

# A Dent in the Crisis

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WORKERS' COMPENSATION INSURERS ARE FINDING THEMSELVES TO BE PART OF THE SOLUTION TO THE OPIOID EPIDEMIC.

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We're hearing it everywhere: "The opioid epidemic is out of control." Unfortunately, recent studies confirm the harrowing accuracy of this statement.

Researchers at the Columbia University Medical Center released a study in December 2017 that examined 13,000 overdose deaths of people on Medicaid. This is the first study designed to determine the proportion of those who died of an opioid overdose being treated for chronic pain. The results showed that more than 60 percent of the individuals in the study fit that category. Only 4 percent of them had a known abuse problem up to the month before their deaths.

Many of the people who died were also known to have diagnoses of depression and anxiety. Doctors say this is especially dangerous because when drugs for depression and anxiety are taken with an opioid regimen, they present a potentially deadly combination. This is because of the increased risk of respiratory depression resulting in shallow and unusually slow breathing. The study showed that in the year before death, more than half of the people looked at in the study had filled prescriptions for both types of medications.

While we're hearing some declarations of outrage, what can we do? Where will the solutions to the problem come from? Is there any hope?

Could the insurance industry make a dent in the opioid crisis?

Several NAMIC member companies proudly say "Yes!"

"We really started noticing opioid issues back in 2005 with some cases that started out as simple slip and falls and turned into something much more," says **Mike Standing**, **A.I.M. Mutual Insurance Company's** president and CEO. "We live in a culture where doctors don't want their patients experiencing pain. So instead of starting with something like Advil and working the way up, oftentimes, the patient is given a strong opioid and encouraged to work the way down. Easier said than done."

Standing has firsthand experience with this culture on more than just a professional basis. Last year, after two major surgeries, Standing was offered opioids. He declined them and is glad he did. Standing is married to a doctor and credits his wife for the help in managing his treatment options. He believes education about the dangers associated with opioids is key to getting patients who are offered the drugs to ask if they really need them.

While the specifics of A.I.M.'s procedures are proprietary, Standing outlined the broad strategy his company follows in order to do what's best for claimants – which is to get them back to work as soon as practical so they can contribute to their employers, their families, and society.

"With each claimant, we perform predictive modeling that's based on fourteen major factors, including things like past history of depression and/or anxiety, other pre-existing conditions, history of substance abuse, and so on," says Standing. "That modeling helps us identify potential risks ahead of time and provides our experts with a list of claimants who need to be more closely monitored. We also closely work with our prescribing physicians."

Years ago, A.I.M. entered into agreements with a group of physicians to reduce and monitor opioid prescriptions as pain treatment plans are administered. This, in coordination with opioid laws that are in effect in A.I.M.'s home state of Massachusetts, has reduced the number of days a patient can be prescribed an opioid-based drug. Most other states are following suit. Standing's company has seven nurses on site who handle and monitor the more-at-risk cases. They actively engage with claimants, gain their trust, and guide them through recovery.

"Predictive modeling does provide us with a way to identify certain factors that could indicate potential addictive behavior," Standing says. "We do get who I call 'frequent flyers' from time to time, and we definitely keep an eye on them and their doctors. That said, we do try to give people the benefit of the doubt with an end goal of getting claimants back to work. But it's definitely in everyone's best interest to be diligent."

**Michael Bourque**, president and CEO of the **MEMIC Group**, agrees with Standing and says his company also has had its eye on opioid use for quite some time.

"Before the 1990s, opioids were used primarily for palliative or end-of-life care," he says. "Then something changed, and doctors viewed the level of pain as the fifth vital sign. Patients were asked their pain levels or asked to point to a face on a chart. Then doctors prescribed accordingly to alleviate the pain."

A significant amount of science indicates that long-term use of opioids for chronic pain relief eventually makes the pain worse, not to mention the risk of addiction as a secondary issue. If addiction treatment is eventually necessary, Bourque says insurance companies are often on the hook for those associated costs, too, not unlike when a patient ends up with an infection or other sort of complication resulting from the original treatment.

The MEMIC Group uses predictive modeling and has many controls in place, including peer-to-peer communication from one doctor to another who may be prescribing more opioids than the norm. The company's nurses and case managers review and approve

all prescriptions before the company will pay for the drugs. Bourque says MEMIC pays close attention to claimants who are on an opioid regimen for longer than suggested or who might have doctor shopped and are trying to receive multiple prescriptions with the intent to sell them.

"With state prescription monitoring programs in place here in Maine along with our stringent controls, I do feel like the tide is turning regarding opioid prescribing," Bourque says. "It's definitely a social issue, and keys to any social issue are education and awareness. That's what we try to do."

**West Bend Mutual Insurance Company's** director of claims, **Melinda Seiler**, also believes strongly in the role of education. "We have been tightly managing opioid use on our workers' comp claims for many years now," she explains. "We arm our adjusters as well as the injured workers with knowledge about opioids and opioid prescriptions. We have a proprietary narcotic program and process around opioid management in our claims."

*According to the Centers for Disease Control, the number of opioid-related deaths has quadrupled from 8,048 in 1999 to 33,091 in 2015. So far, more people in the United States have died from opioid overdoses than the country lost in the Vietnam War.*



"[I can] speak with credibility to our own results, and we have seen a considerable reduction in opioid use and prescribing in our claims," Seiler continues. "As much as we'd love to take credit for all of that — given our narcotics program — I do believe many doctors are also doing their parts by reducing the number of opioid scripts as well as the duration of opioid prescribing."

**SFM Mutual Insurance Company** is another organization working hard to curb the abuse, overuse, and over-prescribing of opioids. **Bob Lund**, SFM's president and CEO, says his company has three consulting physicians and several nurses on staff who, together with claims adjusters, deal with the opioid issue on a daily basis. He believes progress is being made.


"I think one of the keys is having a nurse who is one hundred percent dedicated to managing and monitoring opioid drug use," Lund says. "Educating all parties, including health care providers, is also very important."

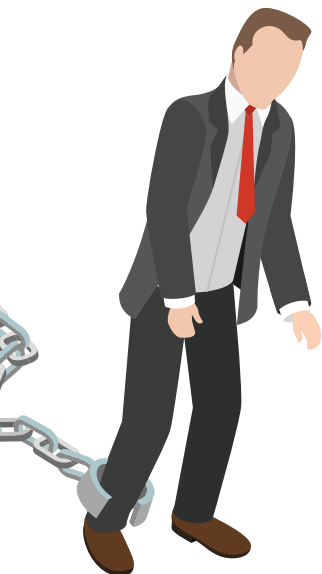
SFM has had several claimants who have been on opioids, some for more than 10 years, who are now successfully weaned off. Some of them have told SFM they have gotten their lives back.

Two specific SFM claimant cases come to mind for Lund. One was a 40-year-old male who was weaned off opioids and attended daily therapy. He returned to full-time work just one week after completing his program ... after not working for seven years. The other was a 41-year-old male being prescribed high-dose opioids. Before he began his program to wean off the drugs, he was unable to walk a block. After nine weeks of treatment, he could walk five miles without stopping. More importantly, he was opioid free.


Lund believes the industry's efforts to address the opioid issue are playing a large role in helping to better manage the epidemic in this country.

"The workers' comp industry has recognized the issue for well over a decade. The industry and state regulators have been working together to create rules and statutory changes to address the inappropriate use of opioids," Lund says. "Workers' comp is a small part of the medical pie, but it is not an insignificant portion of the chronic pain cases.

"The group and public health areas can learn from workers' comp as to what does and does not work," he continues. "Furthermore, we are educating doctors who treat non-workers' comp patients as well. Hopefully, they are applying practices learned from workers' comp claims to these other cases." 



## Tips for Better Monitoring and Managing Claimant Opioid Treatment

- Retain a nurse with expertise and accountability to oversee pharmaceutical management;
- Institute a drug review team made up of a prescription drug clinical review nurse, director of medical services, attorney, and claims technical specialist;
- Partner with a pharmacy benefits manager, who can do everything from create reports to identify high-risk situations to design weaning schedules;
- Actively engage with the prescribing medical provider on the claim, which could include asking the entity to provide a narcotics contract, random drug screens, and functional assessments;
- Work with the claimant's attorney to be sure he or she recognizes the risks facing the client;
- Identify good in-patient detox and chronic pain centers. These are expensive, but ultimately they're less costly than ongoing pharmaceutical costs;
- Use whatever tools or parameters are available in your state; and finally,
- Celebrate success. 



Source: SFM Mutual Insurance Company