pain medications.

Just as workforce training and education is used to reduce risks, improve quality and control costs, employers must take a similar approach to dealing with the opioid crisis. By addressing this epidemic your organization can save lives, improve workplace safety and have a positive impact on your community and your bottom line. A holistic approach demonstrates humanity to prospective employees and helps you become an employer of choice in an environment where it's a challenge to attract talent.

Alternatives May Prevent Opioid Use Disorder.

Just as many companies offer wellness and education programs to address overall physical health issues, making employees aware of the risks and signs of opioid use disorder can go a long way in addressing problems before they start. Messaging around 'this could happen to anyone,' and personal stories from brave champions, at all levels of the organization, is a great way to start the conversation and address the stigma - if we can openly talk about this epidemic, we can begin to manage it. Clear communications about the resources available, and how the company will support them, can make employees feel more comfortable seeking help for themselves or a family member.

Employers should also make sure their plans, policies and other communications are consistent with this message. Encouraging people to come forward for help, but then making it difficult for them to access the best evidenced-based care (in/outpatient + medication assisted therapy) sends the wrong message. The first step towards recovery from opioid use disorder can be difficult. Prior authorizations, or difficulty in identifying qualified health settings, can make it nearly impossible.

Along the lines of preventing opioid use in the first place, consider making nonmedication pain relieving therapies more accessible. Extending sessions for occupational and physical therapy, acupuncture or chiropractic care can help an individual recover from an injury or painful condition without opioid pain medications. Additionally, cognitive behavioral therapy, unlimited Employee Assistance Program (EAP) access and open access to Medication Assisted Therapy can help individuals address challenges with discontinuing opioid pain medications, while promoting recovery and abstinence from further use. Other potential alternatives that can help manage pain and improve functionality include:

- Massage therapy for pain relief, as well as improved mobility.
- Yoga, meditation and electronic stimulation devices to improve pain perception and function.
- Personal training and/or discount gym memberships to promote physical conditioning.

Proactive Approaches to Reducing Workplace Risk.

Predictive modeling can assist companies in identifying injured employees who are at higher risk of developing chronic, long-term pain. Travelers Early Severity Predictor® helps forecast which injured employees are at higher risk of developing chronic pain, a condition that can lead to opioid dependency. Through the power of big data and advanced text analytics, the insurance carrier is leveraging insights from over 300M unstructured workers' compensation claim notes, pharmacy predictors and rich third-party data elements that are integrated directly into the model. The Early Severity Predictor model is truly predictive, with interventions occurring before opioid dependency can take hold.

Since the program's inception in 2015, Travelers has applied the model to nearly 50,000 injured employees and estimates that this has resulted in loss costs savings of more than \$150 million due to a substantial reduction in surgeries performed and opioids prescribed, and a faster return-to-work for impacted employees.⁶

An effective onboarding program can also help. Travelers offers its Workforce Advantage program to assist clients managing this process, of which there are three major components:

- Attracting and hiring candidates.
- Onboarding and training.
- Supporting and engaging employees.

This not only helps reduce workers' compensation costs, it also provides a better work environment for the employees.

Better informed employees and providers can also help reduce the risk of opioid dependency or addiction, thereby reducing costs and bringing a faster return to work after an injury. Liberty Mutual has its Network Specialists and Regional Medical Directors engage with providers to identify adverse prescribing trends and establish plans for altering them.

Liberty's proprietary drug strategy aligns appropriate drug classes with injuries and illnesses, along with systematic safeguards and alerts that engage medical experts when necessary; including peer-to-peer calls where allowed by state law. The company leverages guidelines provided by the Centers for Disease Control to engage earlier, prevent dangerous combinations of CNS depressants and opioids, inform and alter patterns to provide more appropriate and effective treatment.

Automated letters are sent to providers at every phase of opioid prescribing, with a focus on functional gains and a return to work; to educate case handlers and nurses on opioid weaning, psychosocial awareness and impact.

Liberty's Claims Medical Data Analytics group also monitors emerging trends, which keeps the company informed on what risks to look out for, along with developing strategies to manage them. A strong PBM partner can help manage the cost and generic conversion, along with clinical rules, escalation, education and peer-to-peer intervention.

Education, Communication and Commitment: Key things to consider.

The opioid crisis doesn't have to be viewed in a silo. A holistic plan that focuses on overall health and support for employees, for a variety of needs, can pay dividends far beyond the bottom line – with better employee morale and a dedicated workforce with less turnover and improved productivity.

Educate the workforce

- Make employees feel comfortable seeking help, with a message of education and support.
- Teach managers and supervisors to watch for signs of substance use disorder and how to approach someone with a problem.
- Educate employees about the risks of opioids, alternative pain management, signs of substance use disorder and treatment options for those in need.

Enact the right policies

- Companies that drug test employees should include testing for prescription opioids and synthetic opioids, such as fentanyl.
- Consider replacing a zero-tolerance policy with one that gives employees a second chance.
- A focus on helping those in need, rather than punishing those affected, can increase the chance of someone seeking help.

Manage benefits

- Make sure your company's health care and Worker's Compensation plans offer alternatives to opioids.
- Ask your Pharmacy Benefit Manager and EAP partners to help people understand the risks of opioids and the alternatives to managing their pain.

Provide resources

- Review in-network benefits for opioid abuse and substance use disorder treatment to see if they should be expanded, revised or supplemented with additional benefits.
- Share resources and enable people to get care, help them come back to work and hold their jobs for them. Provide resources and make sure they have access to Medicated Assisted Treatment.
- Have quality treatment centers and other resources available.

By reading this white paper, you now have educated yourself, and taken an important step towards proactively managing opioid misuse within your workforce. You don't have to go it alone. Gallagher has a team dedicated to supporting you in navigating cultural and organizational challenges to address this epidemic in your workplace. If you would like more information, or you would like to know how Gallagher can help, please contact your Gallagher representative.

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¹ www.cdc.gov

² <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

³ <https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/RxKit/EMP-How-Prescription-Opioids-May-Be-Affecting-Workers-Compensation-Program.pdf>

⁴ <http://www.nsc.org/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf>

⁵ www.nami.org

⁶ 2015-2018 Travelers Workers Compensation Claim Data, Evaluated 2019

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