

ACTION BRIEF

Employer Strategies that Drive Value



OPIOID ALTERNATIVES

PREVENTING OPIOID DEPENDENCE WITH PAIN MANAGEMENT ALTERNATIVES

ACTION STEPS FOR EMPLOYERS:

Applying best practices can stop opioid use before it starts

1. Review multiple data sources to understand costs, utilization trends, and opioid use disorder (OUD) risks.
2. Set expectations with health plans and pharmacy benefit managers (PBMs) about non-opioid treatment options, especially for “gateway” events.
3. Check provider directories to see that those offering opioid alternatives are highlighted.
4. Develop specific policies to address post-surgical pain management, including dental procedures (e.g., extractions, implants).
5. Educate and involve employees in making conservative pain management decisions.

The number of overdose deaths involving opioids has more than quadrupled since 1999, and, on average, 130 Americans die every day from an overdose.¹ The US Centers for Disease Control and Prevention (CDC) identifies the rise of prescriptions for legal drugs like oxycodone and hydrocodone as a main driver of this epidemic, often associated with inadvertent “gateway” events like surgery, dental procedures, injuries, and other common events and conditions.

For many, the use of these drugs to manage pain is dramatically outweighed by the negative consequences they create. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective acute

The total economic cost of the opioid crisis, declared a federal public health emergency in 2017, reached at least \$631 billion from 2015 to 2018. That is more than the gross domestic product of countries such as Belgium, Sweden and Taiwan.²



and chronic pain treatment while reducing the number of people who misuse or overdose from these drugs. The CDC published the *CDC Guideline for Prescribing Opioids for Chronic Pain* to provide recommendations for the prescribing of opioid pain medication in primary care settings.

Efforts are being directed to impede the opioid crisis at gateway events by ensuring **proven, long-lasting, low-cost, non-opioid post-surgical pain management alternatives** are widely available. The following action steps for employers are designed to enable quick and sustainable interventions and actions to contribute to stopping the proliferation of opioid prescribing.



Source: Pacira BioSciences, Inc.

Clinical evidence found that opioid use for acute pain is associated with long-term opioid use, and that a greater amount of early opioid exposure is associated with greater risk for long-term use.³

1. Review multiple data sources (e.g., medical and dental claims, disability, medical leave) to understand costs, utilization trends, and OUD risks.

To have a comprehensive view of an employee population, employers are encouraged to look across multiple data sources to understand the status of workforce substance use disorder (SUD) and OUD risks and trends.

The first step is understanding key characteristics of the employee population including enrollment data; medical and pharmacy spend, top conditions and medication; and total mental health and SUD expenditures. By looking at the right measures, employers can seek answers to SUD- and OUD-related questions about prevention, treatment and recovery. Among the most important questions to ask are: How often are employees and their covered family

members being exposed to opioids?⁴ How can we design comprehensive benefits (e.g., health/dental plans, PBMs, EAPs) to dramatically reduce that exposure? How can we provide coverage for non-opioid alternatives during gateway events?

2. Set expectations with health plans and PBMs about non-opioid treatment options, especially for gateway events.

By working closely with health plans and PBMs, employers can make great contributions to curbing opioid prescribing. Ensure that trusted vendors are consistently reaching out to healthcare providers (including dental professionals), to encourage appropriate treatment of pain; that provider incentives are aligned with evidence-based guidelines; and that alternative treatment approaches are affordable and easily accessible.

Providing coverage for alternative medication therapies (e.g., multimodal therapy such as post-surgical single-dose nerve block, acetaminophen, ibuprofen, naproxen) and non-medication therapies supported by clinical evidence (e.g., physical therapy, acupuncture, chiropractic care, massage therapy, pain management specialists) is also a sound strategy. “Best Practices: Managing Opioid Use” offers a list of actions employers can take in communicating expectations with health plans and PBMs.

FAST FACTS

- **About 99%** of surgical patients receive opioids to manage post-surgical pain.⁵
- **One in 15** surgical patients prescribed an opioid may go on to long-term use or abuse.⁶
- **Four out of five** new heroin users started out by misusing opioids for pain relief.⁷

Surgery is often the initial introduction to opioids and can lead to chronic pain conditions. Exposing surgery patients to opioids puts them at risk for side effects such as nausea, dizziness, constipation, over-sedation, and possible persistent use, dependence or addiction.⁸

3. Check provider directories to see that clinicians offering opioid alternatives are highlighted.

As part of a comprehensive strategy to fight the opioid epidemic, empowering employees to get ahead of opioid prescribing is an often-overlooked tactic.

Employers can compel health plans to update provider directories to highlight clinicians who subscribe to low- or no-opioid pain management techniques. Not only does this help employees make informed decisions, it encourages providers to review and, if necessary, revise prescribing standards.



4. Develop specific policies and benefit design to address post-surgical and acute condition pain management.

While dealing with pain management for chronic conditions is highly complex, it is often less so for post-surgical and acute care patients. This allows employers to set forth specific and practical policies and benefit designs that lessen the likelihood of OUD. This may include prior authorization requirements, coverage limitations and/or exclusions, bundling payments (e.g., paying for ambulatory surgery episodes of care), and utilization management (e.g., prospective, concurrent and retrospective reviews of services and claims).⁹

An emerging standard is to provide incentives for using non-opioid alternatives. For example, the Centers for Medicare and Medicaid services (CMS) and several commercial health plans have “carved out” certain non-opioid drugs used during surgery for pain management in ambulatory surgery centers (ASCs). This ensures ASCs are reimbursed for using non-opioid drugs as a first choice for post-surgical pain management. As healthcare purchasers, employers are in a position to dictate that they will only pay for evidence-based use of opioids and will reimburse for approved pain management alternatives.

5. Educate and involve employees in making conservative pain management decisions.

Employers must do a better job of educating employees about the dangers of opioid use, according to experts weighing in on a 2019 Integrated Benefits Institute (IBI) survey. The survey revealed that 33% of American workers reported using pain relievers regularly, the majority of whom are on prescription drugs. This is serious cause for alarm, since anyone taking opioids for a week up to 30 days will develop some type of dependence.¹⁰ In fact, the IBI report’s author stated that high rates of prescription pain medications among employees indicates a much larger issue for employers than lost productivity.

A multi-faceted employee communications approach, including reminders about employer-specific opioid use prevention resources, educates and

inspires people to take the most conservative approach possible for pain management. A number of the “Resources for Employers” on page 4 include things like sample policies, fact sheets, presentations, social media messages, safety talks, posters, table tents, window clings, videos, reports. While recent news headlines herald a reduction in opioid prescriptions, the US still leads the world by a wide margin. For example, America consumes more than six times as many opioids per capita as France and Italy, while all three nations have comparable levels of population pain.¹¹ This means employers, along with all other opioid-use influencers, must remain persistent in efforts to promote, protect and support the health and safety of all Americans by exerting every effort to stop opioid use before it starts.

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



Better addiction prevention, treatment, and recovery services



Better data



Better pain management



Better targeting of overdose reversing drugs



Better research



RESOURCES FOR EMPLOYERS:

To support employers across the country, the National Alliance, its member coalitions, and many public and private organizations provide a number of resources to support prevention, treatment and recovery in the workplace. Here are links to some of them:

- [Accelerating Opioid Safety: Ambulatory Care Toolkit](#)
- [Opioids in the Workplace: An Employer Toolkit for Supporting Prevention, Treatment and Recovery](#)
- [Employer Guide to Pain Management](#)
- [Opioid Communications Toolkit for Employers](#)
- [Best Practices: Managing Opioid Use \(HealthCare 21 Business Coalition\)](#)
- [Choosing Wisely: Using Opioids Safely After Surgery](#)
- [Planagainstpain.com](#) (Tools to help patients build a personalized, effective pain management plan)
- [National Alliance Opioids Initiative](#)
- [National Safety Council Employee Opioid Education Toolkit](#)
- [CDC Rx Awareness Campaign](#)

ENDNOTES

1. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
2. <https://www.soa.org/resources/announcements/press-releases/2019/opioid-epidemic-cost-631-billion/?homepagecard=>
3. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
4. <https://www.khccollaborative.org/wp-content/uploads/2019/07/Opioids-and-the-Workplace-1.1-1.pdf>
5. Kessler ER, Shah M, Gruschus SK, Raju A. Cost and quality implications of opioid-based postsurgical pain control using administrative claims data from a large health system: opioid-related adverse events and their impact on clinical and economic outcomes. *Pharmacotherapy*. 2013;33(4):383-391. <https://www.ncbi.nlm.nih.gov/pubmed/23553809>
6. Alam A et al. *Arch Intern Med*. 2012;172(5):425-430
7. American Society of Addiction Medicine. <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>. Accessed March 13, 2019.
8. https://higherlogicdownload.s3.amazonaws.com/MBGH/4f7f512a-e946-4060-9575-b27c65545cb8/UploadedImages/Pain_Management/FINAL_HC21_Opioid_Guide_2018.pdf
9. <https://www.khccollaborative.org/wp-content/uploads/2019/07/Opioids-and-the-Workplace-1.1-1.pdf>
10. <https://www.ibiweb.org/opioid-pain-management-study/>
11. <https://www.incb.org/>

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