

Third-party payer track

Workers' compensation:

Dangerous prescribing practices
and at-risk patients

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

Presenters & disclosures



Teresa Bartlett, MD
SVP, Medical Quality
Sedgwick

Teresa Bartlett, MD, has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.



Paul Peak, PharmD
Director Clinical Pharmacy
Sedgwick

Paul Peak, PharmD, has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

Learning objectives

- Identify dangerous prescribing practices observed in management of worker's compensation insurance claims
- Describe strategies that have proven successful in resolving dangerous prescribing practices
- Outline approaches to identify and manage high-risk claims within the workers' compensation population

Opioid use in workers' compensation

In group health, typically **3%** of drug spend is on prescription opioids – in workers' compensation, the drug spend on opioids is between **25%** and **40%**. It is **29%** for the Sedgwick book of business.

Addition of opioids to a WC claim means a **53 week** increase in the duration of the claim (on average).

In the WC population, **60%** of patients taking opioids for at least three months are still on opioids **5 years** later.¹

Studies show that overall the effectiveness of chronic opioid therapy on addressing pain is modest and effect on function is minimal.^{2,3}

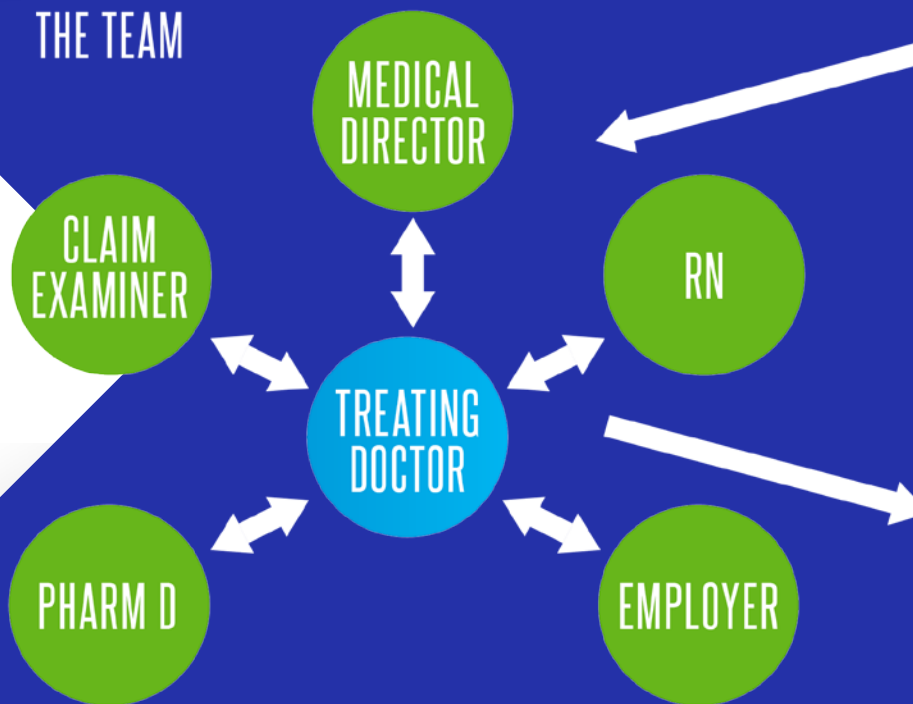
1. Martin BC, Fan MY, Edlund MJ, Devries A, Braden JB, Sullivan MD. Long-term chronic opioid therapy discontinuation rates from the TROUP study. *J Gen Intern Med* 2011; 26:1450-7.
2. Furlan AD, Yazdi F, Tsertsvadze A, et al. A systematic review and meta-analysis of efficacy, cost-effectiveness, and safety of selected complementary and alternative medicine for neck and low-back pain. *Evid Based Complement Alternat Med* 2012;2012:953139.
3. Noble M, Treadwell JR, Tregear SJ, et al. Long-term opioid management for chronic noncancer pain. *The Cochrane database of systematic reviews* 2010:Cd006605.

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

The Sedgwick approach

THE TEAM



Custom triggers from pharmacy benefit manager

Patient interaction medication changes

#RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

Best practices

Risk assessment	"Trial" of therapy	Baseline urine drug screen
Focus on functionality	Opioid agreement	Check the PDMP website
Drug holiday	Conduct random drug screens	Pill and patch count

- Avoid compounds
- Avoid dangerous combinations of medications
- Use over the counter topical medications when needed

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

Jane's story



- 66 year old female
- Industrial injury occurred when she was 23 years of age – has not worked since 1979
- Hurt back during a fall at work
- Diagnosis: Failed back with bilateral legs and psych issues also accepted
- Pre-interventional status:
 - Medications - [MED: 555mg] oxycodone ER (OxyContin®), oxycodone IR, sertraline
- Years since a taper attempt
- Current status:
 - Medications – [MED:60mg] oxycodone/APAP

Glenn's story



- 52 year old male
- Industrial injury occurred when he was 35 y/o – Patient is still at work
- Suffered head contusion which also caused cervical and low back strain
- Pre-interventional status:
 - Medications – [MED: 840mg] oxycodone ER (OxyContin®), hydrocodone/APAP, zolpidem, methylphenidate
- Physician did not want to taper
- Current status:
 - Medications – [MED: 60mg] hydrocodone/APAP

Carla's story



- 55 year old female
- Industrial injury occurred when she was 42 y/o and involves a right foot injury and right shoulder
- Intentional overdose with hospitalization in 2007
- UDS unprescribed medications
- Caregiver for grandchild
- Physician only sees the patient every 6 months and the husband picks up her prescriptions
- Pre-interventional status (recently started on this claim):
Medications – [MED: 630mg] oxymorphone ER, hydromorphone, ziprasidone, duloxetine

Sometimes it takes a personal visit

Attempt to bring about change

Discuss the health and safety of the injured workers

To represent our clients

To call attention to aberrant prescribing patterns

To enhance communication with their office staff

To let them know how carefully we are watching

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT

Pharmacy program results

Our team includes over **50** nurses, **11** pharmacists, and **5** physicians

2015

Reduced the average number of medications per claim by **31%**

Decreased the Morphine equivalent dosage by **49%**

38% of urine drug screen results are not consistent with prescribed medications

The next evolution: Pain coaching

 #RxSummit

NATIONAL
RX DRUG ABUSE & HEROIN
SUMMIT