

Opioids: Implications for Business, Worker's Comp, and Quality of Life



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Why?

- **Client Profile**
- **Risk Performance Group**
- **It's Personal**



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What Kid Doesn't Like to Blow Things Up?



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What Are Opioids?

Opioid	Brand Name
Codeine	Only available in generic form
Fentanyl	Actiq, Duragesic, Fentora
Hydrocodone	Hysingla ER, Zohydro ER
Hydrocodone/acetaminophen	Lorcet, Lortab, Norco, Vicodin
Hydromorphone	Dilaudid, Exalgo
Meperidine	Demerol
Methadone	Dolophine, Methadose
Morphine	Astramorph, Avinza, Kadian, MS Contin, Ora-Morph SR
Oxycodone	OxyContin, Oxecta, Roxicodone)
Oxycodone and acetaminophen	Percocet, Endocet, Roxicet
Oxycodone and naloxone	Targiniq ER

Opioids are a class of prescription narcotic medication derived from the same plant as heroin



Where We Are



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Where We Are

477 Number of pills per adult and child distributed by one Pharma company in Floyd County KY-18.4M doses in total(Business Insurance Article 1/11/2018)

5 Million prescriptions of Opioids written in Virginia during 2015 and 2016(Roanoke Times Article 1/26/18)

72% Percentage of Whites with Opioid Use Disorder, 57% of which were male(National Survey on Drug Use and Health 2016)



Where We Are



100 Million individuals affected by chronic pain

259 Million Opioid prescriptions written in 2012 – enough to give every American adult their own bottle of pills

3X Prescriptions compared to 20 years ago & expected to increase

5% US has < 5% of world's population but consumes 80% of the Opioid supply



Long-term use can lead to addiction & job impairment and is a growing problem for employers

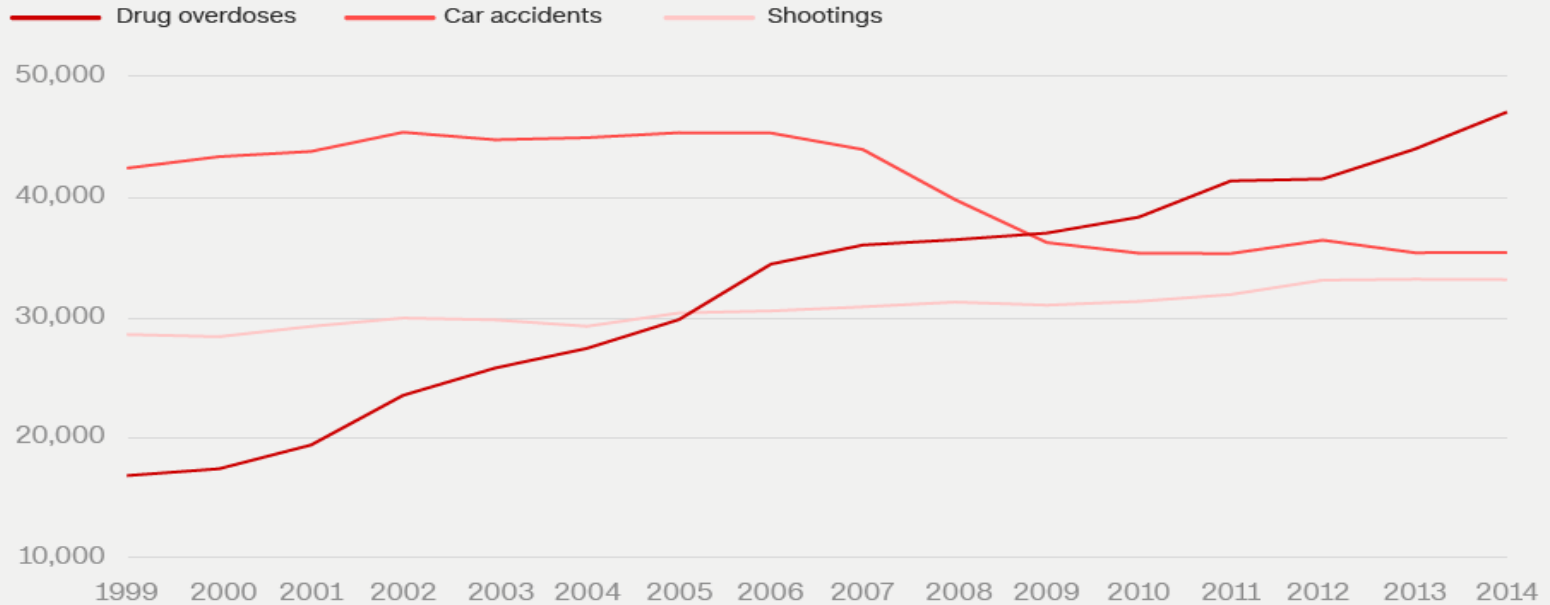


** National Institutes of Health & CDC stats*

TOP CAUSE OF ACCIDENTAL DEATHS

Drugs now kill more people than cars, guns

Number of deaths from drug poisonings vs. other causes, 1999–2014



CNN Source: CDC

Increase driven by Opioid overdoses



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Entry Point for Opioids

- Common pain management events:
 - Teenager gets wisdom teeth removed
 - Athlete has knee surgery
 - Back surgery
 - Emergency Room visit – variety of causes
 - Workplace injury
- Opioid prescribed for short term pain management



How We Got Here



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How We Got Here

- **Unsubstantiated Claims**
 - 600 Articles reference 1980 NEJM article
- **Rogue Pharmacies and Unethical Prescribing**
 - Distributors don't ask questions(McKesson suit)
- **Poor Patient and Provider Education**
 - One Pharma company sponsored 20,000 education events for Dr.s claiming addiction potential was low
- **Health Insurance/Medicare Reimbursement**
 - Reimbursement metrics based, in part, on patient satisfaction



How We Got Here

- **Doctors Caught in the Middle**

- Failing to provide adequate pain relief can be grounds for malpractice claims

- 71% of Emergency Room Dr's surveyed reported a perceived pressure to prescribe Opioids to avoid regulatory and administrative criticism

- **Lack of FDA Oversight**

- FDA accepted Pharma Industry's claim that Opioids' addiction rate was low for too long



Relevant to Your Company?

- Post-Workers Comp Injury
 - When Opioids prescribed in job related injuries, claims were almost 4x as likely to have a cost over \$100,000 compared to claims without an Opioid prescription
 - Hopkins-Accident Research Fund Study in 2012 found that workers prescribed even one Opioid had average total claims costs 4-8X greater than claimants with similar claims who didn't get Opioids



Relevant to Your Company?

- Injured workers who take Opioids longer than 12 weeks usually don't return to work at all due to dependence and other side effects

Some Evidence of Opioid Use Causing WC Claims:

- Client Survey of 700 drivers for Transportation Company:
 - 147 drivers had a RX for a CNS Agent. 45% of these drivers went on to have a WC Claim.
 - 553 drivers did not have a RX and only 2% of this population went on to have a WC Claim



What Can Employers Do?



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What Can Employers Do?

Step 1:

- Develop clearly-written drug-free workplace and drug testing policies to include disciplinary process (Include pre-hire, random, reasonable suspicion, post-accident testing)

Step 2:

- Specifically request that Opioids be tested for on your drug panel(may have to request specific drugs)

Step 3:

- Find out if you're capturing both synthetic and semi-synthetic Opioids (Consult testing facility, panel physician, MRO)

What Can Employers Do?

Step 4:

- Develop and deepen relationship with Panel Physicians where possible.
- Tour sites, ask if they use PDMPs, share Job Desc's.

Step 5:

- Train employees on effects, issues, alternatives etc.
- Re-frame as Safety issue - Opioid use and the impact on driving, using heavy equipment or Safety sensitive positions



What Can Employers Do?

Step 5 Cont'd:

- Remind Employees they can ask for alternative treatment
- Use of EAP if available

Step 6:

- Consider use of Post Offer Medical Questionnaire
- “Knowing What You are Getting”



Post Offer Medical Questionnaire

Pre-Offer :

Employer may not ask any disability-related questions or require any medical examinations, even if they are job related

Post Offer/Pre Work:

Employers may ask medical/disability related questions and conduct medical examinations, as long as you do so for all entering employees in the same job category

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POMQ Continued

- **Implement with advice from HR and Legal Advisor:**
 - Provide accurate job description to applicant
 - Obtain written confirmation that the person has no physical limitations that would prevent them from performing essential functions of job
 - Require completion of Post-offer Medical Questionnaire (POMQ) a.k.a Conditional Job Offer Form and send for physical examination



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What should I do today?

- Medicine Cabinet
- Call your designated Physician
 - Drugs being captured
 - Concerns
 - Learn their preferences



Questions?



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