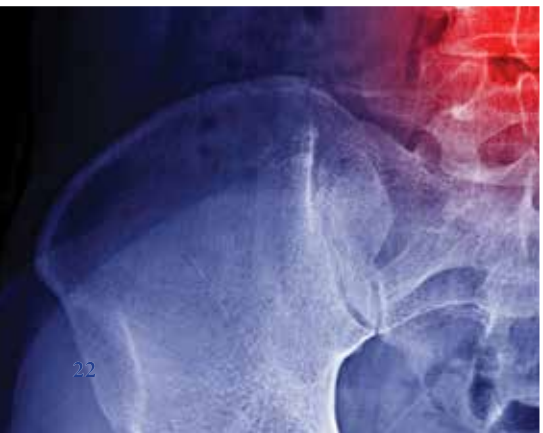
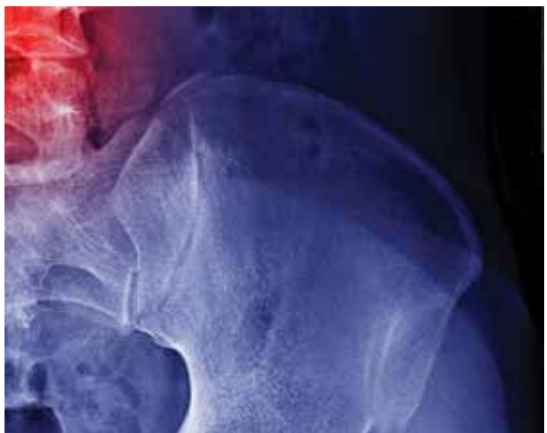
PENNSYLVANIA
Borough News
www.boroughs.org | October 2017

Creating Healthy Communities

2016 FOLIO: EDDIE AND OZZIE HONORABLE MENTION

Volume 10; Issue 10



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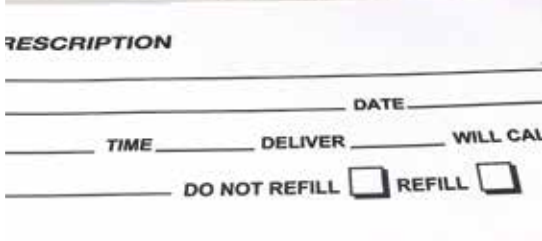
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FEATURE ARTICLE

By David R. Leng, Vice President, Duncan Financial Group

The Impact of Opioids on Workers' Comp

A 16th-century philosopher once observed that on many occasions "the remedy is worse than the disease." And this would seem to be the case, when narcotics are prescribed to treat workplace injuries and that "cure" becomes the addictive problem.

In all, about 2.8 million private-industry workers and 752,000 public-sector employees suffered nonfatal workplace injuries in 2015, more than half resulting in time away from work, according to the most recent figures from the federal Bureau of Labor Statistics. But that only tells half the story.

According to a survey by CompPharma, an industry group that seeks to control workers' compensation spending, more than $1.5 billion was spent on opioids by workers' compensation insurers in 2015, with prescriptions for injured workers accounting for 13 percent of the total opioid pharmacy costs in the U.S. that year. Survey respondents cited opioids and addiction as their most pressing concern.

A separate study of 337,000 workers' compensation claims in 25 states published last year by the independent Workers Compensation Research Institute found that 55-85 percent of injured workers who missed seven days or more of work received at least one opioid prescription. The report cited that 1 in 10 injured workers in PA were prescribed opioids.

Dr. Leonard J. Paulozzi, a medical epidemiologist with the Center for Disease Control and Prevention's (CDC's) National Center for Injury Prevention & Control, said drug problems are potentially more prevalent among the injured worker population.

What makes the problem worse is that many work-related injuries occur to the back, for which doctors are increasingly prescribing opioids to address pain, despite broad medical recommendations against long-term use of such painkillers in back cases, according to Paulozzi.

"In fact, the recommendations really are just for use in more short-term situations with back pain. Opioids might be good for use in the acute phase, say within six weeks after injury. But if it doesn't improve the situation in the short term, continuation is not really indicated," he added.

Most treatment guidelines in workers' compensation now recommend opioids only for acute, post-surgical pain relief for three to seven days, ideally. They are

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Providers must take responsibility for engaging injured workers in an active pain-management process.

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not recommended for chronic musculoskeletal pain, for example, or for pain lasting longer than three months.

Providers must take responsibility for engaging injured workers in an active pain-management process. It doesn't have to be a formal program; it can be an agreement between doctor and patient.

Doctors have to be ready for this responsibility if they prescribe opioids. It's poor practice – and violates the physician's imperative to "do no harm" – to prescribe something addictive, if you are not able to assist the injured worker with the weaning process.

In some states, there are steps in place to combat what is obviously becoming an opioid epidemic.

For instance, in the Ohio Bureau of Workers' Compensation has stated that reimbursement for opioid prescriptions can be denied if it's believed physicians are overprescribing or otherwise failing to follow "best medical practices" in treating injured workers.

The issue is, however, that sometimes the injured workers still walk out with the drug before the doctor or pharmacy is told that they are not going to be reimbursed.

California is taking it a step further in January 2018 with a proposed workers' compensation drug formulary for weaning injured workers off drugs, according to several commentators.

Closed drug formularies are the latest trend in state workers' comp systems, praised as an answer to opioid overprescribing.

Under California's proposed formulary, long-term opioid prescribing will no longer be allowed without a review process. The new rules call for doctors to issue progress reports on how a patient is being weaned off medications and what the alternative treatment plan is.

So what other steps can we take to corral this growing problem? Doctors following "best medical practices" is the key.

For each diagnosis there is a diagnosis code medical providers must use to get reimbursed for services. For each code, the American College of Environmental and Orthopedic Medicine has a best practices care plan, but there are doctors that may not follow these guidelines.

For example, for a severe sprain, the guide states treatment should be an anti-inflammatory and three days of pain medicine. But some physicians will prescribe separate drugs for both parts, including an opioid and dole out the medicine for a week rather than the three days. And a week may be all it takes for a worker to become addicted.

It is important to know that an alternative may be to use a heavier dose of ibuprofen, which is

actually both a pain reliever and anti-inflammatory, and not addictive. Unfortunately, a doctor can make more money getting reimbursed for prescribing opioids than handing out a bottle of ibuprofen.

About five years ago, I consulted for the SMC Business Councils, Independent Blues (a Philadelphia health insurance carrier), and several state legislators to help pass a bill to close a loophole in PA's workers' comp law that allowed doctors to be reimbursed at a much higher rate when dispensing from their office rather than a pharmacy. Today, they are now capped at the same 113 percent of Medicare reimbursement rates.

Another step on the road to battling a cure that isn't working is to get claims adjusters involved.

Claims adjusters have the responsibility to be on the lookout for opioid prescriptions and to make sure that providers are prescribing them within guidelines.

Some claims adjusters have suggested the best approach to the opioid problem is to have a claims management system that alerts managers every time a new claim has an opioid prescribed. From there a plan could be put into place to make sure there was an understanding of the opioid treatment guidelines, including weaning the injured worker off the drugs at the appropriate time.

Still, there's a long road to go before the problem of opioids in the workplace is solved. A good chunk of the solution needs to start with the employer and educating employees about how opioids work and the dangers of addiction.

If a worker is injured, a strong social network, ranging from co-workers right up to the top of the corporate ladder, needs to be provided because these networks can be extremely helpful in combating drug problems.

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If the problem accelerates and treatment is necessary, it is important to educate the worker on options, including counseling and pharmaceutical treatment.

In the end, the best way to alleviate the problem of opioid addiction in the workplace is to start with workplace safety.

If you, as an employer, focus on doing what it takes to create a culture that stresses safety on the job, then you have automatically eliminated the first step in the path to addiction. In doing so, you may not have only kept a productive worker in the workplace, but you may have also saved a life.

The best approach to the opioid crisis is with a team of providers, claims adjusters, and injured employees working together to avoid opioid dependence and maximize recovery, restoration of function, and lasting relief from pain.

About the author: *David R. Leng, CPCU, CIC, CBWA, CRM, CWCA, is the author of Stop Being Frustrated & Overcharged and vice president of the Duncan Financial Group, a member of Keystone. He is also an instructor for the Institute of WorkComp Professionals (IWCP) and can be contacted at dleng@duncangrp.com. For more information, visit www.StopBeingFrustrated.com.*

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