Benefits Perspectives

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Strategies employers can consider to understand and combat opioid abuse and misuse

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No matter what headline, statistic, or report is considered, the conclusion is the same: opioid use, misuse, and overdose are serious public health problems in the U.S. In addition to the personal toll of this epidemic, the impact on employers cannot be ignored. A 2017 report from the National Safety Council showed 10%-12% of employees are under the influence of drugs while at work, and 70% of employers reported negative impacts from opioid use within their employee population. At the same time, less than 20% of human resources staff state that they are well prepared to deal with the personnel issues related to opioid use and misuse. This readiness gap is driven by the absence of appropriate policies, insurance, and benefits that are not structured to address addiction, lack of processes to support workers in recovery, and missing procedures to support managers and supervisors as they address opioid-related job performance issues.

These circumstances raise the following question: how can employers prepare for and address this challenge? Employer involvement with staff opioid use covers new ground, requiring the thoughtful development of programs and areas of emphasis. This article presents an overview of the challenges facing employers, discusses opioid use and misuse impacts in the workplace, reviews data to inform program development, and explores actions employers can take to tackle this growing problem proactively.

Background

Research estimates that approximately 4.3 million people regularly use prescription painkillers for nonmedical purposes, costing employers about $12 billion annually. Prescription drug use also contributes to decreased or impaired performance and absenteeism among U.S. employees. This effect on the labor market is compounded by a decline in available workers due to the effects of chronic pain. Nearly half of prime age (ages 24-54) working males reported that they take pain medication daily and that pain interferes with their ability to work or seek employment.

Effects on employers

Opioid use and abuse among workers has several significant negative effects on U.S. employers, including reduced economic growth, increased operating costs, lower quality, and decreased productivity. In a tight labor market such as the one the U.S. is currently experiencing, anecdotal reports indicate the employers not only have difficulty finding skilled workers, but also workers who have the necessary skills and can pass a drug test. Furthermore, impaired workers increase on-the-job injuries, leading to additional unfilled positions and higher workers' compensation costs.

Some employer impacts from employee opioid use and misuse

- Higher workers' compensation claims
- Lower productivity
- Increased absenteeism
- Greater turnover
- Fewer available appropriate candidates
- Lost growth opportunities
- Increased health care costs and premiums based on experience
- More errors and quality issues

Studies indicate that opioid users miss twice as many workdays as workers with other addictions. The American Society of Addiction Medicine estimates that opioid abuse creates employer losses nearing $10 billion from absenteeism and lost productivity. The federal Drug Enforcement Administration estimated that workers who misuse opioids accounted for 64.5% of medically related absenteeism and 90.1% of disability costs in 2011. Impaired workers also increase employer liability in high-risk safety positions, such as driving or operating heavy equipment.

Work quality also suffers due to impaired workers. This is manifested in errors necessitating re-work with resulting increased costs or lost business due to quality concerns. As performance slides, this can result in turnover, driving added recruiting and hiring costs, and understaffing and/or overtime due to a shortage of qualified candidates. The Council of Economic Advisers 2017 report noted $20.8 billion (in 2015 dollars) in productivity impact from prescription opioid misuse.

The problem is complex and expensive for employers, which incur both direct and indirect costs. Direct costs range from the $9,000 estimated higher annual healthcare costs per individual for workers with opioid dependence to increased disability claims and costs associated with lower productivity, according to various studies. Moreover, as health plan utilization and costs go up, so do premiums, of which the employer typically pays a large portion. Ironically, employer costs also include a portion of opioid prescriptions that are being misused.

Key data indicators

One strategy employers can use to address this growing challenge is to use data to understand the scope of workforce opioid use and misuse. While employers have limits on their access to employee-specific information under privacy laws (e.g., HIPAA), health insurers and plan administrators routinely analyze member and group data as part of their medical management programs. Employer engagement with their health plan is essential to determine trends in employee opioid use. The following questions illustrate how analysis of opioid prescription claim patterns across and within stratified member populations can help inform plan and employer-driven initiatives. The health plan analytics team first considers member-specific claims data for three core indicators:

1. **Providers:** What are the common attributes of providers/groups prescribing opioids?
2. **Prescriptions:** Are there utilization trends in quantity, duration, dose, and type of opioids prescriptions, and where they are being filled?
3. **Employees:** Are there common medical conditions, geographical areas, or other characteristics of employees who receive prescribed opioids?

The health plan can provide aggregate reporting on trends identified in their data analysis. Alternatively, using in-house resources or external software (such as the Milliman MedInsight® platform), employers can analyze de-identified claims data in collaboration with their health plan to answer these questions. This data analysis provides a roadmap for programs, education, and other strategies to address workforce opioid use. For example, the employer may work with their health plan and/or workers' compensation administrator to create and promote programs to educate and engage at-risk members, target key prescribers, or use information to evaluate benefit design to fill gaps in coverage for needed services.

Employee-specific data analysis can also raise important questions for further exploration, including:

- Are there employees with contraindicated diagnoses receiving opioid prescriptions?
- Are employees receiving other classes of contraindicated concurrent medications, e.g., barbiturates or antihistamines?
- Are employees receiving multiple refills for opioid prescriptions?
- Are employees receiving their opioid prescriptions from a single provider or from multiple providers?
- Do employees have access to nonaddictive pain treatment alternatives?
- Do employees have access to opioid addiction treatment services?

While employers can view aggregate data, partnering with their health plan analytic team can provide additional focus for opioid program efforts, with data trends identifying concerns for a specific product, provider, benefit, or population. The number of opioid prescriptions per thousand members is a key measure suggested for routine review. Comparing this measure against benchmarks can provide early identification of outlier trends. Baseline metrics can be monitored over time and stratified by type of opioid, geographic location of the member or provider, medical diagnosis, or product type (e.g., health maintenance organization (HMO) or preferred provider organization (PPO) where multiple options are offered). This information is critical for the ongoing dialog between the employer and health plan about benefit design, employee engagement initiatives, and educational programs.

For example, by identifying outlier provider opioid prescription patterns, the employer may consider narrowing the network or creating targeted provider interventions such as an educational program or benchmark comparison reporting offered by the health plan for providers with high prescribing patterns. Looking at the prescribing rates of targeted medications over time to see if rates are flat or increasing also is helpful as another possible flag for provider education and network evaluation.

Employers also should understand the types of providers prescribing opioids to covered employees. For example, one pattern of concern occurs when employees receive opioid prescriptions from both dentists and primary care physicians. Typically, there is no coordination across these disciplines, which are often covered by different insurance products and insurers. Reporting through the dental benefits plan carrier can provide insights on patterns and establish expectations for coordination of care with the primary care provider to avoid multiple opioid prescriptions. This process also helps identify high-risk members for health plan care management outreach.

Health plans can determine the appropriate types of interventions through an analysis of opioid data from multiple perspectives and identify opportunities for employer engagement in workforce education or benefits expansion. Additionally, once baseline measures for opioid use and prescribing are established, employers should monitor and regularly discuss the metrics with their health plan supplier. This review can indicate the success of implemented interventions, or suggest areas where additional actions may be needed.

Employer potential actions

As employers contend with this complex employee issue, creating a structured approach can assist in the effort. Figure 1: Opioid program maturity model offers questions to consider in assessing current employer programs and suggest future development.

As employers develop strategies to address employee opioid use and misuse, consider two major categories of focus: the structure and design of the employee health benefits, and internal organization processes. Examples of *benefit plan design* components that can support addressing employee opioid issues include:

- Access and availability of treatment options
- Access to Narcan for family/caregivers
- Alternative therapy benefits expansion
- Employee Assistance Program expansion
- Employee education on related topics
- High-risk user lock-in to one provider/one pharmacy
- Non-opioid alternatives
- Abuse Deterrent Formulations
- Opioid dose limits or noncoverage
- Quantity limits/prior authorizations requirements
- Wellness program focused on pain management alternatives

FIGURE 1: OPIOID PROGRAM MATURITY MODEL

CATAGORIES FOR ASSESSMENT

ANALYTICS	OPERATIONS	BENEFITS & FORMULARY	NETWORK	INNOVATIONS
Measurement: Can your health plan provide aggregate opioid-related measures to understand use by your workforce?	**Education:** Are your supervisory staff trained to recognize and address performance issues that may be related to opioid use?	**Formulary Changes:** Has your health plan formulary been updated to reflect best practices related to opioid prescribing?	**Education:** Does your health plan provide opioid-related programming and education to your prescribing network?	**Programming:** Does your health plan identify innovative programming options to support staff recovery?
Stratification: Does your health plan identify at-risk staff for Case Management programs?	**Departments:** Do you have resources, e.g., drug screening and policies and procedures in place and distributed to address opioid use?	**Alternative therapies:** Does your plan offer expanded access, or alternative therapies for pain management?	**Treatment:** Does your health plan monitor network opioid practices? Do benefits cover a range of treatment locations/options?	**Innovation:** Is there a team that meets regularly to discuss best practices, or innovations related to addiction treatment?
Report Development: Can you develop and automate monthly or quarterly reports to monitor aggregate staff use trends?	**Culture:** Does your organization destigmatize addiction issues and encourage open communication?	**Promotion:** Do you encourage/ incentivize use of Employee Assistance Program (EAP), behavioral health, chemical dependency program and destigmatize use?	**Payment:** Does your health plan have opioid-related measures included in alternative payment, or quality incentive programs?	**Risk:** Is the organization willing to undertake risk, e.g., hiring recovering candidates (with constraints), or second chance programs?

Examples of *organizational components* that support addressing employee opioid issues include:

- Culture of open communication, acceptance, and a safe environment to ask for help;
- Drug testing policy and frequency: on hire, for cause, and recurrent;
- Worker's compensation collaboration to identify/ incentivize non-opioid options;
- Ongoing, proactive education on opioid options and treatment, including avoiding addiction, available resources, and programs for help;
- Policies and procedures specific to opioids, with staff communication;
- When drug use impacts performance and a drug policy is in place, "second chance" programs that allow offenders or existing employees with opioid issues to be employed with conditions for continued employment; and
- Supervisory training to recognize and address performance issues that may be driven by opioid use, and awareness of available programs and resources.

Proactive employers can have a positive impact

Employers are in a key position to positively impact their employees by proactively addressing opioid use and misuse. Research indicates that employer-mandated treatment can result in improved work performance and outcomes, including greater likelihood of abstinence at follow up than for those without employer pressure for early treatment. Employers can drive expectations for health plan partnerships, including accountability for proactive programs and data reporting to help address employee opioid use and misuse, while respecting employee privacy constraints.

Benefit design needs may evolve over time in response to data trends, making ongoing evaluation of key metrics essential. Creating organizational policies, a culture of acceptance and support, and proactive education and communication can assist employees in avoiding and addressing employee opioid dependence and addiction. Development of a portfolio of proactive programs, policies, ongoing analysis, and collaboration with health plan partners will benefit both the employer and the employee.

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