



# Opioids and the Workplace: Best Practices for Supporting Prevention, Treatment, and Recovery



Kentuckiana  
Health Collaborative

*Building a Bridge to Better Health, Better Care and Better Value*

# About the KHC

- Non-profit organization with more than 10 years experience in convening healthcare stakeholders
- Serves:
  - Kentuckiana
  - Kentucky
- Consensus-based decision-making provides buy in for co-opetition
- Multi-stakeholder health coalition in Commonwealth and member of NRHI
- Purchaser/employers meet separately and member of National Alliance

## Multi-Stakeholder Approach



## Purchaser Only Approach



# KHC Mission

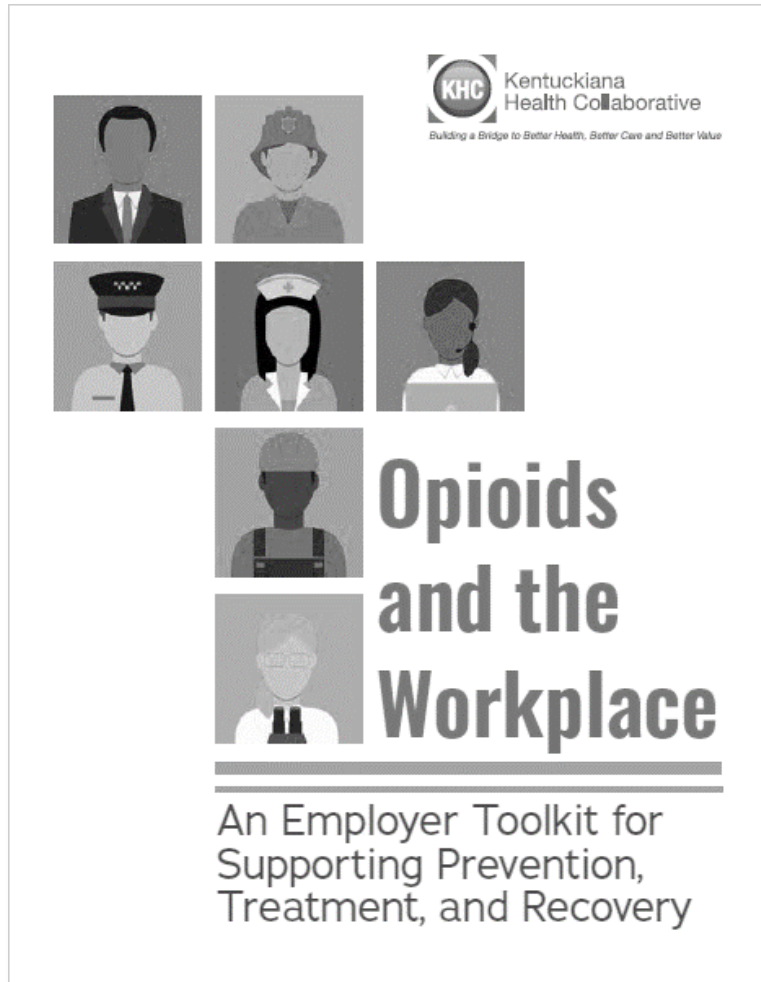
The mission of the KHC is to **coordinate action-oriented efforts to mobilize the community to improve health** and well-being. The KHC **works collaboratively** to improve access to high quality care and drive cost-efficient solutions, enhancing the economic competitiveness of the region.



# Kentucky Opioid Response Effort (KORE)

- Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
- Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the 21st Century Cures Act
- Comprehensive targeted response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidence-based opioid prevention, treatment, recovery and harm reduction services and supports in high-risk geographic regions of the state





*This toolkit should not be taken as legal advice. Consult an employment attorney before implementing any policies relating to the topics described in this toolkit.*

Opioids and the Workplace

Data Analytics to Understand the Workforce

Benefits to Increase Access to Evidence-Based Services

Policies to Transform Culture and Protect the Workplace

Legal Considerations

Appendix

Prevention, Treatment, Recovery

# Opioids and the Workplace



# Our Problem

On October 26, 2017, a nationwide Public Health Emergency was declared by the U.S. Department of Health and Human Services in response to the growing crisis of opioid misuse and overdose.

USA

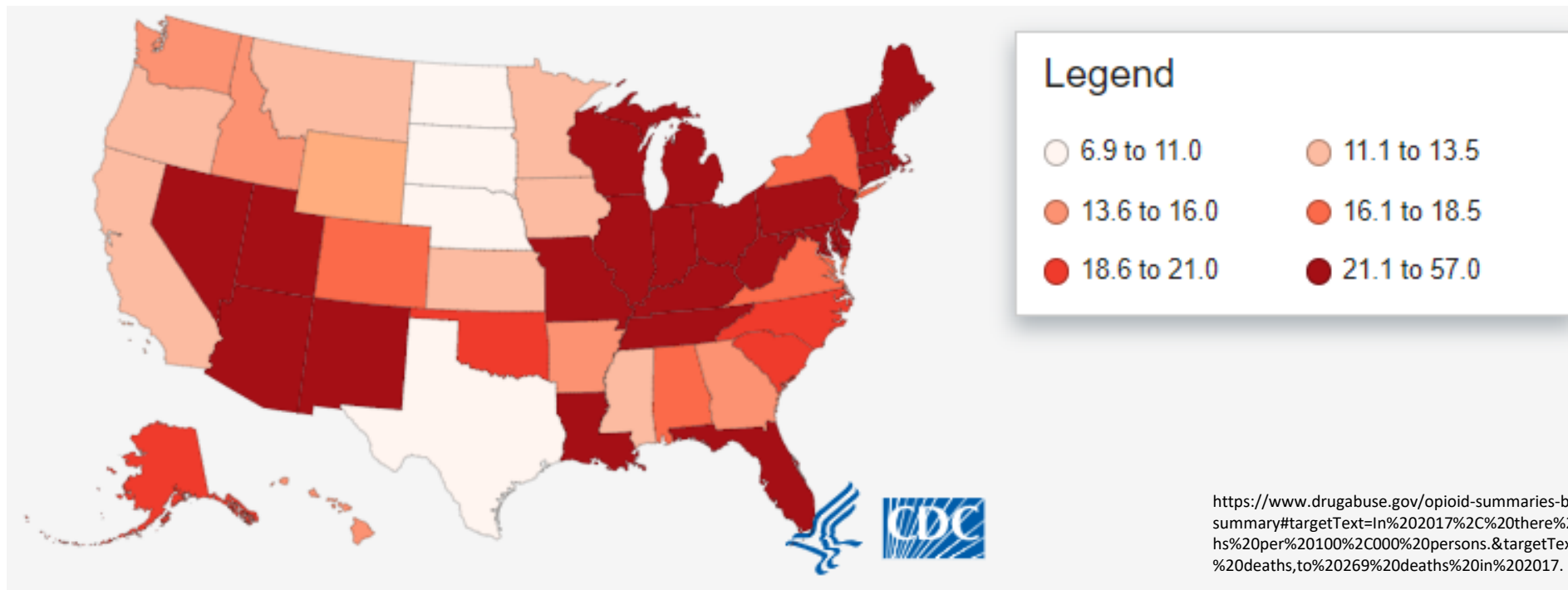
14.6

Overdose deaths  
per 100,00 persons

KY

27.9

Overdose deaths  
per 100,00 persons



## Overdose deaths in Kentucky

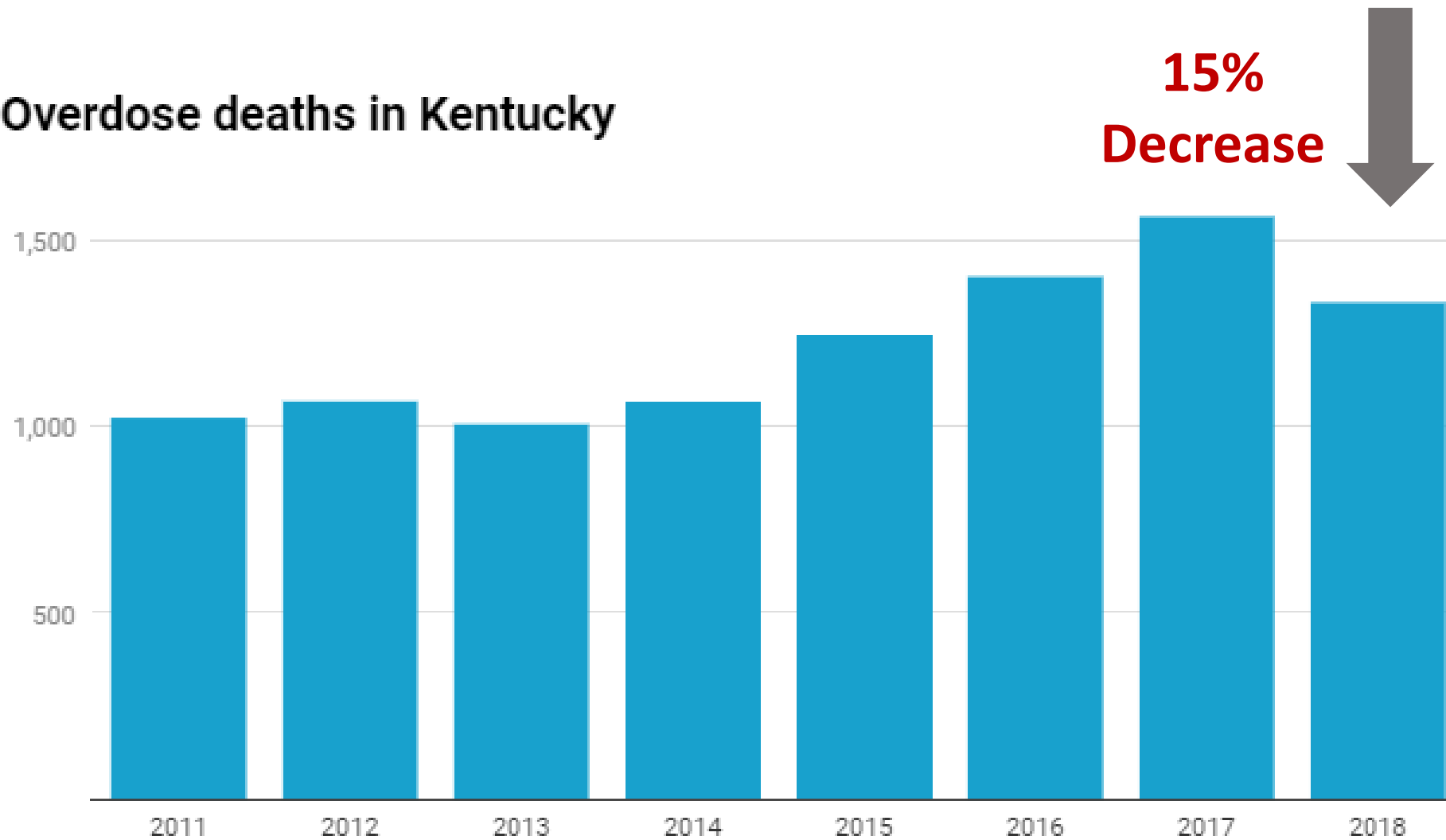


Chart: Joe Sonka • Source: Kentucky Office of Drug Control Policy • [Get the data](#) • Created with [Datawrapper](#)

# Consequences



## Financial

Estimated \$504 billion in economic costs (2015), 2.8% of GDP



## Social

Increases in crime, violence, motor vehicle crashes, and child neglect

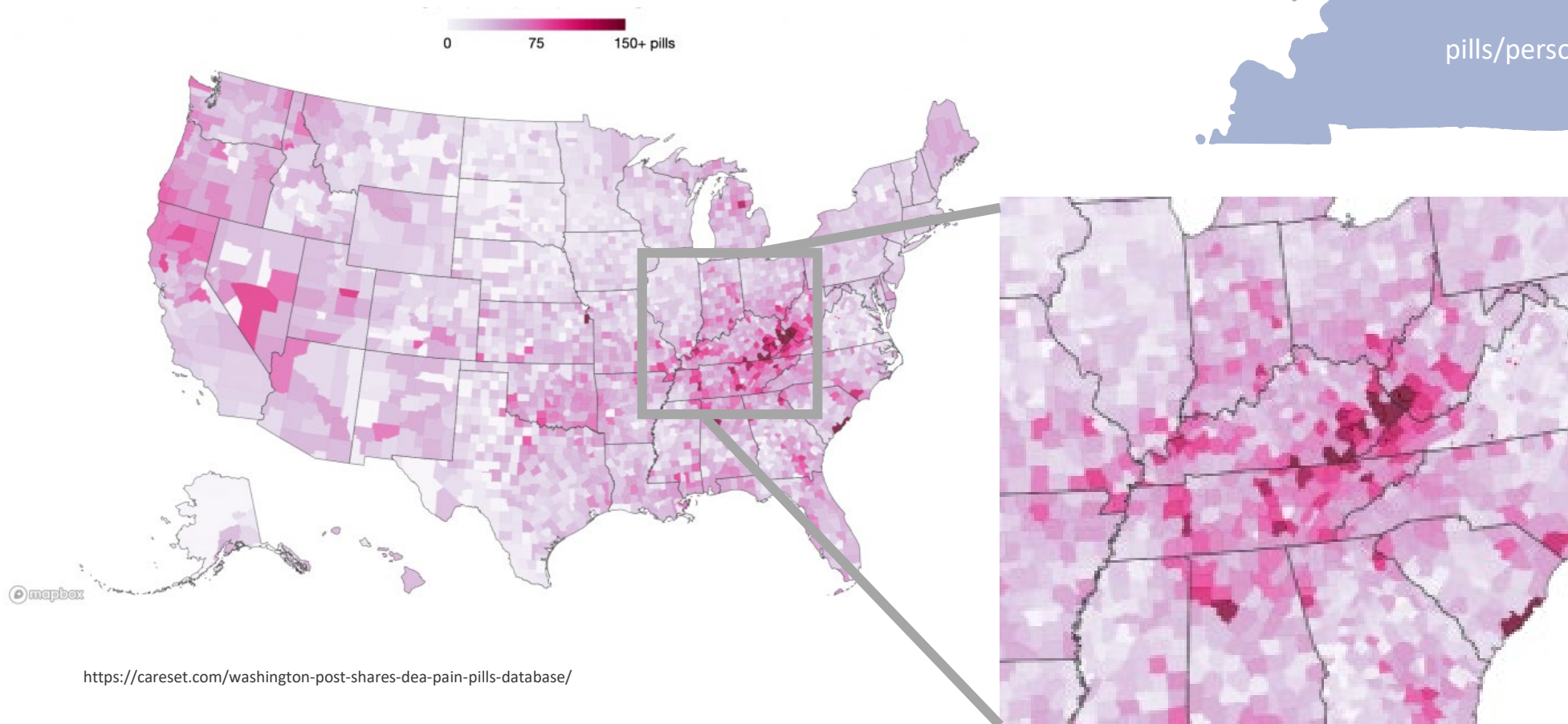


## Personal

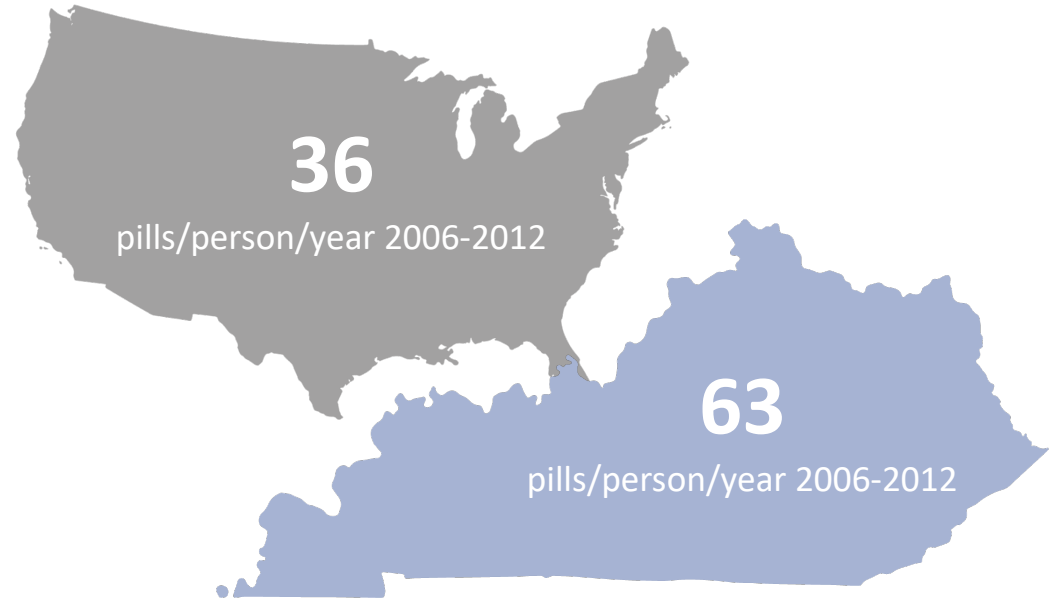
Compromised mental and physical health

# Contributing Factors

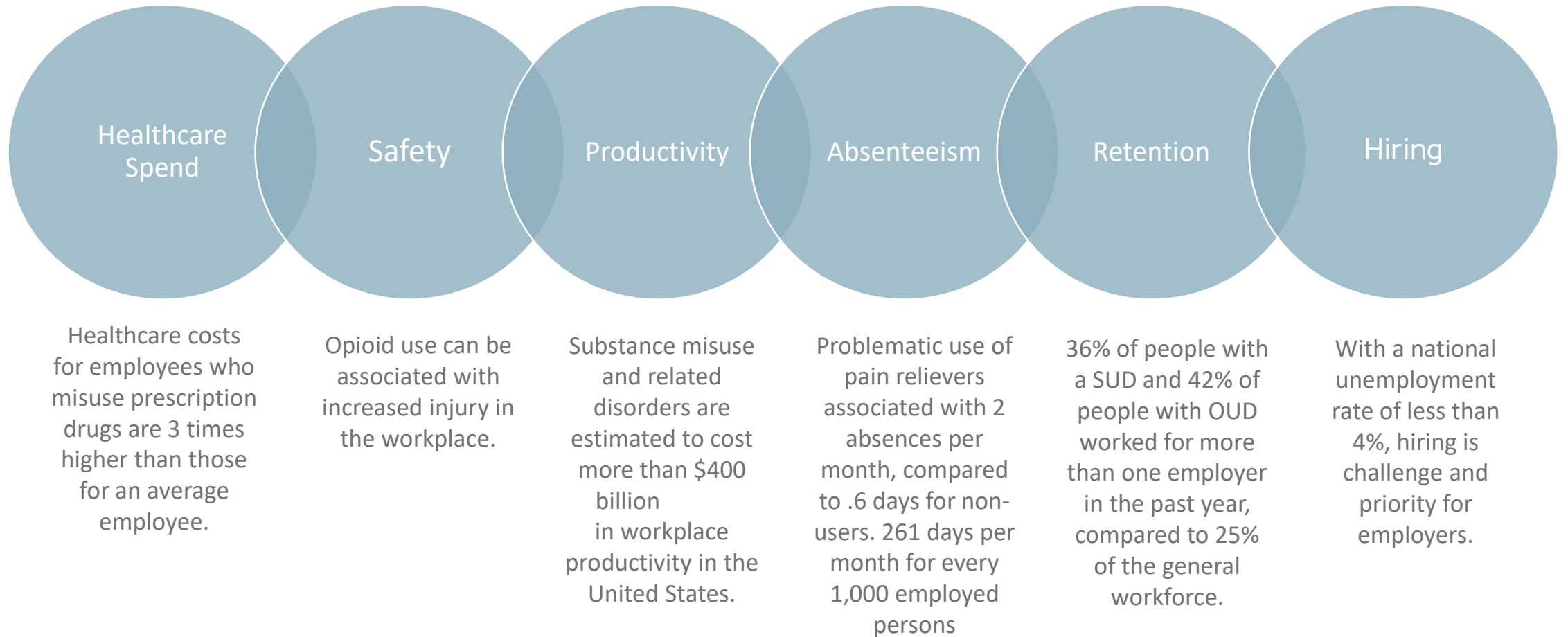
Number of pain pills distributed per person, per year  
Average yearly total, by county, 2006-2012



<https://careset.com/washington-post-shares-dea-pain-pills-database/>



# Workplace Impact



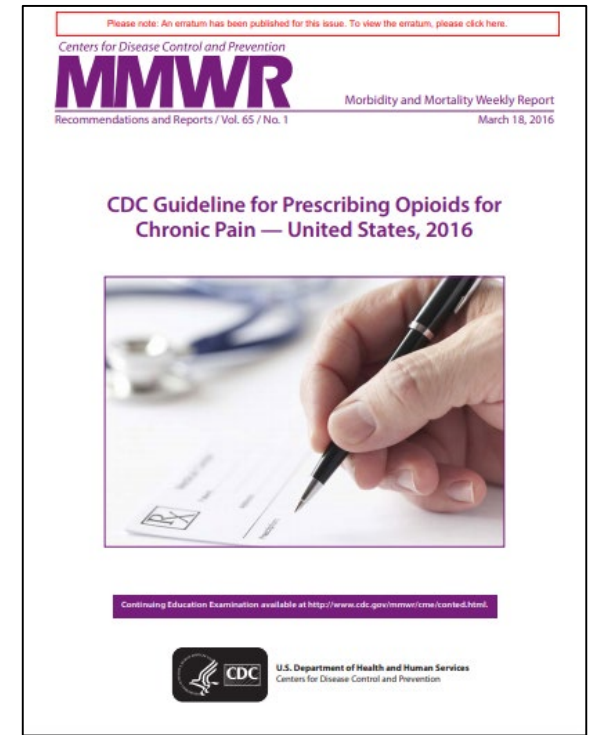
U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

B2B International (2017, January) National Employer Survey Prescription Drugs & The US Workforce [Powerpoint Slides]. Retrieved from <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2017/National-Employer-Addiction-Survey-Methodology.pdf?ver=2018-07-05-105114-883>



# Understanding Opioids and Addiction

- Opioids include prescription painkillers and heroin
- Prescription opioids can be effective when appropriately used
- Use has potential risks for dependence, misuse, opioid use disorder (OUD), and fatal overdose
  - **Use:** taking a substance for a desired purpose
  - **Misuse:** use of prescription in any way other than as directed by a prescriber
  - **Dependence:** tolerance for a drug with physical withdrawal symptoms (doesn't mean addiction)
  - **Opioid Use Disorder (OUD):** chronic brain disease where people lose control of their drug use and/or lives due to drug use
- The CDC 2016 guidelines for appropriate opioid prescribing addressed over prescribing but were often misinterpreted or misapplied with unintended consequences



<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>

# Opioids and Addiction

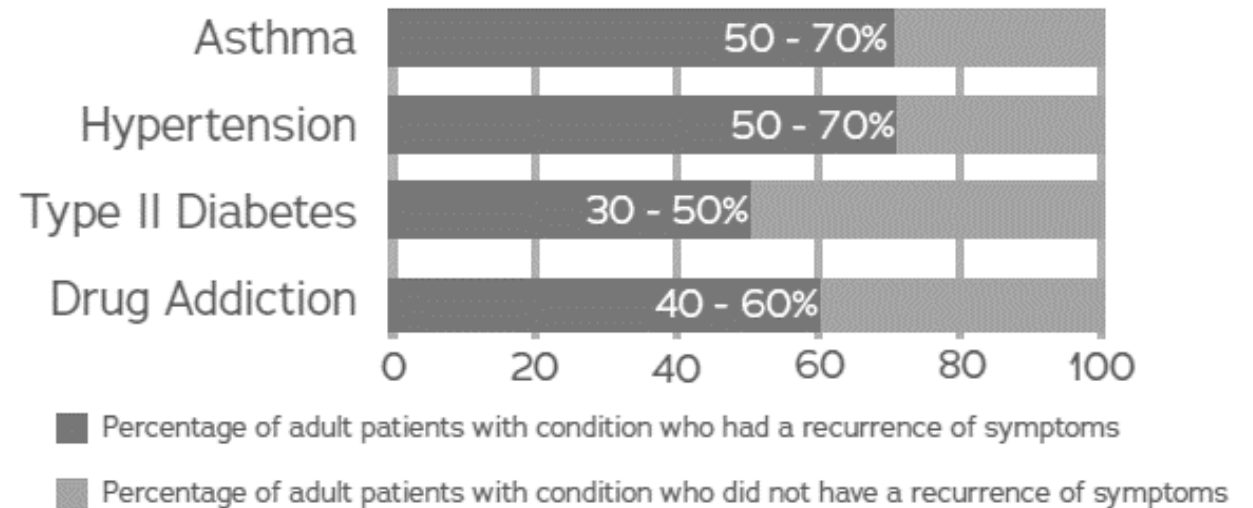
<b>Opioids</b>	A class of drug that includes prescription painkillers and heroin. These drugs are derived from, or closely mimic, the pain-relieving compounds found in the substance opium and can be produced in natural, synthetic, or semi-synthetic forms
<b>Use</b>	Any use of a substance – legal or illicit, medicinally or pleurably.
<b>Misuse</b>	The use of prescription opioids in any way other than as directed by a prescriber; the use of any opioid in any manner, situation, amount, or frequency that can cause harm
<b>Dependence</b>	A state where the body adapts to the presence of a drug and presents withdrawal symptoms when drug use is reduced or discontinued
<b>Opioid Use Disorder</b>	A disorder characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.
<b>Addiction</b>	A primary, chronic disease of brain reward, motivation, memory and related circuitry.

*Learn more in the Opioids and the Workplace toolkit, pages 7, 8, and 31*

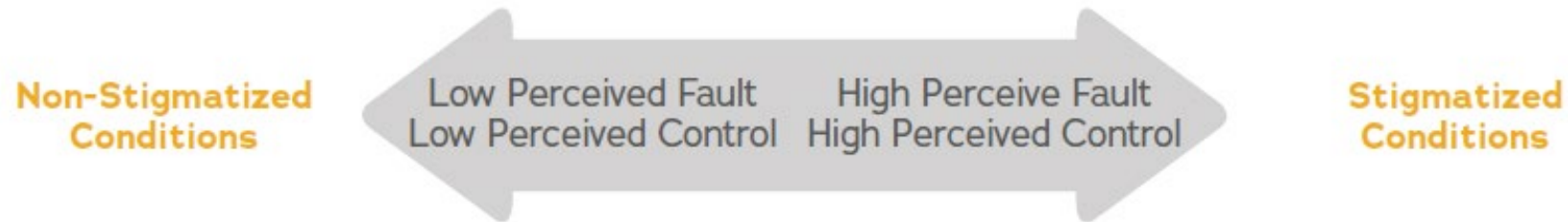
# Prevention, Treatment, and Recovery from Opioid Misuse/Disorder

- **Prevention** involves measures to avoid misuse and dependence by reducing medical and non-medical exposure to opioids.
- **Treatment** involves diagnosis and professional treatment of individuals diagnosed with an OUD. Since OUD is a chronic disease, the goal of treatment is a remission of symptoms.
- **Recovery** for a person with chronic disease involves active ongoing self-management that often requires the help of biological, psychological, and social supports.

## The Recurrence of Symptoms is Similar for Addiction and Other Chronic Illnesses<sup>20</sup>



# Stigma

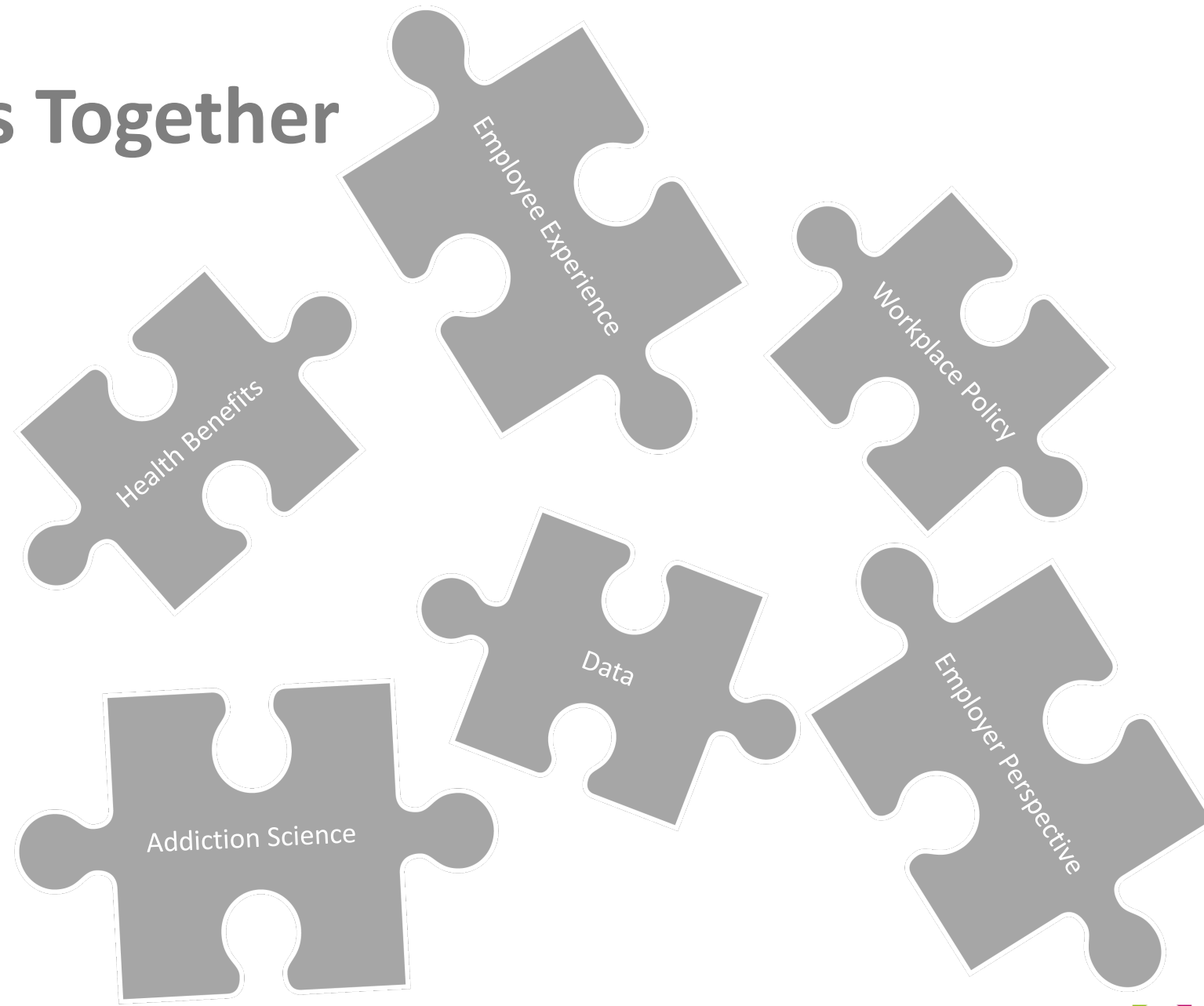


- **Includes personal shame and embarrassment, negative public attitudes and perceptions, and structural barriers**
  - Not accessing treatment for fear of judgement
  - Attributing substance use to a moral or criminal issue instead of a chronic disease
  - Using words like “addict”, or “clean/dirty” to describe people with substance use disorders
- **Stigma can be challenged by:**
  - Educating
  - Reframing language and imaging
  - Improving healthcare services for prevention, treatment, and recovery

# Putting the Pieces Together

Employees in recovery have lower healthcare costs, miss less work, and are less likely to leave their employer. These workers average 10% fewer missed workdays than the general workforce and have 8% less turnover.

National Safety Council and NORC Research Group at  
the University of Chicago.



A large, light gray magnifying glass is centered on the page. Inside the lens of the magnifying glass is a simple line graph with four circular nodes connected by straight lines. The nodes are arranged in a zig-zag pattern, starting from the bottom left, going up to the top left, down to the top right, and finally down to the bottom right. The text 'Data Analytics to Understand the Workforce' is overlaid on the magnifying glass, with the words 'Data Analytics to' on the top line, 'Understand the' on the middle line, and 'Workforce' on the bottom line. The text is in a bold, teal-colored font.

**Data Analytics to  
Understand the  
Workforce**

# Understanding Prevention of Opioid Misuse/OD

Question to Ask	Measure to Look at	Benchmark to Compare
How often are members being exposed to opioids?	<ul style="list-style-type: none"> <li>Opioid Prescription Rates</li> </ul>	KY has a 12% higher opioid utilization rate compared to the national average. (2017)
Why are members being exposed to opioids?	<ul style="list-style-type: none"> <li>Top Conditions Opioids are Most Prescribed For</li> </ul>	In KY, the top 3 conditions for which opioids are prescribed are: (2017) <ul style="list-style-type: none"> <li>Osteoarthritis</li> <li>Back Pain</li> <li>Joint Disorder</li> </ul>
Are members overdosing on opioids?	<ul style="list-style-type: none"> <li>Opioid Overdose Rescue Prescriptions</li> <li>Opioid Overdose/Poisoning</li> <li>R Visits due to Overdose</li> <li>Concurrent Use of Opioids and Benzodiazepines</li> </ul>	In KY, there are .67 overdoses per 1,000 people – 48% higher than the national average.(2017)
Are members who are exposed to opioids at risk?	<ul style="list-style-type: none"> <li>Use of Opioids at a High Dosage</li> <li>Opioid Total Days Covered</li> <li>Opioid Lag Days Between Prescriptions</li> <li>Use of Opioids from Multiple Providers</li> </ul>	Compared to the national average, KY had a lower percentage of patients using high dose opioids and patients receiving opioids from 3+ pharmacies. (2017)

1. About IBM® MarketScan® Research Databases and analytic notes: IBM MarketScan Research Databases are a family of data sets that fully integrate many types of data for healthcare research. This data analysis summarizes findings for the Commonwealth of Kentucky compared to the US National rates that were pulled from all contributing commercial payers for calendar years 2016 to 2017. All claims were de-identified during the consolidation process to protect patient privacy.  
 2. Limited to Ages 18 – 64, Active, Self-Insured Members. Opioid utilization excludes Cancer and Palliative Care patients.



# Understanding Treatment of Opioid Misuse/OD

Question to Ask	Measure to Look at	Benchmark to Compare
<p><b>How many members have been diagnosed with a substance use disorder?</b></p>	<ul style="list-style-type: none"> <li>• Substance Use Disorder Diagnosis (Dx)</li> <li>• Opioid Use Disorder Diagnosis (Dx)</li> <li>• Alcohol Use Disorder Diagnosis (Dx)</li> </ul>	<p>KY has an OUD rate 44% higher than the national average. (2017)</p>
<p><b>Are members with a substance use disorder accessing treatment?</b></p>	<ul style="list-style-type: none"> <li>• Identification of Alcohol and Other Drug Services</li> <li>• Use of Pharmacotherapy for OUD</li> <li>• Counseling on Psychosocial and Pharmacologic Treatment Options for Opioid Addiction</li> <li>• Follow-Up After High Intensity Care for SUD</li> </ul>	<p>In KY, 9.87 patients per 1,00 access substance use treatment. OUD treatment accounts for 24.7% of these patients. 3.34 patients per 1,000 access Medication for Opioid Use Disorder (MOUD). (2017)</p>

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 2. Limited to Ages 18 – 64, Active, Self-Insured Members. Opioid utilization excludes Cancer and Palliative Care patients.



# Understanding Treatment Outcomes and Quality

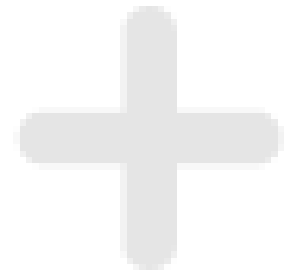
- National quality measurement standards for SUD/ODU treatment are lacking
- Experts hold various opinions on what these outcomes should look like and how they should be measured
- Various groups are working towards identifying these measures

## SAMHSA Steps to finding Quality Treatment

- Accreditation by state
- Evidence-Based Treatment
- FDA Approved Medications
- Families Included in Treatment Process
- Ongoing medication and support

[samhsa.gov](https://www.samhsa.gov)

**Benefits to Increase  
Access to Evidence-  
Based Services**



# Benefits to Increase Access to Evidence-Based Services

Remove barriers to evidence-based care that promotes the prevention, treatment, and recovery from opioid misuse and disorder and the effective treatment and management of pain conditions

## Consider...

**Cost Sharing** | Does use of this service place an undue cost burden on my employee?

**Coverage Limitations** | Does covered utilization frequency of this service prevent my employee from reaching a desired outcome?

**Prior Authorizations** | Are services delivered in an untimely manner because of required approval from my health plan?

*Learn more in the Opioids and the Workplace toolkit, pages 16*

# Prevention Through Benefit Design



## Pain Management Without Prescriptions

- Physical/Occupational Therapy
- Cognitive Behavioral Therapy
- Interdisciplinary Rehabilitation
- Chiropractic Care
- Acupuncture
- Exercise
- Massage Therapy



## Pain Management with Prescriptions

- Non-Steroidal Anti-Inflammatory Drugs
- Acetaminophen
- Local Anesthetics
- Steroid Injections
- Topical Agents
- Select Antidepressants and Convulsants

*Learn more in the Opioids and the Workplace toolkit, pages 16-19*

# Prevention Through Benefit Design (Contd.)



## **Employee Assistance Programs (EAPs)**

EAPs can play an important role in assisting employees or their dependents who may be facing substance use issues by providing a confidential and easily accessible option for receiving necessary services. As these services can vary widely, employers should consider whether their vendor screens for substance use and refers to evidence-based treatment providers.



## **Site of Use Disposal**

Provision of site-of-use disposal technologies in the health plan can be a useful tool in preventing opioid diversion.



## **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

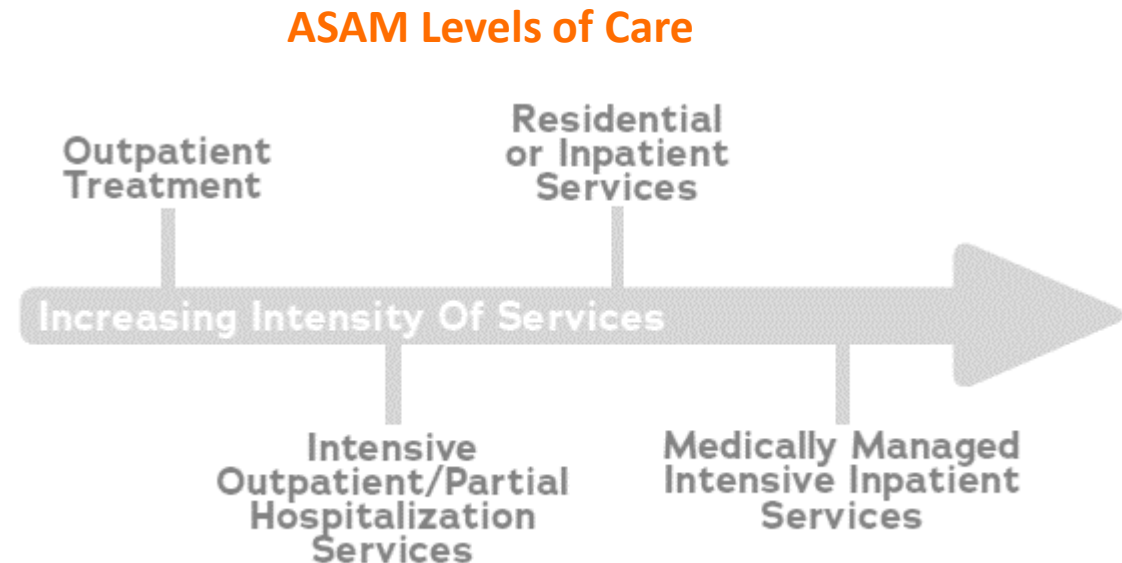
SBIRT is an evidence-based approach to early identification of risky substance use behaviors. The service should be covered under the health plan for yearly administration.

# Treatment and Recovery through Benefit Design



## Provide Access to Inpatient and Outpatient Care

- Care for SUD can be carried out in a variety of settings and types of facilities, typically identified by types of treatment, length of stay, and intensity of treatment
- It is important for members to be placed in the most appropriate level of care for their condition, situation, and goals as determined by the American Society of Addiction Medicine's (ASAM) Levels of Care
- To ensure members will have access to the treatment that they require, the health plan should cover all levels of care



*Learn more in the Opioids and the Workplace toolkit, pages 19-22*

# Treatment and Recovery through Benefit Design (Contd.)

## ✓ Cover Medication for Opioid Use Disorder

- Three Medications are approved by the FDA:
  - Methadone
  - Buprenorphine
  - Naltrexone
- All should be included in the health plan or PBM and evaluated for:
  - Cost/Co-pays
  - Network Adequacy

## ✓ Provide Access to Behavioral and Mental Health Services

- A combination of medication and counseling is most effective for promoting health and recovery
- Services should be adequately covered in accordance with MHPAEA

### Mental Health Parity and Addiction Equity Act (MHPAEA)

This law requires the same approach for mental or SUD services that are available for medical/surgical care. The regulation applies to:

- Co-pays, coinsurance, and out-of-pocket maximums
- Limitations on service utilization
- Use of care management tools
- Coverage for out-of-network providers
- Criteria for medical necessity determination

*Learn more in the Opioids and the Workplace toolkit, pages 19-22*

# Treatment and Recovery through Benefit Design (Contd.)

## ✓ Cover Naloxone (Narcan/Evzio) to Reduce Mortality

- Naloxone is a drug that can prevent death in the case of an overdose
- Employers should cover naloxone and remove cost-sharing requirements to increase access
- Increased spend on this drug is a positive indicator

## ✓ Improve Access to Behavioral Healthcare through Telemedicine

- Telemedicine can increase access to treatment and recovery services
- Services can be offered as part of the health plan or through vendor relationships

## ✓ Consider Alternative Payment Models

- Bundled payments provide a single, comprehensive payment covering all services involved in a patient's episode of care

### Workplace Naloxone Programs

The CDC has a guide, "Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers" [www.cdc.gov/niosh/docs/2019-101/default.html](http://www.cdc.gov/niosh/docs/2019-101/default.html).

### Addiction Recovery Medical Home Alternative Payment Model (ARMH-APM) 5 Elements

1. Element No. 1—Payment (up to 5 years) with
  - Capitated/bundled payments
  - Quality achievement payment
  - Performance bonus
2. Element No. 2—Quality Metrics
3. Element No. 3—Integrated Treatment and Recovery Network
4. Element No. 4—Care Recovery Team
5. Element No. 5—Treatment And Recovery Plan

*Learn more in the Opioids and the Workplace toolkit, pages 19-22*

# **Policies to Transform Culture and Protect the Workplace**



# Prevention through Workplace Policies



## Educate Employees and Supervisors

### Employee Education Topics

- Relationship between pain and opioids
- Risks of opioid use
- Alternative methods to opioid use
- Company approaches to addiction
- Opioid overdose prevention and response
- Safe disposal of prescription opioids
- Helpful resources for themselves, coworkers, or family members

### Education for Supervisors & Managers

- Workplace substance use and drug testing policies
- Laws and regulations on prescription drug use at work
- Signs of impairment and factors that may support drug testing
- Stigmatizing language and effective communication

*Learn more in the Opioids and the Workplace toolkit, pages 23-26*

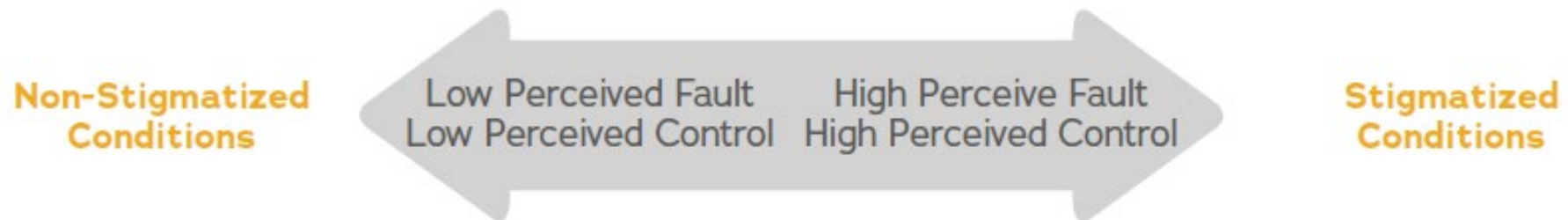
# Prevention through Workplace Policies (Contd.)



## Create a Culture of Support

- Integrate substance misuse language into existing workplace wellness programs
- Go public with workplace policies and benefit changes in support of prevention, treatment, and recovery
- Partner with community organizations to hire individuals in recovery and take advantage of state benefits to hiring those with employment barriers

## What is stigma?



*Learn more in the Opioids and the Workplace toolkit, pages 23-26*

# Prevention through Workplace Policies (Contd.)



## Develop a Workplace Drug and Alcohol Policy

- Drug and Alcohol policy should provide clear expectations
- Historically, substance use policies have been zero-tolerance
- Employees in recovery from SUD miss fewer workdays and have higher retention rates
- Recovery-friendly means being both supportive of employees seeking treatment and ensuring workplace safety
- Employees should sign policy at initiation of employment
- Collective bargaining agreements may identify policies together

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Policy Rationale and Goals  
Expectations and Compliance  
Consequences and Appeals  
Benefits and Assurances

# Prevention through Workplace Policies (Contd.)



## Implement Effective and Privacy Sensitive-Drug Testing

- Drug testing can deter drug use, prevent drug-related incidents
- Employees may consider intrusive
- Some industries are required by state and federal laws to conduct drug testing
- Legal drug use may yield a positive result and be protected by the ADA law and may require workplace accommodations
- Employers should consider offering treatment in the event of illegal drug use
- Drug testing may not distinguish between job impairment and past use

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Time of Administration

Drug Panels Tested

Test and Result Processing

Confidentiality and Privacy

# Treatment and Recovery through Workplace Policies

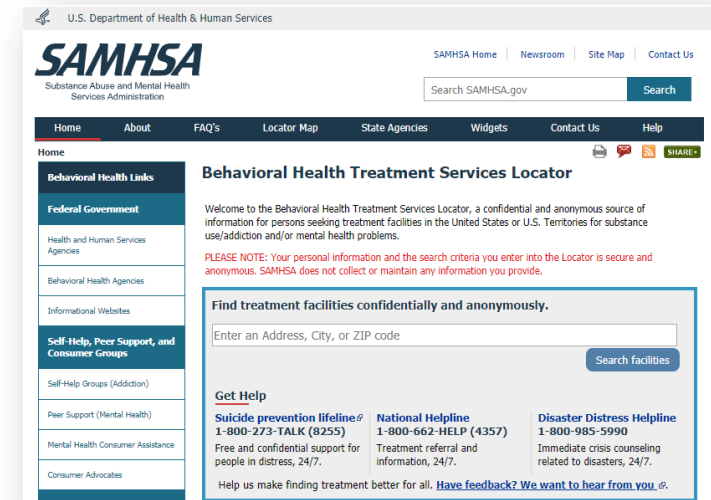
## ✔ Offer Leaves and Absence and Flexible Scheduling

- Employees may need to take a leave of absence or adopt a more flexible schedule when they are accessing treatment and recovery services, or supporting a family member
- Employer accommodation can help support treatment and recovery from OUD

## ✔ Provide Support Group Resources

- Support groups can be an effective tool for employees dealing with SUD challenges
- Employers can support employee-led gatherings by offering a space, or assist in connecting employees to external support group resources

The Substance Abuse and Mental Health Services Administration has information on support-group resources at <https://findtreatment.samhsa.gov/>



The screenshot shows the SAMHSA website's Behavioral Health Treatment Services Locator. The page header includes the SAMHSA logo and navigation links. The main content area features a search bar for treatment facilities, a 'Search Facilities' button, and a 'Get Help' section with links to various helplines: Suicide prevention (1-800-273-TALK), National Helpline (1-800-662-HELP), and Disaster Distress Helpline (1-800-985-5990). A disclaimer note states that the locator is secure and anonymous.

Learn more in the *Opioids and the Workplace* toolkit, pages 26-27

# Treatment and Recovery through Workplace Policies (Contd.)



## Develop a Return to Work Policy

- Similar in concept to policies for other chronic health conditions
- States clear expectations for reintegrating into the workplace
- Capabilities largely determined by prescribed medical release
- Policy should be agreed upon by employee and employer

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Medical release form and potential restrictions

Employer accommodations

Periodic medical and job performance evaluations

Designated length of agreement

# Legal Issues to Consider



# Legal Issues to Consider

Identification and Disclosure

Intervention and Confidentiality

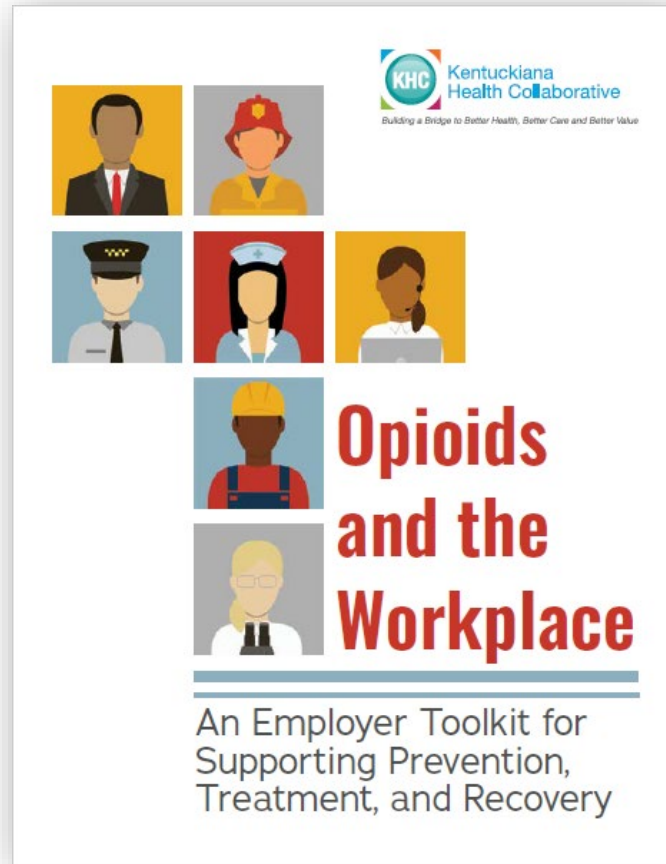
Discrimination and Reasonable  
Accommodation

Special Industry Considerations

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- Health Insurance Portability and Accountability Act (HIPAA)
- Americans with Disabilities Act (ADA)
- Family and Medical Leave Act (FMLA)
- Mental Health Parity and Addiction Equity Act (MHPAEA)
- National Labor Relations Act of 1935
- Drug-free Workplace Act of 1988
- U.S. Department of Transportation (DOT), U.S. Department of Defense (DOD), and Nuclear Regulatory Commission (NRC)

*Learn more in the Opioids and the Workplace toolkit, pages 28-30*



[www.KHCollaborative.org/opioid-employer-toolkit](http://www.KHCollaborative.org/opioid-employer-toolkit)

Thank  
you!

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*Building a Bridge to Better Health, Better Care and Better Value*