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THE HISTORY OF OPIOIDS: THEN TO NOW AND WHAT IS NEXT

- The webinar will begin at 2:00 p.m. ET
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- CE credits are only available for those who qualify during the LIVE version of this webinar held from 2:00-3:00 p.m. ET on 01/15/2020

On24 System Requirements:

- Windows 7+ (Microsoft Edge, Latest Internet Explorer, Firefox, or Chrome)
- Apple Mac OS 10.10+ (*Latest Firefox, Safari, or Chrome)
- Android 6.x (Chrome Browser Only)
- Apple iOs (*Latest version, Safari Browser Only)

* Official support for the "latest" version of a newly released browser, among those noted above, will be added within 8 weeks of public release. Until then, the previous version will continue to be supported instead.

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THE HISTORY OF OPIOIDS THEN TO NOW AND WHAT IS NEXT

January 15, 2020



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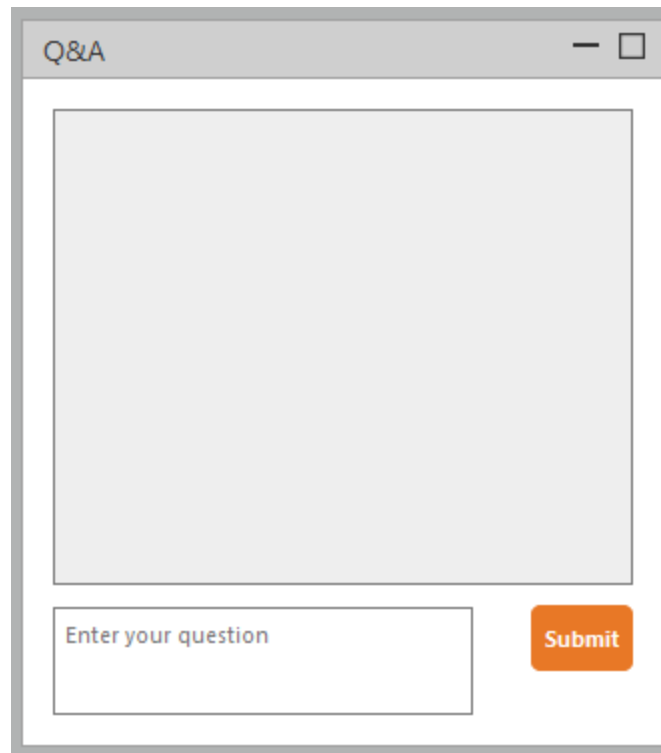
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1. Remain logged on for the entire webinar.
2. Answer **all three** poll questions.
To submit your answers, use the Submit button on your screen or put your answer in the Q&A panel.
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Questions will be answered at the end of the presentation as time allows.



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Presenters



Ms. Ramona P. Tanabe
Executive Vice President and Counsel - WCRI

Ms. Tanabe has held progressively responsible leadership positions since 1996 and is currently leading the Institute's flagship line of core benchmarking studies. Her responsibilities have included conducting studies on health policy, managing the WCRI data collection efforts, providing legal counsel, advising public officials on medical privacy issues, and managing various internal and external functions at WCRI. Before joining the Institute, she was with a private law firm in Chicago, specializing in municipal financing and school law.



Tron Emtage
Chief Clinical Officer - Optum

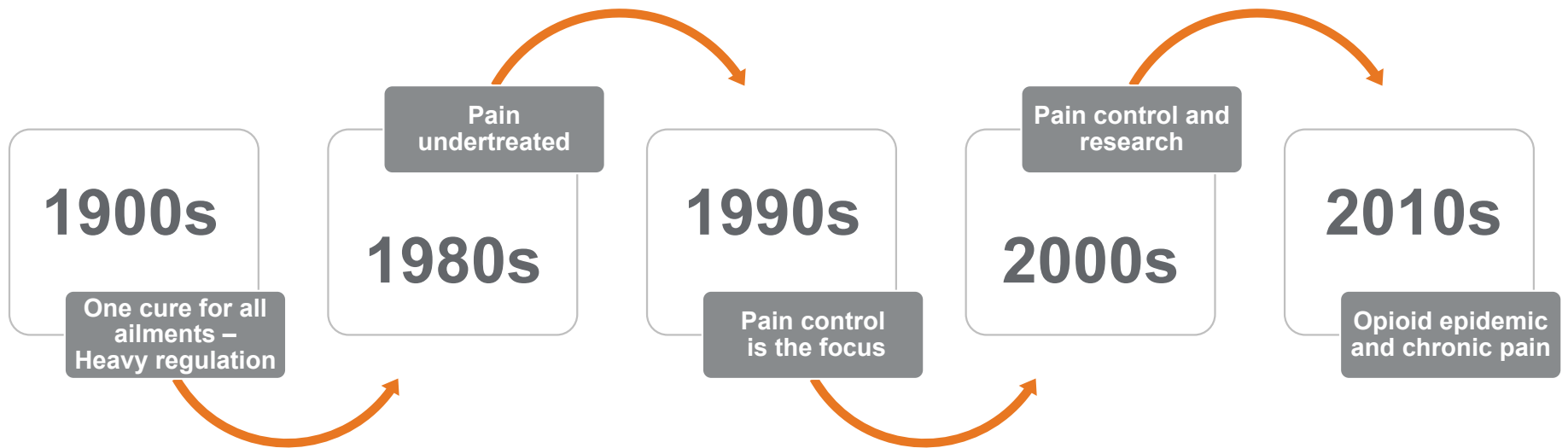
As Chief Clinical Officer, Tron Emtage oversees our comprehensive suite of clinical programs designed to help payers gain more control over medical costs to achieve better outcomes for claimants. Tron leverages nearly 30 years of healthcare, workers' comp, and auto no-fault experience in developing and managing key program components.

Discussion topics

1. Opioid history - How did we get here?
2. The opioid epidemic
3. The holistic approach to opioid controls
4. The need for opioid controls
5. Are the controls working?
6. Alternative therapies for pain
7. What's next?
8. Questions

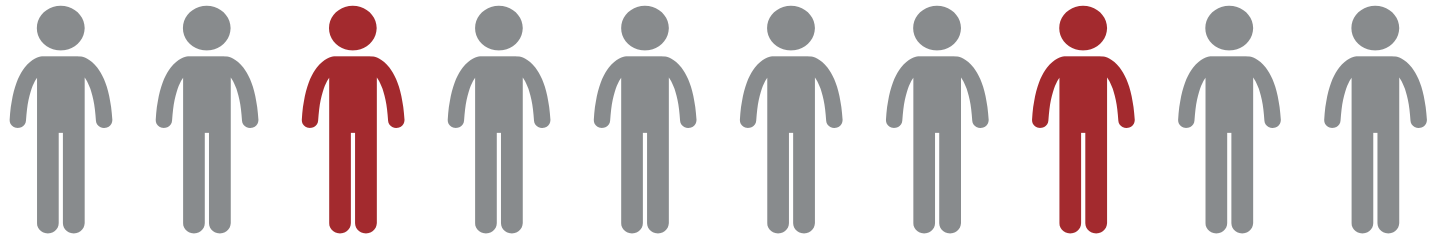
History of opioids

How did we get here?

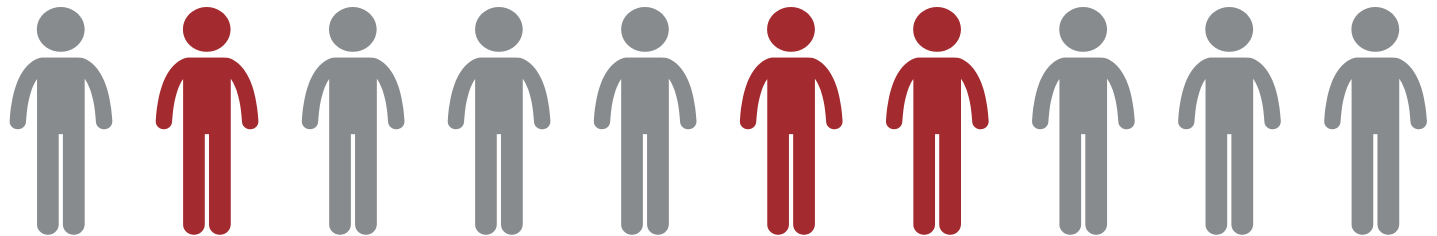


Opioid epidemic





Opioids could kill nearly **500,000** Americans in the next decade.¹



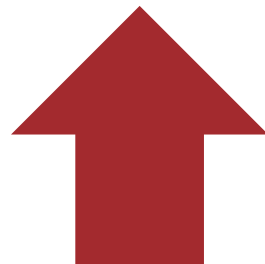
Sources:

¹ <https://www.statnews.com/2017/06/27/opioid-deaths-forecast>

11.4M people misused prescription opioids⁴



- Peak in 2012 with 255 million total opioid prescriptions²
- In 2015 enough opioids were prescribed to medicate every American adult every four hours for three weeks³



Opioid prescribing rates increased from 76 million in 1991 to **191 million in 2017²**

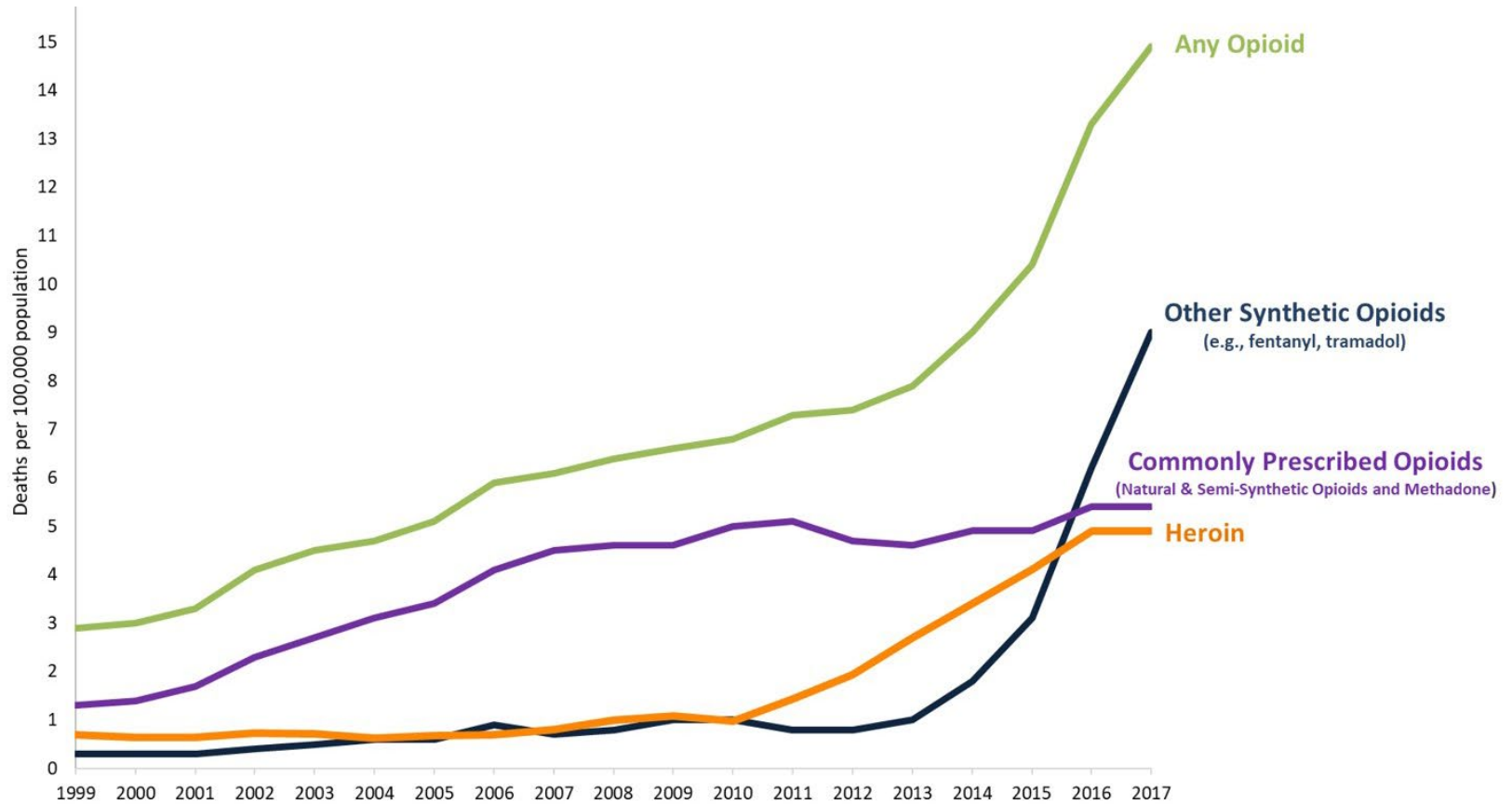
Sources:

2. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>. Accessed 12/28/2018

3. 2 Centers for Disease Control and Prevention. CDC Vital Signs, July 2017. <https://www.cdc.gov/vitalsigns/opioids/infographic.html#infographic>. Accessed 12/28/2018

4. 2017 National Survey on Drug Use and Health, Mortality in the U.S., 2016

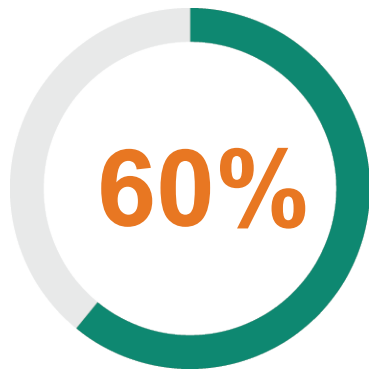
Overdose death rates involving opioids by type, United States 2000-2017



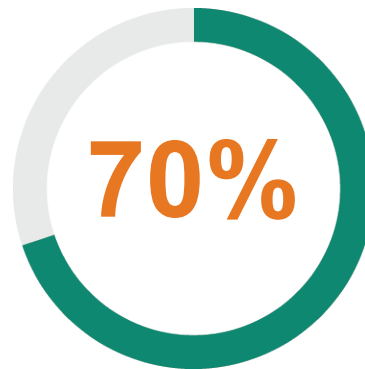
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov/>.



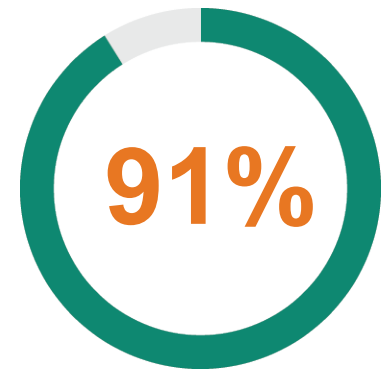
Opioid analgesics are shockingly easy to obtain



of U.S. citizens
have leftover opioids
in their home



of misused opioid
prescriptions come from
a friend or relative



of patients who
overdose receive an
opioid prescription
within 10 months

The opioid epidemic

Between 8-12% develop
an opioid use disorder

An estimated 4-6% who misuse
prescription opioids transition to heroin

About 80% of people who use heroin
first misused prescription opioids

Roughly
21 to 29%
of patients prescribed
opioids for chronic pain
misuse them

The opioid epidemic

- Opioid overdoses increased 30% from July 2016 through September 2017 in 52 areas in 45 states.
- The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017
- Opioid overdoses in large cities increased by 54% in 16 states



Holistic approach to opioid controls

Holistic approach to opioid controls



GUIDELINES



OPIOID PRESCRIBING LIMITS



MEDICATION FORMULARIES



PRESCRIPTION MANAGEMENT

MED levels

Official Disability Guidelines (ODG)

MED should be limited to
100 mg/day

American College Of Occupational & Environmental Medicine (ACOEM)

In most cases, MED should be limited to **50 mg/day**, particularly in the acute setting; although, sub-acute and chronic pain patients may require higher doses

CDC guidelines



- Influence the use of Prescription Drug Monitoring Programs (PDMPs)
- Recommend the use of opioid analgesic risk assessment tools
- Establish treatment goals, expectations and a plan for discontinuing opioid analgesics
- Use urine drug testing at baseline and at least annually



CDC Guidelines



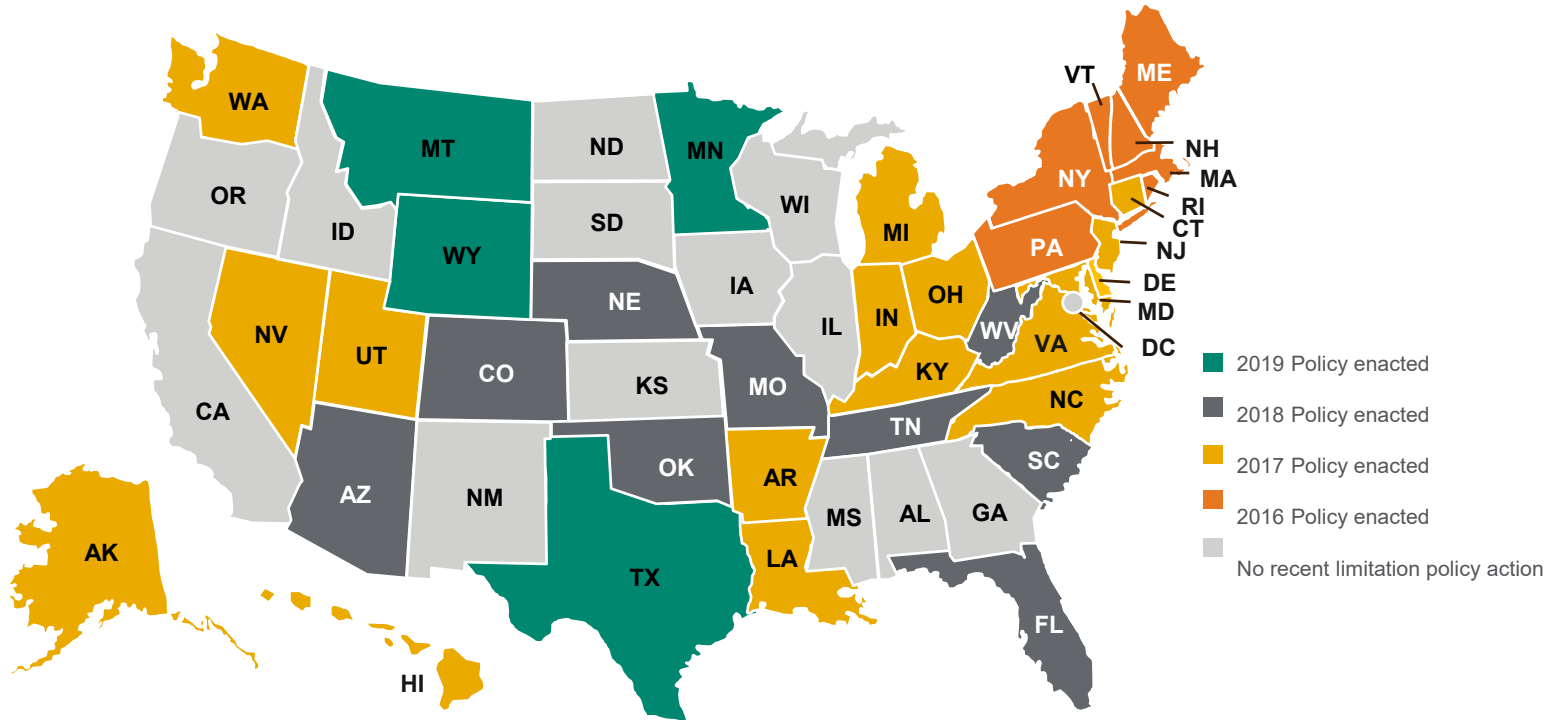
ACUTE PHASE (DAY 0-89)

Clinicians should **carefully reassess evidence** of individual benefits and risks when increasing dosage to ≥ 50 mg/day MED

CHRONIC PHASE (DAY 90 AND BEYOND)

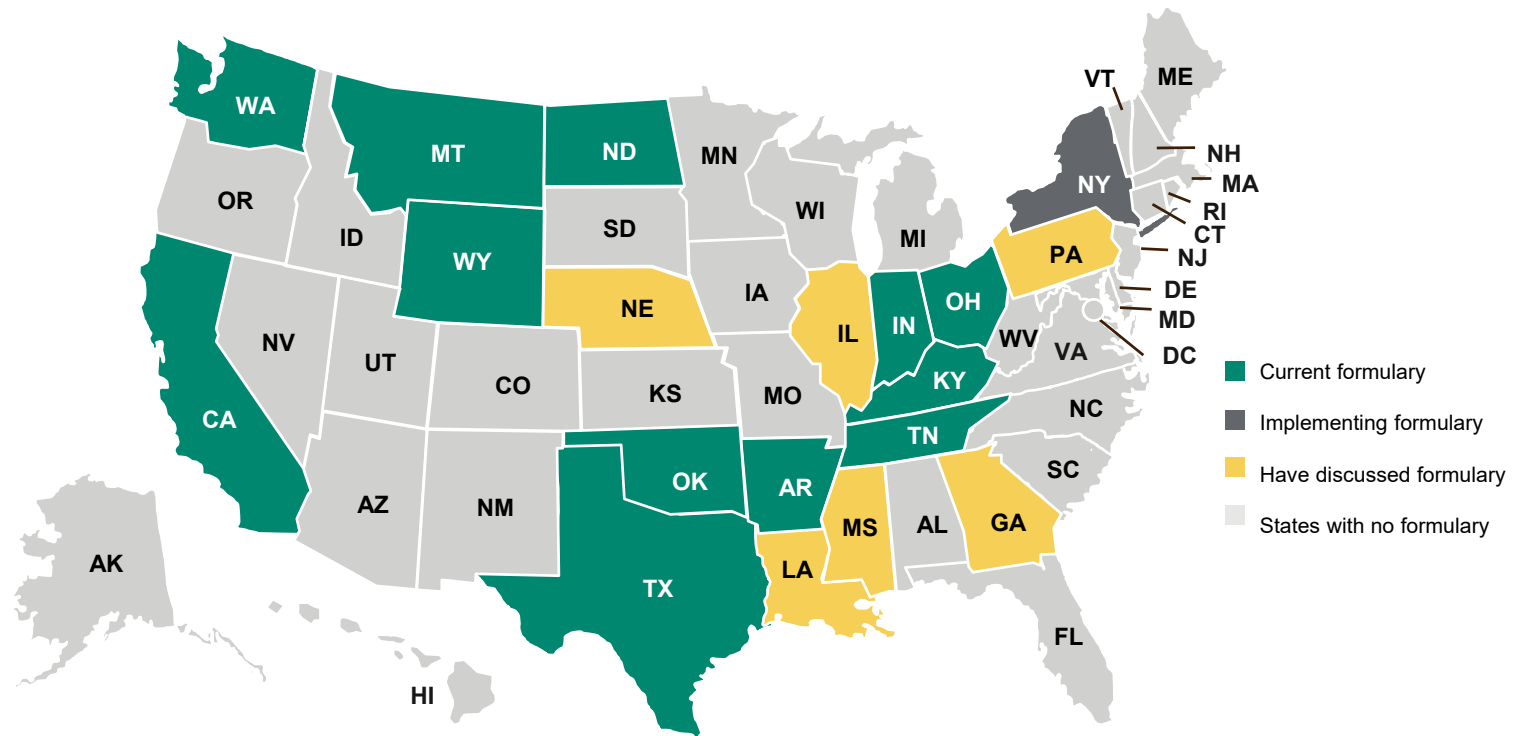
Clinicians should **avoid or carefully justify** a decision to increase a dosage ≥ 90 mg/day MED

Opioid prescribing limits



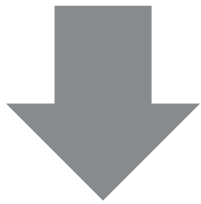
Data – Reflects Legislation/Regulation enacting initial opioid prescribing limitations.
 Note – Initial days supply limitations can vary across jurisdictions and treatment facilities.
 Current as of **July 2019**.

Medication formularies



Current as of July 2019.

Formulary impact drug utilization FY 2016 vs. 2011



44%
Opioid prescriptions
in 2016

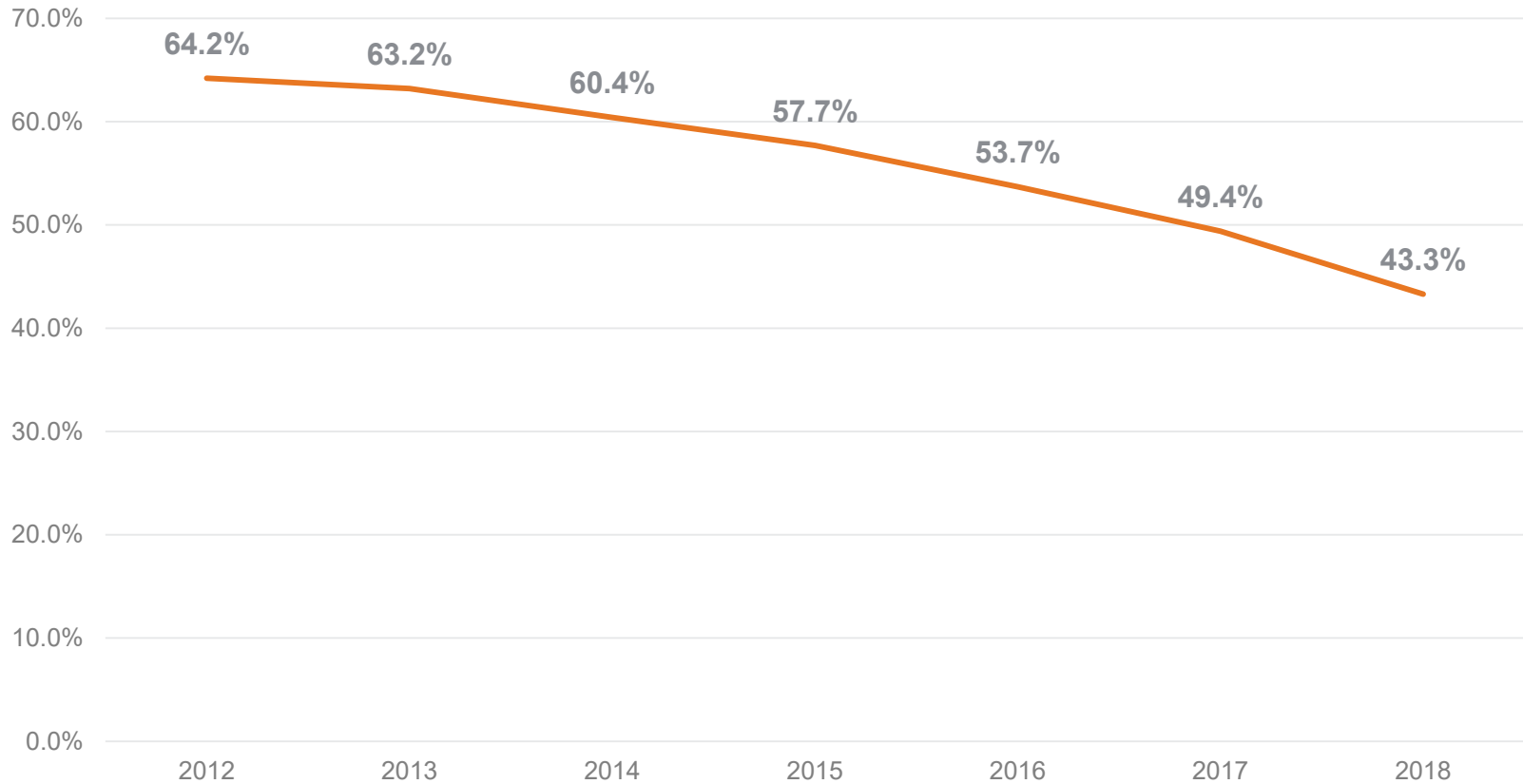
VS.

48%

Opioid prescriptions in 2011



Percentage of injured workers with opioid scripts



Source:
Optum Workers' Comp and Auto No-Fault book of business 2018 trend data

Prescription Management



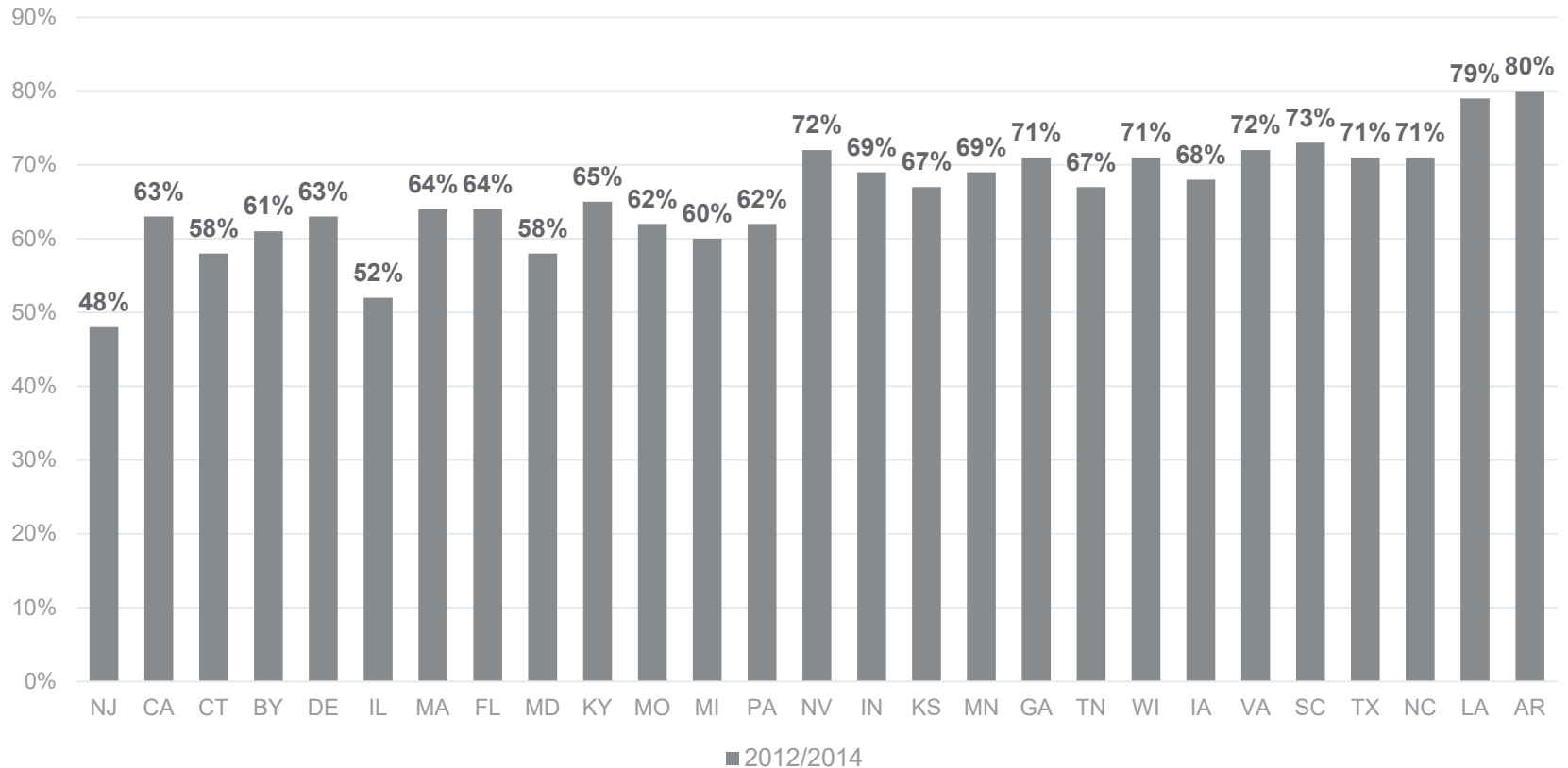
- Verify eligibility based on information provide by the client
- Implement formularies selected by the client or based on the state guidance
- Implement utilization programs selected by the client to help support appropriate network dispensing
- Trend and report on utilization
- Alert claims professionals to jurisdictional or client program guidelines



Are the controls working?

IMPACT OF CONTROLS ON OPIOIDS IN WORKERS' COMPENSATION

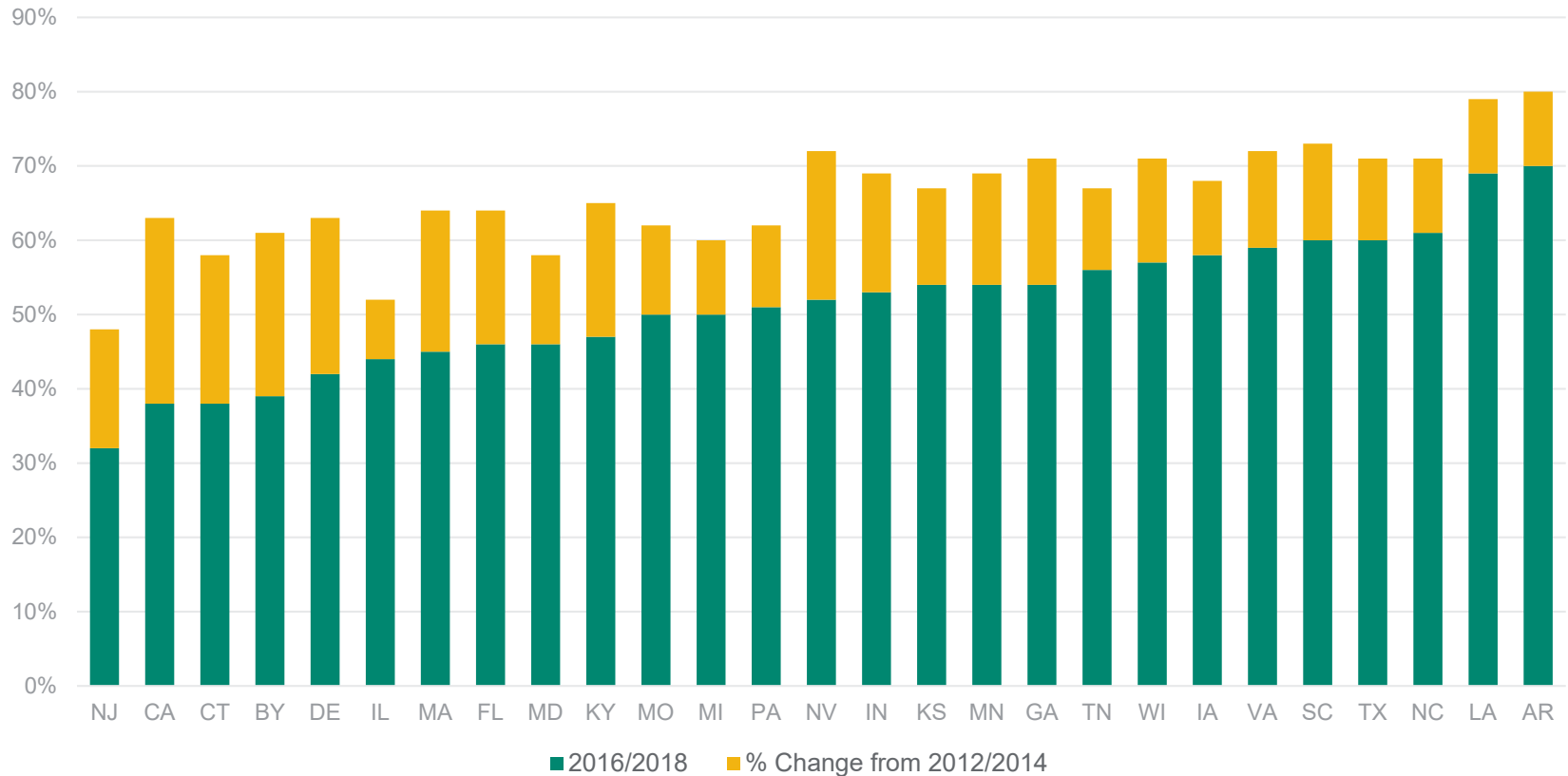
Opioid utilization among injured workers decreased in all study states



Nonsurgical Claims With > 7 Days Of Lost Time. 2016/18 refers to claims with injuries occurring from October 2015 through September 2016, and Rx filled through March 2018; similar notation is used for other years.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2020

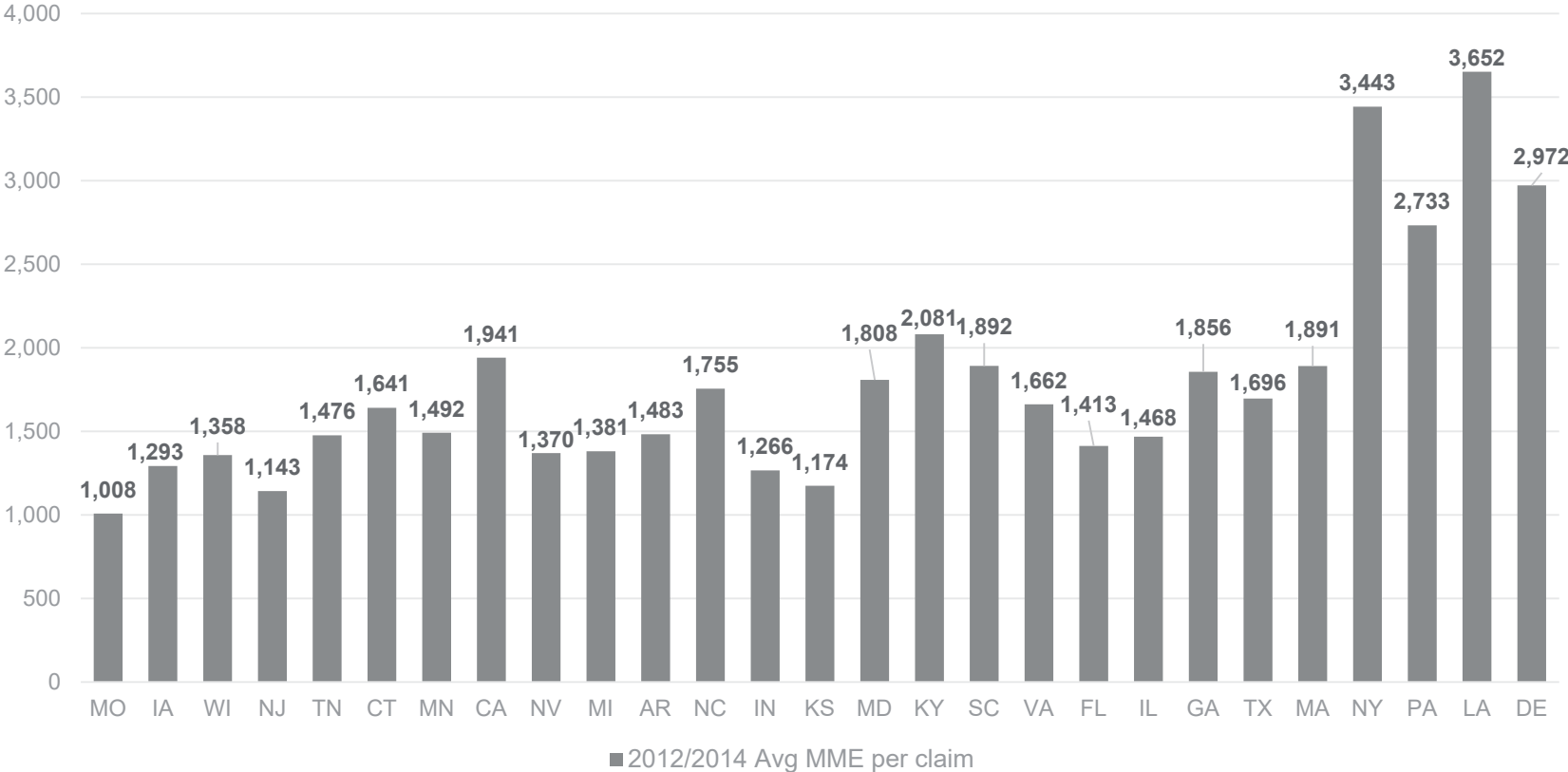
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Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2020

Average amount of opioids dispensed decreased in almost all study states 2012-2016

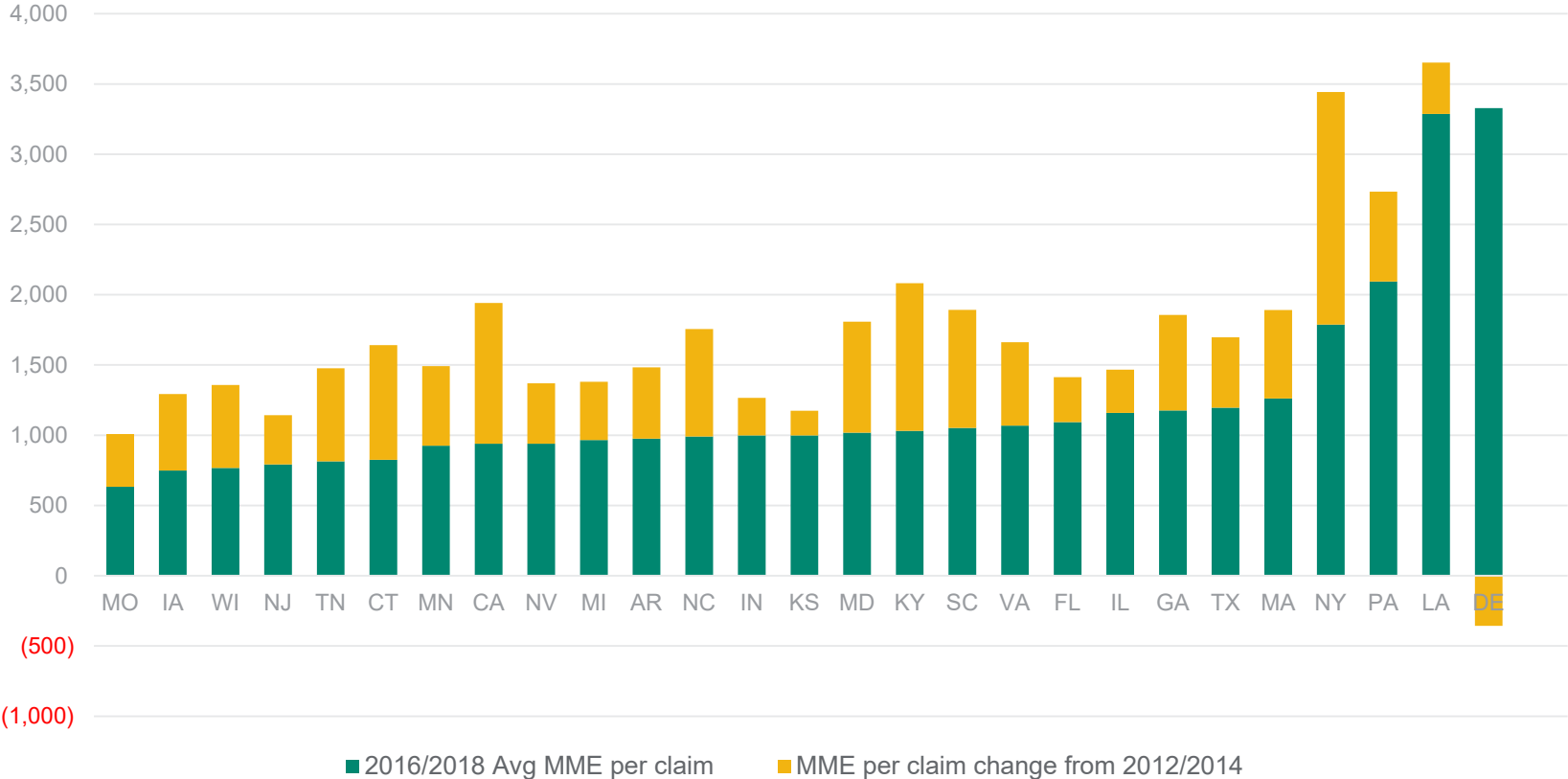


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Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2020



Several reforms coincided with reductions in opioids filled over the study period

	CA	NY	CT	KY
Change in % claims with prescriptions that had opioids	-25 ppt	-22ppt	-20 ppt	-18 ppt
Change in avg. Amount of opioids per claim	-52%	-48%	-50%	-50%
Change In Median Amount Of Opioids Per Claim	-33%	-33%	-25%	-24%
PDMP Prescriber Mandate	*	✓	✓	✓
WC Treatment Guidelines	✓	✓	✓	*
WC Drug Formulary	✓	*		*
Quantity Limits On Initial Rx	✓ (formulary)	✓	✓	✓

* Law passed but the effective date is beyond the study period or TBD.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2020

Categorizing claims according to pain medication receipt

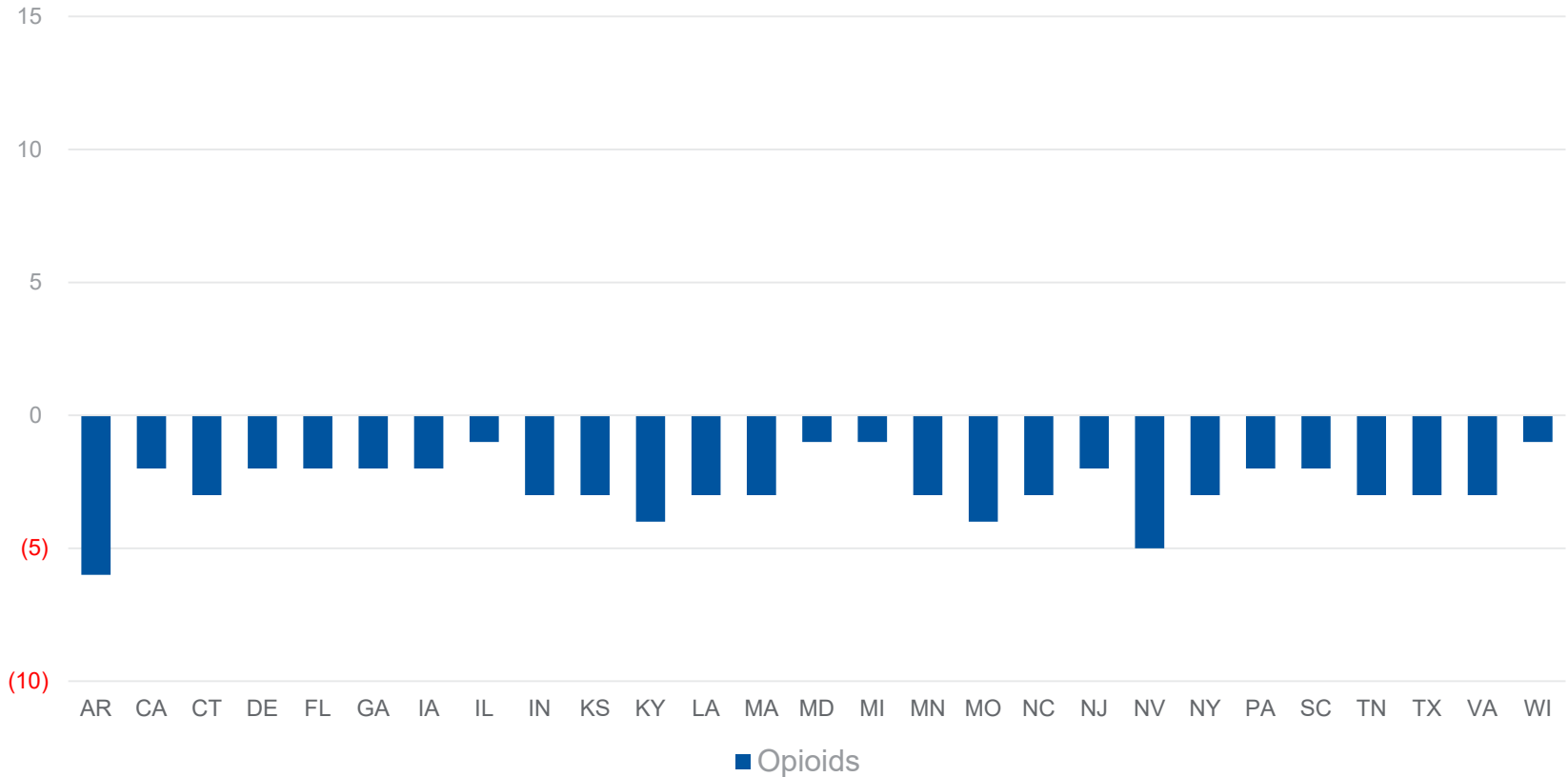
		Non-opioid analgesic receipt	
		Yes	No
Opioid receipt	Yes		
	No		No Pain Medications

Pain medication refers to:

- Opioids
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Anticonvulsants
- Corticosteroids
- Topical analgesics
- Antidepressants
- Compound drugs
- Other analgesics

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

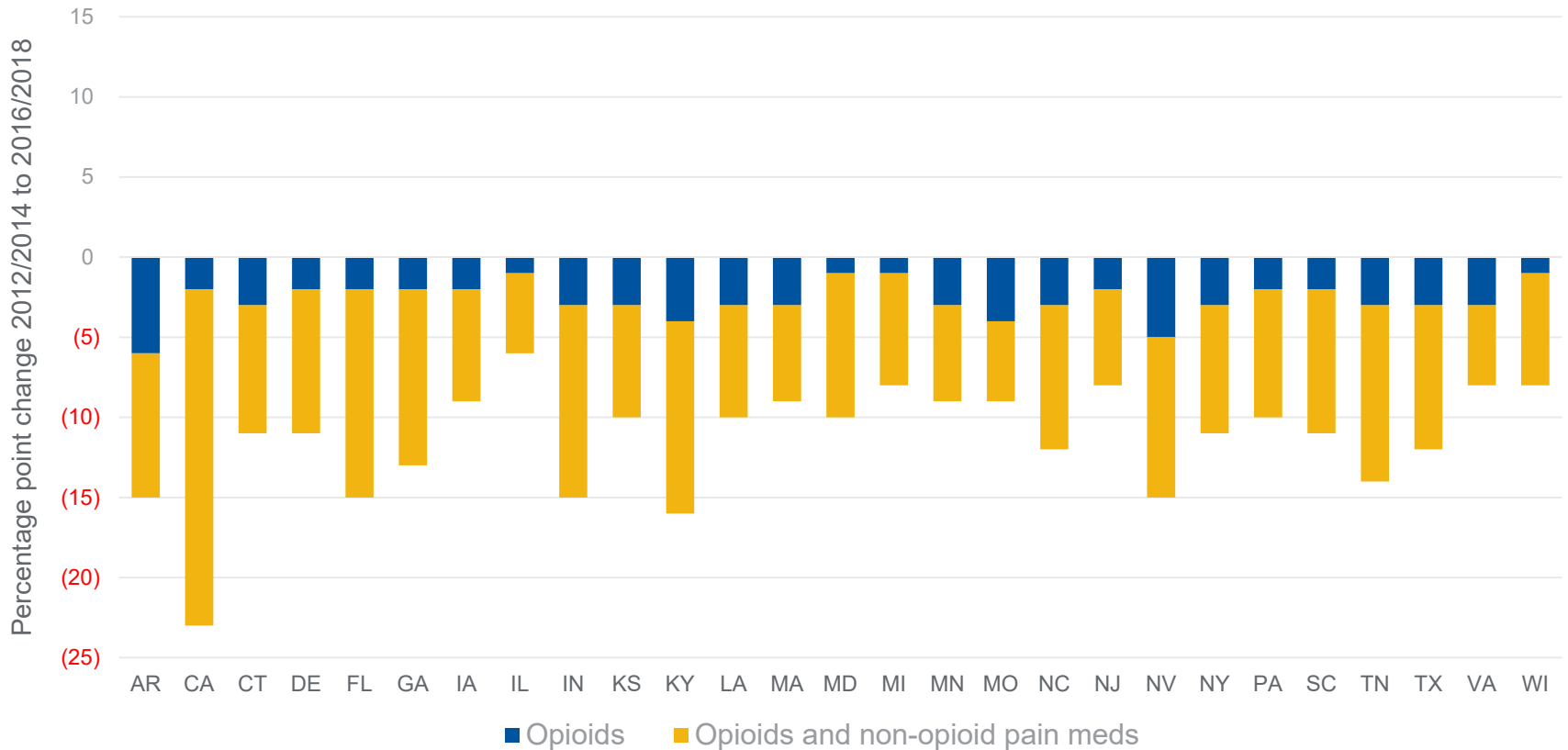
Opioids Decreased Substantially; frequency in use of non-opioid pain meds. increased to a lesser degree



Non-Opioid Pain Medication Refers To Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Anticonvulsants, Corticosteroids, Topical Analgesics, Antidepressants, Compound Drugs, And Other Analgesics

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

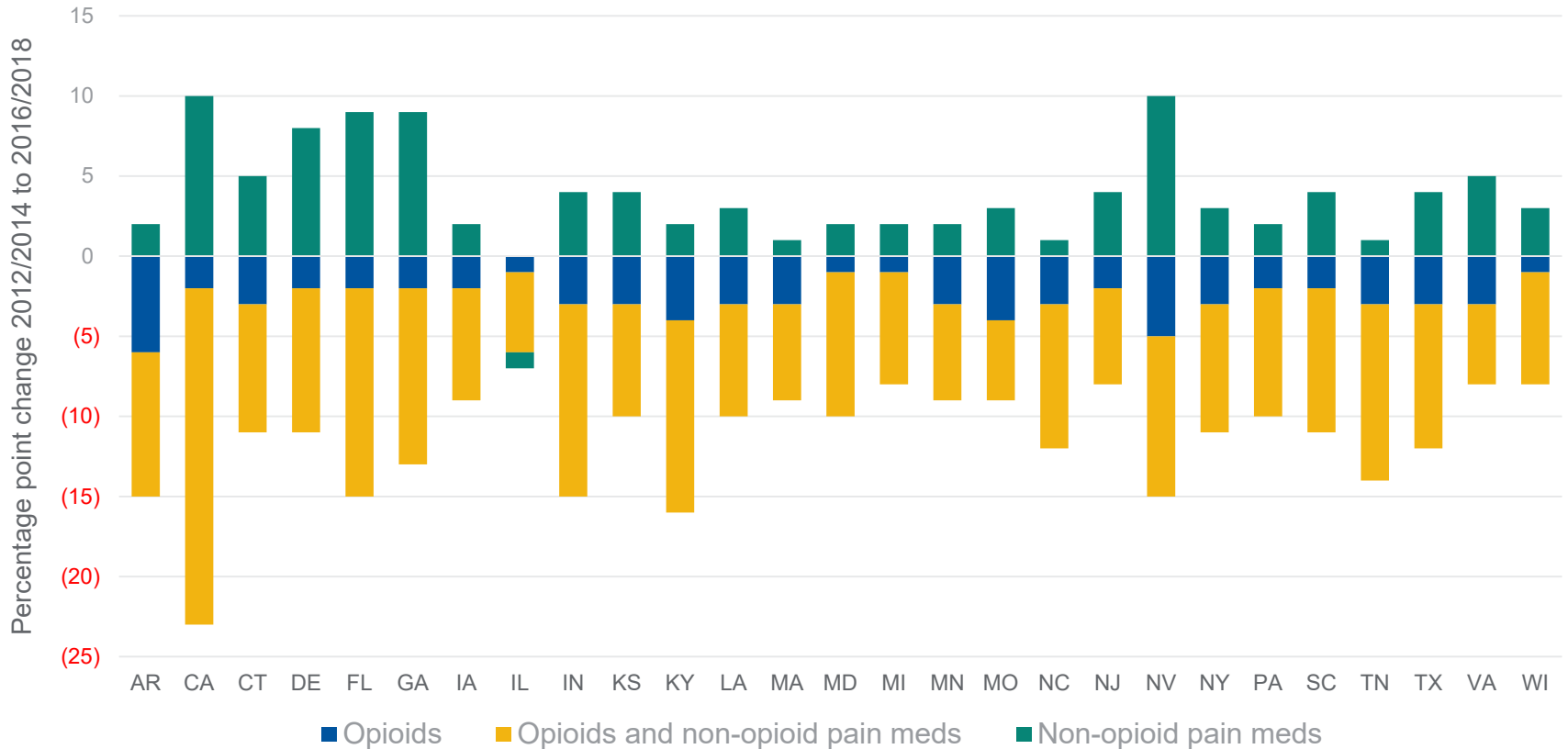
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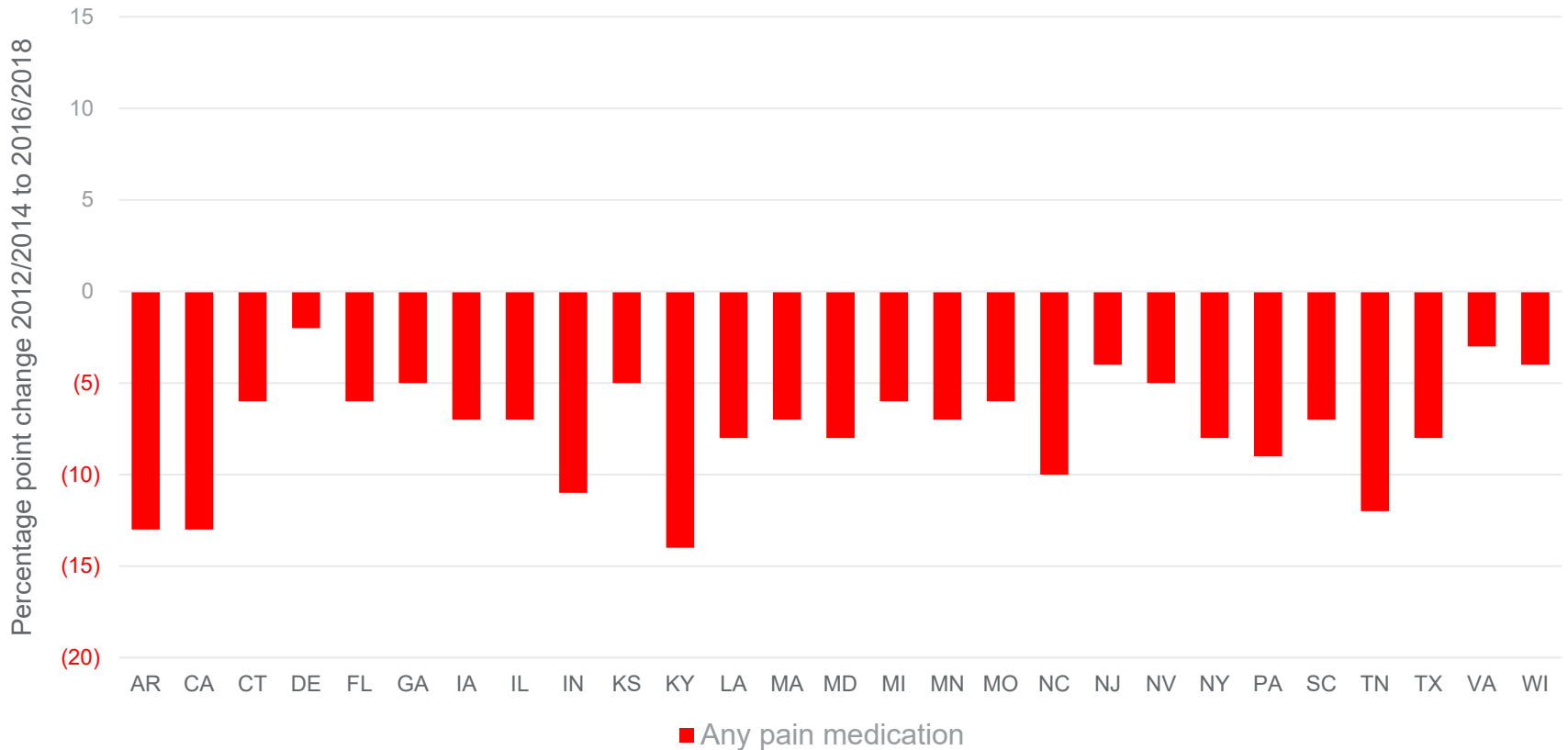
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Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Opioids Decreased Substantially; frequency in use of non-opioid pain meds. increased to a lesser degree



Pain medication refers to opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), anticonvulsants, corticosteroids, topical analgesics, antidepressants, compound drugs, and other analgesics.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Categorizing claims according to pain treatment

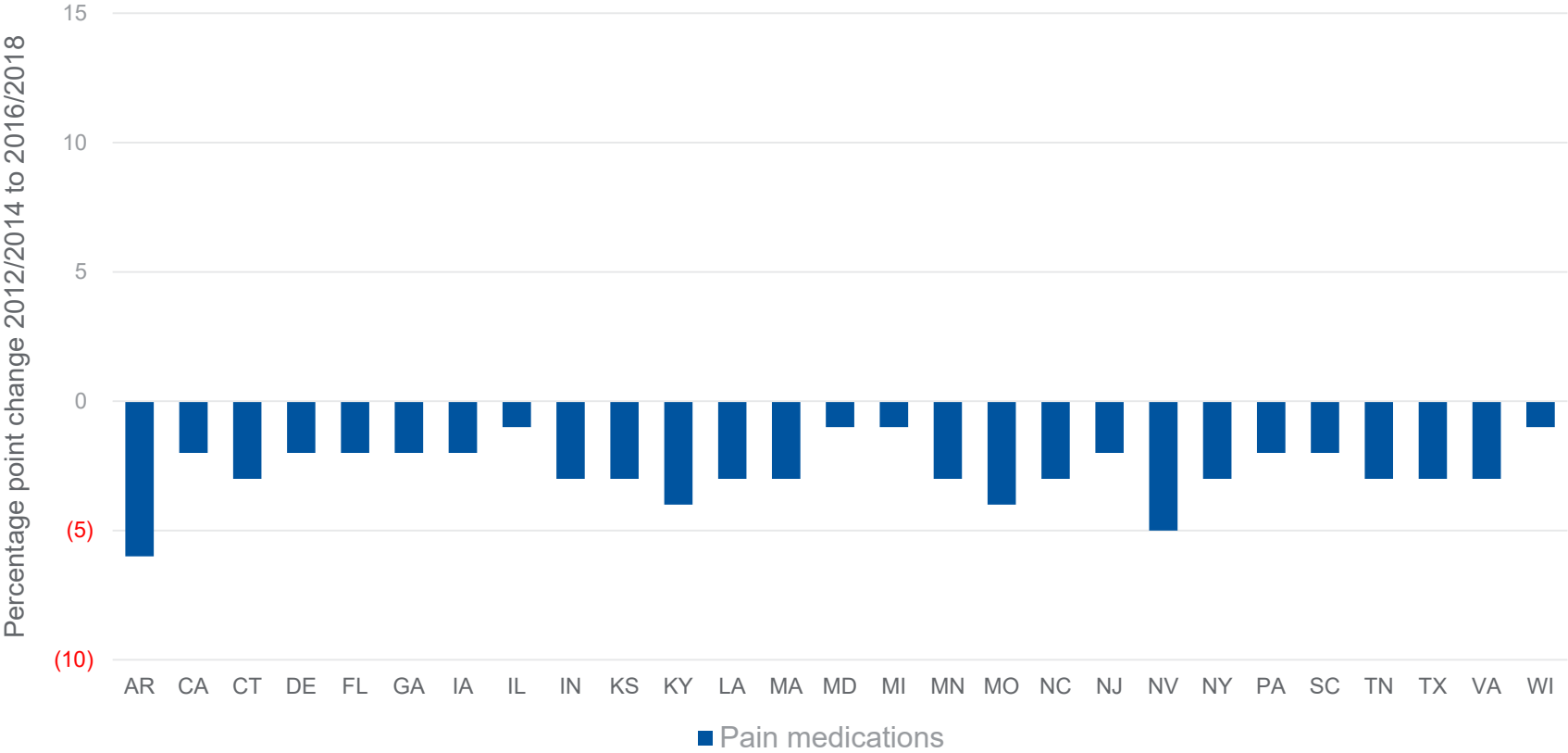
		Non-pharmacologic treatment	
		Yes	No
Pain medications	Yes		
	No		No Pain treatment

Non-pharmacologic treatment (NPT): at least one paid visit for

- 1) physician therapy evaluation
- 2) Active or passive physical therapy
- 3) Manipulation
- 4) Acupuncture
- 5) Behavioral therapy
- 6) Interventional pain management

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Treatment patterns shifted toward non-pharmacologic treatments without pain meds

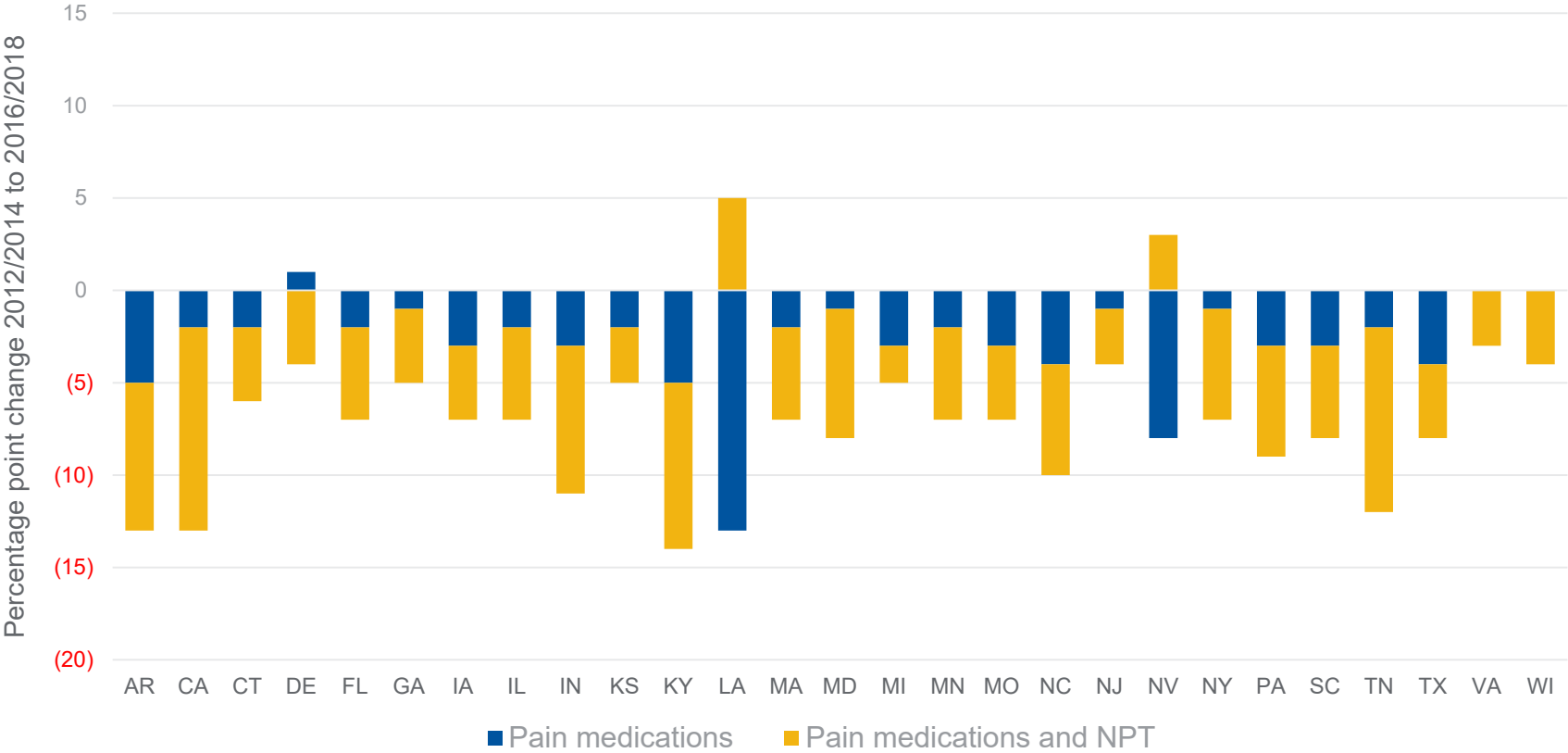


NPT (non-pharmacologic treatment) refers to at least one paid visit for physician therapy evaluation, active and passive physical therapy, manipulation, acupuncture, behavioral therapy, or interventional pain management.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019



Treatment patterns shifted toward non-pharmacologic treatments without pain meds

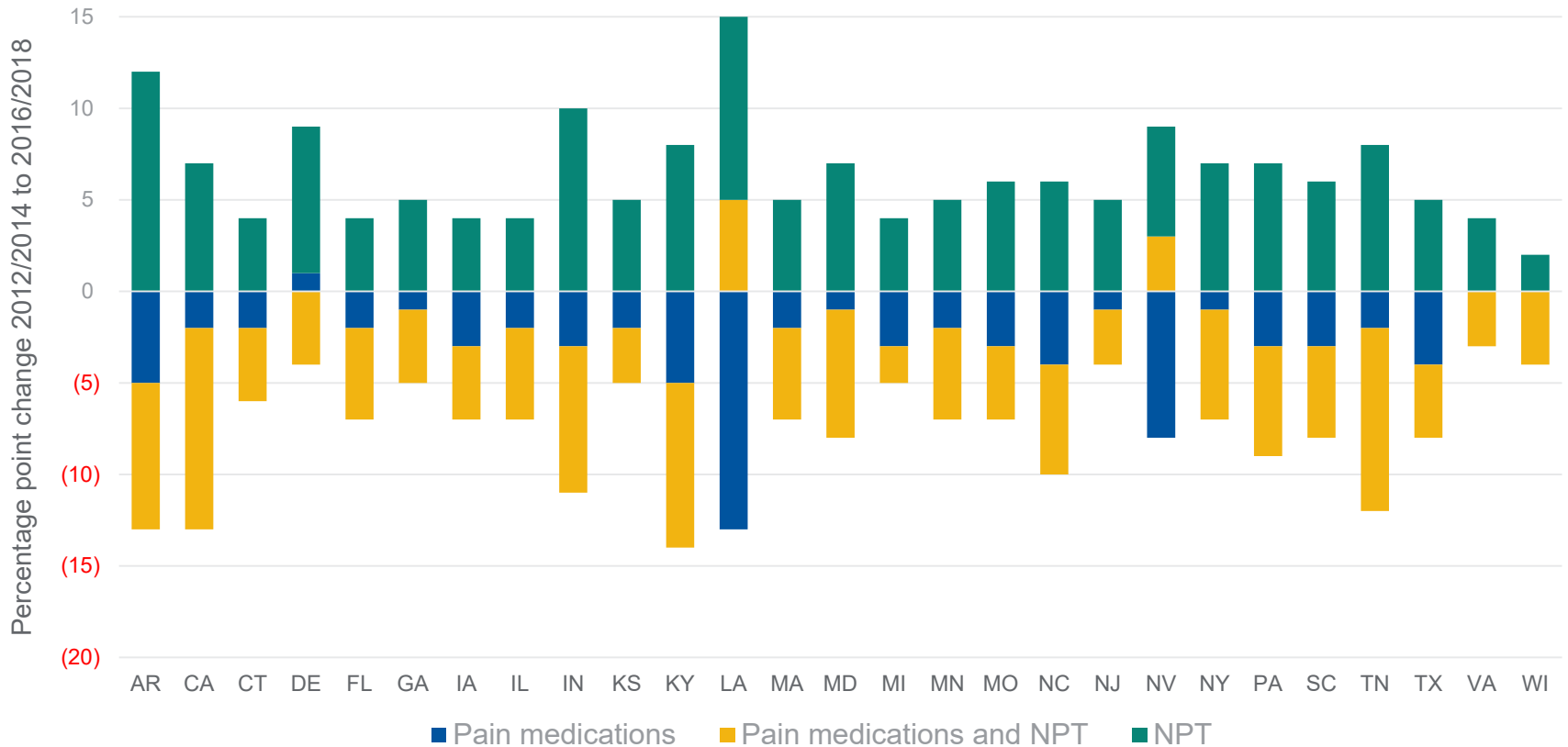


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Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019



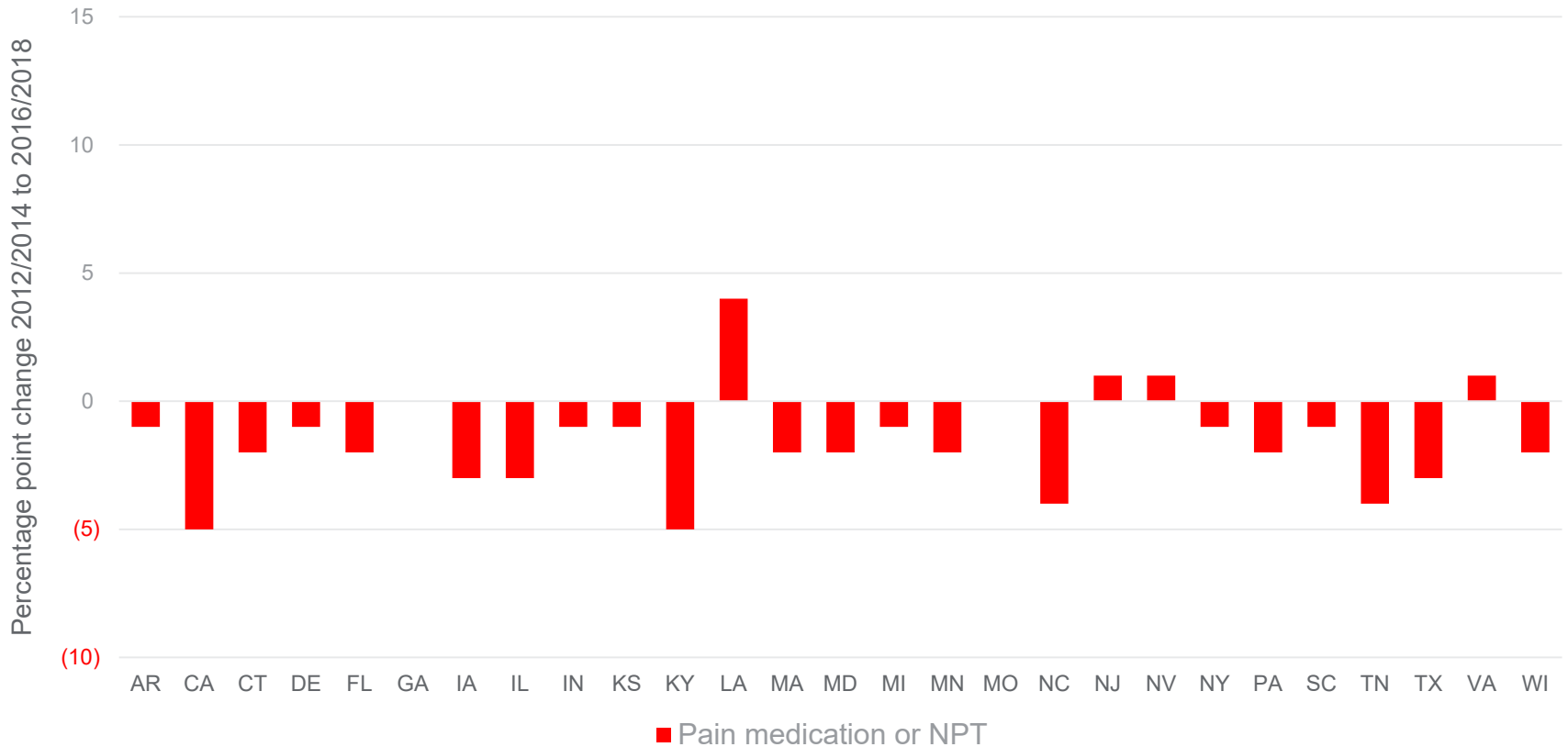
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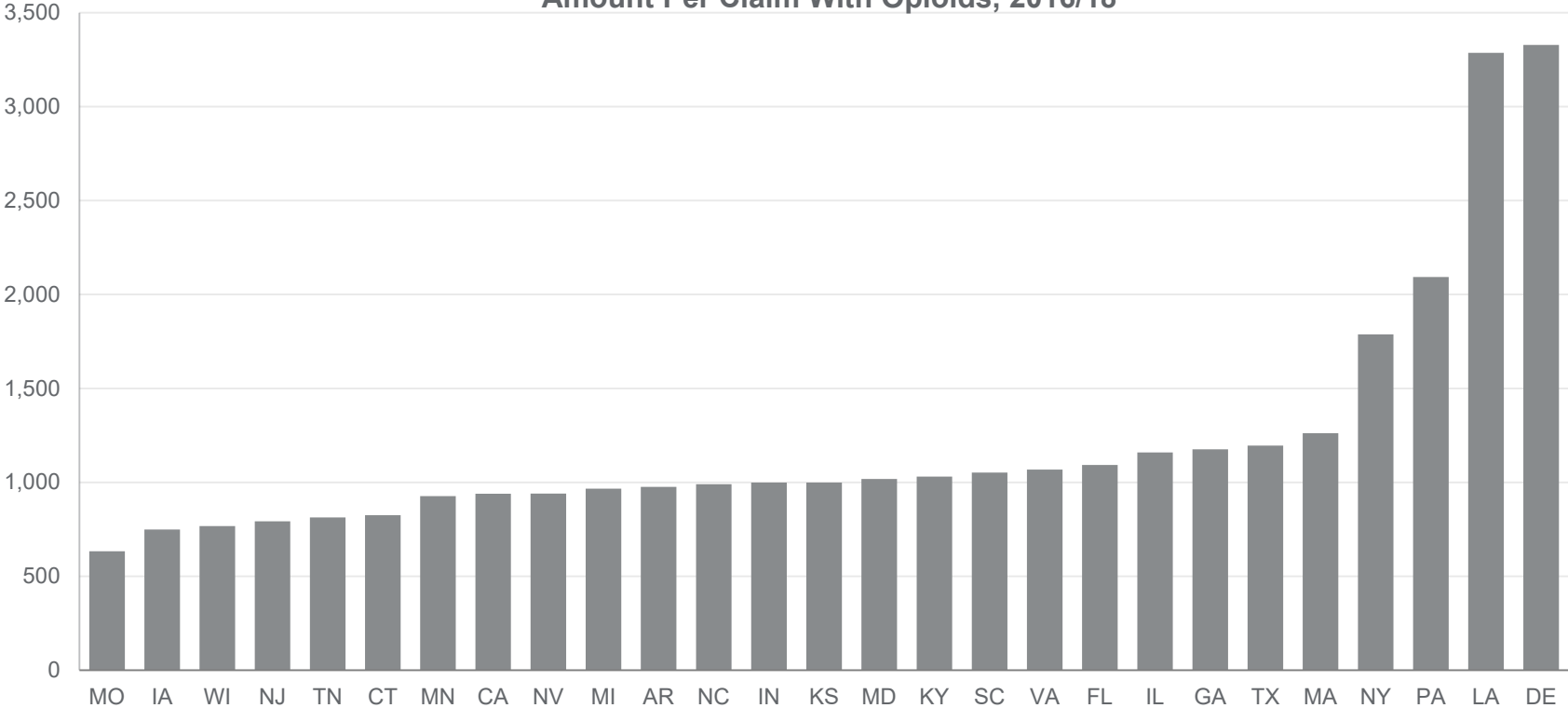


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Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Amount of opioids per claim continued to be higher in DE, LA, PA, and NY

Average Morphine Milligram Equivalent (MME)
Amount Per Claim With Opioids, 2016/18



Nonsurgical Claims With > 7 Days Of Lost Time. 2016/18 refers to claims with injuries occurring from October 2015 through September 2016, and Rx filled through March 2018.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019



Higher amount could be driven by longer duration or stronger doses

$$\text{MME per claim} = \text{Number of Rx} * \text{Quantity} * \text{Strength} * \text{Morphine conversion factor (CF)}$$

Rx Fill Date	Medication name	Morphine CF	Narcotic strength	Quantity	MME
01/01/2016	Vicodin®	1	5 mg	40	200
01/10/2016	Percocet®	1.5	10 mg	60	900
					1,100

Nonsurgical Claims With > 7 Days Of Lost Time. 2016/18 refers to claims with injuries occurring from October 2015 through September 2016, and Rx filled through March 2018.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Larger variations in duration of opioids, smaller variations in average daily dose of opioids

Based on claims with opioids that had days of supply populated for all opioid Rx	Median of states studied	Range among states studied
Average Duration Of Opioids Dispensed (days)	36	22–115
Average Morphine Equivalent Daily Dose (MED) Of Opioids (milligrams)	34	27–40

Nonsurgical Claims With > 7 Days Of Lost Time. 2016/18 refers to claims with injuries occurring from October 2015 through September 2016, and Rx filled through March 2018.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019



Most prescribed opioids in study states

Oxycodone (Percocet, OxyContin)

Connecticut
Delaware
Maine
New Jersey
New York
Pennsylvania

Tramadol (Ultram, Ultracet)

Florida
Georgia
Maryland
Texas

Hydrocodone-acetaminophen (Vicodin, Lortab)

Arizona	Michigan
California	Minnesota
Illinois	Missouri
Indiana	Nevada
Iowa	North Carolina
Kansas	South Carolina
Kentucky	Tennessee
Louisiana	Virginia
	Wisconsin

Nonsurgical Claims With > 7 Days Of Lost Time. 2016/18 refers to claims with injuries occurring from October 2015 through September 2016, and Rx filled through March 2018.

Source: Workers' Compensation Research Institute, Impact of Controls on Opioids Prescribing In WC; 2019

Receipt of longer duration initial opioid Rx correlated with receipt of chronic opioids



Summary

What to watch for in workers' compensation

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Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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