



Kentuckiana
Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value



Opioids and the Workplace

An Employer Toolkit for
Supporting Prevention,
Treatment, and Recovery

About the KHC

The Kentuckiana Health Collaborative (KHC) is a non-profit organization comprised of representatives who have a major stake in improving the health status and the healthcare delivery system in Greater Louisville and Kentucky. The KHC creates a space for multiple stakeholders to work collaboratively toward the Triple Aim goals of Better Health, Better Care, and Better Value.

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Disclaimer

This toolkit provides general information on the topic of opioids in the workplace. It should not be taken as legal advice. Please consult an employment attorney to discuss your workplace's unique circumstances before implementing any policies relating to the topics described in this toolkit.

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How to Use This Toolkit

Employers play an important role in influencing the health and safety of their employees, their families, and the communities they live in. Taking strides to support employees and their families can have a measurable positive impact not only in their lives, but in the success of a business. With the nation in the midst of an opioid crisis, the employer's role as an agent of change is as more important than ever. In the workplace, opioid-related issues are impacting businesses and the safety and well-being of their employees. Furthermore, a behavioral health care system that does not consistently provide high-quality, evidence-based care can exacerbate rather than alleviate, the problems. In some cases, poor quality addiction treatment can lead to worse outcomes for patients. Outdated workplace policies and culture can contribute to stigma and leave current and potential employees fearful of repercussions associated with seeking help. Addressing opioid-related issues in the workplace is new to many employers, and finding solutions can be confusing and complex as most employers do not have expertise in this domain.

This toolkit was developed to provide recommendations and tools for employers to support their employees and their dependents in prevention, treatment, and recovery from opioid misuse and opioid use disorder (OUD). Employers who are on the leading edge of a proactive approach to OUD will be best positioned to achieve optimal employee health outcomes, leading to improved productivity and better business performance. By using this toolkit, employers can expect to learn:




What the basics of opioid use and addiction are and how it affects the workplace




How to use data to understand the status of opioid use, misuse, and OUD among employees and dependents with healthcare coverage



What benefit strategies direct employees to evidence-based care for prevention, treatment, and recovery from opioid misuse and OUD



How to design workplace policies that protect and support employees and employers and improve workplace culture



What legal issues may pertain to addressing substance use in the workplace

The recommendations presented here are not intended to be a one-size-fits-all approach, nor do they have to be implemented in their entirety, as capabilities for large-, medium-, and small-sized employers greatly vary. Due to these variations, the recommendations should be adapted to each workplace in a way that best suits the organization. Although not all recommendations may be applicable to all employers, all employers can learn from and potentially adopt some of them. Employers should involve a variety of key workplace stakeholders with responsibility for implementing these recommendations: human resources professionals (including Labor Relations teams), benefit managers, counsel, C-Suite and union leaders, operations managers, employees, and subject matter experts.

Employers are encouraged to work collaboratively with their key stakeholders and administrators to make appropriate decisions to best support their employees, dependents, communities, and business. Using these tools, employers can better understand which decisions they should make to achieve the most positive impact to their workforce.

Toolkit Interactivity

This toolkit is interactive. Throughout the document, you will find buttons like the one below who can provide additional information on particular topics. The information will be revealed by moving a cursor over the buttons.

Links throughout the document are live, and can take viewers directly to additional resources. This toolkit is also available in a print version [here](#). Both the print and interactive versions of this toolkit will be periodically updated to reflect advancements or changes being made in this field. Employers should keep in touch with the [Kentuckiana Health Collaborative](#) to be notified of these changes.

Opioids and the Workplace

Understanding Opioids and Addiction

Opioids are a class of drug that includes prescription painkillers and heroin. These drugs are derived from, or closely mimic, the pain-relieving compounds found in the substance opium and can be produced in natural, synthetic, or semi-synthetic forms. Common forms of natural and semi-synthetic opioids include morphine, codeine, heroin, hydrocodone, oxycodone, and hydromorphone. Synthetic opioids include methadone, demerol, and fentanyl.

Prescription opioids are a widely used method of treating moderate to severe, acute, and chronic pain. When used under a healthcare provider's supervision and in accordance with opioid prescribing guidelines, they can be an effective treatment. However, they also have great potential for dependence, recreational misuse, development of an opioid use disorder (OUD), and fatal overdose. These dangers are associated with how and how much of an opioid is taken. Methods of misuse include taking the drug in a way other than prescribed, taking someone else's prescription medication, or taking medicine for the pleasurable effects it provides. Any use of illicit opioids, like heroin, is considered misuse. Negative outcomes related to misuse increase when opioids are ingested in ways other than swallowing, such as being crushed and injected or snorted. These methods deliver an increased concentration of the opioid and amplify the risk of overdose.

Immediate side effects of opioid use can include drowsiness, nausea, constipation, confusion, and dizziness. Serious side effects, often as result of opioid misuse or opioid interaction with another substance, can include clammy skin, weak muscles, low blood pressure, and slowed breathing. In extreme circumstances, this can lead to a coma or death by overdose.

Opioid Use Disorder Symptoms²¹

An OUD diagnosis is applicable to a person who uses opioids and experiences at least two of the following 11 symptoms in a 12-month period:

- Taking in larger amounts than intended
- Desire to control use or failed attempts to control use
- Significant time spent obtaining, using, or recovering from the substance
- Craving for the substance
- Failure to meet obligations
- Social and interpersonal problems
- Activities given up or reduced
- Physically hazardous use
- Physical or psychological problems likely caused by use
- Tolerance
- Withdrawal

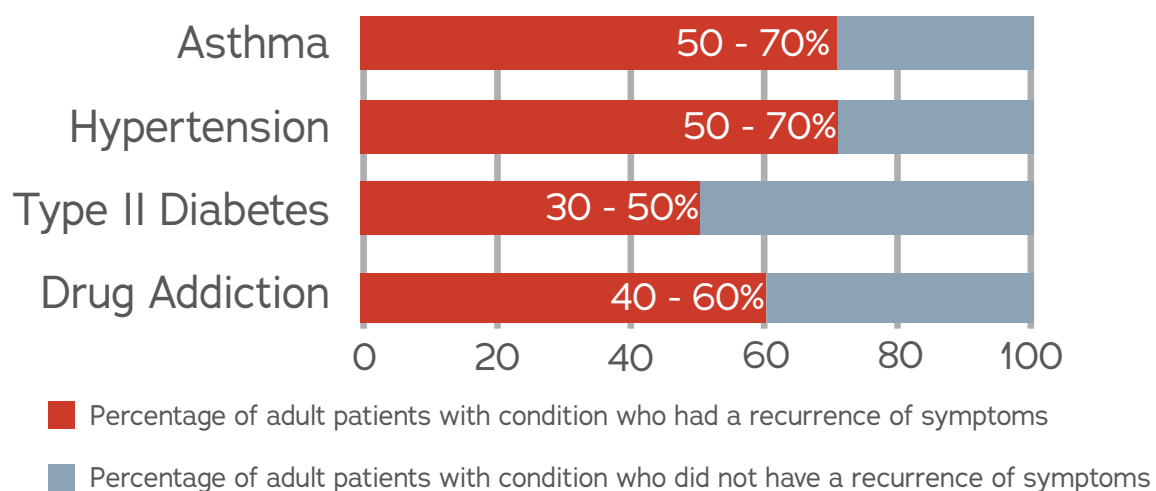
Tolerance and withdrawal are not considered OUD symptoms when an opioid is being taken as prescribed.

A person can become physically dependent on opioids when taking them at a high enough dose for more than a few days. Physical dependence involves the body's natural adaptation to regular exposure to the substance, leading to tolerance or withdrawal. Tolerance means a person needs more of the drug to produce the same effect. Withdrawal is a negative series of symptoms that includes nausea, vomiting, diarrhea, agitation, and pain, that occurs when a person stops taking an opioid. There is a difference between physical dependence and the disease of addiction.

When a person has subjective distress or objective reduction in functioning because of opioid use, they may meet the criteria for OUD. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categorizes OUD on a spectrum of severity: mild, moderate, or severe. The DSM-5 provides a list of criteria for behavioral health professionals to reference when diagnosing mental health or substance use disorders (SUD). Severe OUD is consistent with the chronic brain disease of addiction. OUD is a chronic and treatable disease requiring medical intervention. Similar to other chronic diseases, it often involves cycles of worsening symptoms and remission.

Although opioids work the same in all brains, not all individuals who take or misuse opioids will develop OUD. A person can become dependent, tolerant, or experience withdrawal on opioids without ever experiencing the symptoms associated with OUD. Complex interactions between a person's environment and biology present risk and protective factors for individuals in developing OUD and its resulting clinical course. These factors do not determine whether or not an OUD will develop; however, they can interact to minimize or maximize the likelihood of its development.

The Recurrence of Symptoms is Similar for Addiction and Other Chronic Illnesses²⁰



Opioids in the Brain

Opioids work by activating receptors in the body to block feelings of pain. The addictive nature of opioids is derived from their effect on the brain's natural reward circuitry. Opioids produce an excess of dopamine; a neurotransmitter that contributes to feelings of pleasure and satisfaction. Opioids can produce feelings of relaxation, euphoria, and being "high." The human brain is wired to repeat actions associated with these feelings and to avoid associated feelings of withdrawal; therefore, this excess of dopamine positively reinforces opioid-taking behaviors and biologically wires individuals to repeat them. With repeated exposures, a person's brain circuitry and chemical systems are altered, affecting cognitive, emotional, biological, and social functions. Unlike substance misuse, addiction is a chronic brain disease. There are changes in specific areas of the brain which have been found to correlate with the behavioral manifestations we observe in people with addiction. While these brain areas trend back towards normal if the brain is not exposed to the drug of abuse, science has not shown a full return to normal in brains of people who have addictive disease.

Prevention, Treatment, and Recovery

Three types of parallel services for opioid misuse and OUD are prevention, treatment, and recovery. Intervention at each of these levels is important for a complete and effective response to minimizing the risks associated with opioid use. These services can occur at any time during a person's experience.

Prevention

Prevention involves measures to avoid misuse and dependence by reducing medical and non-medical exposure to opioids. Prevention of developing complications once a person has developed addiction can also include harm reduction services that aim to reduce the likelihood of negative consequences or death as a result of opioid use. These can include needle exchanges and naloxone for overdose prevention.

Treatment

Treatment involves diagnosis and professional treatment of individuals with OUD. Evidence-based treatment for OUD can involve several treatment modalities that address biological, social, and psychological issues within the individual. This includes Medication for Opioid Use Disorder (MOUD) and individual and family behavioral therapies. These modalities can be supplemented by recovery support services. As defined through the American Society of Addiction Medicine (ASAM) criteria, treatment can be carried out on a variety of inpatient or outpatient levels, depending on the individual's situation, substance of use, and required intensity of care.

MOUD, commonly referred to as Medication Assisted Treatment (MAT), is more effective in reducing illicit opioid use, keeping people in treatment, and reducing risks of overdose than in treatment without.³ There are three types of approved medications: methadone, naltrexone, and buprenorphine. These three drugs are available under a variety of **brand names**, as approved by the Food and Drug Administration (FDA). Each of these medications works differently, presenting their own risks and benefits, and should be discussed and made available to treat anyone diagnosed with OUD. It is important to note that the use of prescribed FDA-approved MOUD as part of treatment is consistent with the definition of abstinence.

Medication for Opioid Use Disorder (MOUD)

Methadone | Methadone treats withdrawal symptoms, blocks effects of opioids if they are simultaneously ingested, and reduces cravings. It can only be dispensed and administered in federally certified, accredited opioid treatment programs (OTPs.)

Naltrexone | Naltrexone blocks the effects of other opioids and reduces cravings for opioids. It can be prescribed by any licensed healthcare provider and depending on how its administered, can be taken in or out of a provider's office.

Buprenorphine | Buprenorphine treats withdrawal symptoms, blocks effects of opioids if they are simultaneously ingested, and reduces cravings. It can only be prescribed by physicians and advanced practice clinicians that have a federal waiver to do so.

MOUD can be supplemented with behavioral therapies or counseling. Behavioral therapies and counseling services for OUD can help change attitudes and behaviors associated with use, build healthy life skills, and support adherence with other forms of treatment. It can be provided by physicians as part of an individual's medical visit, but some people may require or benefit from specialized counseling services provided in individual or group settings. This counseling can be offered to individuals who are using, as well as their friends and family.

Another potentially helpful supplement to treatment is recovery support services. These services are not clinical in nature but are often provided by trained volunteers or other people who are in recovery. These supports include assistance with navigating systems of care, removing recovery barriers, staying engaged in the recovery process, and providing a source of community.

People with OUD should have access to all of these services at all levels of treatment, allowing them to find the approach that best fits them. However, there is strong science for supporting the effectiveness of MOUD, and it should be considered as the status quo for treatment.

Remission is the goal of medical treatment for chronic disease and involves the person having no signs or symptoms of active disease. While remission is a goal, people with chronic diseases often have periods of worsening symptoms. People who are actively in treatment may not be in remission at all times. Since OUD is a chronic disease, people often need ongoing care at some level.

Recovery

Unlike acute illnesses, recovery for a person with a chronic disease involves active ongoing self-management that often requires the help of biological, psychological, and social supports. The Substance Use and Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” The process of recovery is a very personalized process that is built on the individual’s own characteristics and resources and is a much broader concept than medical remission for any chronic disease.⁴

The Opioid Crisis

On October 26, 2017, a nationwide Public Health Emergency was declared by the U.S. Department of Health and Human Services in response to the growing crisis of opioid misuse and overdose.⁵ Individuals, families, and communities across the nation continue to face significant emotional, social, physical, and financial impacts.

In 2017, opioids contributed to more than an average of 130 deaths per day - a six-fold increase from 1999.⁶ Most of these deaths occurred in individuals between the ages of 25 and 55 – a group primarily of working age adults.⁷ The White House Council of Economic Advisors estimates that the total economic cost of the crisis in 2015 was \$504 billion, 2.8% of that year’s GDP.⁸ Other unintended consequences of this crisis include compromised mental and physical health, as evidenced by an increase in the prevalence of conditions such as neonatal abstinence syndrome, infectious diseases, suicide, and depression.⁴ The safety of communities is also threatened with an associated increase in crime and violence, motor vehicle crashes, and child neglect.⁵ The causes of this crisis are multi-faceted and have been developing over the course of many decades.

A contributing factor to this crisis is the stigma that persists not only around opioids, but around prevention, treatment, and recovery services. The belief that addiction is a moral failing and fueled by personal choice has been widespread and long-held. This unfortunate and incorrect belief has deterred individuals from accessing services that are necessary to their recovery due to fear of judgment or reprimand. Additionally, this stigma supports the continued separation of addiction treatment from the traditional healthcare system. To reduce this stigma, there needs to be a cultural shift towards understanding addiction as a chronic disease requiring compassion and evidence-based medical intervention.

Workplace Outcomes and the Employer Role

Individuals facing opioid challenges, whether suffering themselves or caring for a loved one, do not experience them in a vacuum outside of their workplace. In fact, nearly 70% of workplaces in America are experiencing the impact of the crisis.⁹ The stress, co-morbidities, and extenuating difficult circumstances that accompany these challenges manifest themselves directly through work in multiple ways.

General opioid use, tolerance, and dependence also carry workplace risks. They are not strictly associated with workers who have OUD or addiction.

Employers have an important role in promoting, protecting, and supporting the health and safety of their employees and their families. Fortunately, there are many ways that employers can engage in supporting employees who are facing the challenges of the opioid crisis, while also positively impacting their business. As healthcare purchasers, employers have a unique opportunity to optimize the quality of healthcare and health services that their employees are receiving. Furthermore, the policies that employers adopt play a large role in determining company culture and employee experience.

Supporting employees and their families who are in treatment and recovery from SUD or OUD has a positive impact on the lives of employees and the employer.

Employees in recovery have lower healthcare costs, miss less work, and are less likely to leave their employer. These workers average 10% fewer missed work days than the general workforce and have 8% less turnover.¹⁰

With average cost per hire of over \$4,000 and a national unemployment rate of less than 4%, companies can benefit from making direct efforts to retain employees who are facing substance use challenges.^{11,12} In addition to improvement in their business's bottom line and workplace performance, employers should consider the social and communal benefits of adopting a transparent and empathetic approach to SUD and OUD.

Data Analytics to Understand the Workforce



Just as companies otherwise utilize health plan claims data to manage health benefits and services investments to facilitate a healthy, productive workforce, employers can utilize their data to understand the status of their workforce's substance and opioid use disorder (OUD) risks and trends. Data can be used to understand how well current benefits are helping prevent, treat, and support recovery from opioid misuse or disorder. In addition to their own independent data and analytics investments, employers should encourage their health plan or pharmacy benefits manager (PBM) to use this data to inform their product and service portfolio.

Depending on the structure of their health offerings, employers can go to multiple sources to receive their data: health insurer or health plan administrator, pharmacy benefit manager (PBM), data warehouse vendor, or insurance broker. Health plans and data warehouse vendors often have standardized reports that group substance use disorders (SUD) with mental health. If not, included here are a list of questions and measures employers may want to request to better understand their workforce substance use risks and status.

Different data vendors may define the recommended measures differently; it is important for employers to understand the meaning of the measures they receive. For general reference, detailed explanations of each measure can be found in Appendix C.

An employer's data should be examined, at minimum, annually and compared to previous years to identify positive or negative trends. If available, the measures should be compared to national, state, regional, and industry averages. Most measures can be stratified into basic subgroups to identify differences among them, such as: gender, age, employee type (hourly/salaried), relationship to employee (self/spouse/dependent), in-network/out-of-network, health plan types, and prescriber types (dental/medical). When looking at costs associated with each measure, employers should look at the total cost of care in addition to pharmacy or medical health costs separately. Reduced spending in one of these areas can often result in increased spend in the other.

What if an employer cannot access their data?

Each employer's data analytics capabilities vary based on their size, insurance coverage, and health plan structure. For instance, the fewer employees an employer has, the greater the risk for identification and breach of privacy. Additionally, whether employers are fully-insured, self-insured, or uninsured may present barriers in the data they can access. Integration of pharmacy benefit and health plan data can determine the extent to which employers can relate diagnoses, treatment, and medication data.

Before an employer can utilize this data, the information must be de-identified within the requirements of HIPAA. Employers should also consult with counsel to confirm compliance with HIPAA and any other applicable federal and state laws that may further restrict the use of claims data or include additional requirements for the de-identification of data.

Medical and Pharmacy Summary Analytics

The first step to prevention and treatment of OUD is understanding key characteristics of your employee population, including:

Workers compensation, disability, employee assistance program (EAP), and Family and Medical Leave Act (FMLA) data are also rich sources of mental health and OUD data. This section only focuses on analytics of medical and pharmacy data.

Prevention

By examining claims data related to opioid prescription patterns, employers can identify potential patterns of risk or implement actions to help prevent OUD among their workforce. Employers can use the information obtained from this data to design benefits to ensure that their employees have the support needed to prevent OUD. What is being prescribed, the rate of prescribing, length of prescribing, receipt of prescriptions from multiple sources, and top conditions being prescribed provide valuable insight into the status of opioid use in the employer's workforce. Employers may wish to stratify this data into additional subgroups.

Before exploring prescription patterns, employers should start with a basic look at the prevalence of opioid prescribing for pain control. To understand prescribing patterns across different types of opioids, request Morphine Milligram Equivalents (MME) per opioid, length of prescription, and whether the opioid is long-acting versus short-acting.

It is important to understand which conditions are correlated to opioid prescribing in order to fully understand prescribing patterns. This includes the top conditions that opioid prescriptions are written for and the rate per condition. This information can help employers understand why their workforce is receiving opioids and evaluate alternative options for non-opioid treatment for these conditions.

Prescription opioid use is not inherently dangerous. The risk lies in how, how much of, and how long the opioids are taken. Although health plan data cannot identify how members are taking opioids, it can provide insight into the other two factors. Key indicators can give insight into the questions employers may have around prescribing patterns within their health plan and how those patterns may support or deter opioid-related risks. Pharmacy and medical claims data can also give insight to patterns related to overdose or the risk of it.

Although capturing definitive information on opioid overdose within a population is difficult, certain measures can help indicate the prevalence of overdose or situations related to it.

Treatment and Recovery

Analyzing pharmacy and medical data can inform employers about SUD diagnoses and their concurrent treatment patterns. Again, this data can be further stratified to be more informative.

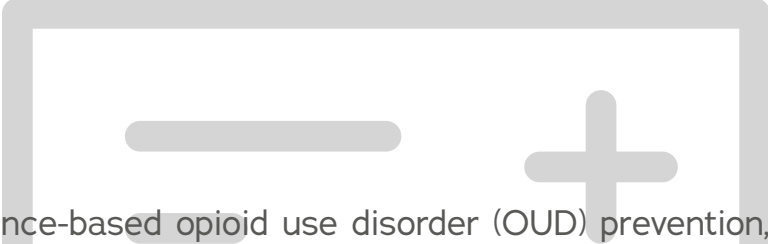
Although likely an underestimate of how many health plan members are truly struggling with substance misuse or SUD, identifying how many individuals have been clinically diagnosed is an important step for employers to understand the breadth and severity of their workforce and dependents' situation. For further insight, employers should request a breakdown of SUDs by type.

Not all health plan members who are diagnosed with a substance use disorder will access treatment. Employers should analyze how many diagnosed members receive treatment to understand any barriers to accessing treatment. For further insight, employers should look at a breakdown of the types and levels of treatment their members are accessing. Additionally, a look at what kind of treatment is being utilized can provide valuable insight into whether or not members are getting evidence-based treatment.

Quality Outcomes

It is clear that addiction treatment and recovery outcomes are highly individualized. Ideally, each individual will receive the right care, at the right place, at the right time for the optimal chance at a good outcome. What is not clear is how to adequately measure these outcomes. National standards are lacking. Addiction treatment programs have historically been siloed from other medical care, and models for recovery from SUDs do not exist as they do for other chronic diseases. Experts hold various opinions on what these outcomes look like and how they can be adequately measured. National and state leaders in healthcare quality measurement are working towards identifying these measures, and employers are well-suited to be influential in these discussions. This toolkit will be updated online as these measures are made available.

Benefits to Increase Access to Evidence-Based Services



Health benefits should align with evidence-based opioid use disorder (OUD) prevention, treatment, and recovery services to ensure that health plan members are able to access appropriate, timely, and effective care. Employers should compare their current health plan benefits to the recommendations below and identify any opportunities for enhancement. As purchasers of services from these entities, employers are in a position to dictate that they will only pay for evidence-based healthcare services. Data analytics and medical best practice standards can help inform these decisions. Aside from general inclusion of benefits, employers may consider the following in designing their benefits:

How are Health Plans Performing?

The [Health Effectiveness Data and Information Set](#), or HEDIS, created by the National Committee for Quality Assurance (NCQA), is used by more than 90 percent of America's health plans to measure physician quality. Because many plans collect HEDIS data and because the measures are specifically defined, HEDIS makes it possible to compare the performance of health plans on an “apples-to-apples” basis and provides valuable information to employers on health plan opioid prescribing patterns compared to national benchmarks. Employers can request this information from their health plans and use it to evaluate their health plan's performance on benefits focused on substance use.

Prevention

Help Employees Manage Pain without Prescriptions

Many non-drug pain management treatments have been proven to provide the same or better pain-relief benefits as opioids without the associated risks, excluding specific clinical conditions including cancer and end-of-life care. Health plan coverage of these treatments can help prevent OUD and opioid-related consequences by reducing the likelihood of an initial exposure to prescription opioids. In some instances, health plan

members are constrained by what their health plan will cover as opioids have historically been less expensive than other pain management treatment.

Employers should aim to encourage use of these benefits and take special care not to create or support barriers to their use. Coverage limitations, cost-sharing requirements, and utilization management for these benefits should be defined in a way that promotes their efficacy and use. Employers should consider weighing these variables against how opioids are covered by their company to understand how and why opioids may have historically been prescribed more prevalently than these alternatives. Evidence-based non-drug treatments to pain management that are standard additions to an employer's benefit plan include:

- **Physical/Occupational Therapy**¹³
- **Cognitive Behavioral Therapy**^{13,14}
- **Interdisciplinary Rehabilitation**¹³
- **Chiropractic Care**
- **Acupuncture**¹³
- **Exercise**^{13,14}
- **Massage Therapy**¹³

Pain Management Innovation

There are other promising practices for pain management. However, they are not always considered evidence-based by health plan standards. Consequently, they may not always be readily available for addition to a health plan. Employers should stay up to date on innovative technologies in this area and initiate regular conversations with their health plans around how they are supporting these innovations.



Help Employees Manage Pain with Responsible Prescribing

Although there are numerous risks associated with opioids, there are some situations where they are the best option for pain relief. For instance, opioids are appropriate when used for cancer or end-of-life patients. Comprehensive pain assessment, management, and prescribing techniques are largely a responsibility of health care providers. However, employers can design their benefits to not incent opioid prescribing and to provide coverage of non-opioid options.

Non-opioid medications are an effective method of pain management that can help prevent OUD by reducing the likelihood of employees being exposed to prescription opioids.

Again, cost sharing, coverage limitations, and utilization management should all be heavily considered when looking at how non-opioid medications are covered. Much like they should with non-drug pain management modalities, employers should consider weighing these variables against how opioids are covered to understand how opioids may be prescribed more prevalently than these alternatives. Evidence-based, non-opioid drug treatments for pain management include:

- **Non-Steroidal Anti-Inflammatory Drugs^{13,14}**
- **Acetaminophen^{13,14}**
- **Local Anesthetics¹³**
- **Steroid Injections¹³**
- **Topical Agents**
- **Select Antidepressants and Convulsants¹⁴**

Cover Screening in Primary Care Offices

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to identifying high-risk substance use behaviors that is recommended to be conducted in primary care settings.¹⁵ Identification of risky substance use can help providers intervene with behaviors prior to the development of SUD or OUD. SBIRT is both an effective and cost-effective approach to the prevention of OUD and related harms. This service should be covered by your health plan and administered yearly to health plan members.

SBIRT

The Kentuckiana Health Collaborative has created resources for implementing SBIRT. Although intended for primary care providers, employers may consider reviewing these resources to become informed and initiate conversations with their health plans. View them [here](#).

Cover Site-of-Use Disposal

After being prescribed a prescription opioid, many people are left with an excess of unwanted, expired, or unused doses. These doses are often left in the home, available to be accidentally or intentionally misused by anyone who has access to them, a process called diversion. In fact, half of those misusing prescription opioids obtained them from a friend or family member for free.¹⁶ Safe disposal of prescription opioids can help reduce the likelihood of this occurring.

There are many ways to safely dispose of medications including medicine take-back options and site-of-use disposal. Improper disposal can lead to environmental contamination or sustained access to the medication. One way to help people avoid confusion around proper disposal methods is to provide site-of-use disposal technologies. Multiple technologies exist that can be provided by a pharmacist or doctor and taken home to dissolve or neutralize excess prescription opioids. Employers should consider covering these technologies as part of their benefits.

Offer Employee Assistance Programs

Employee Assistance Programs (EAP) are intervention programs that offer a variety of services to assist employees who are having personal or work-related problems. These programs can play an important role in assisting employees or their dependents who may be facing substance use issues by providing a confidential and easily accessible option for receiving necessary services. EAPs are separate entities from employers, meaning that any interaction with employees is private and not reported to the employer unless the employee authorizes it. EAPs can be voluntarily accessed by employees. Supervisors and managers can also initiate referrals in response to performance and conduct issues or identification of drug misuse or addiction. EAP services can include:

- **Crisis Intervention**
- **Assessment**
- **Short-Term and Follow-Up Counseling**
- **Treatment Monitoring**
- **Supervisor and Management Training**
- **Treatment Referral**

EAP models and services can vary widely. When selecting an EAP, employers should consider how each option fits their budget, workforce, and general support and health-related goals. Employers should insist that their EAPs screen for risky substance use behaviors and provide referral services to evidence-based treatment programs. If an employer has the capacity, integrating an EAP at the worksite can help increase utilization, referrals, and care coordination.

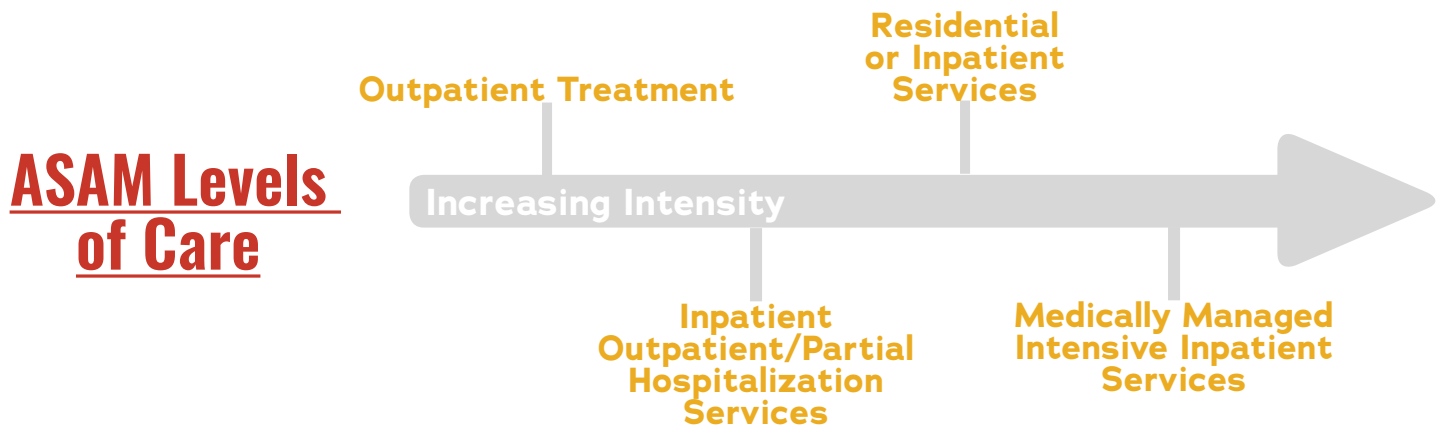
EAPs are an added expense to employers, but show measurable cost-savings benefits when implemented. Research shows that for every dollar invested in an EAP, employers have a return on investment ranging from \$3 to \$10.¹⁷ An added benefit to EAP implementation is its availability to all employees, not just those who are covered by employer-sponsored health insurance.

Treatment and Recovery

✓ Provide Access to Inpatient and Outpatient Care

After a SUD is diagnosed, ease of access to timely, high quality treatment is critical to initiate remission. Treatment of SUDs is a highly individualized process that often requires multiple treatment approaches. The inclusion of a variety of treatment modalities in the health plan can help improve the likelihood of members recovering.

Care for SUD can be carried out in a variety of settings and types of facilities, typically identified by types of treatment, length of stay, and intensity of treatment. It is important for members to be placed in the most appropriate level of care for their condition, situation, and goals as determined by the [American Society of Addiction Medicine's \(ASAM\) Levels of Care](#). A member's level of care is determined by a provider after a diagnostic evaluation and comprehensive assessment. The assessment could be done by a primary care provider, mental health professional, or treatment facility covered by the health plan. There is no right course to moving between levels of care. To ensure members will have access to the treatment that they require, the health plan should cover all levels of care.



Coverage limitations, cost-sharing requirements, and utilization management should be especially considered when designing benefits for inpatient and outpatient treatment. Employers should critically evaluate the financial and health-related impact that these components would have on their specific employee population based on income, location, and other social characteristics. Additionally, employers should require their health plans to examine network adequacy for treatment at the various levels of care and administration of evidence-based modalities.

Components of Care⁵

The US Surgeon General recommends consideration of the following characteristics when looking for well-constructed treatment programs:

- Personalized diagnosis, assessment, and treatment planning
- Long-term disease management
- Access to FDA-approved medications
- Effective behavioral interventions delivered by trained professionals
- Coordinated care for co-occurring diseases and disorders
- Recovery support services



Provide Access to Behavioral and Mental Health Services

When compared with the general population, people with OUD are more likely to have a mental health disorder. Conversely, people with mental health disorders are more likely to have an OUD.¹⁸ An integrated approach to addressing these co-occurring conditions is important to fully supporting an individual's recovery.

As with any chronic disease, treatment and recovery for behavioral health disorders are highly individualized processes. Necessary treatment methods, as well as their duration and frequency, can vary greatly among those affected. For most people, a combination of medication and counseling is demonstrated to be the most effective method for promoting health and recovery. Medical and mental health services should be adequately covered in accordance with the [Mental Health Parity and Addiction Equity Act](#).

Mental Health Parity and Addiction Equity Act

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires the same approach to benefits for mental or SUD services that are available for medical/surgical care. The law does not require that health plans cover MH/SUD diagnoses, treatments, or services but rather requires health plans that do offer these benefits to do so equitably. The regulation applies to:

- Co-pays, coinsurance, and out-of-pocket maximums
- Limitations on service utilization
- Use of care management tools
- Coverage for out-of-network providers
- Criteria for medical necessity determination

Cover Medication for Opioid Use Disorder

Three medications for the treatment of OUD have been approved by the Federal Drug Administration (FDA): methadone, buprenorphine, and naltrexone. Evidence suggests that treatment plans that include these medications are more effective for reducing early deaths, medical complications, improving day-to-day function, and sustaining long-term recovery than treatment plans without.³ Those seeking treatment for OUD should be offered access to all of these medications as well as any needed behavioral therapies and recovery support services. Healthcare providers can assist members in selecting which treatment option, or combination thereof, is best suited for their needs.

Coverage limitations, cost sharing requirements, and utilization management should all be reviewed as possible barriers to MOUD access. Employers should consider placing MOUD on a lower or lowest cost tier to reduce financial burden. Additionally, receipt of MOUD often requires physician office visits, so elimination or reduction of co-payments for associated visits could be beneficial. Network adequacy can also play a role in health plan member's ability to receive MOUD, since health care providers must maintain certain credentials to administer some forms of MOUD. Employers should have their plans ensure there is an adequate network of providers who administer MOUD.

Cover Naloxone to Reduce Mortality

Naloxone (also known as Narcan or Evzio) is a drug that can be administered during an overdose that temporarily stops many of its life-threatening effects, such as sedation, loss of consciousness, and suppressed breathing. Anyone who is misusing opioids is at risk of an overdose, and naloxone administration can be the immediate intervention that is the difference between life and death. Greater access to and education about the use of naloxone is shown to reduce overdose deaths.¹⁹

Naloxone is available at most pharmacies without a prescription. The drug is not intended for only personal use. People who fear that their friends, family, or general members of their community are in danger of overdosing are encouraged to carry the drug. Those administering naloxone should call emergency services. Kentucky's Good Samaritan Law protects people who call for help in an overdose situation from criminal prosecution. Whether utilized personally or for others, the benefit of having naloxone available is unquestionable. Employers should remove cost-sharing requirements in their health plan to improve access to naloxone and be advised that increased spend and utilization of this drug is a positive indicator of reducing likelihood of fatal overdose.

Improve Access to Behavioral Health Care Through Telemedicine

Telemedicine is a promising service in treating and supporting recovery for individuals with SUDs. Telebehavioral health, both web and mobile, expands access to quality, timely, and evidence-based services, including screening, treatment, and consultation. These services are useful in navigating significant barriers to treatment, including transportation to facilities, privacy, missed time from work, and childcare.

Telemedicine services can be offered as part of a health plan package or directly through vendor relationships. Employers should consult both their health plans and pharmacy benefit managers to learn about the telemedicine platforms that they currently use, what types of services are offered, and the relative benefits to their use.

Consider Alternative Payment Models

An Alternative Payment Model (APM) is a payment approach that provides a different framework for paying for high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Bundled payments are a type of APM that provides a single, comprehensive payment covering all of the services involved in a patient's episode of care. Several new bundled payments have recently emerged for SUD, including OUD. Employers should talk to their health plans and consultants about the benefits of these payment reform models. Some examples of some of these new bundled payments include the [Patient-Centered Opioid Addiction Treatment \(P-COAT\)](#) and [Addiction Recovery Medical Home \(ARMH\)](#).

Policies to Transform Culture and Protect the Workplace

Prevention

✓ Educate Employees and Supervisors

Educating employees on opioid use and associated risks can help prevent the likelihood of their misuse of opioids as well as its potential consequences. The benefits can also extend to the community, as employees can educate their families and friends. This education should focus not only on general topics related to opioid use, but also how substance and opioid use is handled in the workplace. Potential topics to cover include:

- **Relationship between pain and opioids**
- **Risks of opioid use**
- **Alternative methods to opioid use**
- **Company approaches to addiction**
- **Opioid overdose prevention and response**
- **Safe disposal of prescription opioids**
- **Helpful resources for themselves, coworkers, or family members**

Educating supervisors and managers can provide many of the same benefits as educating employees, and also ensures that supervisors and managers are well-equipped to manage opioid-related situations. In addition to the previous topics, supervisor education should ensure content mastery and include topics such as:

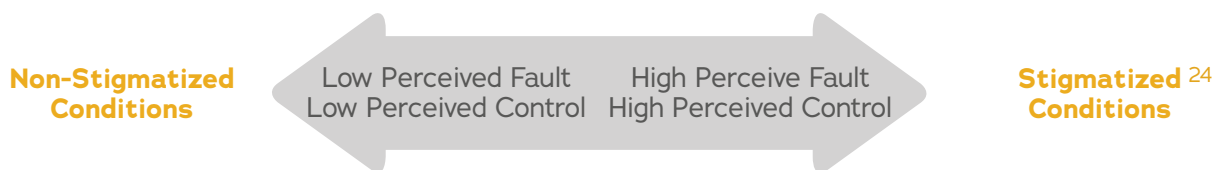
- **Workplace substance use and drug testing policies**
- **Laws and regulations on prescription drug use at work**
- **Signs of impairment and factors that may support drug testing**
- **Stigmatizing language and effective communication**

Methods of communicating information to employees can be largely dependent on the workforce's size, culture, and employer resources. To ease implementation, employers should consider utilizing their existing communication channels. Additionally, they may consider adoption of existing targeted training programs and messaging from campaigns such as [National Prevention Week](#), [Rx Awareness](#), [Choosing Wisely](#), or [National Take Back Days](#).

✓ Create a Culture of Support

Creating a culture of support in the workplace can help reduce the risk of employees being exposed to opioids, as well as increase their likelihood of seeking help and treatment. By creating and reinforcing a culture of support around opioid- and other substance-related challenges in the workplace, employees will feel more empowered to seek help.

Integration of substance misuse prevention messaging into existing workplace wellness programs can help build this culture without the need for many additional resources. This messaging should focus on providing resources to employees, whether through a company EAP or local social support and treatment services, as well as conveying employer support. Communicating trust and openness around the subject of SUD and OUD can help reassure employees that their employer has their best interest in mind and can help them access necessary resources. Furthermore, employees will be better equipped to make healthcare decisions, seek help when needed, and navigate treatment. As part of this messaging, employers should pay special attention to the use of non-stigmatizing language. Stigma creates issues of trust among people who have SUDs and creates negative perceptions of the disease. The Substance Abuse and Mental Health Services Administration (SAMHSA) has a guide for appropriate language [“Words Matter: How Language Choice Can Reduce Stigma.”](#)



Promotion of an employer’s culture and policies toward SUD can also serve as a valuable recruitment and retention tool. Going public with workplace policies and benefit changes in support of prevention, treatment, and recovery can position employers in their community as a champion of compassionate and transparent employment. Employees who feel well-supported by their employers, regardless of what personal challenges they may be facing, will be more inclined to stay with their employer.

In addition to supporting current employees, employers should consider partnering with organizations and programs to hire individuals who may already be in recovery. Individuals in recovery are often highly motivated to succeed and are a potentially untapped group of quality employees, available at a time when unemployment is at record lows. Programs such as [Work Opportunity Tax Credits](#) (WOTC) and [KY Federal Bonding](#) are in place that benefit employers who hire individuals with barriers to employment. Additionally, other programs exist that partner employers with prospective employees who are in recovery. Employers should consider reaching out to state and local career centers to better understand these programs, as well as explore community or non-profit organizations dedicated to this cause.

Develop a Workplace Drug and Alcohol Policy

Developing a workplace drug and alcohol policy with clear expectations around substance use is an important step in protecting both the employee and the employer. Historically, workplace substance use policies have adopted a zero-tolerance approach. Taking a supportive approach in this policy can benefit employees and employers. For example, in comparison to the general workplace, employees who are in recovery from SUD miss fewer work days and have a higher retention rate.¹⁰ This policy should focus on being recovery-friendly, striking a balance between supporting and retaining employees who are seeking treatment or in recovery, while also enhancing the safety. Employees should sign this policy at the initiation of employment to ensure that both parties are well informed of the terms that are being set forth. A well-designed substance use policy is the foundation for workplace conduct around substance use, as well as legal protection in the case of workplace substance-related incidences. For companies with collectively bargained employee groups, employers should involve the labor relations team. All companies should consult with legal counsel. A drug and alcohol policy should include:

Implement Effective and Privacy-Sensitive Drug Testing

Drug testing programs can be valuable tools for deterring drug use, preventing drug-related incidents, and reducing associated risks. Some employees may view them as intrusive, but some employers are required to administer them by state and federal laws. Thoughtful and targeted construction of a program is critical for ensuring compliance, effectiveness, and employee privacy.

In the instance of a positive test, employers have many considerations. Legal, prescription drug use can yield a positive result on a drug test and may be protected by the [Americans with Disabilities Act \(ADA\)](#). These cases may require workplace accommodations. In the case of confirmed illegal drug use, employers should consider offering employees a chance to access treatment and initiate their recovery as opposed to immediate termination. Employers should also be advised of differences between tests indicating immediate impairment on the job and tests that indicate past use. When developing a drug testing program, there are many components that should be considered:

Treatment and Recovery

Offer Leaves of Absence and Flexible Scheduling

When accessing treatment for OUD or supporting a family member, employees may need to take a leave of absence or adopt a more flexible work schedule. For example, appointments for counseling or receipt of Medication for Opioid Use Disorder (MOUD) may interfere with their regular work schedule. Accommodating these requirements can help support the employee in their treatment and recovery from OUD.

Privacy can be a concern for employees in need of scheduling accommodations. To mitigate this, employers should ensure that information on how to apply for a leave of absence is readily available and that administrators are well-versed in employee rights. Eligible employees may take up to twelve weeks of unpaid leave for their or their family member's serious health condition under the [Family and Medical Leave Act \(FMLA\)](#).

Provide Support Group Resources

A workplace support group can be an effective tool for employees dealing with substance use challenges. Although privacy concerns can keep employers from facilitating support group meetings, employers can support these gatherings by offering a space for employees to independently convene.

Employers can also help in connecting employees to external support group resources. Multiple organizations exist that help in either determining a support group curriculum for a new group or welcoming people into existing groups. Much like treatment, the philosophy and success of the group are largely dependent on the individual. The Substance Abuse and Mental Health Services Administration (SAMHSA) has information on many of these programs at ["Self-Help, Peer Support, and Consumer Groups-Self-Help Groups."](#)

Develop a Return-to-Work Policy

A return-to-work policy for follow up to a treatment episode for OUD is similar in concept to other chronic health conditions. This policy can set clear expectations for the employee's workplace conduct and responsibilities upon their return. Employee capabilities will largely be determined by their prescribed medical release and possible restrictions. An agreement should be reached with employee and employer input and include the following designations, at minimum:

- **Medical release form and potential restrictions**
- **Employer accommodations**
- **Periodic medical and job performance evaluations**
- **Designated length of agreement**

A well-constructed return-to-work policy can help support the employee in successfully reintegrating into the workplace. In some circumstances, employees returning to work after treatment of a SUD are protected under the [Americans with Disabilities Act \(ADA\)](#).

Legal Considerations



By addressing substance use and impairment in the workplace, an employer can positively impact their employees' lives while also protecting their business. As with many workplace interventions, there are also legal considerations. Employers should familiarize themselves with relevant laws, consult their labor & employment attorney, and if relevant, their labor relations team. The backbone of legally protecting any employer or employee are well-developed, compliant drug and alcohol and return-to-work policies. Careful and informed development of these policies in partnership with an employment attorney can help ensure policies comply with lawful guidelines and is fitting for the workplace. For a basic foundation for compliance, the Substance Abuse and Mental Health Services Administration provides [10 Steps for Avoiding Legal Problems](#).

Substance use disorders (SUDs) are chronic health conditions. Similar to other chronic health conditions such as epilepsy, cancer, or diabetes, SUD fluctuates between exacerbation and remission. In the workplace, they should be treated in a similar fashion. Employers should keep in mind that symptoms of SUD can often mimic other health conditions.

What laws should employers be aware of?

- ➔ **Health Insurance Portability and Accountability Act (HIPAA)**
- ➔ **Americans with Disabilities Act (ADA)**
- ➔ **Family and Medical Leave Act (FMLA)**

Identification and Disclosure

In many cases, employers may be unaware of their employees' substance use behaviors, whether they are past or present. Employees may access EAP services, support groups, or consult their healthcare providers privately without any needed intervention from or disclosure to their employer. In these cases, the employer's role does not extend beyond ensuring that their health plan benefits and workplace policies are supportive for employees facing any chronic disease or health issue, including SUD. In other cases, employers may be made aware of an employee's substance use behaviors. Multiple laws and regulations exist that determine the nature of these occurrences and how each entity can proceed so that all parties' best interests are secured.

If an employee is suspected of being impaired in the workplace, employers should not immediately terminate or remove the employee from their position without a thorough assessment of the facts. A conversation with the employee can yield further information that will determine the next steps an employer may need to take. Employers may want

to consider accommodations to protect their workforce and community. In some cases, this may involve reassigning an employee to another position for the day, and in others, it may involve taking further action. To confirm suspicion of impairment, employers should consider the objective evidence and, if legally permitted, require drug testing. Consider that impairment in the workplace could be a result of legal and illegal drug use.

If an employee is suspected of having an SUD or ongoing addiction issue, it is important to proceed cautiously. Employees can have a substance use issue but never violate a written substance use policy, which is why it is crucial that employers focus on performance or behavior issues rather than perceived health condition symptoms. Despite any suspicions an employer may have, the Americans with Disabilities Act (ADA) does not allow employers to make disability-related inquiries or medical examinations of their employees unless they are “job-related and consistent with business necessity.” For example, questions about past drug use and rehabilitation or current prescription drug use are not permitted, except in specific situations during the post-offer, pre-hire phase before employment commences. Current illegal drug use is not a covered disability under the ADA.

If an employee self discloses that they have an SUD, employers ordinarily cannot fire the employee only based on that disclosure without an interactive dialogue and weighing of all relevant facts and regulations. Employers should maintain confidentiality and assist the employee in accessing the services necessary to support their recovery based on the employee’s requests and interactive processes.

Intervention and Confidentiality

When an employee has violated a substance use policy or self disclosed an SUD, employers should act in the best interest of the employee, as well as their business.

Generally, intervening with an employee who is suspected of misusing substances should focus on the effect their misuse has had on performance or behavior, rather than the act of using itself. Employers should always consider if the same discipline would be imposed on an employee who is not suspected of addiction or substance abuse versus those who are. The same processes should apply.

Employers are not required to terminate employees if workplace impairment or a violation of substance use policy has been identified. They can help their employees access appropriate treatment and support their recovery, so they can maintain their employment status. However, an employer may consider terminating an employee who is provided this opportunity under these circumstances, continues to violate workplace policies, and exhibits performance deficiencies.

Employees who are in treatment may have concerns about confidentiality. Again, in many cases, employees may get the help they need without the employer ever being made aware of their condition. In cases where the employer is made aware, employees’ confidentiality should be a priority. The ADA and FMLA limit the information that employers have access to regarding an employee’s disability or serious health condition. Additionally, certain

entities covered under the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) limits how personal health information is disclosed, secured, and used. Each of these regulations have specifications that are situationally based. In general, employers should limit the amount of information to the minimum necessary to administer sick leave and similar HR benefits. Employers should refer to their administrators as much as possible in handling workers' compensation, wellness programs, or health plan processes. It is a best practice to obtain employee consent for any release of medical information as it applies to these decisions. When in doubt, consult legal counsel to ensure full compliance to all laws.

Discrimination and Reasonable Accommodation

Employees who are entering treatment or are in recovery, or who have family members in treatment, may be entitled to reasonable accommodations in the workplace. Accommodations may include the use of paid or unpaid leave, flexible scheduling, or modification of workplace duties.

The Americans with Disabilities Act (ADA) requires employers to provide equal opportunities and accommodations for employees with disabilities. When applied to substance use, current illegal drug users are not protected. However, individuals who have successfully completed a treatment program and are in recovery do qualify. Employees who are legally using prescribed or over-the-counter drugs as part of a disability may also be protected. Employers may be required to accommodate protected employees' job restrictions so that they can work safely and effectively. Furthermore, employers cannot fire, refuse to hire, or refuse to promote protected employees because of a disability.

In some cases, employees may need to take extended leave. The Family and Medical Leave Act (FMLA) permits these employees to go on unpaid leave for up to 12 weeks per year. Under the FMLA, treatment for substance use qualifies as a serious health condition, thus employees who are eligible must be granted a leave of absence.

Special Industry Considerations

Under federal and state guidelines, some industries may have specific regulations that apply to what they are required, able, or unable to do when addressing substance use in their workforce.

Appendix A: Terms to Know

Dependence	A state where the body adapts to the presence of a drug and presents withdrawal symptoms when drug use is reduced or discontinued.
Harm-Reduction	A treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the consequences of addiction related problems. ² These can include needle exchanges and naloxone for overdose prevention.
Medication for Opioid Use Disorder (MOUD)	The medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. ³ MOUD is also commonly known as Medication for Addiction Treatment (MAT).
Misuse	The use of prescription opioids in any way other than as directed by a prescriber; the use of any opioid in any manner, situation, amount, or frequency that can cause harm to self or others.
Opioid Use Disorder (OUD)	A disorder characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal. ^{3,21}
Overdose	A potentially fatal medical incident where a toxic amount of drugs, or a combination of, drugs overwhelms the body. When overdosing on opioids, breathing, blood pressure, and heart rate will all slow and can lead to coma or death. ³
Prevention	An approach on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors related to opioid misuse and OUD.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. ³
Remission	A medical term meaning a disappearance of signs and symptoms of the disease.
Return to Use	One or more instances of opioid misuse without a return of symptoms of OUD. A return to opioid use may lead to return of OUD symptoms. ³

Treatment	A process of diagnosing and treating individuals with OUD. Treatment can occur in a variety of settings and forms, and should always include options for Medication for Opioid Use Disorder (MOUD) and behavioral therapies. Treatment is a long term process.
Tolerance	Alteration of body's responsiveness to alcohol or other drugs such that higher doses are required to produce the same effect achieved during initial use. ³
Withdrawal	A series of symptoms ranging in severity that follow the absence of opioids in someone's system after prolonged exposure. These symptoms can include nausea, muscle cramping, depression, agitation, anxiety, and intense cravings.

Appendix B: Checklist

Before you Begin

- ✓ Educate yourself on the basics of opioids, addiction, and what it looks like in the workplace
- ✓ Recruit key decision makers in your workplace and engage them in the change process
- ✓ Consult an employment attorney and, if relevant, labor relations experts to advise you in reviewing and implementing current and future changes to opioids in the workplace

Getting your Data

- ✓ Identify what your data capabilities are and who you need to request your data from
- ✓ Consider what questions you have about your workplace and opioids, and request the corresponding measures from your data source
- ✓ Evaluate your results and determine what “story” your data tells
- ✓ Identify opportunities for improvement based on data analytics

Questions to Ask about Prevention:

How often are members being exposed to opioids?
Why are members being prescribed opioids?
Are members who are exposed to opioids at risk?
Are members overdosing on opioids?

Questions to Ask about Treatment and Recovery:

How many members have been diagnosed with a substance use disorder?
Are members with substance use disorder accessing treatment?

Evaluating your Benefits

- ✓ Compare your current benefit offerings to those discussed in this toolkit
- ✓ Determine necessary additions, subtractions, or adjustments to your offerings
- ✓ Meet with your health plan partner on what changes you would like to make and work with them to implement them



Recommendations for Prevention:

- Help employees manage pain without prescriptions
- Help employees manage pain with responsible prescribing
- Cover screening in primary care offices
- Cover site-of-use disposal
- Offer employee assistance programs (EAP)

Recommendations for Treatment and Recovery:

- Provide access for inpatient and outpatient care
- Cover medication for opioid use disorder
- Provide access to behavioral and mental health services
- Cover naloxone to reduce mortality
- Improve access to behavioral healthcare through telemedicine
- Consider alternative payment models

Adjusting your Workplace Policies

-  Compare your current workplace policies to those discussed in this toolkit
-  Consider making the necessary adjustments to your policies




Recommendations for Prevention:

- Educate employees and supervisors
- Create a culture of support
- Develop a workplace substance use policy
- Implement effective and privacy-sensitive drug testing

Recommendations for Treatment and Recovery:

- Offer leaves of absence and flexible scheduling
- Provide support group resources
- Develop a return to work policy

Staying Engaged

-  Review your data, at minimum, on a yearly basis to determine positive or negative trends
-  Identify any changes to benefits or workplace policies based on new trends or clinical advancements
-  Engage with other healthcare stakeholders to represent the employer perspective and stay up to date on innovations and changes in this area

Appendix C: Data Specifications

Below are the data specifications for measures recommended in the toolkit. Employers should reference this sheet when requesting their data from their data vendor, health plan, pharmacy benefit manager, or insurance broker. Some measures may have standardized definitions from nationally accredited organizations, while others depend on your data vendor's reporting. Either way, it is important for employers to be aware of the parameters that define each measure in order to accurately interpret their data.

Medical and Pharmacy Summary Analytics	
Enrollment Data	Number of members by type (employees/spouses/dependents) Average family size Percentage of males vs. females Average age
Total Expenditures	Medical and pharmacy spending including out-of-pocket expenses for members
Top Conditions and Medications	Prevalence Total expenditures
Total Mental Health and Substance Use Disorder Expenditures	Medical and pharmacy spending

Employers should also consider and discuss how this data can be broken down, or further stratified. Included below are a list of standard stratifications. Some measures may benefit from additional stratifications. Other helpful measures include comparison of workplace data metrics to national, state, regional, and industry benchmarks (if available), as well as total cost per member, condition, or prescriptions.

Many measures exclude certain medical conditions such as cancer and end-of-life care, but there may be other exclusions to consider as well. Employers should discuss these exclusions with their data vendor.

Standard Stratifications
Gender
Age group
Employee type (hourly/salaried)
Relationship to Employee (self/spouse/dependent)
In network/out of network
Health plan type

Additional Data to Consider
Data compared to national, state, local, and industry benchmarks
Total cost per member
Total cost per condition
Total cost per prescription

Prevention

How often are members being exposed to opioids?

*Opioids Prescriptions	Rate per 1,000 of opioid prescriptions among members 18 years and older		
	Numerator: Number receiving prescription opioids during the measurement year	Denominator: Members 18 years and older	Stratifications: Standard Additional <ul style="list-style-type: none"> Type of Opioid Length of Prescription Long-Acting vs Short-Acting

Why are members being prescribed opioids?

*Top Conditions Opioids are Most Prescribed for	Top conditions that opioids are most prescribed for among members 18 years and older		
	Numerator: Number of receiving prescription opioids for each condition type	Denominator: Members 18 years and older who received prescription opioids during the measurement year	Stratifications: Standard Additional: <ul style="list-style-type: none"> Prescription Rate per Condition

Are members who are prescribed opioids at risk?

<u>Use of Opioids at High Dosage</u>	Rate per 1,000 who received prescription opioids at a high dosage for members 18 years and older		
	Numerator: Number receiving prescription opioids at high dosage (average morphine equivalent dose [MED] > 120 mg) for ≥ 15 days during the measurement year	Denominator: Members 18 years and older who received prescription opioids during the measurement year	Stratifications: Standard
*Opioid Total Days Covered	Average number of days covered by an opioid prescription for members 18 years and older		
	Numerator: Total number of days that all opioids claims covered	Denominator: Members 18 years and older who received prescription opioids during the measurement year	Stratifications: Standard

***Indicates measures that do not have national standardized definitions**

Are members who are prescribed opioids at risk?

*Opioid Lag Days Between Rx	Average number of days lapsed between opioid prescriptions for members 18 years and older		
	Numerator: Total number of days passed between the current prescription fill date and the previous prescription's runout date	Denominator: Members 18 years and older who received prescription opioids during the measurement year	Stratifications: Standard
<u>Use of Opioids from Multiple Providers</u>	For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers, multiple pharmacies, or multiple providers and pharmacies; three rates are reported		
	Numerator: Number receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers, multiple pharmacies, or multiple providers and pharmacies	Denominator: Members 18 years and older	Stratifications: Standard

Are members overdosing on opioids?

*Opioid Antagonist Prescription	Rate per 1,000 members that have been prescribed an overdose reversal drug (Narcan/Naloxone) among members 18 years and older		
	Numerator: Number prescribed an overdose reversal drug in the measurement year	Denominator: Members 18 years and older	Stratifications: Standard
*Opioid Overdose/Poisoning	Rate per 1,000 members of opioid overdose/poisoning among members 18 years and older		
	Numerator: Number with an opioid overdose/poisoning	Denominator: Members 18 years and older	Stratifications: Standard

***Indicates measures that do not have national standardized definitions**

Are members overdosing on opioids?

*ER Visits due to Overdose	Rate per 1,000 of members who received prescription opioids that have also had a visit to the emergency room (ER) among members 18 years and older		
	Numerator: Number of ER visits due to an overdose/poisoning	Denominator: Members 18 years and older who received prescription opioids	Stratifications: Standard
<u>Concurrent Use of Opioids and Benzodiazepines</u>	Percentage of members 18 years and older with concurrent use of prescription opioids and benzodiazepines during the measurement year		
	Numerator: Number with concurrent use of opioids and benzodiazepines for 30 or more cumulative days during the measurement year	Denominator: Members 18 years and older with multiple prescription claims for opioids with unique dates of service, for which the sum of the days' supply is 15 or more days	Stratifications: Standard

Treatment and Recovery

How many members have been diagnosed with a substance use disorder?

*Substance Use Disorder Diagnosis (Dx)	Rate per 1,000 of members 18 years and older who have been diagnosed with substance use disorder (SUD)		
	Numerator: Number with substance use disorder (SUD) diagnosis	Denominator: Members 18 years and older	Stratifications: Standard
*Opioid Use Disorder Diagnosis (Dx)	Rate per 1,000 of members 18 years and older who have been diagnosed with opioid use disorder (OUD)		
	Numerator: Number with opioid use disorder (OUD) diagnosis	Denominator: Members 18 years and older	Stratifications: Standard

***Indicates measures that do not have national standardized definitions**

How many members have been diagnosed with a substance use disorder?			
*Alcohol Use Disorder Diagnosis (Dx)	Rate per 1,000 of members 18 years and older who have been diagnosed with alcohol use disorder (AUD)		
	Numerator: Number of with alcohol use disorder (AUD) diagnosis	Denominator: Members 18 years and older	Stratifications: Standard

Are members with a substance use disorder accessing treatment?			
<u>Identification of Alcohol and Other Drug Services</u>	Number and percentage of members who had a service for alcohol and other drug (AOD) abuse or dependence (i.e., a claim with both a diagnosis of AOD abuse or dependence and a specific AOD-related service) during the measurement year		
	Numerator: Number who had a service for substance abuse or dependence	Denominator: Members 18 years and older with substance abuse or dependence diagnosis during the measurement year	Stratifications: Standard
<u>Use of Pharmacotherapy for Opioid Use Disorder</u>	Percentage of members ages 18 to 64 with an OUD who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.		
	Numerator: Number who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year	Denominator: Number of members ages 18 to 64 with at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year	Stratifications: Standard Additional: <ul style="list-style-type: none"> Duration of Use Per Prescription

***Indicates measures that do not have national standardized definitions**

Are members with a substance use disorder accessing treatment?			
<u>Counseling on Psychosocial and Pharmacologic Treatment Options for Opioid Addiction</u>	Percentage of patients 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial and pharmacologic treatment options for opioid addiction with the 12-month reporting period		
	Numerator: Number counseled regarding psychosocial and pharmacologic treatment options for opioid addiction with the 12-month reporting period	Denominator: Members 18 years and older with a diagnosis of current opioid addiction	Stratifications: Standard

Are members with a substance use disorder accessing treatment?			
<u>Follow-Up After High Intensity Care for Substance Use Disorder</u>	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder (SUD) that result in a follow-up visit or service for SUD among members 13 years and older		
	Numerator: Number of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of SUD that result in a follow-up visit or service for SUD	Denominator: Members 13 years and older with a diagnosis of current opioid addiction	Stratifications: Standard

***Indicates measures that do not have national standardized definitions**

Appendix E: Resources

Want to learn more about opioids and addiction?

[Read the US Surgeon General's Spotlight on Opioids](#)

[Read the Journal of the American Medicine Association's latest review on opioid prevention and treatment](#)

[Visit the Substance Abuse and Mental Health Service Administration's \(SAMHSA\) Website](#)

Need to find help for yourself, a loved one, or an employee?

[Find Addiction Treatment Openings in Kentucky](#)

[Find Addiction Treatment Openings across the US](#)

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