The Cost of Prescription Opioid Abuse in Workers’ Compensation

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Agenda

- Acute versus Chronic Pain
- Cost of Opioid Abuse
- Scope of Opioid Abuse
- Opioids for Non-medical Purpose
- Initiatives
- Results
Acute versus Chronic Pain

• Acute pain is a sign of real or impending tissue damage and usually disappears with healing. It is the normal predicted physiologic response and is usually of short duration.

• Chronic pain, a common and expensive problem in occupational and disability medicine, has been defined by multiple different time durations (generally from 6 weeks to 3 months after the onset of symptoms).

• Chronic pain suffering cost U.S. five hundred-sixty billion to six hundred thirty-five billion dollars each year
  ➢ Medical bills
  ➢ Lost productivity
  ➢ Missed work

Source: ODG, Chronic Pain, 2016
Chronic, Undertreated Pain Affects 116 Million Americans. Szalavitz, M., Time, June 29, 2011
The Cost of Painkillers

• Death toll from drugs has doubled in the last decade
• Drugs claim a life every fourteen minutes
• Drugs kill more people than traffic accidents
• Opioids cause more deaths than heroin and cocaine combined
• Opioids are highly addictive
• Opioids are especially dangerous when combined with other drugs and alcohol

Source: Prescription Drug Abuse, Mark Estren, Ph.D., 2013
Average Day in the U.S.

- More than **650,000 opioid prescriptions** dispensed
- **3,900 people** initiate nonmedical use of prescription opioids
- **580 people** initiate heroin use
- **78 people** die from an opioid-related overdose (includes those involving prescription opioids and illicit opioids such as heroin)
- In 2016, more than **52,000 Americans lost their lives.**

(https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf)
Economic Impact of the Opioid Epidemic

$53.4 billion in health and social costs related to prescription opioid abuse

- $42 billion in lost productivity
- $8.2 billion in criminal justice cost
- $2.2 billion in inpatient and outpatient medical costs
- $944 million due to medical complications

https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf
Opioid Impact - Workers

Higher amounts of narcotics in treating acute work-related low back pain cause injured workers to:

- Be away from work longer (up to 69 days longer)
- Have higher medical costs
- Be 3X more likely to have surgery
- Have a 6X greater chance of using narcotics beyond the recommended time
- Receive more than a one-week supply of opiates following an injury, doubling the risk of disability one year later

Source: WorkComp Central 7/20/09
Chesapeake Employers’ Cost of Inpatient Detox

- Injury date to first inpatient admission date can be greater than 10 years
- Average length of inpatient stay is 30 days
- Average cost per admission $50,000-$100,000
- Short-and-long term outcomes vary

(Source: Chesapeake Employers)
Deaths by Mechanism

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Causes of death attributable to drugs include accidental or intentional poisonings by drugs and deaths from medical conditions resulting from chronic drug use. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all injury cause categories are mutually exclusive.

What Happened?

- Institute of Medicine (National Academy of Medicine)
- Joint Commission
- 5th vital sign
- Purdue Pharma
- Aggressive promotion for use in non-malignant pain market (non-cancer pain)
- Growing availability of OxyContin in the market

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[https://www.businessinsider.com/what-is-fentanyl-the-drug-that-killed-prince](https://www.businessinsider.com/what-is-fentanyl-the-drug-that-killed-prince)
Opioid manufacturers continue to advertise opioids as safe and effective for chronic pain.
Chemical Similarity Between Opioids

# Hydrocodone Consumption

<table>
<thead>
<tr>
<th>Year</th>
<th>Country</th>
<th>Hydrocodone Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>United States</td>
<td>79,700 kilograms</td>
</tr>
<tr>
<td>2014</td>
<td>United Kingdom</td>
<td>200 kilograms</td>
</tr>
<tr>
<td>2014</td>
<td>Canada</td>
<td>115.5 kilograms</td>
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<tr>
<td>2014</td>
<td>Syrian Republic</td>
<td>50 kilograms</td>
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<tr>
<td>2006</td>
<td>Denmark</td>
<td>25.5 kilograms</td>
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<tr>
<td>2007</td>
<td>China</td>
<td>20 kilograms</td>
</tr>
<tr>
<td>2008</td>
<td>Vietnam</td>
<td>20 kilograms</td>
</tr>
<tr>
<td>2009</td>
<td>India</td>
<td>10 kilograms</td>
</tr>
<tr>
<td>2010</td>
<td>Guatemala</td>
<td>10 kilograms</td>
</tr>
</tbody>
</table>

Some states have more opioid prescriptions per person than others.

(https://www.cdc.gov/drugoverdose/data/prescribing.html)
Opiate Prescribing by State

Figure A  Average Morphine Equivalent Amount per Claim with Narcotics,* 2010/2012

Notes: The underlying data include nonsurgical claims with more than seven days of lost time that had prescriptions filled by injured workers over the defined period and paid for by a workers' compensation payor. 2010/2012 refers to claims with injuries occurring in October 1, 2009, through September 30, 2010, and prescriptions filled through March 31, 2012.

* Reported are the mean values of MEA per claim with narcotics after excluding a small percentage of claims that had unusually high amounts of narcotics. See Chapter 2 for a description of how we identified claims with unusually high amounts of narcotics.

Key: MEA: morphine equivalent amount.
OVERDOSE DEATH RATES IN AMERICA

Source: Wonder.cdc.gov

(http://www.businessinsider.com/)
Fentanyl, which is also available in a patch or liquid, is 80 to 100 times more powerful than morphine and about 40 to 50 times more potent than 100% pure heroin.

DEADLY FENTANYL LACED HEROIN

(https://www.businessinsider.com/what-is-fentanyl-the-drug-that-killed-prince)
Maryland Intoxication Deaths

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances\(^1\), Maryland, 2007-2015.

(http://bha.dhmh.Maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx)
Maryland- Opioid Related Intoxication Deaths

- Number of heroin-related deaths in Maryland more than tripled between 2010 and 2015.
- Number of opioid-related deaths increased by 23% between 2014 and 2015.
- Eighty-six percent of all intoxication deaths that occurred in Maryland in 2015 were opioid related (includes death related to heroin, prescription opioids, and non-pharmaceutical fentanyl).
- Deaths increased among all groups, Whites and African Americans, men and women, and in all regions of the State.

(https://dhmh.Maryland.gov/data/Documents/Quarterly%20data%202015%20merged%20file_v2.pdf)
Drug overdose death rates, United Stated 2014

Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication-Assisted Treatment Capacity with Methadone or Buprenorphine

Source: CDC National Vital Statistics System
Source of Abused Prescription Painkillers

- 55.0% Obtained free from a friend or relative
- 17.3% Prescribed by one doctor
- 11.4% Bought from friend or relative
- 7.1% Other source
- 4.4% Took from friend or relative without asking
- 4.4% Got from drug dealer or stranger

Source: CDC 2011.
Physician Prescribing

• Medical School training lacking
• FDA consideration of mandatory physician training (extenders)
• Blueprint for best prescribing practices
• CDC opioid prescribing guidelines
  ➢ Determining when to initiate or continue opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care
  ➢ Opioid selection, dosage, duration, follow-up, and discontinuation
  ➢ Assessing risk and addressing harms of opioid use

https://www.medpagetoday.com/publichealthpolicy/publichealth/65220
https://www.cdc.gov/drugoverdose/prescribing/guideline.html
Violence has also begun to spread, including attacks on pharmacies and other healthcare organizations by criminals looking to steal pills that retail for as much as $80 apiece.

- A pharmacy robbery occurs
- Police automatically notified
- Responding units track and locate supplies

(https://www.naddi.org/our-programs/)
RX DrugDropBox

TAKE BACK DAY

(https://www.naddi.org/our-programs/)
Hi. I am Dougie the Drug Dog and welcome to my dog house. I am here to help families, schools, and communities educate young people about prescription drug abuse. You will see I have a coloring book, stickers, and information for parents to use in helping prevent prescription drug abuse among children. Please check back often as I will be adding more fun things to do!

(https://www.naddi.org/our-programs/)
Maryland Legislative Action

- February 2015: Governor Hogan announced new inter-agency council
  - Maryland Heroin and Opioid Task Force and Coordinating Council
  - Brings multiple agencies together to develop policy recommendations and regulation
  - Opioid Operational Command Center
- October 2015: MD General Assembly expanded access to Naloxone (Good Samaritan Law)
- March 2017: Governor Hogan signed executive order declaring a State of Emergency in response to the heroin, opioid, and fentanyl crisis.
  - $50 million in new funding to coordinate new efforts to combat problem
  - Expand education, prevention, and treatment

(http://bha.dhmh.Maryland.gov/Overdose_Prevention)
Prescription Drug Monitoring Program

• Chesapeake Regional Information System for our Patients (CRISP)
• Contains data on Rx controlled dangerous substances (CDS) dispensed to patients in Maryland
• Electronic system and web-based portal giving providers secure access to patient PDMP, 46 acute hospitals and other clinical data
• Registration required for licensed pharmacist and for practitioners authorized to prescribe controlled dangerous substance
• Beginning July 1, 2018, mandatory PDMP use by Prescribers and Pharmacists
New Jersey Mandates

- New Jersey’s 5-day opioid prescription bill for first time opioid use- shortest time limit in US
- Required to create a pain-management treatment plan for use of opioid every 3 months
- Written record that the risks of taking opioids has been discussed with the patient

(Business Insurance, Esola, L., New Jersey’s 5-day opioid prescription bill signed into law. Feb 17, 2017)
Maine Legislation

- Limiting dosage amounts of pain-killing opioid prescription for chronic pain to 30 days (current law 90 days).
- Limits prescriptions for short-term pain treatment to seven, down from 10.
- Exceptions for acute pain (end-of-life, cancer and following surgery.)
- Further legislation could limit dosage amounts (setting maximum dose at 100 morphine milligram equivalents per day.)

Chesapeake Employers’ Pharmacy Program

• Rules based formulary for establishing pre-authorization at point of sale
• Limits number of opioid fills to three (3) before requiring pre-authorization
• Pharmacy PBM portal:
  – Houses all prescription data in one program
  – Identifies irregular prescribing pattern or drug regimen
  – Includes point-of-sale messaging (example: Please contact prescriber for an alternative medication.)
  – Sets MED limit (90-120) - by individual drug and accumulative
• Fraud, Waste, and Abuse Program
• Opioid educational letter to prescriber and injured worker
Number of Injured Workers Using Opioids
Grouped by Average Cumulative MED value 2016

Source: Express Scripts/Chesapeake Employers
Percentage of All Narcotics to Total Scripts

Source: Express Scripts
Chesapeake Employers’ Opioid Cost

Source: Express Scripts
Percent of Medical Costs to Total Losses

Source: NCCI 2016 State Advisory Forums- Maryland
Surgeon General’s Call to End the Opioid Crisis

General Murthy writes 2.3 million doctors in the U.S. asking them to pledge their commitment to turn the tide on the opioid crisis and to do three things:

- Educate themselves on how to treat pain safely and effectively
- Screen patients for opioid use disorder and provide or connect them with evidence-based treatment
- Treat addiction as a chronic illness, not a “moral failing”

Source: Express Script, 2016 Report
THANK YOU!

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