Systemic issues of opioid abuse
Presenters

Teresa Bartlett, MD
Sedgwick
Senior Vice President
Medical Quality

Sameer V. Awsare, MD
Kaiser Permanente
Northern California
Associate Executive Director

Roman Kownacki, MD
Kaiser Permanente
Northern California
Medical Director
Occupational Health
Agenda

1. Define the Opioid Problem in the USA (Statistics & Costs)
2. Share Impacts: Community, Employers, Family
3. Best Practices
4. Sedgwick Initiatives and Lessons Learned
5. Kaiser Initiatives and Lessons Learned
6. Key Points
Crisis impact of prescription opioids

Total costs to US society $55.7 billion (2011)

- Workplace Costs (46%)
- Health Care Costs (45%)
- Criminal Justice Costs (9%)

- Opioid abusers have a 8.7 times greater health care cost
- $72.5B/year is the estimated cost of drug diversion to health insurers

Alarming statistics

78 PEOPLE DIE EVERYDAY

According to the CDC

of all the opioids dispensed in the world are dispensed in the U.S. (4.6% of population)

of all the hydrocodone dispensed in the world is dispensed in the U.S.

28,647

estimated annual opioid fatalities in the U.S. (2014)

Twice the number of heroin fatalities and four times the number of cocaine fatalities

2014

9% increase in prescription opioid deaths

26% increase in heroin deaths
Prescription opioids lead to heroin

- Opioid addictions lead to increased heroin use
- Overdoses have tripled in past 4 years
- Readily available
- Inexpensive
- Good replacement for prescription opioids
- Very addictive
- Physical dependence
- Withdrawal
- Associated with infectious diseases such as HIV and Hepatitis (Indiana)

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a4.htm
Famous cases

1.4 million ED visits for misuse or abuse of pharmaceuticals 2011
169,868 non-heroin opiate substance abuse admissions in 2012
11 million self-reported nonmedical users in 2011

Center for Disease Control: http://www.cdc.gov/homeandrecreational/safety/overdose/facts.html
Substance Abuse and Mental Health Services Administration Treatment Episode Data Set (TEDS) 2002 – 2012
National Admissions to Substance Abuse Treatment Services
http://www.samhsa.gov/data/2K14/TEDS2012NA/TEDS2012NTbl1.1a.htm
Possible explanations

- 1 of every 3 Americans have chronic pain
- Congress passed a law in late 2000 declaring a Decade of Pain Control and Research which was signed by the president
  - Actively supported by the American Pain Society
- Manufacturers misled physicians about indications and implications
- Addictive properties not well understood or communicated
- Doctors allow dosages to escalate in response to complaints of pain
  - No objective measure for pain
- Once addicted difficult to address (low success rate)
  - Time factor
  - Inpatient detoxification
  - Huge expense
Impact on claim duration and costs

### Louisiana study (11,000 claims)

<table>
<thead>
<tr>
<th>Duration of Claim</th>
<th>Cost of Claim (Medical + Indemnity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>795 DAYS</td>
<td>$43,438</td>
</tr>
<tr>
<td>Use of short acting opioid</td>
<td></td>
</tr>
<tr>
<td>1,600 DAYS</td>
<td>$123,311</td>
</tr>
<tr>
<td>Addition of BZD</td>
<td></td>
</tr>
<tr>
<td>1,721 DAYS</td>
<td>$139,734</td>
</tr>
<tr>
<td>Use of long acting opioid</td>
<td></td>
</tr>
<tr>
<td>2,168 DAYS</td>
<td>$211,097</td>
</tr>
<tr>
<td>Addition of BZD</td>
<td></td>
</tr>
</tbody>
</table>

### Sedgwick study (800,000+ claims)

<table>
<thead>
<tr>
<th>Sedgwick Book of Business</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>of injured workers take opioids</td>
<td>56%</td>
</tr>
<tr>
<td>of drug spend is on opioids</td>
<td>29%</td>
</tr>
<tr>
<td>week increase in duration caused by opioids</td>
<td>53%</td>
</tr>
</tbody>
</table>

Best practice for initial/acute opioid therapy

- Risk Assessment
- "Trial" of Therapy
- Baseline Urine Drug Screen
- Opioid Agreement
Best practice chronic opioid therapy

non cancer

60% OF PATIENTS TAKING OPIOIDS FOR AT LEAST THREE MONTHS ARE STILL ON OPIOIDS 5 YEARS LATER

Studies show that the overall effectiveness of opioids in addressing pain is modest at best and the effect on function is minimal.

SERIOUS CONSEQUENCES INCLUDE

- overdose
- Emergency Department visits
- immunosuppression
- decreased testosterone
- medication abuse
- diversion
- behavioral and social issues
Addressing the crisis
Methods to address the crisis

CHAOS
OVERDOSES
THREATS
Holistic, integrated approach

**SEDGWICK PROGRAM**

- Early prevention: utilization review at the point of sale
- Trend identification: complex pharmacy management
- Address well developed cases

**THE TEAM**

- **MEDICAL DIRECTOR**
- **CLAIM EXAMINER**
- **TREATING DOCTOR**
- **PHARM.D**
- **RN**
- **EMPLOYER**

**CUSTOM TRIGGERS**

- from pharmacy benefit manager

**PATIENT INTERACTION**

- medication changes

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## Results: complex pharmacy management

### 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # medications</td>
<td>15%</td>
</tr>
<tr>
<td>Morphine equivalent dose</td>
<td>40%</td>
</tr>
<tr>
<td>RX cost</td>
<td>35%</td>
</tr>
</tbody>
</table>

### 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # medications</td>
<td>27%</td>
</tr>
<tr>
<td>Morphine equivalent dose</td>
<td>43%</td>
</tr>
<tr>
<td>RX cost</td>
<td>53%</td>
</tr>
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</table>

### UDS 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td>68%</td>
</tr>
<tr>
<td>Illicit</td>
<td>2%</td>
</tr>
<tr>
<td>Below range</td>
<td>2%</td>
</tr>
<tr>
<td>Prescribed drug not found</td>
<td>17%</td>
</tr>
<tr>
<td>Non prescribed drug found</td>
<td>11%</td>
</tr>
</tbody>
</table>

### UDS 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td>64%</td>
</tr>
<tr>
<td>Illicit</td>
<td>5%</td>
</tr>
<tr>
<td>Below range</td>
<td>5%</td>
</tr>
<tr>
<td>Prescribed drug not found</td>
<td>17%</td>
</tr>
<tr>
<td>Non prescribed drug found</td>
<td>9%</td>
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</table>

32% decrease for 2014 vs 2015  
36% decrease for 2015 vs 2014
Pharmacy utilization review

- BEFORE DISPENSED BY A PHARMACY
- PREVENTS INAPPROPRIATE MEDICATIONS
- OPPORTUNITY TO DISCUSS ISSUES WITH TREATING PHYSICIANS

<table>
<thead>
<tr>
<th>2014 Results</th>
<th>% Approved</th>
<th>% Negotiated/withdrawn</th>
<th>% Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58.1%</td>
<td>4.3%</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015 Results</th>
<th>% Approved</th>
<th>% Negotiated/withdrawn</th>
<th>% Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58%</td>
<td>2%</td>
<td>41%</td>
</tr>
</tbody>
</table>
Observations and lessons learned

- Many physicians are not calculating Morphine Equivalent Dosage (MED)
- The best physicians are managing from the very first script
- Ceiling thresholds
- Dangerous combination of medications
- Need enhanced focus on function
- Integrate functional therapies
- Evidence-based guidelines/State guidelines
- Physician site visits for non-compliance