

# AMERICAN BENEFITS COUNCIL ON THE FRONT LINES

## How Employers Are Working to Combat the Opioid Epidemic

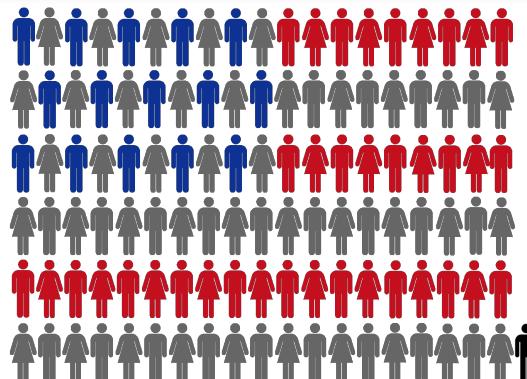
ON AVERAGE IN THE UNITED STATES, 115 people die each day from an opioid overdose – including both prescription and illegal opioids.<sup>1</sup> The opioid addiction crisis poses an enormous challenge for policymakers as well as employer providers of health coverage.

Employers, whose health plans cover more than 178 million people nationwide, are on the front lines of a battle that threatens countless lives, young and old, across the country.

As the opioid epidemic has touched workers and families across the country, employers have addressed it through innovative plan design and outreach. A Kaiser Family Foundation analysis found that the use of prescription opioids among people with employer-based health coverage declined in 2016 to its lowest levels in over a decade.

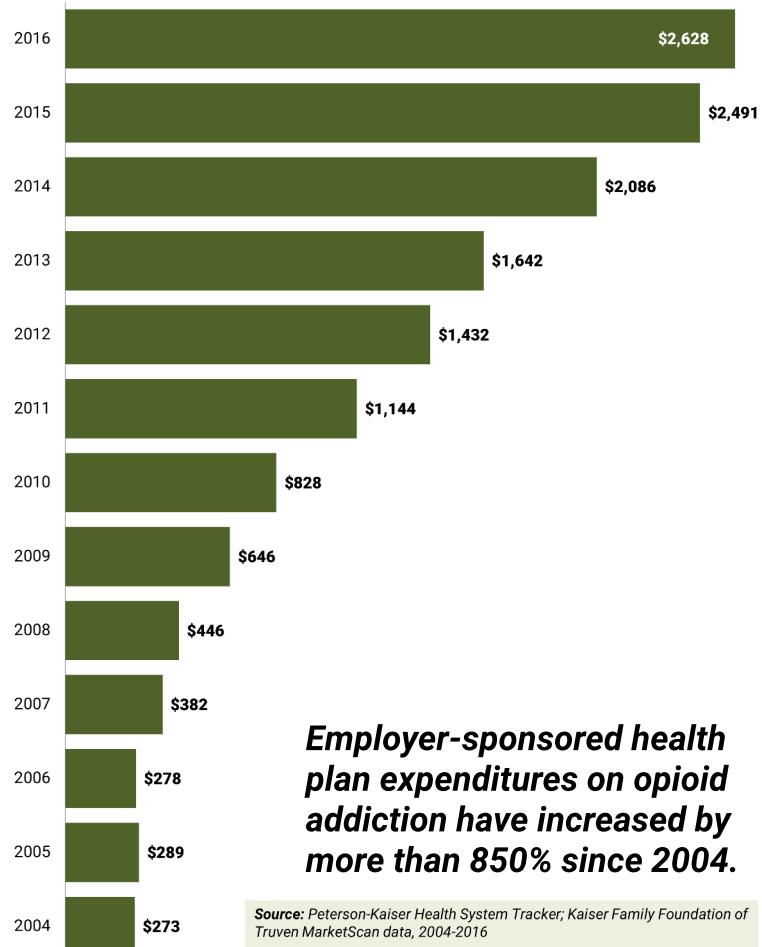
Nevertheless, the annual cost of treating addiction and overdoses has increased more than eight-fold since 2004, from \$0.3 billion dollars to \$2.6 billion in 2016.<sup>2</sup> More broadly – and more concerning – pain-related conditions result in up to \$635 billion in medical costs and lost productivity for employers.<sup>3</sup>

Employers are already very engaged on this issue and highly motivated to make a difference. The support of policymakers is essential to achieve our shared goal of healthier communities and a productive workforce.



**Every day in the United States, 115 people die from an opioid overdose.**

**Total amounts paid for opioid addiction diagnoses for enrollees in large employer plans, in millions, 2004-2016**



**Employer-sponsored health plan expenditures on opioid addiction have increased by more than 850% since 2004.**

Source: Peterson-Kaiser Health System Tracker; Kaiser Family Foundation of Truven MarketScan data, 2004-2016

<sup>1</sup> Centers for Disease Control (CDC) National Center for Health Statistics, [wide-ranging online data for epidemiologic research \(WONDER\)](#), 2017.

<sup>2</sup> Kaiser Family Foundation, [Analysis: Cost of Treating Opioid Addiction Rose Rapidly for Large Employers as the Number of Prescriptions Has Declined](#), April 5, 2018

<sup>3</sup> Institute of Medicine, [Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research](#), The National Academies Press, 2011

## Employers are taking steps to combat addiction.

The most effective way to prevent opioid-related disease and death is to help health care providers manage individuals' pain without overreliance on opioids.

Large employers, insurers and other vendors are collaborating on programs that would maintain quality of care while providing appropriate access to opioids.

In cases where opioid addiction has already taken root, effective treatment is critical to avoid further negative social and medical outcomes.

Employers are playing a valuable role here as well, helping affected workers and families navigate the complex array of treatment options and obtain personalized care.

## Employers are pursuing a number of approaches.

More than 178 million Americans receive health insurance coverage from an employer, and these plans are constantly at the forefront of design and innovation. A number of these revolutionary approaches are now being brought to bear on the opioid epidemic.

### **Centers of Excellence**

A center of excellence is a program within a health care institution that is assembled to supply an exceptionally high concentration of expertise and related resources centered on a particular area of medicine, delivering associated care in a comprehensive, interdisciplinary fashion to achieve the best patient outcomes possible.

According to Mercer's 2017 National Survey of Employer-Sponsored Health Plans, nearly half of employers make Centers of Excellence available to employees for orthopedics, cardiology, and oncology.

This approach can also be applied to both pain management -- in which opioid usage can be minimized -- and treatment, where those with substance use disorders can receive the highest-quality care.

### **Comprehensive Case Management and Care Coordination**

Under traditional, fee-for-service health insurance models, doctors get paid for each appointment, not necessarily for the quality of care they provide, resulting in delivery fragmentation and confusion. In contrast, care coordination models synchronize the delivery of a patient's health care from multiple providers and specialists. The goals of coordinated care are to improve health outcomes by ensuring that care from disparate providers is not delivered in silos, and to help reduce health care costs by eliminating redundant tests and procedures.

Comprehensive, coordinated care has the potential to reduce overprescription of opioids -- particularly by preventing individuals from obtaining multiple prescriptions from numerous care providers -- and can improve treatment outcomes, especially where traditional therapies are combined with medication-assisted treatment.

## Employers are taking the lead with innovative solutions.

**Developing best practices:** The **MIDWEST BUSINESS GROUP ON HEALTH (MBGH)** Employer's Guide to Pain Management provides recommendations on how to identify the costs and impact of pain among employee populations and how to address the key challenges for effective management through data collection, benefit design, worksite policies and working with your health plan, Pharmacy Benefit Manager, Employee Assistance Program and other vendor partners.

**Tighter controls on opioid prescriptions:** Because over-prescribing increases the risk of addiction, one large employer works with their pharmacy benefit manager (PBM) to restrict first-time users of short-acting opioids to an initial fill days' supply of five days. These limits are bypassed, however, when patients have a history of chronic pain requiring opioid therapy, have cancer or receive palliative care. The employer's PBM works with the physician community to send prescribers a message recommending the addition, when indicated, of Naloxone, which can reverse opioid overdose, building on other point-of-care alerts.

**Comprehensive patient education:** **METLIFE** limits new patients to a seven-day supply of short acting medications (with exceptions for patients being treated for cancer or receiving palliative care) and also has a robust patient education campaign underway to raise awareness of the resources already in place at MetLife to address this issue (its Employee Assistance Program, along with its medical and prescription drug plans) and to help employees learn the risks of opioid misuse, recognize the signs of dependence and know where to go for help.

**Attention to drug prescription and interaction guidelines:** Approximately 90% of users under the plan of one large company fall within the **Center for Disease Control's** guideline that advises prescribers to manage pain with the lowest effective dose measured as <90 morphine milligram equivalent per day. As part of the review process, the company is also evaluating limiting concurrent use of opioids with benzodiazepines, skeletal muscle relaxants, anticonvulsants, medication-assisted treatment and prenatal medications.

**Collaboration with physical and mental health care providers:** Most of **CIGNA'S** focus has been on working with physician partners as they try to prevent unnecessary opioid prescriptions from being written, or limit their duration, because that makes a huge difference in the likelihood of addiction or misuse. Programs **CIGNA** offers include comprehensive behavioral health coverage, including coverage of medication-assisted treatment and a substance use coaching program.

## How policymakers can help:

To continue providing high-quality health coverage to employees – and innovate for the future – employers need policymakers to modernize existing guidelines for prescribing, managing and treating opioid usage.

### We encourage policymakers to ...

- Rx** Encourage strict limitations on the amount or refill frequency of opioid prescriptions.
- Rx** Expand appropriate access to Prescription Drug Monitoring Program databases.
- Rx** Institute tougher sanctions for physicians who overprescribe opioids.
- Rx** Establish evidenced-based clear guidelines and quality standards for addiction treatment and facilities.
- Rx** Adopt measures to improve community access to addiction treatment and overdose reversal agents, including under the Medicare and Medicaid programs.
- Rx** Require rigorous licensing and oversight of addiction treatment facilities.
- Rx** Promote public awareness regarding the risks associated with opioid use and how to avoid them.
- Rx** Establish a clearinghouse of “best practices” for prevention and treatment of opioid addiction for use by employers, health insurers and other providers of health coverage.

## Working together, we can reduce opioid addiction.

Employers, employees, families, communities and policymakers all share the same goal: reduce – and, eventually, eliminate – the scourge of opioid abuse. American companies are ready to lead the way toward a healthier America – not because it saves money, but because it saves lives.

At the front line of combating the opioid epidemic, employers are critical to winning the battle against abuse. Employers stand ready to lead the charge against opioid addiction and towards healthier workforces and communities across America.