



## Prior WCRI Studies Show That Opioid Prescriptions Are Common In WC

- Between 52 and 85 percent of nonsurgical claims with pain medications had opioid prescription across 26 states
- Between 24 and 58 percent of workers with pain medications had two or more opioid prescriptions
- Between 4 and 18 percent of workers with opioids received opioids on a longer-term basis
- The impact of opioids on injured workers is not well understood

Sources: WCRL Interstate Variations In Use Of Opioids, 4th Edition (2017); Longer-Term Dispensing Of Opioids, 4th Edition (2017)

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## This Study Examines Causal Impact Of Opioid Prescriptions On Temporary Disability Duration

- What is the effect of opioid prescriptions on duration of temporary disability benefits?
- What is the effect of multiple opioid prescriptions on duration of temporary disability benefits?
- What is the effect of longer-term opioid prescribing on duration of temporary disability benefits?

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## Definition Of Longer-Term Dispensing Of Opioids First opioid Rx fill ≥3 visits to fill opioid Rx Date of 3 months 6 months 9 months 12 months

### **Analysis Scope**

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- Workers with low back pain cases with more than 7 days of lost time injured 2009–2013 in 28 states
- Main outcome measure is duration of temporary disability benefits

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## We Control For Many Characteristics Of Workers, Employers, And Injuries

- · Measures of injury severity
  - Score reflecting nature of surgical interventions
  - Score reflecting the nature of treatment for nonsurgical cases.
- · Worker and employer characteristics
  - · Age, gender, marital status, tenure, and industry
- Location characteristics
  - Unemployment rate, educational composition, percent disabled, and rurality of an area

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### We Estimate Causal Effect Of Opioid Use By Using Methods That Mimic Random Assignment

- Estimating effect of opioid prescriptions is challenging since cases with opioids are different from cases without
  - Unobserved injury severity
  - Unobserved personal characteristics
- Hard to address without random assignment
- We use approach that explores differences in local prescribing patterns to mimic random assignment

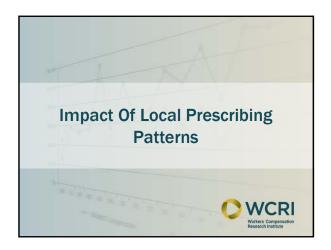
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## We Address Selectivity Concerns By Using Differences In Local Prescribing Patterns

- Determined as percentage with opioid prescriptions (or with longer-term prescribing) among workers within an area
  - 62% of cases had opioid prescriptions in Philadelphia, PA; 71% had prescriptions in Harrisburg, PA
- Local areas defined as hospital referral regions regional health care markets
- Local prescribing patterns are correlated with individual opioid prescribing measures

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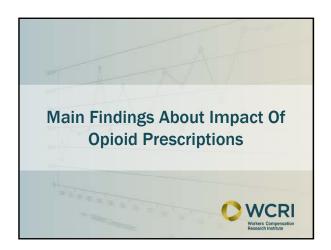


## Local Prescribing Patterns Are Strong Predictors Of Opioid Prescribing Change In Individual Opioid Prescriptions Due To 10 ppt Increase In Local Prescribing Any Opioid Use 10 ppt increase in "any opioids" within local area 3.4 ppt Based On OLS Estimates For Any Opioids Specifications. All Estimates Shown Are Statistically Significant At 1% Level. Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies.

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Key: ppt: Percentage Points

## Local Prescribing Patterns Are Strong Predictors Of Longer-Term Opioid Prescribing Change In Individual Opioid Prescriptions Due To 10 ppt Increase In Local Prescribing Longer-Term Prescribing Of Opioids 10 ppt increase in longer-term Rx within local area 2.6 ppt Based On OLS Estimates For Any Opioids Specifications. All Estimates Shown Are Statistically Significant At 1% Level. Regression Controls include Worker, Injury, And Employer Characteristics, And State Duminies. Regr Rx: Prescriptions



# TD Duration 251% Longer When Opioids Prescribed On Longer-Term Basis Estimates For Duration Of Temporary Disability Benefits Change In Duration Of TD Due To Opioid Use Longer-Term Opioid Prescribing 251%\*\* \*\* Statistically Significant At 5% Level. Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies. Longer-Term Prescribing Defined As Having Prescriptions Within The First Three Months After An Injury And Three Or More Wisits To Fill Opioid Prescriptions Between The 7th And 12th Months After An Injury. Key, TD. Temporary Disability 9 WCRI 2015

# We Find Little Impact Of "Any Opioids" Use On Duration Of Disability Estimates For Duration Of Temporary Disability Change In Duration Of TD Due To Opioid Use Any opioids within 24 months after an injury 5% Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies.

## **TD Duration 52% Higher Among Workers With** At Least 3 Opioid Prescriptions, But...

Estimates For Duration Of Temporary Disability Benefits Change In Duration Of TD Due To Opioid Use 3 or more opioid prescriptions relative to "no 52% opioid prescriptions"

Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies.



## **Effect Of 3 Or More Prescriptions Driven By Workers With Longer-Term Prescriptions**

Estimates For Duration Of Temporary Disability Benefits	Change In Duration Of TD Due To Opioid Use
3 or more opioid prescriptions relative to "no opioid prescriptions"	52%
3 or more opioid prescriptions (excluding longer- term prescriptions) relative to "no opioid prescriptions"	17%

Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies.



## **TD Duration Three Times As Long When Workers Were Prescribed Large Opioid Amounts**

Estimates For Duration Of Temporary Disability Benefits	Change In Duration Of TD Due To Opioid Use
Opioid amount (MEA) over 2,600 mg	288%**
Opioid amount (MEA) over 8,000 mg	223%**

\*\* Statistically Significant At 5% Level. Regression Controls Include Worker, Injury, And Employer Characteristics, And State Dummies.

Key: MEA: Morphine Equivalent Amount.

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### **Major Findings**

- Workers more likely to receive opioid prescriptions in areas where prescribing is more prevalent
- · Longer-term prescriptions increase duration of temporary disability benefits
  - Workers with longer-term prescriptions had more than triple duration of temporary disability benefits when compared to workers without opioids
- · Little statistical evidence of impact of small number of prescriptions over short period on duration of temporary disability benefits



### **About WCRI**

- Independent, not-for-profit research organization providing high-quality, objective information about public policy issues involving workers' compensation systems
- Serve as a resource for public officials and stakeholders, but we do not make recommendations or take positions
- Studies are peer-reviewed with a focus on benefit
- Diverse  $\underline{\text{\it membership support}},$  including government agencies, employers, insurers, labor unions, service providers, etc.



### **Other Areas of Research**

- Access to Care
- Ambulatory Surgery Centers
- Comparing Group Health Provider Choice and Workers Compensation
- Drug Formularies
- Fee Schedules
- Litigation & Dispute Resolution
- Medical Prices & Utilization
- Outcomes for Injured Workers
- Physician Dispensing
- · Return to Work
- Rx and Opioids
- State Comparison Studies on Income and Medical Benefits
- · Treatment Guidelines



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### **Main Questions**

- What was the specific policy change in reimbursement for hospital services in each of the selected states?
- How did the policy change to hospital reimbursement impact hospital costs and cost growth?
- Were there any unanticipated consequences from these reimbursement changes observed so far?

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## Results From Recent Policy Changes In Hospital Reimbursement In Selected States

- Florida (2015): 3% decrease in hospital outpatient payments per service following change to fixed amount fee schedule from % of charges; Florida still highest of 18 states
- Georgia (2014): Overall decrease in hospital outpatient payments per claim; increase for treatment/operating/ recovery room offset by decreases for other hospital outpatient services, consistent with Medicare OPPS method
- Indiana (2014): 4% decrease in medical payments/claim, driven by double-digit decrease in hospital payments after adoption of fee schedule; hospital payments/claim now typical
- North Carolina (2013 and 2015): Double-digit decrease in hospital outpatient and inpatient payments per claim in 2015 after change to Medicare-based fee schedule

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### **Quick Review Of Common Hospital Reimbursement Methodologies In Workers' Compensation**

### **Hospital Outpatient**

### **Reimbursement Approaches**

- Fixed amount
  - Medicare OPPS/APC
  - Per procedure by code
- · Percent of charges
- Cost-to-charge ratio
- No fee schedule (usual and customary)

### Hospital Inpatient

- **Reimbursement Approaches**
- Per diem
- Diagnosis-Related Group (DRG)-based
- Percent of charges
- Cost-to-charge ratio
- No fee schedule (usual and customary)

See other WCRI research for detailed explanations, including Fee Schedules for Hospitals and Ambulatory Surgical Centers: A Guide for Policymakers; Hospital Outpatient Payment Index: Interstate Variations and Policy Analysis, 7th Edition; Workers' Compensation Medical Cost Containment: A National Inventory, 2018

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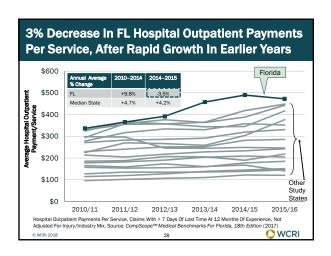


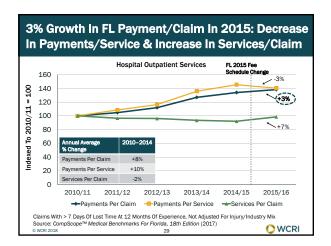
## **FL Hospital Outpatient Fee Schedule Change** (Effective 1/1/15)

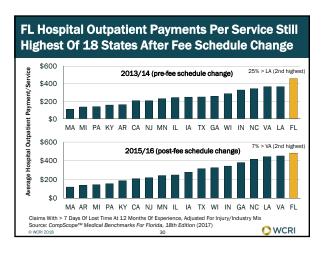
- FL WC fee schedule rates for scheduled hospital outpatient surgery and most other services changed from the percentage-of-charges method to a fixed-amount method
  - Reimbursement rate = (the base rate by CPT and HCPCS code) x(the county-specific geographic modifier of the location of service)
- If CPT/HCPCS code is not listed in the fee schedule, reimbursement remains at 60% of charges for scheduled surgery and 75% for other services

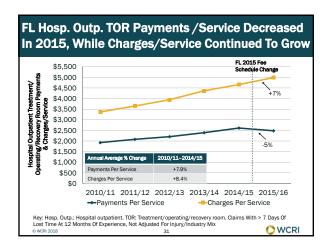
Key: HCPCS: Healthcare Common Procedure Coding System. CPT: Current Procedural Terminology Source: CompScope™ Medical Benchmarks For Florida, 18th Edition (2017) 
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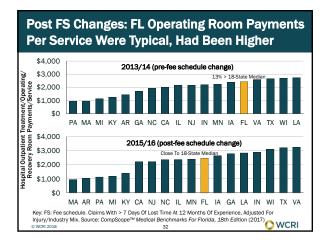










## FL Payments For Most Hospital Outpatient Services Remained Higher Than Typical Post-FS Change

Hospital Outpatient	2015/16 (post-FS change)				2013/14 (pre-FS change)	
Payments/Service	FL	Median State	% Diff.	FL Ranking	% Diff.	FL Ranking
Emergency	\$690	\$464	+48%	Higher	+48%	Higher
Major Radiology	\$2,116	\$950	+123%	Higher	+70%	Higher
Minor Radiology	\$373	\$168	+122%	Higher	+103%	Higher
Laboratory	\$138	\$72	+92%	Higher	+84%	Higher
Other Services	\$381	\$274	+39%	Higher	+32%	Higher
Physical Medicine	\$46	\$60	-23%	Lower	-22%	Lower

Key: Diff.: Difference. Claims With > 7 Days Of Lost Time, Adjusted For Injury/Industry Mix. Source:
CompScope™ Medical Benchmarks For Florida, 18th Edition (2017)

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## Georgia Outpatient Fee Schedule Change (Effective May 1, 2014)

- GA workers' compensation fee schedule rates for outpatient services changed from the ICD-9-CM approach to the Medicare Outpatient Prospective Payment System (OPPS) method
  - Maximum allowable rate was set at 225% of the final Medicare OPPS payments for each Ambulatory Payment Classification (APC) group (as of 1/1/2014)
  - The prior provision of allowing 62.23% of charges for procedures not on the ICD-9-CM list was eliminated
  - Within each APC, a rate is paid for the primary independent service, and payment for the supportive services is packaged into this APC rate
- Same method applies to hospital outpatient departments and ambulatory surgery centers (ASCs)

Key: ICD-9-CM: International Classification of Diseases, Ninth Revision, Clinical Modification. Source: CompScope™ Medical Benchmarks For Georgia, 18th Edition (2017) 

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### **Decrease In GA Hospital Outpatient Payments Per** Claim At 12- And 24-Month Maturities After 2013 \$6,000 GA 2014 Outpatient Fee \$5,000 -15% \$4,000 \$3,000 \$2,000 1.3% \$1,000 36 Months -0.3% \$0 2009 2010 2011 2012 2013 2014 2015 →12 Months -24 Months →36 Months Claims With > 7 Days Of Lost Time, Not Adjusted For Injury/Industry Mix Source: CompScope™ Medical Benchmarks For Georgia, 18th Edition (2017) © WCRI 2018 WCRI

## Under Medicare Approach, Services Are Packaged Into A Facility Payment

- Under Medicare OPPS/APC approach, many services are packaged into the facility payment
  - Usual packaged services include: routine supplies, anesthesia, operating and recovery room use, implantable medical devices, and inexpensive drugs under a per-day drug threshold packaging amount
- As a result, we observed:
  - Payments per claim for facility services increased because of packaged services
  - Payments per claim for other outpatient services (mainly supplies and equipment, drugs, laboratory tests, and anesthesia) decreased, because these services were no longer separately reimbursed.

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## The Medicare OPPS Method Affects Other Types Of Services Differently

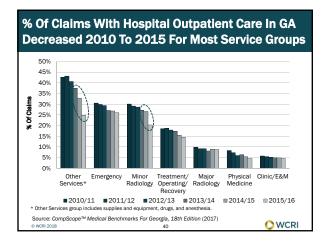
- Most emergency department visits, common major and minor radiology services can be reimbursed separately
- Physical therapy services and evaluation and management services are not paid under OPPS
  - Payments are subject to professional fee schedule

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### Increase In Payments/Claim For Operating Room Offset By Decreases In "Other" Outpatient Services \$6,000 Payments/Claim Payments/Claim Decreased After 2013 Stable After 2013 \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$0 Treatment/ Emergency Clinic/E&M Operating/ Recovery Minor Other Radiology Services\* ■2010/11 ■2011/12 ■2012/13 ■2013/14 ■2014/15 ■2015/16 Other Services group includes supplies and equipment, drugs, and anesthesia Key: E&M: Evaluation and management. Source: CompScope™ Medical Benchmarks For Georgia, 18th Edition (2017) WCRI



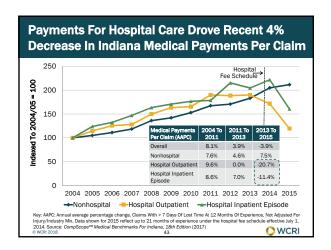


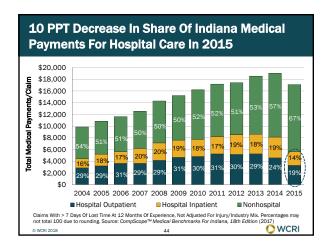
## **Higher And Growing Medical Costs In Indiana** Addressed By 2013 Legislation (HEA 1320)

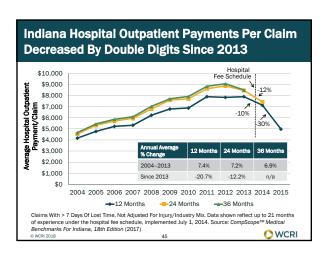
- > Enacted hospital fee schedule at 200% of Medicare, effective 7/1/14
- Capped price of repackaged drugs at average wholesale price (AWP) set by original manufacturer, effective 7/1/13
- Capped price of implants at actual cost plus 25%, effective
- Reimbursement for ambulatory surgery centers (ASCs) and nonhospital services not regulated through a fee schedule
- SEA 294 attempted to correct HEA 1320 (effective 7/1/14) to include ASCs: Based on specific language of the legislation, hospital fee schedule does NOT apply to ASCs

Source: CompScope™ Medical Benchmarks For Indiana, 18th Edition (2017)

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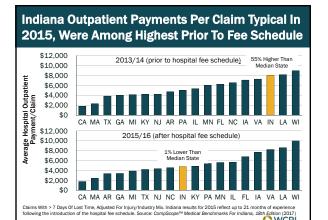
## Payments Decreased For Most Indiana Outpatient Services; Operating Room Reflects Medicare OPPS

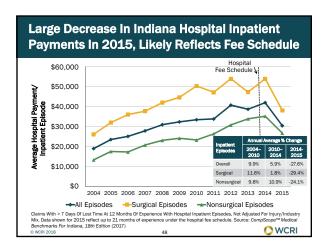
	2013/14 To 2015/16			
Change In Hospital Outpatient Metrics	Annual Average % Or % Point Change			
In Indiana	Payments/ Service	Services/ Claim	% Of Claims	
Major Radiology	-44.0%	-2.7%	0.4 ppt	
Minor Radiology	-23.2%	-3.7%	-5.6 ppt	
Physical Medicine	-10.8%	-6.6%	-1.3 ppt	
Clinic/Eval. & Mgmt.	-3.6%	3.9%	0.5 ppt	
Treatment/Operating/ Recovery Room	[+15.2%]	[-21.3%]	+0.2 ppt	

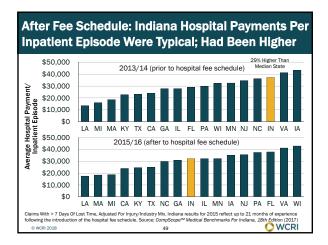
Note: 2015/16 results reflect up to 21 months of experience under the hospital fee schedule.

Key: Eval. & Mgmt.: Evaluation and management. Claims With > 7 Days Of Lost Time At 12 Months Of Experience, Not Adjusted For Injury/Industry Mix. Source: CompScope\*\* Medical Benchmarks For Indiana, 18th Edition (2017)

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## North Carolina Fee Schedule Changes For Hospitals And ASCs Based On Medicare

- Staggered implementation of decreasing reimbursement multipliers: percentage of current federal fiscal year's facilityspecific Medicare rate
- No separate billing or mark-ups for implantable devices

	% Of Medicare	4/1/15	1/1/16	1/1/17
$\Rightarrow$	Inpatient*	190%	180%	160%
$\Rightarrow$	Outpatient*	220%	210%	200%
	ASC	220%	210%	200%

\* Note that the maximum reimbursement percentages are higher for critical access hospitals.

North Carolina Industrial Commission Proposed Rules For Medical Fee Schedule, Published In The North

Carolina Register, November 17, 2014, And Approved By The Rules Review Commission On February 19, 2015

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## 2013 Interim FS Changes Likely Contributed To Hospital And ASC Cost Trends In NC After 2012

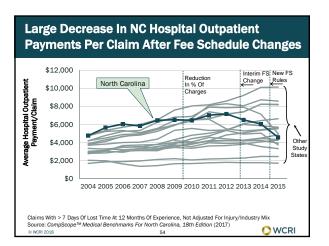
- · Reimbursement changes
  - 2/1/13: Charges for inpatient, outpatient, and ASC services frozen at rates set by each hospital as of June 30, 2012
  - 4/1/13: Frozen rates cut by 15% for outpatient services and ASCs and by 10% for inpatient
  - 4/1/13: Payments for surgical implants capped at cost plus 28%
- Observations 2012 to 2014
  - Decrease in hospital outpatient payments for key services
  - Hospital outpatient facility payments decreased; ASC stable
  - Decrease in hospital inpatient payments per episode

 $Source: CompScope^{\tau_M} \, Medical \, Benchmarks \, For \, North \, Carolina, \, {\bf 18} th \, Edition \, (2017)$ 

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### Changes In NC Hospital Outpatient Payments And Services Reflect Medicare-Based Fee Schedule

	2014/15 To 2015/16 % Or PPT Change				
Change In Hospital Outpatient Metrics					
In North Carolina	Payments/ Service	Services/ Claim	% Of Claims		
Major Radiology	-32.8%	-2.5%	-1.2 ppt		
Physical Medicine	-30.6%	-9.5%	-1.8 ppt		
Minor Radiology	-11.1%	-9.5%	-8.2 ppt		
Clinic/Eval. & Mgmt.	17.2%	-23.8%	-1.4 ppt		
Treatment/Operating/ Recovery Room	[29.4%]	[-18.0%]	-3.2 ppt		

Note: 2015/16 results reflect up to 12 months of experience under the new hospital fee schedule.

Claims With > 7 Days Of Lost Time At 12 Months Of Experience, Not Adjusted For Injury/Industry Mix Source: CompScope™ Medical Benchmarks For North Carolina, 18th Edition (2017) OWCR2018 OWCR2018

## NC Facility Payments Similar In ASCs And Hospital Outpatient In 2015 Under New Fee Schedule \$10,000 \$8,000 \$6,000 \$2,000 \$2,000 \$2,000 \$2,000 \$3,000 \$4,000 \$2,000 \$2,000 \$2,000 \$3,000 \$4,000 \$2,000 \$4,000 \$2,000 \$4,000 \$2,000 \$4,000 \$2,000 \$4,000 \$2,000 \$4,000 \$4,000 \$4,000 \$5,000 \$5,000 \$6,9% \$2,000 \$6,9% \$2,000 \$6,9% \$2,000 \$1,000 \$1,000 \$1,000 \$1,000 \$2,000 \$1,000 \$2,000 \$3,000 \$2,000 \$3,000 \$3,000 \$4,000 \$4,000 \$4,000 \$4,000 \$4,000 \$5,000 \$4,000 \$5

## Re-Cap: Results From Recent Policy Changes In Hospital Reimbursement In Selected States

- Florida (2015): 3% decrease in hospital outpatient payments per service following change to fixed amount fee schedule from % of charges; Florida still highest of 18 states
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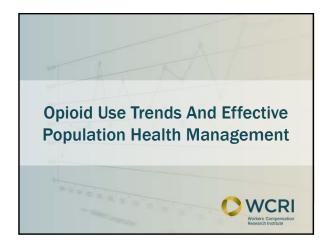
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## Observations About Policy Changes In Hospital Reimbursement

- Trends immediately following hospital reimbursement changes show payment decreases or slower growth in all 4 states, as expected
- Longer-term trends may be influenced by a number of factors, including the following:
  - Fee schedule updates (basis and frequency)
  - Frequency of WC medical care billed by hospitals
  - · Reimbursement for medical care by nonhospital providers
  - Behavior changes in response to changes in WC hospital reimbursement (site of service, billing, networks, etc.)
  - Hospital reimbursement by payors outside of WC

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### **Major Findings**

- Frequency and amount of opioids per claim decreased in most states over the study period
- More than 2 out of 3 injured workers with pain medications received opioids in majority of states
- Amount of opioids per claim continued to be higher in LA, PA; also higher in NY despite large decrease
- Opioids were frequently dispensed together with other sedating drugs
- Few injured workers with longer-term opioids received guideline-recommended services

Nonsurgical claims with more than 7 days of lost time with Rx paid under workers' comp



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## **State And Federal Policies Addressing Opioid Prescribing And Dispensing**

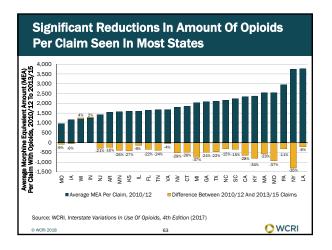
- Prescription drug monitoring programs (PDMPs)
- Treatment guidelines addressing opioids
- Drug formularies
- Limits on prescribing and dispensing of opioids
- Other policies addressing opioid prescribing
- Up-scheduling of hydrocodone-combination products
- CDC Guideline for Prescribing Opioids for Chronic Pain

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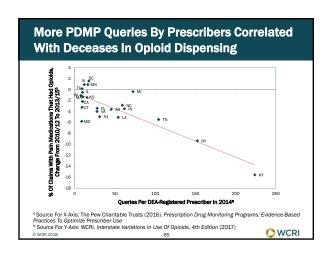
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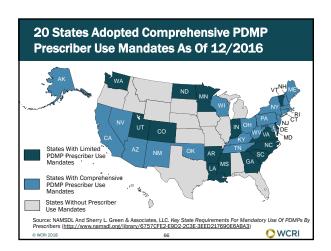
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## Fewer Injured Workers With Pain Medications Received Opioids In Latest Study Period \*\*Statistically Significant At 10% Level 2013/15. Nonsurgical Claims With > 7 Days of Lost Time, Injuries Occurring From October 1, 2012, To September 30, 2013, Prescriptions Filled Through March 31, 2015; Similar Notation Used For 2010/12 Source: WCRI. Interstate Variations In Use Of Opioids, 4th Edition (2017) \*\*Common Common Common



In Opioids Filled Over The Study Period													
	KY	NY	MD	MI	TN	MA	тх						
Change In % Claims With Pain Medications That Had Opioids	-16 ppt	-9 ppt	-6 ppt	0 ppt	-5 ppt	-1 ppt	0 ppt						
Change In Average Amount Of Opioids Per Claim	-34%	-35%	-37%	-37%	-24%	-23%	-22%						
PDMP Use	√√	√√	✓	✓	✓	✓							
Chronic Opioid Guidelines		✓				✓							
Drug Formulary							✓						
Quantity Limits	✓			✓	✓								
Provider Education CME	✓					✓	✓						
Pain Clinic Regulations	✓				✓		✓						
Key: CME: Continuing Medical Education. PDMP: Prescription drug monitoring program													
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## **KY Opioid Reforms Immediately Decreased Opioids Dispensed To KY Injured Workers**

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		IL	IN	МО				
% Of Claims With Pain Medications That Had Opioids								
2011	54%	45%	59%	60%				
2013	44%	45%	56%	61%				
% Point Change From 2011 To 2013	-10	0	-3	1				
Average MEA Per Claim With Opioids (milligrams)								
2011	1,516	1,361	1,038	893				
2013	1,271	1,244	970	809				
% Change From 2011 To 2013	-16%	-9%	-7%	-9%				

Claims With Injuries Occurring In Calendar Years 2011 (pre-reform) And 2013 (post-reform), Opioid Rx Filled For One Year Following The Date Of Injury. Kentucky HB 1 Went Into Effect On July 2012. Case-Mix Adjusted Measures Are Reported. Source: WCRI. Impact Of Kentucky Opioid Reforms (2017)

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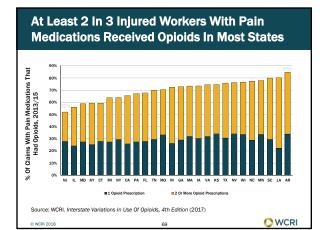
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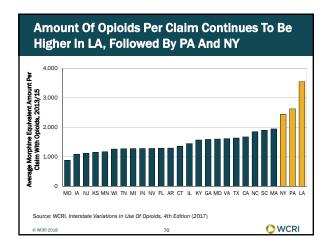
**KY: Larger Reductions In Injury Groups With Lower Clinical Consensus About Opioid Prescribing** 

% Of KY Claims With Pain Medications	Pre- Reform	Post- Reform	% Change, 2011-2013
That Had Opioids	2011	2013	2011-2013
Surgery			
Claims With Major Surgery	94%	93%	0%
Claims Without Major Surgery	48%	35%	-27%*
Injury Type			
Fractures	81%	72%	-11%*
Neurologic Spine Pain	80%	62%	-22%*
Back And Neck Sprains And Strains	47%	31%	-34%*

\* Statistically Significant At The 5% Level

Source: WCRI. Impact Of Kentucky Opioid Reforms (2017)





## 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)	44	25-104
Average Morphine Equivalent Daily Dose (MED) Of Opioids (milligrams)	36	32-42

Source: WCRI. Interstate Variations In Use Of Opioids, 4th Edition (2017)

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## 7–29% Of Workers With Opioids Had Chronic Opioid Use; Some Workers Had High-Dose Chronic Opioid Use

Based On Claims With Opioids That Had Days Of Supply Populated For All Opioid Rx	Median Of States Studied	Range Among States Studied
% Of Claims With Opioids Receiving ≥ 60 Days Of Opioid Supply In Any 90-Day Period	13%	7%-29%
% Of Claims With Opioids That Had More Than 50 MED Of Opioid Supply For ≥ 60 Days In Any 90-Day Period	1.7%	0.6%-4.0%
% Of Claims With Opioids That Had More Than 90 MED Of Opioid Supply For ≥ 60 Days In Any 90-Day Period	0.5%	0.2%-1.2%

Source: WCRI. Interstate Variations In Use Of Opioids, 4th Edition (2017



### Receipt Of Opioids With Other Sedating Drugs Is Associated With Higher Risk Of Overdose Deaths

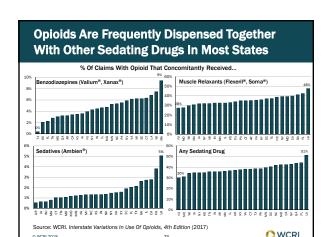
- CDC guideline cautions prescribers about the dangers of prescribing opioids with central nervous system depressants
- A 2017 WA study found higher risk of opioid overdose deaths when WA Medicaid enrollees received opioids with other sedatives
- Example:

Risk Of Opioid-Related Death Among WA Medicaid Enrollees With ≥ 1 Opioid Rx Who Concomitantly Received	Adjusted Hazard Ratio (95% confidence interval)
None	1.0 (base)
Benzodiazepines Only	7.5 (5.5-10.0)
Benzodiazepines And Skeletal Muscle Relaxants	12.6 (8.9-17.9)
Skeletal Muscle Relaxants Only	2.8 (1.8-4.2)

Source: Garg, Fulton-Kehoe, & Franklin. Patterns Of Opioid Use And Risk Of Opioid Overdose Death Among Medicaid Patients (2017)

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## MA: Higher Rate Of Concomitant Dispensing Of Sedating Drugs Among MA Workers With Chronic Opioid Use

	Among MA Claims With Opioids	Among MA Claims With Chronic Opioids
% That Received Opioid Simultaneously With		
Benzodiazepines (Valium®, Xanax®)	9%	23%
Muscle Relaxants (Flexeril®, Soma®)	31%	55%
Sedatives (Ambien®)	1%	3%
Any Sedating Drug	36%	65%

Source: WCRI. Interstate Variations In Use Of Opioids, 4th Edition (2017)

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## IL: Workers With Physician- And Pharmacy-Dispensed Opioids Had Higher Rate Of Opioids & Muscle Relaxants

	% Of IL Claims With Opioids That Had Opioids, By Dispensing Point	% Of IL Claims With Opioids That Concomitantly Received Muscle Relaxants, By Dispensing Point
Pharmacy-Dispensed Opioids Only	61%	29%
Physician-Dispensed Opioids Only	28%	34%
Both Physician And Pharmacy-Dispensed Opioids	10%	52%

Similar patterns were seen in other states with frequent physician dispensing of opioids and muscle relaxants: CA, CT, FL, GA, MD, and PA

Source: WCRI. Interstate Variations In Use Of Opioids, 4th Edition (2017)

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## Medical Treatment Guidelines For Chronic Opioid Management Recommend

- · Urine drug testing
- Psychological and psychiatric evaluations and treatment
- · Active physical therapy

Note: Guideline recommendations are based on widely-accepted medical treatment guidelines, including ACOEM, AFS/ARPM, ODS, and state guidelines (CO, CT, LA, MA, UT, WA). See Appendix B or WCRTs Longer-Term Dispersing of Opiloids, 4th Edition.

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## **Gap Observed Between Practice And Treatment Guideline Recommendations**

	Median Of States Studied	Range Among States Studied
% Of Claims With Opioids That Had Opioids On A Longer-Term Basis	6%	3%-18%
Of These, % That Received Recommend	ded Services	
Drug Testing	40%	22%-59%
Psychological Evaluation	7%	3%-30%
Psychological Treatment	3%	1%-12%
Active Physical Therapy	87%	73%-91%

Nonsurgical Claims With > 7 Days Of Lost Time That Were Identified As Receiving Opioids On A Longer-Term Basis, Injury Year 2012, Prescriptions Filled Through March 2014, Average 24 Months Of Experience Source: WRAL Longer-Term Dispensing Of Opioids, 4th Edition (2017)

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### Recap

- Frequency and amount of opioids per claim decreased in most states over the study period
- More than 2 out of 3 injured workers with pain medications received opioids in majority of states
- Amount of opioids per claim continued to be higher in LA, PA; also higher in NY despite large decrease
- Opioids were frequently dispensed together with other sedating drugs
- Few injured workers with longer-term opioids received guideline recommended services

Note: Nonsurgical claims with more than 7 days of lost time with Rx paid under workers' compensation  $\frac{1}{2}$ 

@ WCDI 2010



### **Thank You For Your Attention**

- For comments/questions about the findings, please e-mail Ramona Tanabe at rtanabe@wcrinet.org
- Don't miss our 35th annual conference, February 28– March 1, 2019, in Phoenix, AZ: https://wcrinet.org/news/events

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