

Opioids and the Workplace An Employer Toolkit Review

May 15, 2019

Welcome



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Webinar: Opioids and the Workplace

5/15/2019

Kentucky Opioid Response Effort (KORE)

- Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
- Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the 21st Century Cures Act
- Comprehensive targeted response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidencebased opioid prevention, treatment, recovery and harm reduction services and supports in high-risk geographic regions of the state

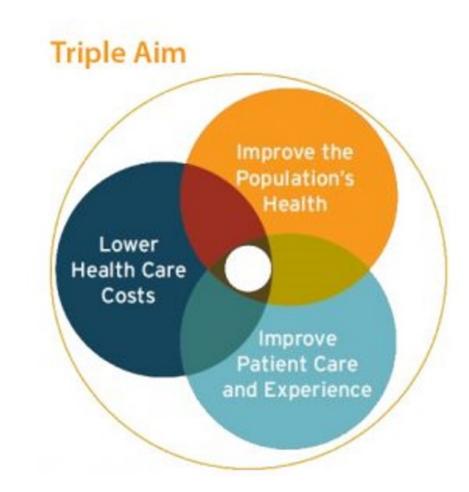


KENTUCKY Cabinet *for* Health *and* Family Services



KHC Mission

The mission of the KHC is to coordinate action-oriented efforts to mobilize the community to improve health and well-being. The KHC works collaboratively to improve access to high quality care and drive costefficient solutions, enhancing the economic competitiveness of the region.



About the KHC

- Non-profit organization with more than 10 years experience in convening healthcare stakeholders
- Serves:
 - Kentuckiana
 - Kentucky
- Consensus-based decision-making provides
 buy in for co-opetition
- Multi-stakeholder health coalition in Commonwealth and member of NRHI
- Purchaser/employers meet separately and member of National Alliance
- Convened by UAW/Ford Motor Company

Multi-Stakeholder Approach



Purchaser Only Approach



KHC Membership



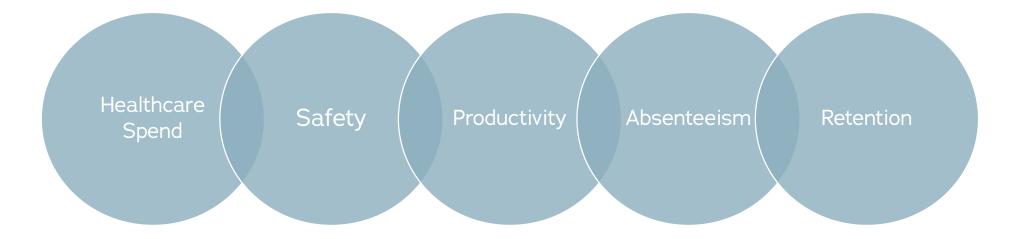
Webinar: Opioids and the Workplace

KHC Priorities



Opioids and the Workplace

70% of workplaces in the US are experiencing the impact of the opioid crisis.



Employer Toolkit Review

Natalie Middaugh, MPH

Community Health Program Manager Kentuckiana Health Collaborative



Webinar: Opioids and the Workplace

Putting the Pieces Together

Addiction Science

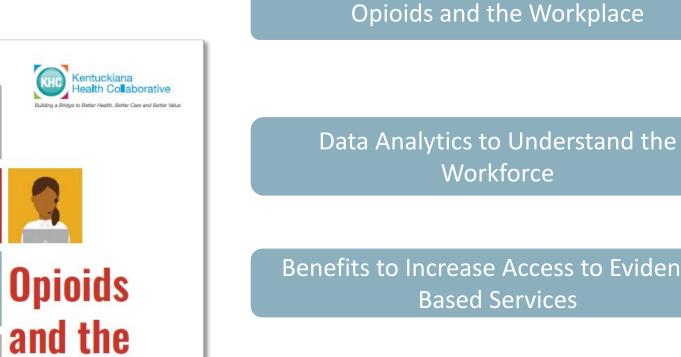
Health Benefits

Employee Exp

Data

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Workplace

An Employer Toolkit for

Supporting Prevention, Treatment, and Recovery

Benefits to Increase Access to Evidence-**Based Services**

Policies to Transform Culture and Protect the Workplace

Legal Considerations

Toolkit Development



What can employers 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

Opioids and the Workplace

- Opioids and Addiction
- Prevention, Treatment, and Recovery
- The Opioid Crisis
- Workplace Impact and the Employer Role

Data Analytics to Understand the Workforce

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?

Treatment & Recovery

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

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	Additional Data to	
Age group	Consider	
	Data compared to national, state, local,	
Employee type (hourly/salaried)	and industry benchmarks Total cost per member Total cost per condition	
Relationship to Employee (self/spouse/dependent)		
In network/out of network	Total cost per prescription	
Health plan type		

Prevention

How often are members			nembers 18 years and older
•Opioids Prescriptions	Numerator: Number receiving prescription opiolds during the measurement year	Denominator: Members 18 years and older	Stratifications: Standard Additional • Type of Opiold • Length of Prescription • Long-Acting vs Short- Acting

Why are members being prescribed opioids?			
	Top conditions that opioids are most prescribed for among members 18 years and older		
•Top Conditions Opioids are Most Prescribed for	Numerator: Number of receiving prescription opioids for each condition type	Denominator: Members 18 years and older who received prescription opiolds during the measurement year	Stratifications: Standard Additional: • Prescription Rate per Condition

Are members who are p	rescribed opioids at risk?		
Use of Opioids at High	Rate per 1,000 who received prescription opioids at a high dosage for members 18 years and older		
Dosage https://www.ncqa. org/hedis/measures/ use-of-opioids-at-high- dosage/	Numerator: Number receiving prescription opiolds 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 opiolds during the measurement year	Stratifications: Standard
Opioid Total Days Covered	Average number of days of years and older Numerator: Total number of days that all opiolds claims covered	Denominator: Members 18 years and older who received prescription opiolds during the measurement year	ption for members 18 Stratifications: Standard

*Indicates measures that do not have national standardized definitions

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Opinies and the Workstake: An Employee Toxiae for Supporting Previotion, Treatment, and Recovery

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Webinar: Opioids and the Workplace

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Benefits to Increase Access to Evidence-Based Services

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)

Treatment & 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

Policies to Transform Culture and Protect the Workplace

Prevention

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

Treatment & Recovery

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

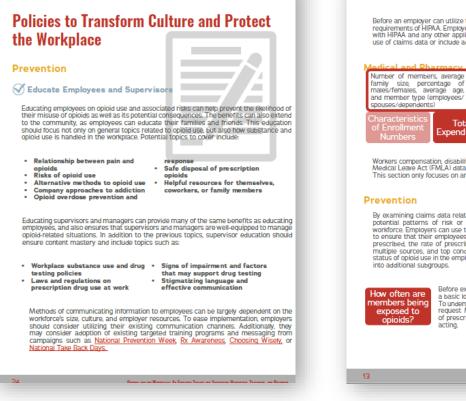
Legal Issues to Consider

- Intervention and Confidentiality
- Discrimination and Reasonable Accommodation
- Special Industry Considerations

Available at www.KHCollaborative.org/opioid-employer-toolkit

Kentuckiana ealth Collaborative Opioids and the Workplace An Employer Toolkit for Supporting Prevention, Treatment, and Recovery

Print Version



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.

lical and Pharmacy Summary Analytics

family size, percentage of treatment of OUD is understanding key characteristics males/fernales, average age, luding and member type (employees/ Тор Total Mental Total Health and SUD Conditions and Expenditure Medications

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.

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-

> > Opicies and the Weiksplace: An Employed Toolket for Supporting Prevention, Treatment, and Recover

Interactive Version

Expenditures

Who can benefit from this toolkit?

This is not a one-size-fits-all approach

There is something for every employer

Many stakeholders have a seat at the table

Where to start?



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 making process



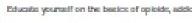
Identify opportunities for improvement based on toolkit recommendations and take subsequent action



Stay engaged with other healthcare stakeholders and advancements in this area

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:

Concult an employment attorney and, if relevant, labor relations experts to advice you in inviewing 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

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- How often are members being exposed to opicide?
- Why are members being prescribed opioide?
- Are members who are exposed to opioids at righ?
- Are members overticeing on opicide?

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How many members have been degreesed 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.

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editions for Promotion

Help employees: manage pain without prescriptions: Help employees: manage pain with responsible prescribing Cover ecosimiting in primary care officient Cover atta-of-use disposal Offer employee accidance programe (EAP)

eduliess for Traditional and Recovery

Provide access for inpatient and outpatient care Cover medication for opicid use depinder Provide access to behavioral and mental health saw ices. Cover resideants to reduce montality. Improve access to behavioral feasiblears through takemedicine Consider educately a payment module

Adjusting your Workplace Policies



Compare your current workplace polices: to those discussed in this tookit.



enconditions for Provetien:

Educate employees and expervience Create a culture of support Develop a workplace substance use policy Implement effective and privacy-constilles drug tecting reliables for Instance) and Recovery: Offer leaves of absonce and flexible acheduling. Provide support group resources: Develop a return to work policy

Staying Engaged

Review your data, at minimum, on a yearly basic to determine positive or negative transc. identify any changes to benefits or workplace policies based on new transfe or clinical advancements. Engage with other healthcare etakeholders to represent the employer perspective and day up

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to data on innovations and changes in this area-

5/15/2019

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Webinar: Opioids and the Workplace

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Roundtable Recap

An Empl	loyer Toolkit for Support	d the Workplace ing Prevention, Treatment, and Recovery
	Employer in	Agenda
11:45am	Lunch Pick Up and Registration	
12:00pm	Welcome and Introductions	Teresa Couts, Ed.D and Randa Deaton, MA Co-Directors I UAW/Ford CHI and KHC
12:10pm	An Employee's Experience of Employer Support	Patrick Kullman Interventionist
12:35pm	Opioids and the Workplace	Kelly J. Clark, MD, MBA Founder I Addiction Crisis Solutions Former President I American Society of Addiction Medicine
1:00pm	Employers and Experts Weigh In Moderator Tiffary Cardwell, SHRM-CP, PHR, CCP Human Resources Consulting Principal I Mountjoy Chilton Medley Director of Wellness I Louisville Society of Human Resources Management (LSHRM)	Panelists Amanda Elder, BA Corporate Health and Wellness Leader LG&E and KU Energy Eric Bailly, LPC, LADC CM Business Solutions Director, Behavioral Health Strategy Anthem, Inc. Diana Han, MD Global Medical Director GE Appliances, a Haier company Cynthia Blevins Doll, JD Partner Fisher & Phillips LLP
2:05pm	BREAK	
2:20pm	An Employer Toolkit for Supporting Prevention, Treatment, and Recovery	Natalie Middaugh, MPH Project Coordinator I Kentuckiana Health Collaborative
2:35pm	Roundtable Discussion	The business community has an active role in supporting the health and well-being of their employees. What should be their primary role in addressing the opioid crisis? What do you hope to gain from today's program? What is your biggest personal obstacle in acknowledging substance use in your workplace? What tools can help you overcome this obstacle?
3:35pm	Resources for Employers	Brittney Allen, PhD State Opioid Coordinator I Kentucky Opioid Response Effort
3:45pm	Closing	

Next Steps

Worksite Addiction Group

Employers invited to join

Employer Toolkit

- Employer cohort to discuss implementation
- Continued development to include advancements and employer needs

Pain Management

Increased focus



Resources

Addiction Treatment Openings in Kentucky

https://findhelpnowky.org/

Help finding treatment and questions about treatment or recovery 1-833-8KY-HELP (1-833-859-4357)

Addiction Treatment Openings across the US

https://findtreatment.samhsa.gov/

Steps to finding Quality Treatment

https://store.samhsa.gov/system/files/pep18treatment-loc.pdf





Upcoming Event

National Hospital Price Transparency Results: How do Kentucky hospital prices compare to the rest of the nation? Community Health Forum | June 4, 2019 www.khcollaborative.org/2019-june-forum/

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Thank you!