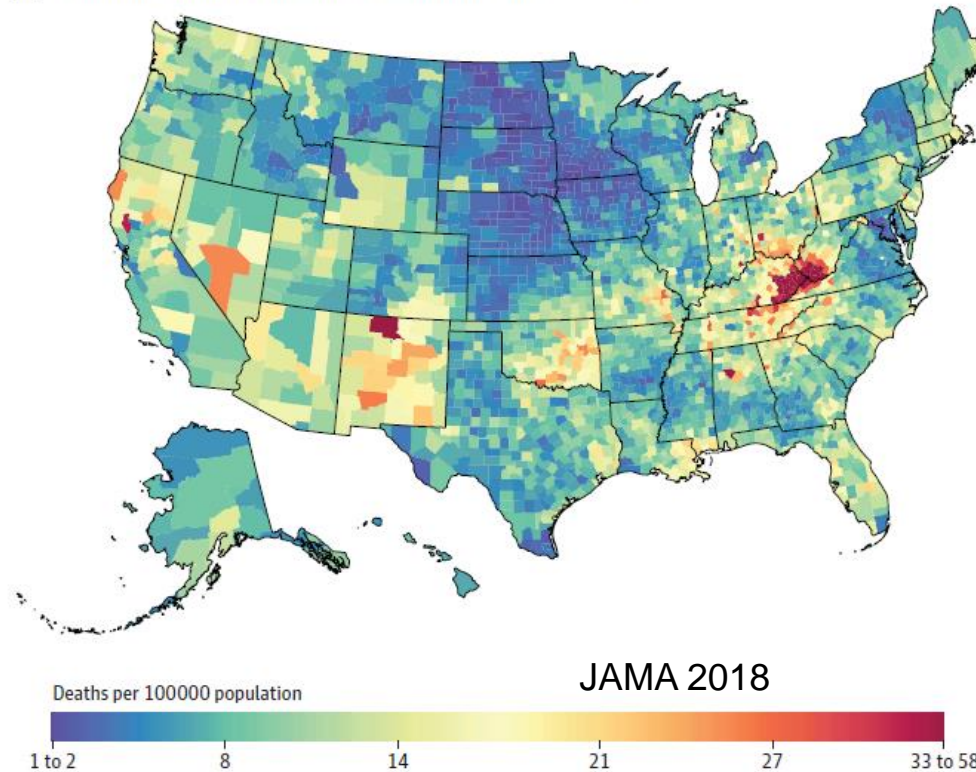


A Age-standardized mortality rate from drug use disorders, both sexes, 2014



Novartis Business
Services

“Opioid” Dependence in the Workplace: Detection, Safety, and Care Management

Robert S. Goldsmith, M.D., MPH*
MARCOEM Annual Meeting
October 2018

*Dr. Goldsmith is a FT employee of Novartis Services, Inc. There are no conflicts to disclose.

Not to Forget

Opioids are not the only problem

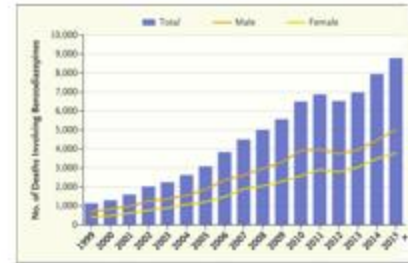
Benzodiazepines



Perspective Our Other Prescription Drug Problem

Anna Lembke, M.D., Jennifer Papac, M.D., and Keith Humphreys, Ph.D.

Article Figures/Media



BDZ-related deaths 1999-2015*

Metrics February 22, 2018
N Engl J Med 2018; 378:693-695
DOI: 10.1056/NEIMo1715050

Gabapentanoids (gabapentin and pregabalin):

- DEA category V-potentiate other drugs of abuse
- Prescribing rates skyrocketing. Off-label use common
- Supratherapeutic doses may produce sedation, dissociation, relaxation, contentment, numbness, uninhibited behavior, improved sociability, empathy, or audio and visual hallucinations

Cannabinoids-35 States allow medicinal or recreational marijuana

Alcohol-6.2% of American adults have alcohol abuse disorder

Emergency Management

Suspected narcotic overdose

Standing orders should be available!



1. Notify EMS
2. Take a moment to consider diagnostic alternatives
 - Hypoglycemia
 - Cardiac event or stroke
 - Other sedating drugs or alcohol
3. Do the basic A-B-C's Anticipate respiratory/airway failure
4. Naloxone (Narcan) may be administered. Intranasal is easiest
 - May need multiple doses
 - Patient may relapse quickly
 - Beware of acute withdrawal with agitation

~50% of large employers stock naloxone in clinics. It may be deployed by security or medical first responders as well.

MRO Considerations

The Department of Transportation published final rules in the Federal Register ([82 FR 52229](#)) which impacts all DOT regulated employers. The changes go begin on January 1st 2018 for all DOT agencies.



The DOT drug panel will now include screening for the following semi-synthetic opioids:

- Hydrocodone
- Oxycodone
- Hydromorphone
- Oxymorphone

While the panel will include a number of potential substances, DOT will still refer to the updated drug panel as a 5 panel but *opiates* is being changed to *opioids*. Results will report out as a 5 panel test.

DOT regulations will still permit a drug test donor to provide a legitimate medical explanation for the presence of drugs in their system. The Medical Review Officer (MRO) is not permitted to question whether the prescribing physician should have prescribed the substance.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



CS264107C May 9, 2016

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

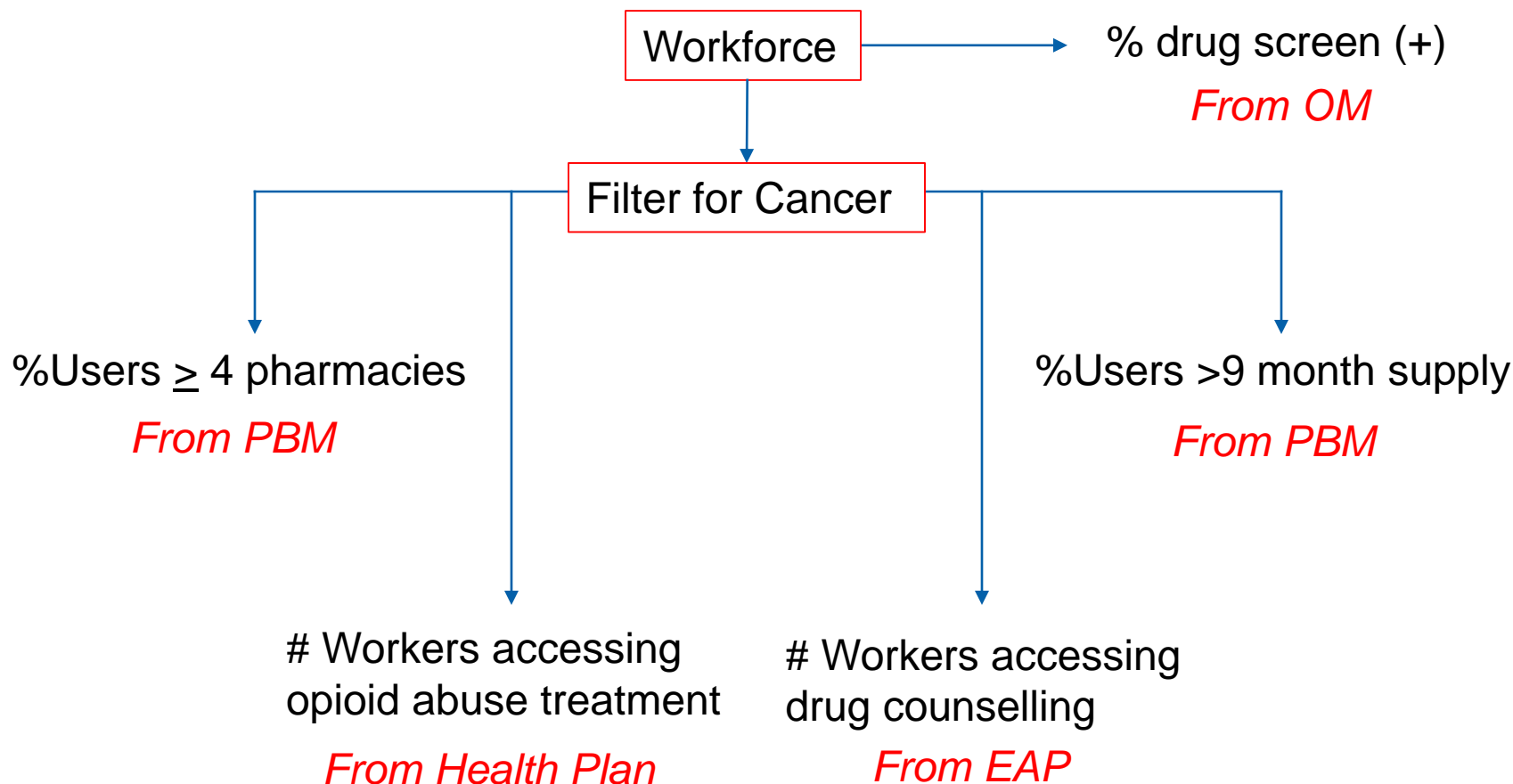


Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.

Is There a Problem in Your Organization?*



*Family member pose an additional challenge. Many aspects of management are similar.

A (True) Case

The company's pharmacy benefits management partner (PBM) flags a suspicious opioid utilization case through their fraud, waste and abuse tracking system.

The case involves an employee who has been prescribed multiple different opioids from multiple prescribers for multiple diagnoses. He has obtain the pills from multiple pharmacies.

A more thorough investigation validates the concern.

The company decides to “close the spigot”, by limiting prescriptions to a single prescriber and a single pharmacy.

Everyone is happy that the case has been managed quickly, decisively and effectively.

The New York Times

Wednesday, March 28, 2018 | Today's Paper | Video | 43°F | Dow -0.14% ↓

Business Opinion Tech Science Health Sports Arts Books Style Food

Medicare Is Cracking Down on Opioids. Doctors Fear Pain Patients Will Suffer.

Officials are close to limiting doses of the painkillers, but doctors say doing so could put older patients into withdrawal or lead them to buy deadly street drugs.

By JAN HOFFMAN MARCH 27, 2018



Key Opioid Management Program Attributes

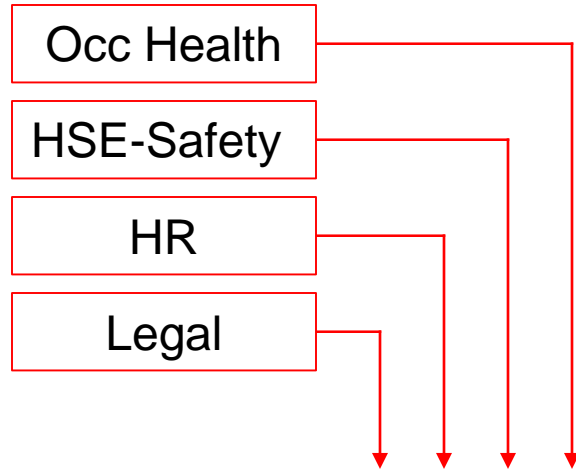
Treating the dependent employee

- 1. *Must assure safety to the worker, coworkers, public and operations***
2. Must adhere to prevailing laws, such as ADA
3. Must be consistent with company policy
4. Must adhere to union contracts and agreements
5. Must maintain privacy, unless safety at issue. BAA's necessary.
6. Must align with company commitment to workforce
7. Must be practical and acceptable for all stakeholders
8. Must provide a pathway to cure, not a pathway to undetected abuse
- 9. *Must be sensitive to underlying health and pain management issues***

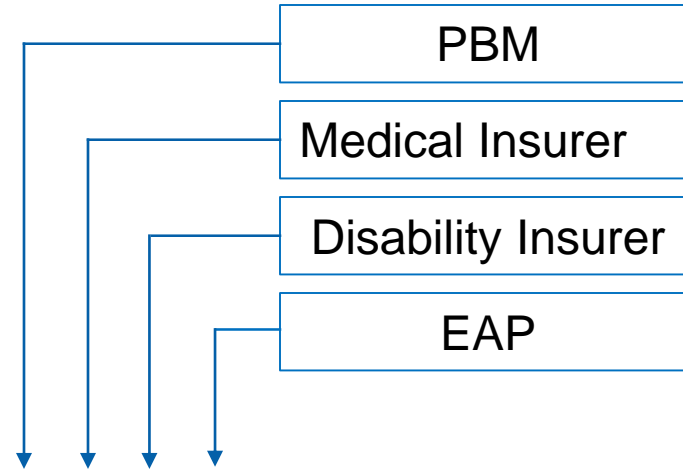
Major Stakeholders

All should be engaged

Internal



External



- **Primary prevention**
- **Detection**
- **Risk/Safety**
- **Intervention**

The Major Stakeholders-Prevention

Substance Use Disorder Prevention		
These efforts will reduce the risk or opportunity for opioid dependence		
Provider	Input	Comments
PBM	New script for SA/LA opioid	Education letter sent
	New script for SA/LA opioid possible leftover supply	Disposal bag
	New SA script	7 day fill limit
	2 or more scripts/30 days or any 3 or more scripts	Call from therapeutic resource center
	New LA script	PA for SA opioid
Medical Insurer	PA for surgical procedure	Pre-op pain management discussion: patient +/- M.D.
	Opioid predictive modelling	
	Pediatric outreach and training	To M.D.'s
Mental Health Insurer		
STD Insurer		
Dental Insurer	Dental education	Continuing education courses
EAP Provider	EAP web queries	On-line materials
	Nontargeted messaging	Webinars
Employer	Limited on-site medical prescribing	Not indicated for acute or episodic care
	Education through on-site pharmacy	

Detection

Anticipate multiple inputs

Internal

- Line management/HR-performance or gross behavior
- BPO-behaviors
- Security-drug screen
- Clinic-acute or episodic illness or workplace injury

External/Vendor

- PBM
- Medical plan
- EAP
- Mental health plan
- Disability carrier

How can your organization standardize management, when cases arrive from multiple different directions?

The Major Stakeholders-**Detection**

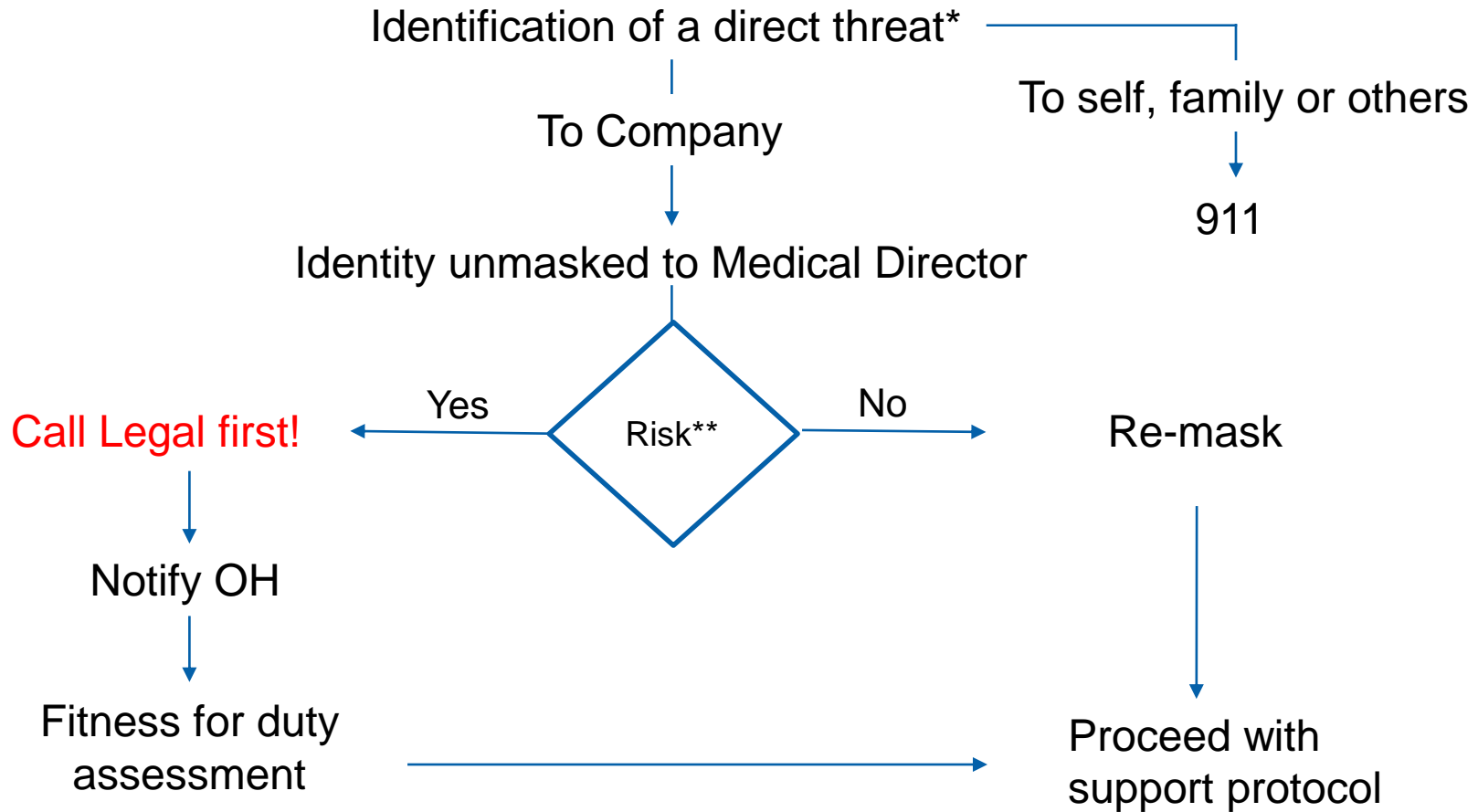
Substance Use Disorder Detection

These efforts will improve the ability to detect and respond to suspected or known opioid abuse, regardless of source or drug

Provider	Input	Output - Referrals	Comments
PBM	FWA Program, detection and investigation	Report back to employer	Consider restricting medication access
Medical Insurer	ER visit for overdose	Referral to care management team and network provider	HBCBS reviews ESI claims for abuse potential
	Frequent ER flyers		
	Referral from other care management	EAP or network provider	
	Member calls to request treatment	Referral to EAP or network provider	
	Facility calls with benefits inquiry	Direct outreach to member	
Mental Health Insurer	Direct input from physician with member consent	Referral to network provider	Currently referred into network providers
	UM referrals from mental health specialists		All providers required to screen for substance abuse
	Member benefits request	Referral to network provider	
	Referrals from Medical carrier	Referral to network provider	
STD Insurer	Dx suggests risk for dependence	Contact Corporate Health for safety review and referral to care manager	RN reviews notes, does in depth patient interview, refers cases
EAP	Manager referral via HR	F2F assessment, 911 call, or in-network referral	
	Member or family self-referral		
Employer	Referred for impairment evaluation	To Corporate Health for care management referral	Fitness eval/drug screen

Assessing Impairment Risk

Each stakeholder has their own policy

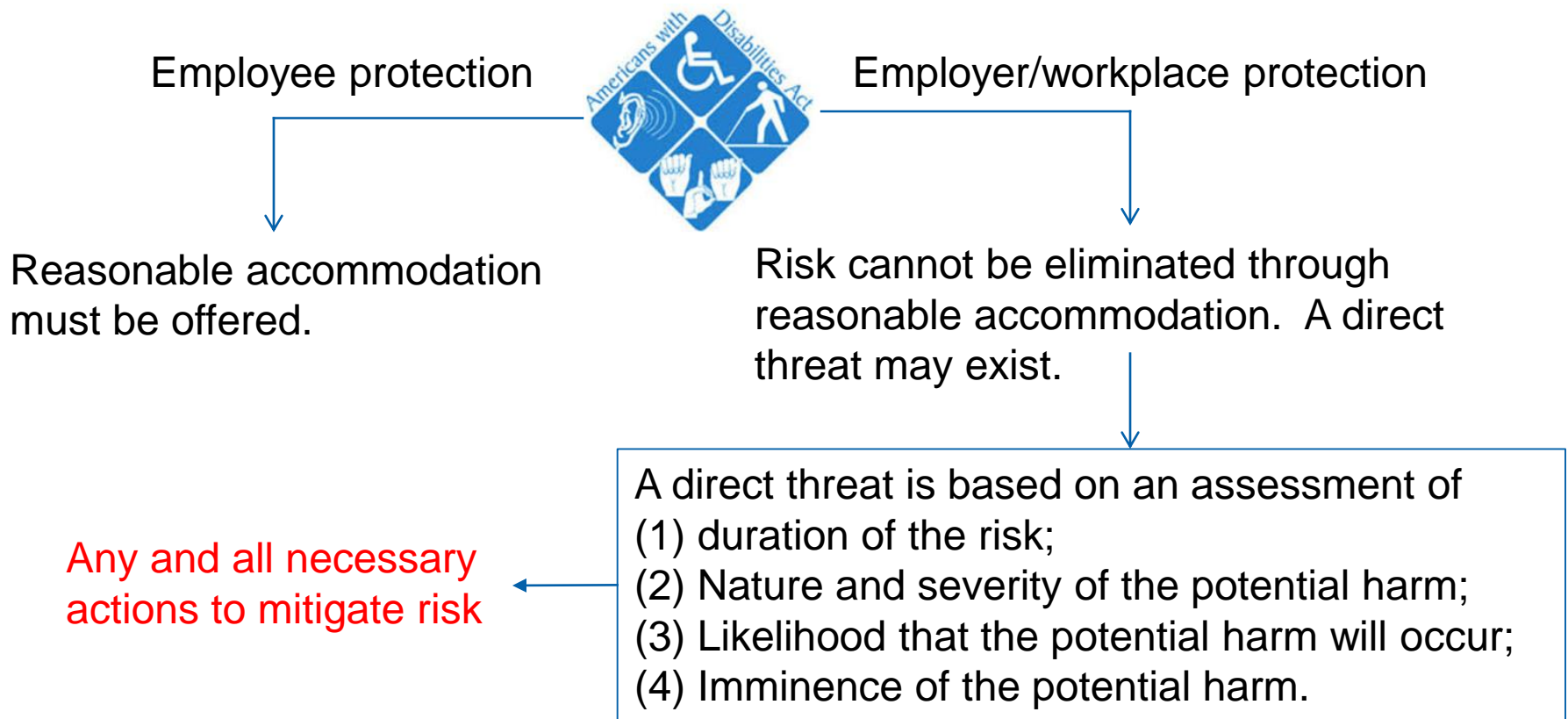


*Based on number of doses, schedule, SA/LA, interview or other criteria.

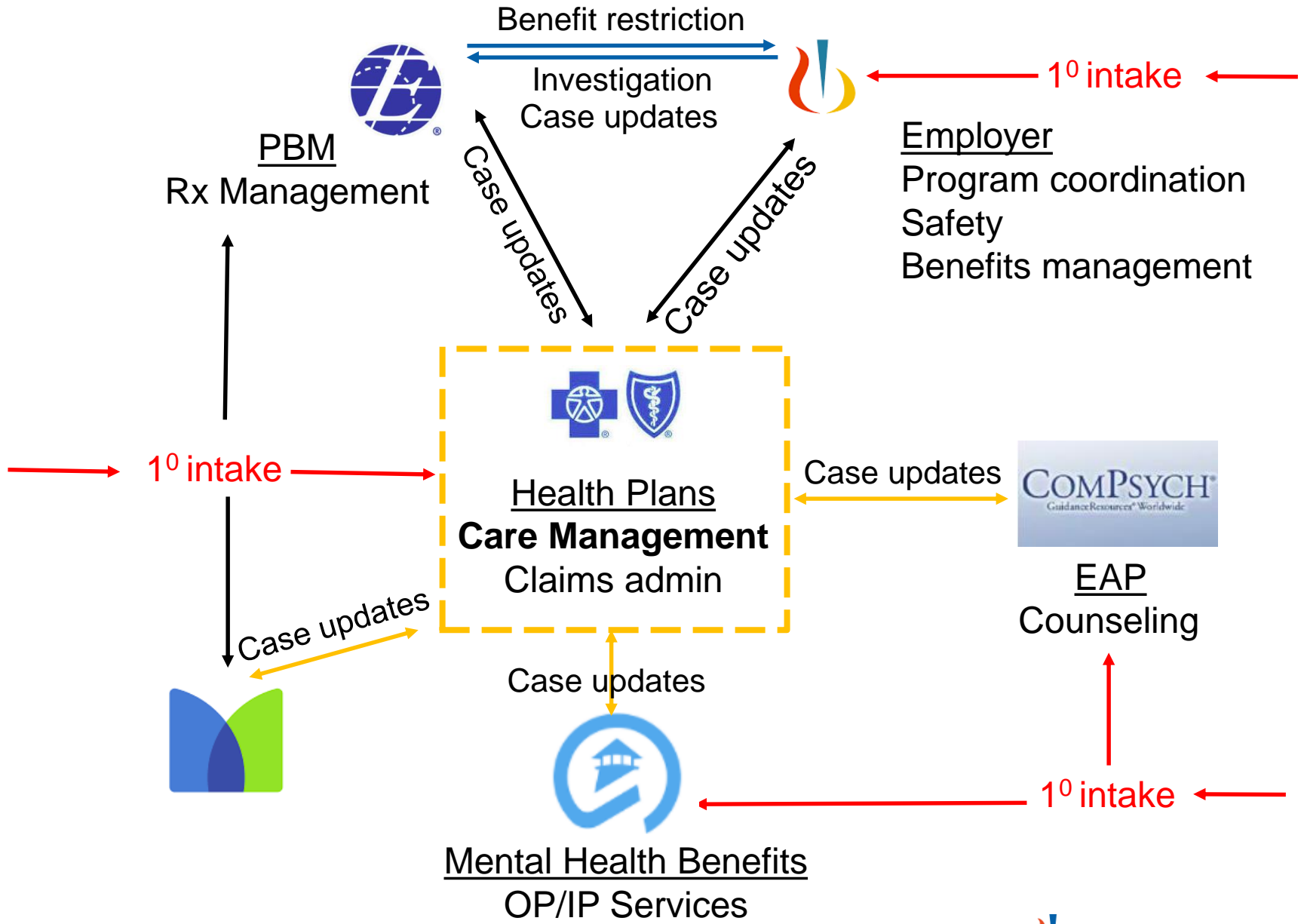
**Regardless of safety-sensitive status.

Substance Abuse and the ADA

Associates whose behavior suggests impairment must be managed in accordance with the ADA and other pertinent regulations. The ADA defines pathways for both employees and employers:



Integrated Intervention



Grand Rounds



- All stakeholders participate
- Moderated by Company and health plan representatives
- Operating rhythm TBD
- No identifying information
- Sharing opinions and expertise
- Handoffs
- May be applied to other health issues

Grand Rounds-Novel Solutions

Cognitive-Behavioral Therapy for Individuals With Chronic Pain

Efficacy, Innovations, and Directions for Research

Dawn M. Ehde, Tiara M. Dillworth, and Judith A. Turner
University of Washington

American psychology 2014

Over the past three decades, cognitive-behavioral therapy (CBT) has become a first-line psychosocial treatment for individuals with chronic pain. Evidence for efficacy in improving pain and pain-related problems across a wide spectrum of chronic pain syndromes has come from multiple randomized controlled trials. CBT has been tailored to, and found beneficial for, special populations with chronic pain, including children and older adults. Innovations in CBT delivery formats (e.g., Web-based, telephone-delivered) and treatments based on CBT principles that are delivered by health professionals other than psychologists show promise for chronic pain problems. This article re-

stimuli and consequences. The repertoire of chronic pain treatments expanded to include behavioral treatments that aimed to decrease patients' pain behaviors (e.g., limping, guarding) and increase "well" behaviors (e.g., participation in customary activities). Also in the 1970s, Aaron Beck developed cognitive therapy for depression (Beck, Rush, Shaw, & Emery, 1979). The increased attention to the role of cognitions in mood, anxiety, and other psychological disorders sparked interest in incorporating cognitive therapy techniques into behavioral therapies for chronic pain (Turk, Meichenbaum, & Genest, 1983; Turner & Romano, 2001).

Back to Our Case

The company's Pharmacy benefits management partner (PBM) flags a suspicious opioid utilization case through their fraud, waste and abuse tracking system.

The case involves an employee who has been prescribed multiple different opioids from multiple prescribers. He has obtain the pills from multiple pharmacies.

A more thorough investigation validates the concern. **The action plan is initiated**

- **Medical Director determines that there is no safety risk.**
- **Privacy policy is re-established**
- **The case is referred to the designated health carrier case manager.**
 - **The case manager conducts an interview. The employee may opt out, but understands that the case has been flagged.**
 - **EAP referral facilitated**
 - **Addiction services are approved by the health plan**
 - **The health plan offers pain management referral**
 - **Pharmacy restrictions are approved**

Take-homes

1. Despite all efforts, substance abuse in the U.S. is increasing in frequency and adapting to a growing list of restrictions.
2. Employers have access to data that can measure and define the problem. If you look, chances are you'll find it.
3. Driving opioid abuse underground is not a reasonable option.
4. Safety trumps all other considerations, including privacy
5. Large employers generally have multiple resources to manage substance abuse. Those services, however, are often fragmented and disorganized. Somebody (3rd party) needs to take ownership for coordinated care management.
6. Appropriate management requires close collaboration between HSE, HR and other internal stakeholders.