Introduction

Name | Title | Email
--- | --- | ---
Kathy Carlton | Vice President, National Accounts | Kathy.carlton@beaconhealthoptions.com
Dr. Steve Bentsen | Regional Chief Medical Officer | Steven.Bentsen@valueoptions.com

Agenda

• Brief introduction to Beacon and our speakers
• Nature & Scope
• Why Employers Care About Opioid Use
• Unique Challenges in Managing Opioid Addiction
• Overview of Beacon’s White Paper in response to the crisis of opioid addiction
• Empowering the EAP to Support Best Practice Care
• Signposting to additional resources
• Opportunity for Q & A

What Are Opioids?

Opioid painkillers include morphine, oxycodone, hydrocodone and similar medicines. Like heroin, they derive from the poppy plant.

People may think opioids are the best way to treat pain, but we know other, non-addictive medicines are just as effective.
Opioids Are Impairing

- Opioid medications are impairing even when taken as prescribed
  - Short-term use: always impairing
  - Long-term use: often impairing
- People taking these drugs should not drive and should not work in safety-sensitive positions

Why Employers Should Care

- Reduced quality of work
  - Cost to employers is around $26 billion per year, or about $200 per FTE
  - Safety issues
- Health issues
  - Use of opioids after an injury:
    - Increases medical costs
    - Delays return to work
    - Doubles the risk of permanent disability

Extent of Use

- A 2009 study showed that in Minnesota, over the course of 1 year, 13.9 percent of the working-age population received a prescription for an opioid medication.¹
- In 2009, ambulatory patients presenting with back pain received opioids around 35 percent of the time from PCPs and more than 60 percent of the time in Eds.²
- In 2010, 23 percent of the U.S. workforce had used prescription drugs to get high or to self-treat a medical condition without guidance from a physician or medical professional.

---

Opioid Addiction Is Headline News

Why?
- There has been massive overprescribing of opioid painkillers
- Heroin abuse is growing
- Treatment is fragmented and hard to access


Issues Unique to Addiction Treatment
- Widest gap between science and clinical practice
- About 50 percent of family members would help a family member obtain treatment
- About 5 percent of treatment referrals are from health care providers
- Forty-four (44) percent of referrals from legal system
- Most do not receive best practice care
- Only minority of states monitor treatment outcomes
- Quality measures not standardized
- Many programs exempt from state regulation or medical oversight
Workforce Issues Unique to Addiction

- Medical professionals receive minimal training in addiction treatment.
- Of approximately 1 million physicians practicing, only 1,500 identified as addiction specialists; only 300 of those are psychiatrists.
- Most treatment provided by addiction counselors.
  - 14 states do not require licensure
  - 6 states no degree required
  - 14 states high school degree or GED
  - Apprentice model, personal experience (“in recovery”)
  - Not equipped to provide evidenced-based treatment, medical care or treatment of co-occurring conditions

Source: Addiction Medicine
Closing the Gap between Science and Practice, NIMH, Center on Addiction and Substance Use, Columbia University 2012

Medication-assisted Treatment (MAT) Reduces All-cause Mortality

"...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population; whereas the mortality rate of untreated individuals using heroin was more than 15 times higher."

Medek-Losee et al., 2015; Dube, 2015; Stallone, 2009; Bell and Zador, 2000; Menter, 1998

MAT as Part of Treatment Program

- Four approved medications for treatment of opiate dependency:
  - Buprenorphine
  - Methadone
  - Naltrexone oral
  - Naltrexone injectable
- MAT is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- MAT has proven to be very effective as part of a holistic, evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of PDMP.
Opioid Addiction: A Chronic Illness Should Be Treated Through Chronic Disease Model

<table>
<thead>
<tr>
<th>Recommended Interventions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase community resources and policies</td>
<td></td>
</tr>
<tr>
<td>Increase collaboration between payers and providers</td>
<td></td>
</tr>
<tr>
<td>Improve access to medication for self-management</td>
<td></td>
</tr>
<tr>
<td>Improve design of delivery system</td>
<td></td>
</tr>
<tr>
<td>Increase decision support and clinical information systems</td>
<td></td>
</tr>
<tr>
<td>Implement clinical information systems</td>
<td></td>
</tr>
<tr>
<td>Increase community resources and policies</td>
<td></td>
</tr>
<tr>
<td>Increase collaboration between payers and providers</td>
<td></td>
</tr>
<tr>
<td>Improve access to medication for self-management</td>
<td></td>
</tr>
<tr>
<td>Improve design of delivery system</td>
<td></td>
</tr>
<tr>
<td>Increase decision support and clinical information systems</td>
<td></td>
</tr>
<tr>
<td>Implement clinical information systems</td>
<td></td>
</tr>
</tbody>
</table>

Empowering EAPs

- Re-evaluate your drug-free workplace program
  - Rewrite policies to state that employees cannot work in safety-sensitive positions even with a legitimate prescription
  - Update your drug testing panels:
    - A basic 5-panel test is not enough
    - Minimum should be: opiates, oxycodone, methadone, benzodiazepines, THC, cocaine, amphetamines. Consider others.
  - Include employee and supervisor education
  - Encourage EAP referrals
  - Drug addiction is a chronic illness!
- Re-evaluate workplace injury management
  - Occupational health clinics
  - Workers’ comp physicians

Summary

1. Prescription opioid addiction has reached crisis proportions.
2. Social bias and a pervasive view of addiction as a moral failing has limited access to effective, evidence-based treatments.
3. Implementing the six tenets of the chronic disease model of care signifies a major redesign of the current health care system to appropriately treat the chronic disease of opioid addiction and combat the opioid crisis.
4. As the path to addiction often begins with prescribed opioids for the treatment of pain, a comprehensive treatment continuum needs to include pain management.
5. Legislation could be instrumental in realizing this goal.
Resources

- Beacon Health Options White Paper - Confronting the Crisis of Opioid Addiction
- Accompanying blog on the opioid crisis: beaconlens.com
- Additional support:
  - Recording of last fall’s ValueOptions client summit, ‘Pain Pills Are Hurting Your Business: What You Can Do’
    http://healthandperformancesolutions.net/summit%20info/Pain_Meds/Pain_Meds.html

Thank you

For questions and additional information
Kathy Carlton
Vice President, National Accounts
Kathy.carlton@beaconhealthoptions.com
518-439-4703