



Preventing Opioid Misuse and Disorder through Benefit Design

Addressing Opioid Misuse and Pain:
A 6-Month Employer Journey

Cohort Meeting 1 of 3 | November 1, 2019



Kentuckiana
Health Collaborative

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

Welcome



Teresa Coutts, Ed.D

UAW Director
UAW/Ford Community
Healthcare Initiative

KHC
Co-Directors



Randa Deaton, MA

Corporate Director
UAW/Ford Community
Healthcare Initiative



Logistics

Wifi

Network | IHGConnect
Password | SDFBL

Resources

Agenda
IBI Research Report
Opioids and the Workplace Toolkit

Privacy

Our goal today is to have a candid conversation in a safe space without the media present where we can share confidentially what is working and what is not working and what should be considered.

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, evidence-based opioid prevention, treatment, recovery and harm reduction services and supports in high-risk geographic regions of the state



CHFS

KENTUCKY
*Cabinet for Health and
Family Services*



Welcome

Today's Cohort Represents

10% of Kentuckians

18% of Kentucky Employees

23% of Kentuckians with employer sponsored insurance

Baptist Health
EdjAnalytics
EKU Workforce Development Cabinet
Facilities Management Services
GE Appliances, a Haier Company
Humana
Kelley Construction
Kentucky Chamber of Commerce
Kentucky Personnel Cabinet
Kentucky Restaurant Association
Kindred Healthcare
Louisville Gas & Electric and Kentucky Utilities
Louisville Metro Government
Louisville Society for Human Resource Management
Mercer
Norton Healthcare
Papa Johns
Quest Diagnostics
Sysco
UAW/FORD
United Parcel Services
University of Louisville



Opioids, Addiction, and Stigma: Setting the Stage for Progress

Natalie Middaugh, MPH

Project Coordinator
Kentuckiana Health Collaborative





Our Problem

With an unprecedented rise in opioid misuse and opioid-related overdoses in the United States and Kentucky, employers are experiencing challenges related to productivity, absenteeism, hiring, retention, healthcare costs, workplace culture, and employee health.

Our Problem

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.

USA

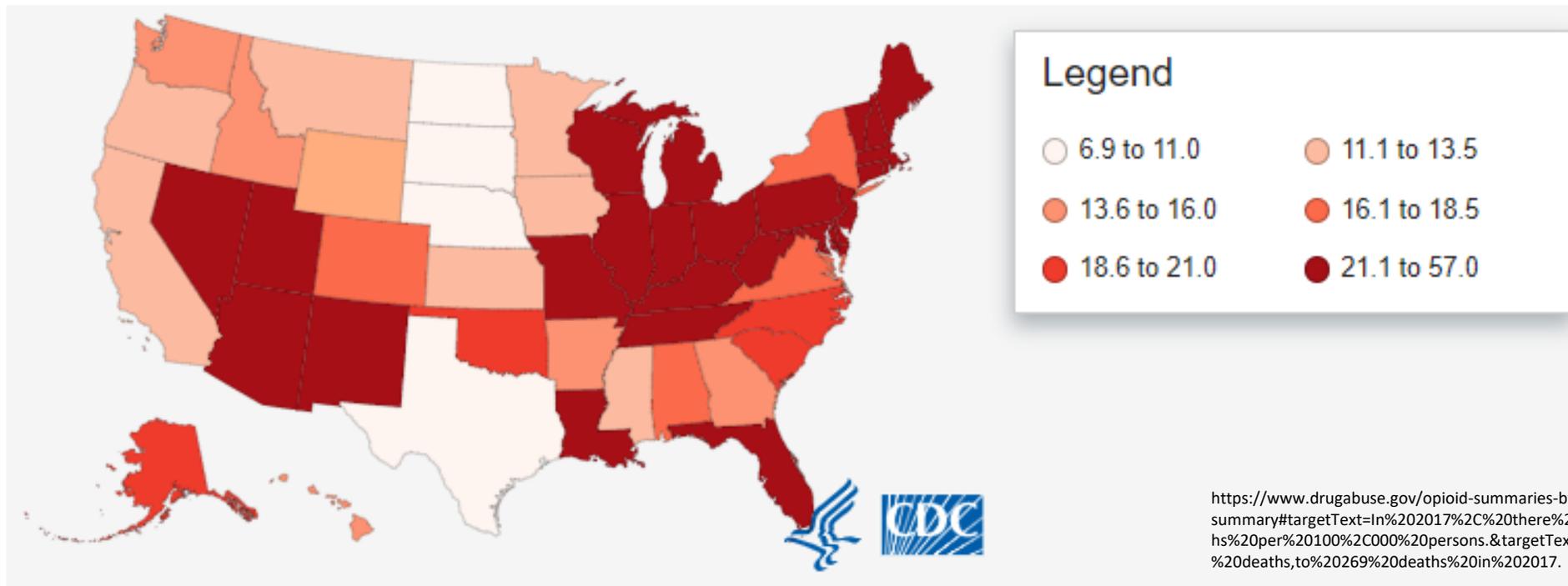
14.6

Overdose deaths
per 100,00 persons

KY

27.9

Overdose deaths
per 100,00 persons



Overdose deaths in Kentucky

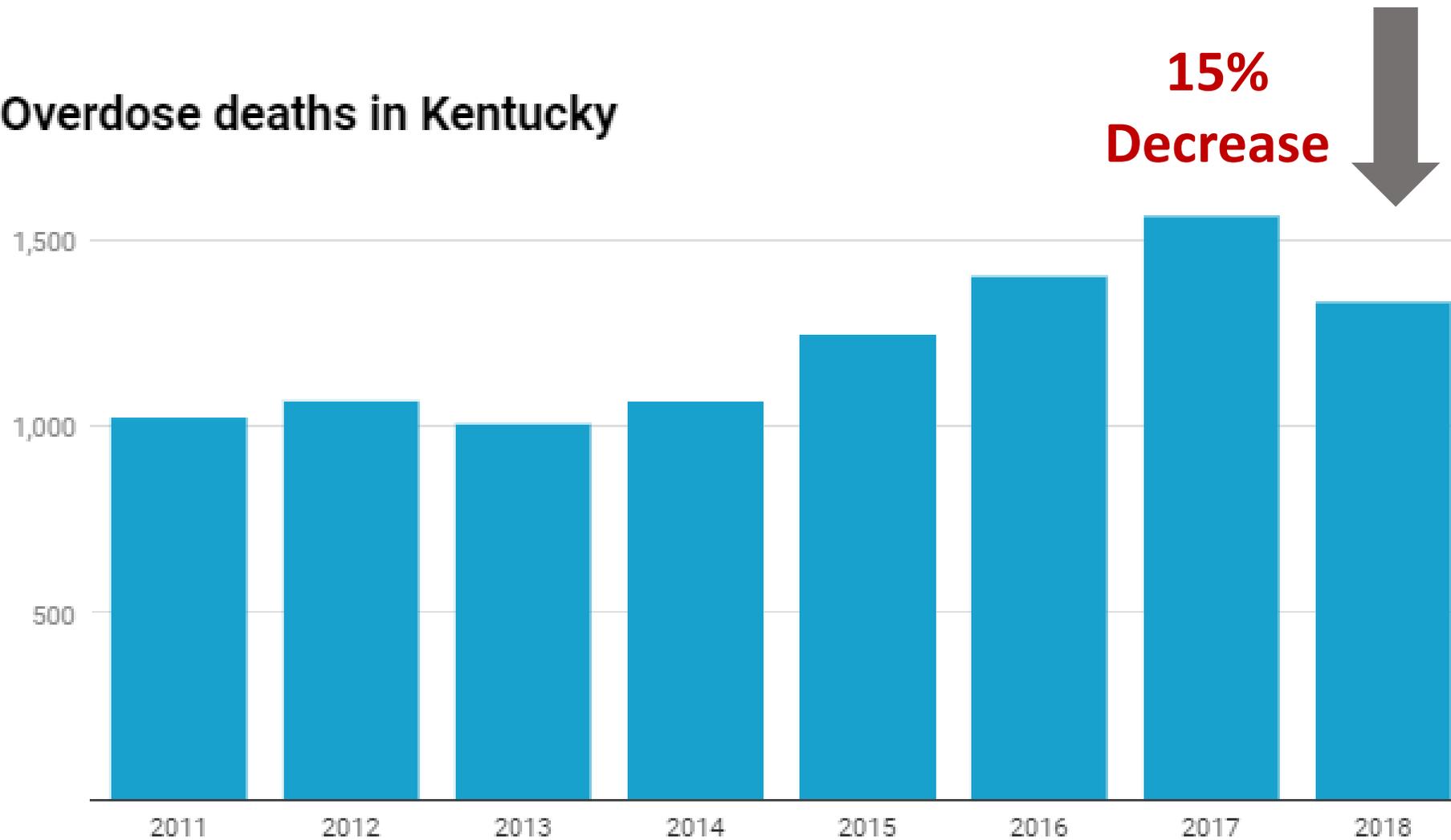


Chart: Joe Sonka • Source: Kentucky Office of Drug Control Policy • [Get the data](#) • Created with [Datawrapper](#)

Consequences



Financial

Estimated \$504 billion in economic costs (2015), 2.8% of GDP



Social

Increases in crime, violence, motor vehicle crashes, and child neglect

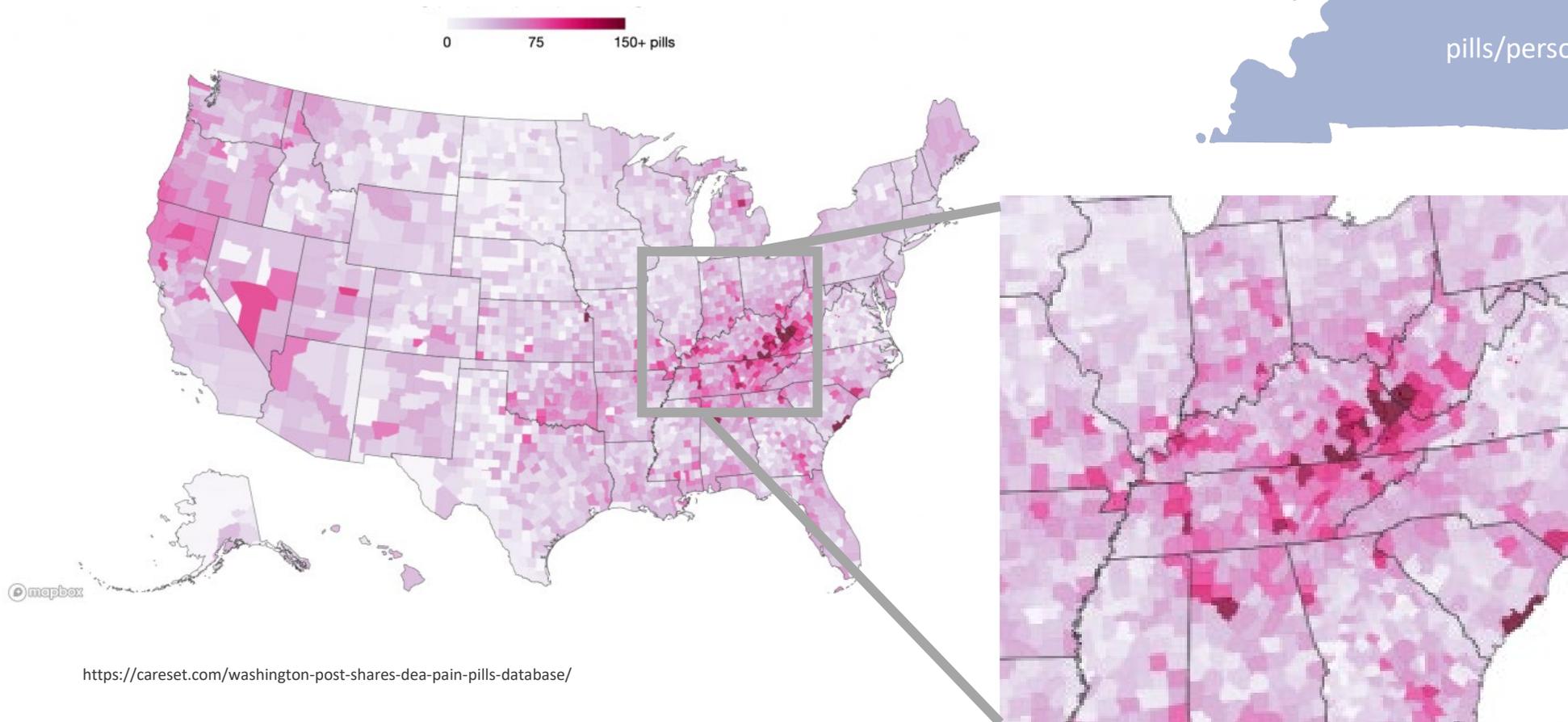


Personal

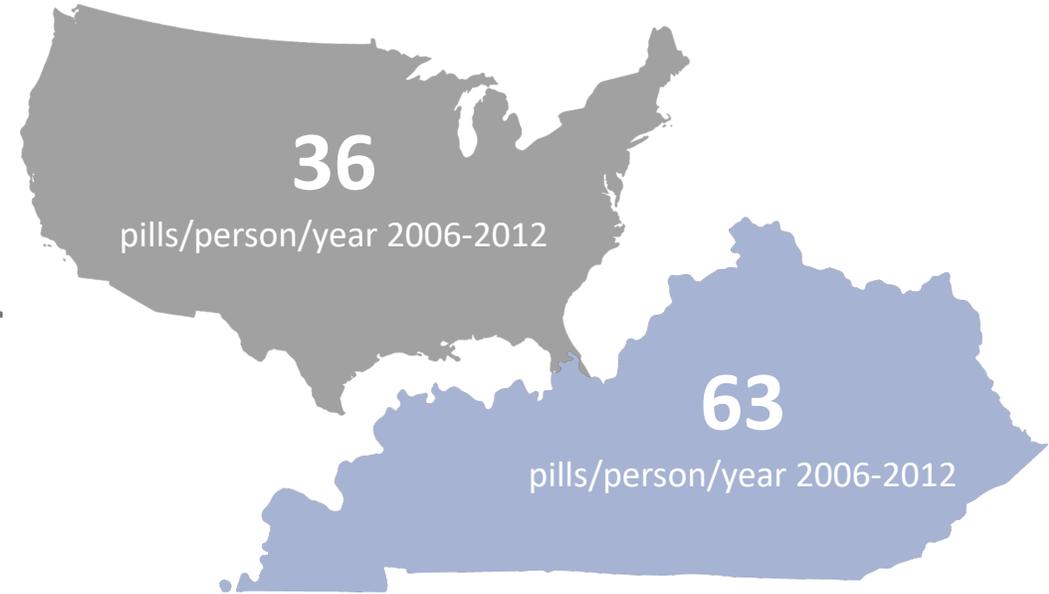
Compromised mental and physical health

Contributing Factors

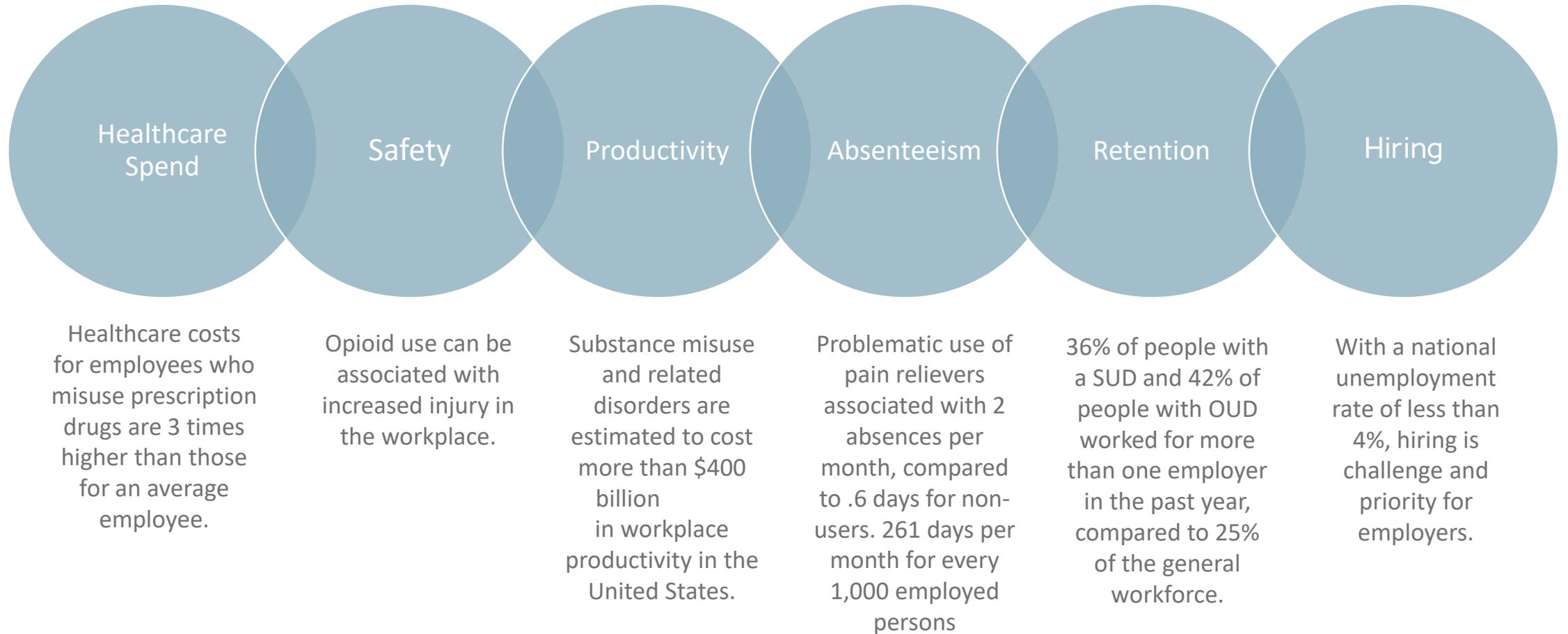
Number of pain pills distributed per person, per year
Average yearly total, by county, 2006-2012



<https://careset.com/washington-post-shares-dea-pain-pills-database/>



Workplace Impact



U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

B2B International (2017, January) National Employer Survey Prescription Drugs & The US Workforce [Powerpoint Slides]. Retrieved from <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2017/National-Employer-Addiction-Survey-Methodology.pdf?ver=2018-07-05-105114-883>



Our Purpose

Collectively prepare employers throughout Kentucky to leverage their positions as healthcare purchasers and employee support systems to improve access to evidence-based prevention, treatment, and recovery services for opioid use disorder and to maintain a healthy, loyal, and productive workforce.

Preventing Opioid
Misuse and Opioid Use
Disorder Through
Benefit Design

November 1, 2019

Increasing Access to
Evidence-Based Opioid
Use Disorder Treatment
and Recovery Services

January 17, 2020

Creating Workplace
Policies to Transform
Culture and Protect the
Workplace

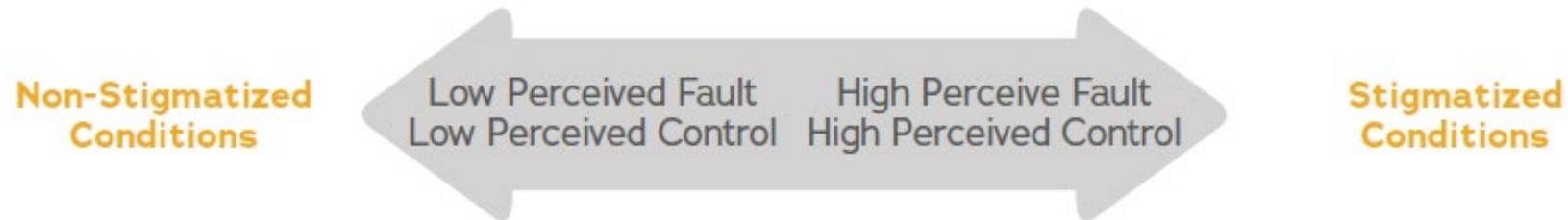
February 28, 2020

Opioids and Addiction

| | |
|----------------------------|---|
| | |
| Opioids | 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 |
| Use | Any use of a substance – legal or illicit, medicinally or pleasurably. |
| 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 |
| Dependence | A state where the body adapts to the presence of a drug and presents withdrawal symptoms when drug use is reduced or discontinued |
| Opioid Use Disorder | A disorder characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal. |
| Addiction | A primary, chronic disease of brain reward, motivation, memory and related circuitry. |

Learn more in the Opioids and the Workplace toolkit, pages 7, 8, and 31

Stigma



- **Includes personal shame and embarrassment, negative public attitudes and perceptions, and structural barriers**
 - Not accessing treatment for fear of judgement
 - Attributing substance use to a moral or criminal issue instead of a chronic disease
 - Using words like “addict”, or “clean/dirty” to describe people with substance use disorders
- **Stigma can be challenged by:**
 - Educating
 - Reframing language and imaging
 - Improving healthcare services for prevention, treatment, and recovery

Prevention of Opioid Misuse and Disorder

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.



**Reduce
Exposure**



**Improve Early
Detection**



**Reduce
Harm**

Prevention Through Benefit Design

✓ Pain Management Without Prescriptions

- Physical/Occupational Therapy
- Cognitive Behavioral Therapy
- Interdisciplinary Rehabilitation
- Chiropractic Care
- Acupuncture
- Exercise
- Massage Therapy

✓ Pain Management with Prescriptions

- Non-Steroidal Anti-Inflammatory Drugs
- Acetaminophen
- Local Anesthetics
- Steroid Injections
- Topical Agents
- Select Antidepressants and Convulsant

Consider...

Cost Sharing | Does use of this service place an undue cost burden on my employee?

Coverage Limitations | Does covered utilization frequency of this service prevent my employee from reaching a desired outcome?

Prior Authorization | Are services delivered in an untimely manner because of required approval from my health plan?

Prevention Through Benefit Design (Contd.)



Employee Assistance Programs (EAPs)

EAPs 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. As these services can vary widely, employers should consider whether their vendor screens for substance use and refers to evidence-based treatment providers.



Site of Use Disposal

Provision of site-of-use disposal technologies in the health plan can be a useful tool in preventing opioid diversion.



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an evidence-based approach to early identification of risky substance use behaviors. The service should be covered under the health plan for yearly administration.



Jason Parrott

Senior Manager of Global
Healthcare and Wellbeing
The Boeing Company



Discussion

1. What role does your company think they should play in the prevention of opioid misuse and opioid use disorder? Have actions already been taken? Have you faced any struggles?
2. When considering the availability of non-opioid alternatives to pain management, does your company see any opportunity for improvement in your health plan or PBM?
3. Has your Employee Assistance Program (EAP) been an effective partner in addressing substance use?
4. Has your company implemented an on-site naloxone program? If so, have you seen any successes? If not, what is a barrier?
5. Has stigma, either internally or externally, presented itself as a barrier in implementing substance use-focused initiatives among your workforce?



Next Steps

Portal

URL | khcollaborative.org/employer-cohort/
Password | KHCEC2019

Webinars

Mental Health Parity | December 12, 2019
Substance/Opioid Use Benchmarking Data | TBD

Upcoming In-Person Meetings

Increasing Access to Evidence-Based Opioid Use Disorder Treatment
and Recovery Services | January 17, 2020

Creating Workplace Policies to Transform Culture and
Protect the Workplace | February 28, 2020



Next Steps (Contd.)

Learning Materials

NPR On Point | *'Rehab Racket' High Costs Of Addiction Treatment And Questions Over Efficacy*

Integrated Benefits Institute (IBI) | *Opioids, Pain, and Absence: The Productivity Implications of Substance Use Among U.S Workers*

Opioids and the Workplace | Pages 9, 19-22

Benchmarking Data | Available Mid-November