Benefits Briefing Webinar:
How Employers are Combating The Opioid Epidemic

Thursday, August 2, 2018
2:00 to 3:30 p.m. ET
The American Benefits Council advocates for employers, connecting public policy and private-sector solutions to shape health, retirement and other employee benefits for the evolving global workforce.

The Council’s more than 440 members are primarily large U.S. employers and also includes organizations that provide services to employers of all sizes regarding benefit programs. Collectively, the Council’s members directly sponsor or provide services to retirement and health plans covering virtually all Americans who receive employer-sponsored benefits.

The Council is working to educate policymakers on the opioid crisis and its effects on employer-sponsored health plans:

- Four-page Capitol Hill handout: On the Front Lines: How Employers Are Working to Combat the Opioid Epidemic
- Resources for Employers: Combating the Opioid Epidemic
Midwest Business Group on Health
The source for leading health benefits professionals

- 130 members - HR/health benefit professionals from mid, large and jumbo employers, coalitions, hospitals, health plans, pharmaceutical manufacturers, wellness vendors, consultants and professional associations

- Members spend more than $4.5 billion annually on health benefits for over 4 million covered lives

- Activities focus on the Purchaser Perspective:
  - Education, networking and benchmarking
  - Health benefits research, toolkits and demonstration pilots
  - Community-based initiatives on health improvement, patient safety and quality outcomes
  - Buyers groups and health benefit service offerings
Today’s Speakers

Moderators:

Cheryl Larson
President and CEO
Midwest Business Group on Health

Kathryn Wilber
Senior Counsel, Health Policy
American Benefits Council

Speakers:

Dr. William Lopez
Senior Medical Director - Behavioral Health
Cigna Healthcare

Jason Parrott
Manager, Healthcare Strategy & Policy
The Boeing Company

Sarah Bassler Millar
Partner
Drinker Biddle & Reath LLP
In 2016......

- CDC reports a 300% increase in opioid prescription sales since 1999 without an overall change in reported pain

- National Safety Council HR/benefits survey indicates 70% of employers have been impacted by prescription drug costs, but 81% don’t have a comprehensive drug-free workplace policy

- Kaiser Family Foundation reveals:
  - Workers with employer health insurance received $2.6 billion worth of treatment for opioid addiction/overdoses – an eight-fold increase from 2004
  - $1.3 billion was spent on outpatient treatment (average cost $4,700); $991 million went toward inpatient care (average cost $16,100): Prescription drugs costs for treatment = $435 million

Employer Impacts

• Opioid abusers cost employers nearly twice as much ($19,450) in medical expenses on average annually than non-abusers ($10,853)

• Nearly one out of three opioid prescriptions subsidized by U.S. employers is being abused

• Approximately 60% of adults with substance dependence are employed full time

• Employees and their family members who suffer from pain are less productive and more costly for employers

Employer Toolkit: **Addressing Pain Management & Opioid Use/Abuse**

[https://www.mbgh.org/resources/employertoolkits](https://www.mbgh.org/resources/employertoolkits)

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**Building a Business Case**
- Background
- Pathway to Addiction
- Economics & Impact

**Getting & Using Data**
- Where to Look
- What to Look For
- Gaps & Limitations

**Pain Management & Opioid Abuse Strategies**
- Medical Alternatives: Non-drug
- Medication Management
- Addiction Recovery

**Internal Policies**
- Workplace Drug Policies
- Drug Testing
- Return to Work

**Tools & Resources**
- Employer Resources
- For Employees & Dependents
- Tools & Templates

**Employer Activities & Insights**
- Employer Activities
- Employer Trends & Insights
- Coalition Activities
American Benefits Council - www.americanbenefitscouncil.org

• Kathryn Wilber, Senior Counsel, Health Policy, American Benefits Council - KWilber@abcstaff.org

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• Denise Giambalvo, Vice President - dgiambalvo@mbgh.org
Cigna’s commitment to help curb this epidemic

- Reduce consumption of opioids by U.S. commercial customers by 25%*
- Prevent addiction by identifying and directing those at risk to effective evidence-based treatment
- Adopt CDC guidelines for opioid prescribing with providers and consumers NOW
- Stop the stigma by changing the conversation around substance use disorders

Our additional areas of focus to reduce opioid consumption by 25%*

Our additional areas of focus to reduce opioid consumption by 25%*

How can we best support our customers?

- Identify those at risk through our narcotics therapy Management program
- Strengthen prior authorizations and quantity limits to ensure clinical appropriateness and safety
- Provide increased access to substance use disorder (detox) drugs and to cost-effective overdose reversal agents

Cigna’s Narcotic Therapy Management program?

- Automated review of recent prescription history to identify at-risk behavior or potential safety concerns related to opioid prescribing
- Notifies all physicians prescribing opioids for that customer
- Excludes customers with cancer, hospice care, etc.
- Identifies patterns of concern including:
  1. Multiple prescriptions from multiple physicians and/or multiple pharmacies – customers receiving regular opioid prescriptions from 3 or more physicians or filling claims at 3 or more pharmacies
  2. High prescription volume – customers a high number of opioid claims or have a high accumulated tablet count over three months
  3. High net dose along with other non-opioid medications – Normalized opioid dose above CDC guideline recommendations along with use of specific drug types like muscle relaxants, antipsychotics, benzodiazepines, medications used for sleep, drugs used for opioid detox
  4. Very high net dose – Normalized opioid dose that exceeds twice the CDC guideline recommendations
How did we strengthen our utilization management (UM)?

- Set parameters for real-time (at the pharmacy) claims processing for safety, appropriateness and savings opportunities, including step therapy, prior authorization (PA) and quantity limit (QL) programs
- Introduce situational prior authorizations and more comprehensive quantity limits throughout opioid drugs
- Requires prescribers to acknowledge opioid safe practices and submit documentation of informed consent including customer signature
- Proactive auto-approvals for customers with cancer, sickle cell disease and in hospice care
- **Long Acting (LA) Opioids** (MS Contin, OxyContin, Duragesic, Xtampza, etc)
  - QLs already in place limiting dosing to FDA-approved dosing schedules
  - Added PA to trigger for all Long Acting opioid new starts
- **Short Acting (SA) Opioids** (Vicodin, Lortab, Norco, OxyIR, etc.)
  - Added 30 day maximum quantity limits to all Short Acting opioid products consistent with CDC guideline dosing levels
  - Added prior authorizations to trigger for new starts that exceed a 15 day supply, subsequent fills subject to maximum quantity limit
How did Cigna make coverage adjustments for support therapies?

• Reassess access to and coverage of supportive therapies like Medication-Assisted Treatment (MAT) for opioid detoxification and opioid blocking products for overdose reversal

• **MAT Drugs:** Drugs like Suboxone, Zubsolv, Bunavail or methadone that are used to assist opioid dependence treatment
  – Commonly have prior authorizations to ensure prescribing consistent with comprehensive detox plan
  – Removed our prior authorizations and maximize availability, reduce time to treatment

• **Opioid Blockers:** Drugs like naloxone or Narcan used in emergency situations to reverse opioid overdoses
  – Added coverage in the pharmacy benefit for low cost ‘hospital’ injection products
  – Lowered copay/coinsurance tier to lowest brand tier for Narcan nasal spray
Our additional areas of focus to reduce opioid consumption by 25%*

Articles and tools to help Health Care Providers manage chronic opioid usage. These include patient self-assessments, education on safe and effective prescribing, and a link to our behavioral health resources.

Take the pledge…

to improve the quality of care for those in pain, receiving opioids, or suffering from an opioid use disorder.

David Thompson, MD

David Thompson, MD

March 27, 2017
Understand CDC guidelines

Educate patients on risks, benefits and alternatives to opioid treatment

Screen for behavioral concerns prior to an initial script

Check the PDMP prior to an initial script

Establish a pain management contract for the primary care setting

Know local resources
- Pain management
- OUD treatment
  - Cognitive behavioral therapy
  - Medication assisted therapy
- Review Narcan availability

What’s inside:

Access the Playbook now.
Comprehensive Pain Management Program

PURPOSE:
Provide PCPs with evidence based workflows, clinical tools and collaborative provider partners (Pain Specialists, Mechanical Therapy and Behavioral) to more efficiently and effectively manage patients with low back pain

CLINICAL RESOURCE GUIDE INCLUDES:

- Evidenced Based Low Back Pain Treatment Guidelines & Objectives
- Validated Assessment Tools (e.g. Oswestry, VAS/Pain Scales, PHQ 4 or 9, GAD 7, CAGE AID, Opioid Risk Tool)
- Pain Management (medication based) Protocol for LBP (based on clinical phase)
- When to Refer to Pain Specialist
- Safe Opioid Prescribing Guidelines
- Care Coordination & Referral Guide
- PCP Treatment Summary & Educational Resources
- Healthwise Back Pain Educational Materials and Exercise Guide

PROGRAM PREPARATIONS:
- Shared Materials
- Self-Serve Delivery
- Full Serve Operational Execution
Our additional areas of focus to reduce opioid consumption by 25%*

Facilities in Cigna's behavioral network that have earned a top ranking for patient outcomes and cost-efficiency, based on Cigna measures

What is a Designated Substance Use Treatment Provider?

- A facility in Cigna’s behavioral network that has earned a top ranking for patient outcomes and cost-efficiency based on Cigna methodology.

- The facility must be accredited by The Joint Commission (TJC) or Commission on Accreditation of Rehabilitation Facilities (CARF).

- Selected based on five health outcome and cost-efficiency metrics:
  - **Capabilities** – The facility’s service capabilities include inpatient and/or residential detoxification, along with a partial hospitalization program (PHP) and/or intensive outpatient program (IOP) optional level of care.
  - **Total number of annual admissions** – A minimum of 25 unique treatment episodes are required for consideration.
  - **Readmission rates** – Total number of admissions within 30, 90 or 180 calendar days of original admission; must be 10% or less.
  - **Total cost per episode** – Total dollars paid for services.
  - **Seven-day ambulatory follow up** – Number of face-to-face outpatient visits with a licensed behavioral practitioner within seven days of discharge.
Collaboration with the American Society of Addiction Medicine (ASAM)

Provide ASAM with two years of claims data

Used to “test and validate” what’s worked (and not) in substance use prescribing

Used to develop guidelines for treatment and prevention

Provide guidelines to Cigna Collaborative Care doctors – incentives will shift from volume to value, rewarding for using proven therapies to improve patient outcomes

Rewarding health care provider for using proven therapies
Our additional areas of focus to reduce opioid consumption by 25%*

How can we best support you?

- Provide one-on-one coaching and education for customers with chronic pain or addiction to facilitate access to appropriate treatment
- Arrange services and support for entire family, and collaboration between inpatient and outpatient
- Support engagement in outpatient treatment

Shatterproof is a national nonprofit organization dedicated to ending the devastation that addiction causes families.

Goals

The ultimate goal is to end addiction.

Over the next 20 years we will focus on three specific, measurable goals:

• Reduce by 50% the number of Americans addicted to alcohol and other drugs.

• Reduce by 50% the number of Americans who die from alcohol and other drugs

• Reduce by 50% the societal cost of alcohol and other drugs.
Leadership in our communities
Intensifying our focus to fight the opioid/substance use disorder

286 medical groups have signed our **opioid improvement pledge**, representing more than 64K providers.

Behavioral Health team will **operate help lines** for veterans who need counseling and other services.

Cigna Foundation is awarding a **grant of $100,000** a year for three years to help the Iraq and Afghanistan Veterans of America (IAVA) expand programming.
Cigna Intensifies Effort to Curtail Opioid Epidemic:

- Goal to reduce opioid overdoses by 25 percent among its customers in targeted communities by year-end 2021
- Community-based approach aims to improve access to care and resources for chronic pain and addiction
- Continues collaboration with doctors and other prescribers to further reduce opioid misuse
Here are some ways to help your employees manage pain:

- **Fight the stigma.** Let employees know that they can confidentially seek treatment without jeopardizing their jobs.

- **Take advantage of the EAP.** An Employee Assistance Program (EAP) offers counseling, information and support for all types of issues. It’s especially useful for managers to help with unfamiliar situations such as opioid misuse in the workplace.

- **Educate employees.** Let your employees know the risks of opioids. Help educate them about other options for managing pain: occupational therapy, physical therapy, behavioral health treatment, acupuncture and massage.

- **Draft a written policy.** Your company’s legal department can assist with drafting a policy that addresses the use of prescribed opioids as well as the risks of opioid misuse in the workplace to help ensure employees are safe and healthy.

- **Conduct supervisor training.** Managers also need proper education and training about the resources available to help an employee who may be experiencing a personal or family problem involving opioids.
Cigna’s Commitment

“Addiction afflicts our friends and families, colleagues and communities. This is nothing less than a national tragedy – and a continued failure to address it will constitute a national failure.”

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative.


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Jason Parrott
Manager, Healthcare Strategy & Policy
The Boeing Company
Employer Actions to Combat Opioid Misuse & Abuse

Legal Implications for Employers as Fiduciaries

August 2, 2018

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Employer plan sponsors have ERISA fiduciary obligations:
- to administer plans in accordance with plan terms, and
- for the exclusive purpose of providing benefits to plan participants and beneficiaries and defraying reasonable plan administrative expenses

What is the plan sponsor’s obligation to identify fraud against the plan, including opioid-related claims which are fraudulent?

Rescissions: Plan can retroactively cancel coverage for participant’s fraud or intentional misrepresentation of a material fact
- Consider how defined and proof of intent
Benefit Plan Design and Related Employer Tools

- Limit the quantity of opioid pills covered, use step therapy, and other utilization management techniques
- Limit coverage of opioids to in-network pharmacies
- Add “lock-in” feature and require high opioid users to use a single pharmacy or a single medical provider for opioid prescriptions
- Review/expand network of mental health and substance abuse treatment providers
- Expand coverage of alternatives for pain management (e.g., physical therapy, behavior therapy, lifestyle adjustments, exercise, acupuncture and massage)
- Engage providers – encourage them to communicate about the dangers of opioids and consider alternatives for pain management
Benefit Plan Design and Related Employer Tools

- Participant, employee, and manager education
  - Alternative pain management strategies
  - Awareness and recognition of signs of opioid abuse
  - Create an environment that encourages seeking treatment for addiction
  - Encourage employees to take advantage of an employee assistance program, the health plan and other resources for help and treatment
  - Educate employees about how to safely dispose of unused pills

- Early intervention programs (e.g., case manager engagement of surgical patients who may be at risk for addiction)

- Consider data analytics and predictive modeling
Engage Your PBM

- What information can the PBM provide about opioid drug spending and trends?
- Does the PBM track participant “too early” refill attempts, dosage levels, duration of therapy, and repeat scripts?
- Is there a “flag” for use of opioids with other drugs?
- What steps does the PBM take to monitor and engage prescribers?
- Is the PBM monitoring the pharmacies’ use of Prescription Drug Monitoring Databases?
- What steps are taken to distinguish flagged situations which may be problematic from legitimate use?
Other Legal Issues for Benefits Plans

- HIPAA Privacy
  - Consider source of knowledge (e.g., from the health plan or as employer)
  - Cannot use plan information to make employment-related decisions

- Mental Health Parity
  - Financial requirements and treatment limitations imposed on mental health or substance use disorder benefits cannot be more restrictive than those applied to substantially all medical/surgical benefits in a classification
  - Watch out for prior authorization requirements, treatment (dosage) limits
  - 2018 omnibus appropriations bill included $4B to fight opioid crisis, including $1.3B for the Substance Abuse and Mental Health Administration
Legislative Proposals

- 7 of 11 senators on Senate HELP committee facing an election this fall
- Opioid Crisis Response Act (S. 2680) –
  - Would give DOL grants to support state efforts aimed at job training and treatment services
  - Proposed amendment to increase mental health parity enforcement was defeated
- Other Legislation Proposed (at least 25 bills introduced since Jan. 1st):
  - H.R.6074 - Combating the Heroin Epidemic Through Forensic Drug Testing Act of 2018
  - H.R. 5980 - Coordinated Overdose and Drug Epidemic Response to the Emergency Declaration Act or the “CODE RED Act”
  - H.R.5933 - Substance Abuse Prevention Act of 2018
Opioid-Related Litigation

- More than 500 lawsuits filed by states, cities, Native American tribes, unions, and others against pharmaceutical manufacturers, distributors, pharmacies, and PBMs
- Generally allege that the defendants:
  - Oversaturated the market while failing to implement proper safeguards against misuse and diversion
  - Engaged in deceptive business practices, making false representations about their products’ addictiveness and effectiveness
  - Failed to monitor suspicious orders in accordance with the Federal Controlled Substances Act
- Most have been consolidated through the multidistrict litigation process
Americans with Disabilities Act (ADA)

- Prohibits discrimination on the basis of disability
- Requires employers to provide reasonable accommodations to a person with a disability to enable the employee to perform essential job functions
- Restricts an employer’s ability to request medical information from current employees unless job related and consistent with business necessity
- Restricts an employer’s ability to inquire into medical conditions (or conduct medical examination/testing) of applicants prior to an offer of employment
- Prohibits employer from discriminating against an employee on the basis of the employee’s “association” with a person with a disability (e.g. because the employer anticipates such association will result in higher dependent medical coverage costs, time away from work to care for a family member, or may indicate a disability status of the employee)
Other Employment Law Issues

- **FMLA**
  - Provides up to 12 weeks of job protected leave for employee’s own or family member’s serious health condition; cannot retaliate

- **OSHA**
  - Restricts post-accident drug and alcohol testing to situations where there is a “reasonable possibility” that drug/alcohol use caused or contributed to the reported injury or illness

- **State Laws and Local Ordinances**
  - Prohibit discrimination based on disability, paid/unpaid leave, lawful off-duty use or prescription medications, confidentiality, prohibit collection or use of arrest/conviction records
Other Employment-Related Issues

- How to address suspicions of on-the-job use/impairment?
- How to handle situations where off-duty conduct impacts work performance/attendance?
- Should employers modify existing HR policies to require disclosure of prescription medication use (at least in situations where medication may impact job performance or create a safety risk)?
- Should employers adopt random, reasonable suspicions and/or for-cause drug testing policies that address opioid use/abuse?
- Should employers revise current policies to include reference to opioid use/abuse?
- Should employers add opioid screens to current drug testing procedures?
Special Considerations Related to Medical Marijuana

- Approximately 30 jurisdictions that have medical marijuana laws, yet federal law continues to classify marijuana as a Schedule I narcotic
- Covered under benefit plans???
- Raises implications for drug testing and drug-free workplace policies, as well as disability discrimination issues
- Consider interaction between state and federal law carefully
- Federal contractors and some industry-specific issues (e.g., as a condition of receiving Medicare/Medicaid funding, hospitals must agree to comply with federal law)
Questions?