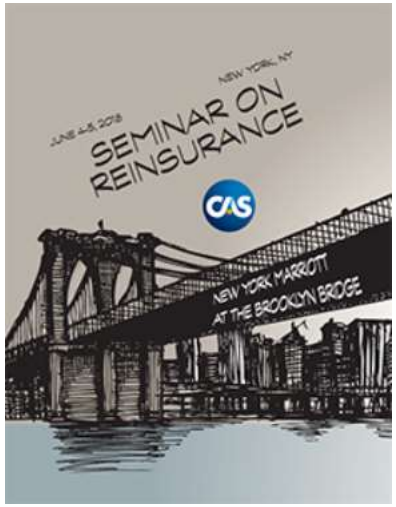
2018 Seminar on Reinsurance

Deloitte.

C-25 Workers Compensation
Emerging Issues - The Opioid Epidemic



Kevin Bingham
June 4, 2018
11:00 to 12:00

Please join me on LinkedIn for periodic opioid updates and breaking news:
www.linkedin.com/pub/kevin-bingham/1/852/557

Anti-Trust Notice

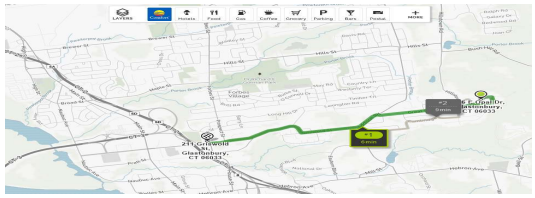
- The Casualty Actuarial Society is committed to adhering strictly to the letter and spirit of the antitrust laws. Seminars conducted under the auspices of the CAS are designed solely to provide a forum for the expression of various points of view on topics described in the programs or agendas for such meetings.

- Under no circumstances shall CAS seminars be used as a means for competing companies or firms to reach any understanding – expressed or implied – that restricts competition or in any way impairs the ability of members to exercise independent business judgment regarding matters affecting competition.

- It is the responsibility of all seminar participants to be aware of antitrust regulations, to prevent any written or verbal discussions that appear to violate these laws, and to adhere in every respect to the CAS antitrust compliance policy.

The Opioid Epidemic – My Back Yard

Police Seize 352 Bags Of Heroin, Arrest Two In Glastonbury Drug Bust



2.7 MILES OR SIX MINUTES FROM MY HOUSE!

Arrests in Glastonbury School Drug Investigation

In all, 11 students were expelled, according to the principal.

BIGGEST MASS EXPULSION IN SHOOL HISTORY

Glastonbury Connecticut Oxycodone Rehab Centers

Prescription Drug Problem: Glastonbury, Connecticut

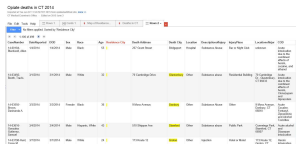
Addiction to Prescription Drugs is one of the fastest growing potentially deadly problems in the Constitution State. The enemy of the **prescription drug addict** is time! The longer the addiction persists, the harder it is to deal with... But also, the greater the chance of a tragic outcome!

Connecticut

Ex-Glastonbury Man Faces Jail for Heroin Overdose

The case stems from the of death of a 14-year-old girl who overdosed from Fentanyl-laced heroin, according to federal authorities.

OBITUARIES AND OPIOID STATS FROM CT. MEDICAL EXAMINERS OFFICE



Heroin and opioid overdoses on the rise in Connecticut towns

Sources:

http://patch.com/connecticut/glastonbury/police-seize-352-bags-of-heroin-arrest-two-in-glastonbury-drug-bust
http://www.nbcconnecticut.com/news/local/Glastonbury-Drugs-Expelled-Students-High-School-146015735.html
http://patch.com/connecticut/glastonbury/ex-glastonbury-man-faces-jail-heroin-overdose-0
http://www.drug-detox-rehab.org/states/connecticut_drug_detox_rehab_info~Glastonbury.html
http://trendct.org/2016/01/06/heroin-and-opioid-overdoses-on-the-rise-in-connecticut-towns/

A Powerful Disease

City of East Liverpool, Ohio added 4 new photos.
September 8, 2016 ·

Warning Graphic Content!

The city Police department recently responded to a call of an incapacitated driver, attached are photos from the scene along with the actual police report. The city administration works hand in hand with our men in blue to combat this epidemic and together with the law director we have made the decision to release the attached.

We feel it necessary to show the other side of this horrible drug. We feel we need to be a voice for the children caught up in this horrible mess. This child can't speak for himself but we are hopeful his story can convince another user to think twice about injecting this poison while having a child in their custody.

We are well aware that some may be offended by these images and for that we are truly sorry, but it is time that the non drug using public sees what we are now dealing with on a daily basis. The poison known as heroin has taken a strong grip on many communities not just ours, the difference is we are willing to fight this problem until it's gone and if that means we offend a few people along the way we are prepared to deal with that.

Chris Herren
Former NBA Player
Addiction Recovery
Advocate

TEDTalk: The Game Has Changed

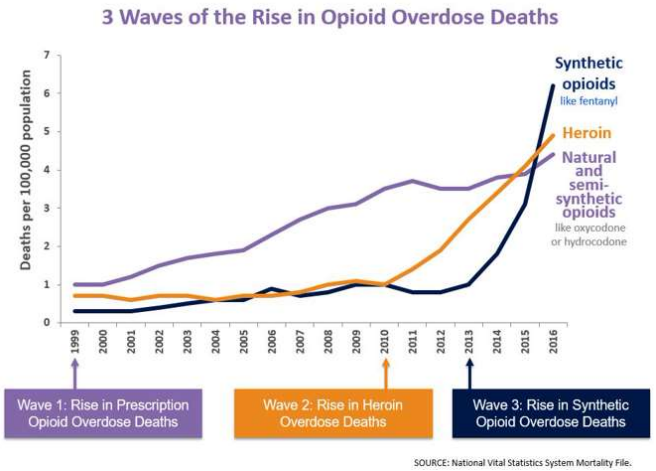
Sources:
https://www.facebook.com/cityofeastliverpool/posts/879927698809767
https://www.apbspeakers.com/speaker/chris-herren


Agenda
The Opioid Epidemic
Insurance Company Efforts to Fight The Epidemic
The Tide is Turning
Closing Thoughts
Appendix

The Opioid Epidemic

The Opioid Epidemic

- Opioids (including prescription opioids, heroin, and fentanyl) killed more than 42,000 people in 2016
- From 1999 to 2016, more than 630,000 people have died from a drug overdose.
- Death rates for synthetic opioids other than methadone (including drugs such as tramadol and fentanyl, referred to as synthetic opioids) **increased 84.2 percent each year, since 2013**
- Heroin death rates **increased 19.5 percent in 2016**



Sources:
https://www.cdc.gov/drugoverdose/index.html

The Opioid Epidemic

- **America claims less than 5 percent of the world's population but consumes roughly 80 percent of the world's opioid supply.**
- Nearly one-half of patients who took opiate painkillers for more than 30 days in the first year of use continued to use them for three years or longer.
- Five percent of prescribers wrote 40 percent of opioid prescriptions filled by members with employer-sponsored drug coverage from 2011–2012.
- **In 2012, health care providers in the US wrote 259 million painkiller prescriptions, enough to give every adult in the United States his or her own bottle of pills.**

Sources:

http://www.allgov.com/news/controversies/us-5-percent-of-world-population-80-percent-of-opioid-consumption-141215?news=855100
https://lab.express-scripts.com/lab/publications/~/media/d48ef3ee579848e7bf3f14af536d7548.ashx
Business Insurance – Opioid Abuse & Workers Comp – How to Tackle a Growing Problem
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

What's Being Said About the Crisis

2013

"When I went to medical school, the one thing I was told was completely wrong. The one thing I was told was if you give opioids to a patient who is in pain, they will not get addicted. Completely wrong. Completely wrong. But a generation of doctors, a generation of us grew up being trained that these drugs aren't risky."

– Dr. Thomas R. Frieden, Former Director of the Centers for Disease Control and Prevention (CDC)

2016

Dr. Kessler stated that the opioid epidemic was one of the "great mistakes of modern medicine."

– Dr. David Kessler, Former head of the Food and Drug Administration (FDA)

2016

"This is one of the greatest health crises of our time, the opioid epidemic."

"We know that opioids are not a good solution for chronic pain."

– Dr. Vivek Murthy, Former Surgeon General of the United States

Dr. Murthy sent a letter to every prescriber in the nation!

Sources:

http://www.pbs.org/video/pain-and-consequences-of-taking-too-much-pain-medication-1374613376/
http://www.cbsnews.com/news/former-fda-head-doctor-david-kessler-opioid-epidemic-one-of-great-mistakes-of-modern-medicine/
https://www.youtube.com/watch?v=GZDt9RLRyvc

What's Being Said About the Crisis

TurnTheTideRx.org

UNITED STATES SURGEON GENERAL
Vivek H. Murthy, M.D., M.B.A.

August 2016

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly two million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. **Please take the pledge at www.TurnTheTideRx.org.** Together, we will build a national movement of clinicians to do three things.

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the enclosed pocket card with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

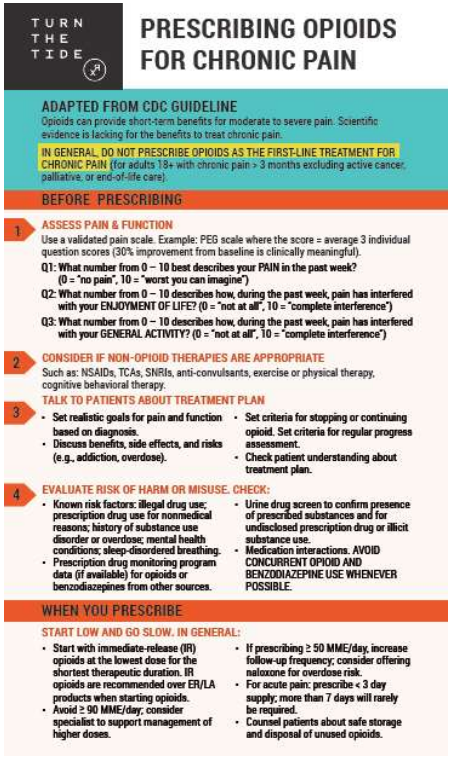
Thank you for your leadership.

Vivek Murthy

TURN THE TIDE

Read the Letter

Take the Pledge



TURN THE TIDE

PRESCRIBING OPIOIDS FOR CHRONIC PAIN

ADAPTED FROM CDC GUIDELINE

Opioids can provide short-term benefits for moderate to severe pain. Scientific evidence is lacking for the benefits to treat chronic pain.

IN GENERAL, DO NOT PRESCRIBE OPIOIDS AS THE FIRST-LINE TREATMENT FOR CHRONIC PAIN (for adults 18+ with chronic pain > 3 months excluding active cancer, palliative, or end-of-life care).

BEFORE PRESCRIBING

1 ASSESS PAIN & FUNCTION

Use a validated pain scale. Example: PEG scale where the score = average 3 individual question scores (30% improvement from baseline is clinically meaningful).

Q1: What number from 0 – 10 best describes your PAIN in the past week? (0 = "no pain", 10 = "worst you can imagine")

Q2: What number from 0 – 10 describes how, during the past week, pain has interfered with your ENJOYMENT OF LIFE? (0 = "not at all", 10 = "complete interference")

Q3: What number from 0 – 10 describes how, during the past week, pain has interfered with your GENERAL ACTIVITY? (0 = "not at all", 10 = "complete interference")

2 CONSIDER IF NON-OPIOID THERAPIES ARE APPROPRIATE

Such as: NSAIDs, TCAs, SNRIs, anti-convulsants, exercise or physical therapy, cognitive behavioral therapy.

3 TALK TO PATIENTS ABOUT TREATMENT PLAN

- Set realistic goals for pain and function based on diagnosis.
- Discuss benefits, side effects, and risks (e.g., addiction, overdose).
- Set criteria for stopping or continuing opioid. Set criteria for regular progress assessment.
- Check patient understanding about treatment plan.

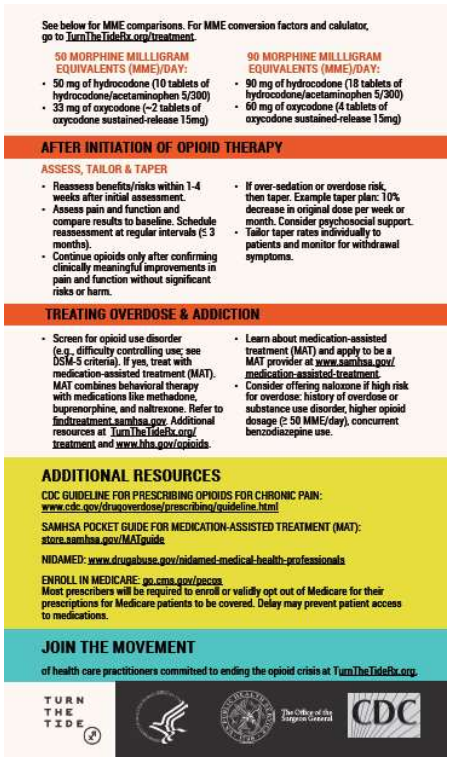
4 EVALUATE RISK OF HARM OR MISUSE. CHECK:

- Known risk factors: illegal drug use; prescription drug use for nonmedical reasons; history of substance use disorder or overdose; mental health conditions; sleep-disordered breathing.
- Prescription drug monitoring program data (if available) for opioids or benzodiazepines from other sources.
- Urine drug screen to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.
- Medication interactions. AVOID CONCURRENT OPIOID AND BENZODIAZEPINE USE WHENEVER POSSIBLE.

WHEN YOU PRESCRIBE

START LOW AND GO SLOW. IN GENERAL:

- Start with immediate-release (IR) opioids at the lowest dose for the shortest therapeutic duration. IR opioids are recommended over ER/LA products when starting opioids.
- Avoid ≥ 90 MME/day; consider specialist to support management of higher doses.
- If prescribing ≥ 50 MME/day, increase follow-up frequency; consider offering naloxone for overdose risk.
- For acute pain: prescribe < 3 day supply; more than 7 days will rarely be required.
- Counsel patients about safe storage and disposal of unused opioids.



See below for MME comparisons. For MME conversion factors and calulator, go to TurnTheTideRx.org/treatment.

50 MORPHINE MILLLIGRAM EQUIVALENTS (MME)/DAY:
- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15mg)

90 MORPHINE MILLLIGRAM EQUIVALENTS (MME)/DAY:
- 90 mg of hydrocodone (18 tablets of hydrocodone/acetaminophen 5/300)
- 60 mg of oxycodone (4 tablets of oxycodone sustained-release 15mg)

AFTER INITIATION OF OPIOID THERAPY

ASSESS, TAILOR & TAPER

- Reassess benefits/risks within 1-4 weeks after initial assessment.
- Assess pain and function and compare results to baseline. Schedule reassessment at regular intervals (≤ 3 months).
- Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.
- If over-sedation or overdose risk, then taper. Example taper plan: 10% decrease in original dose per week or month. Consider psychosocial support.
- Tailor taper rates individually to patients and monitor for withdrawal symptoms.

TREATING OVERDOSE & ADDICTION

- Screen for opioid use disorder (e.g., difficulty controlling use; see DSM-5 criteria). If yes, treat with medication-assisted treatment (MAT). MAT combines behavioral therapy with medications like methadone, buprenorphine, and naltrexone. Refer to findtreatment.samhsa.gov. Additional resources at TurnTheTideRx.org/treatment and www.hhs.gov/opioids.
- Learn about medication-assisted treatment (MAT) and apply to be a MAT provider at www.samhsa.gov/medication-assisted-treatment.
- Consider offering naloxone if high risk for overdose: history of overdose or substance use disorder, higher opioid dosage (≥ 50 MME/day), concurrent benzodiazepine use.

ADDITIONAL RESOURCES

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: www.cdc.gov/drugoverdose/prescribing/guideline.html

SAMHSA POCKET GUIDE FOR MEDICATION-ASSISTED TREATMENT (MAT): store.samhsa.gov/MATguide

NIDAMED: www.drugabuse.gov/nidamed-medical-health-professionals

ENROLL IN MEDICARE: go.cms.gov/pecos
Most prescribers will be required to enroll or validly opt out of Medicare for their prescriptions for Medicare patients to be covered. Delay may prevent patient access to medications.

JOIN THE MOVEMENT

of health care practitioners commited to ending the opioid crisis at TurnTheTideRx.org.

TURN THE TIDE

The Office of the Surgeon General

CDC

Sources:

http://turnthetiderx.org/#

There is Hope

A lot has been learned over the past two decades regarding the opioid epidemic. The efforts happening today give us hope for tomorrow that we will turn the tide on this epidemic.

Insurance Company Efforts to Fight The Epidemic

Evolving and Emerging Efforts of Insurance Company to Fight the Opioid Epidemic

- Promoting and supporting prescription drug monitoring programs
- Issuance of prescribing rules and support of non-opioid alternatives
- PBM pharmacy peer review with non-opioid alternative options
- Peer-to-peer outreach between the insurance company physician and treating physician
- Promoting and supporting the use of drug formularies
- Leveraging predictive analytics to prevent opioid dependency and addiction before the habits form
- Using multidisciplinary pain management teams (e.g., claim adjusters, nurses, physicians, pharmacists, legal, etc.)
- Opioid education and marketing campaigns
- Return-to-work programs with a focus on preventing extended opioid usage
- Partnering with hospitals and large orthopedic groups to reduce opioid useage

Source: Deloitte Consulting

PDMP Statistics

- Impact of a Mandatory PDMP on Prescription Opioid Analgesics by Dentists
  - **"Total numbers of prescribed opioid pills in a 3-month period decreased from 5,096 to 1,120, signifying a 78% reduction in absolute quantity."**
  - "We conclude that the mandatory PDPM significantly affected the prescription pattern for pain medications by dentists."

E.g., Fentanyl, Hydrocodone, Morphine, Oxycodone, Methadone, Etc.

- Briefing on PDMP Effectiveness
  - "Evidence continues to accumulate that PDMPs are effective in reducing diversion of controlled substances, improving clinical decision-making, and assisting in other efforts to curb the prescription drug epidemic."
  - "Within six months of the inception of a British Columbia prescription monitoring system, **medically unwarranted prescriptions for opioids fell by 33% and for benzodiazepines by 49%."**

Benzos (e.g., Valium, Xanax) are used for treating anxiety

  - "Data from the Virginia PDMP show that in the period following a rapid increase in PDPM data utilization, **the number of individuals meeting criteria for doctor shopping dropped by 44%.**"

Sources:

http://www.ncbi.nlm.nih.gov/pubmed/26274819

http://www.pdmpexcellence.org/sites/all/pdfs/briefing_PDMP_effectiveness_april_2013.pdf

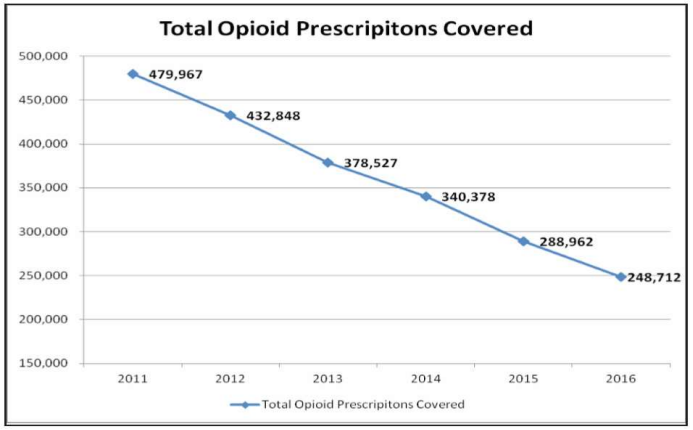
Ohio Bureau of Workers' Compensation (BWC) Fiscal Year 2016 Annual Report – New Prescribing Rules

- The board approved new rule governing the prescribing of opioids to treat injured workers that became effective on October 1, 2016. **The rule seeks to prevent opioid dependence by requiring appropriate prescribing by BWC-certified physicians.**
- BWC now limits reimbursements for opioid prescriptions to claims in which providers follow current medical best practices. Under the rule, physicians will not be reimbursed for opioid prescriptions written by physicians who fail to:
  - Develop an individualized treatment plan
  - Assess risk
  - Monitor progress and improvements in function of the worker
- BWC also requires prior authorization for prescriptions in any claim where no prescriptions were covered in the proceeding nine months

Source:
https://www.bwc.ohio.gov/downloads/blankpdf/AnnualReport.pdf

Ohio Bureau of Workers' Compensation (BWC) Fiscal Year 2016 Annual Report – Formulary Benefits

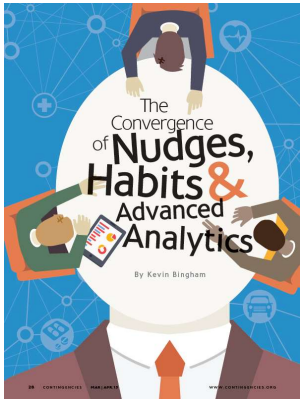
- BWC's pharmacy program implemented a formulary for prescription drugs that became effective September 1, 2011. When comparing FY16 with the base FY11 before the formulary became effective, the agency experienced:
  - An **80-percent reduction** in prescriptions for skeletal muscle relaxants;
  - A **48-percent decline in prescriptions for opioids** (see chart)
  - An **85-percent reduction** in prescriptions for anti-ulcer agents.



Note:
Closed formularies across the country limit the number of covered medication for WC claims. For non-formulary drugs (i.e., drugs not on the approved list), physicians must provide proof that the drugs are medically necessary before they can be prescribed to an injured worker.

Source:
https://www.bwc.ohio.gov/downloads/blankpdf/AnnualReport.pdf

Texas Mutual Insurance Company
Physician Peer-to-Peer Contact



- "The program, in effect from 2007 through 2013, focused on over 400 of TMIC's most expensive workers' compensation claims. Dr. Tsourmas focused on peer-to-peer contact, in which he invested the time to talk with each injured worker's doctor about the purpose, goals, and expectations of the medications that were being prescribed. **In what one might call the ultimate nudge, the final agreement between Tsourmas and each treating doctor was confirmed by fax and signed by both professionals.**"
- TMIC drove cost savings of more than $11,000 per claim per year
- Today, over 98 percent of TMIC claimants are no longer being prescribed N-status medications (i.e., drugs that require preauthorization due to their likelihood of abuse)

Sources:

http://www.contingenciesonline.com/contingenciesonline/20150304#pg30

2014 AASCIF Meeting, Dr. Nicholas Tsourmas, TMIC Power Point Presentation

Advanced Analytics in Workers Compensation

Wall Street Journal

Targeting Opioid Use When Workers Get Hurt

Workers' compensation payers spent $1.5 billion, or 13% of total U.S. spending, on opioids in 2015

- Companies that handle claims for those injures are trying new programs that push workers toward alternative pain treatments and that make it harder to get prescriptions for potentially addictive drugs – all intended to get people back to work without getting them hooked, companies say.

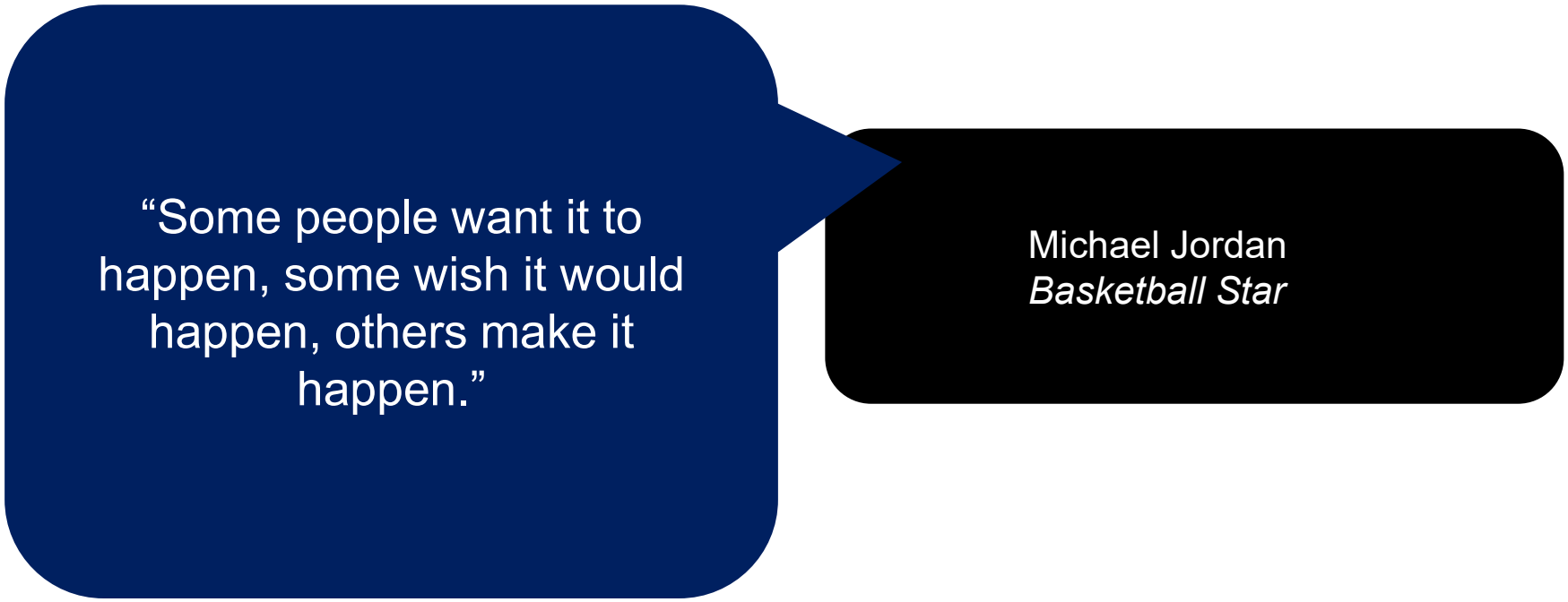
Insurance Journal

Travelers Predictive Model Helps Injured Workers Avoid Chronic Pain, Opioid Use

- The country's largest workers' compensation insurer said it has developed a model to predict the likelihood of an injured worker developing chronic pain. The model can them help the workers take steps to avoid chronic pain in recovery and reduce their need for opioids or other painkillers that can be addictive.
- "When someone develops chronic pain, they are prescribed opioids or other painkillers more than 90 percent of the time. Our goal is to work with injured employees and their doctors to eliminate or substantially reduce the need for painkillers that can slow their recovery or lead to devastating long-term addiction."

Source: http://www.wsj.com/articles/targeting-opioid-use-when-workers-get-hurt-1479205803?emailToken=JRrzd/x5aH2Qg9Y9aswg3UcnY7UJDeDMQUvWK3HGf1XXuTnKoe+ngroyndi6u3jqSktmotAZ9XJ6HGGO0TAyAZ/JwA
http://www.insurancejournal.com/news/national/2016/04/05/404286.htm

Insurance Companies Efforts



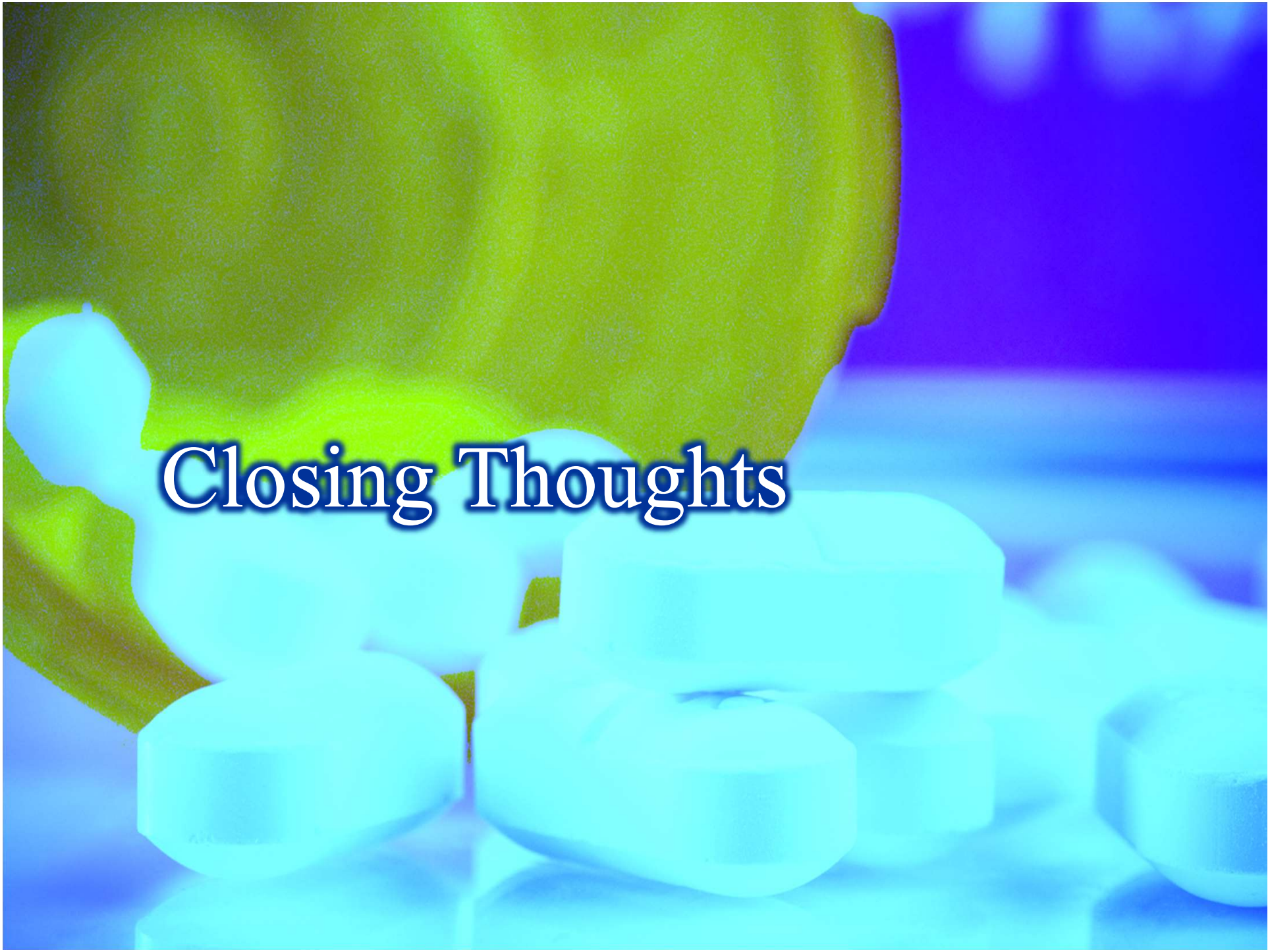
Insurance companies are investing their time and resources to help fight the opioid epidemic by taking action.


The Tide is Turning

Trends that are Beneficial for Workers Compensation Insurers

- State and Federal efforts to fight the opioid epidemic (prevention, intervention, treatment and recovery)
- The impact of the CDC's March 2016 prescribing guidelines → states implementing limits on first-time prescribing (7 → 5 → 3 days KY & FL)
- Express Scripts and CVS limiting dispensing of opioids to seven days
- Pain clinics moving away from the use of opioids
- Emergency rooms shifting their thinking on the use of opioids as a first line of defense
- Outlier and anomaly detection being used in the fight against fraud, waste and abuse → pill mills, nudging over-prescribers, etc.
- Leveraging new data sources like MedFax to proactively monitor and validate physician prescribing authority for controlled substances
- Recognizing the dangers of opioid and the disease it is

Source: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

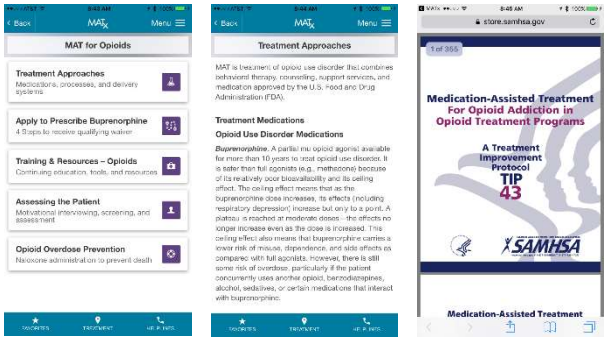

Closing Thoughts

Key Take-Aways for Insurance Company Professionals

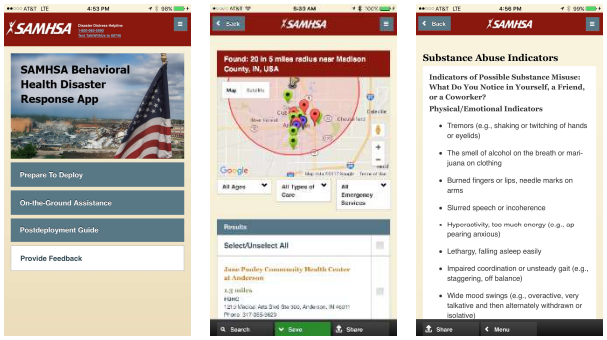
- **Be proactive** in supporting and pushing legislative activity to help fight the opioid epidemic
- Pay close attention to federal and state efforts to combat opioid abuse as a way to enhance your internal efforts. Stated another way, don't reinvent the wheel, **leverage state and federal efforts** to the benefit of your injured workers
- **Leverage internal analytics, prescribing guidelines and PBM expertise** to better direct and manage opioid claim trends… help prevent dependency and addiction before the habits are ever formed

Key Take-Aways for Insurance Company Professionals

- **Leverage peer-to-peer outreach** to open a dialogue between the insurance company physician and the treating physician with regards to opioid treatment strategies, prescribing guidelines and addiction awareness
- **Understand the types of tapering and detoxification treatment options**, benefits that can be achieved, and the drivers of success and recidivism in the programs you choose to support



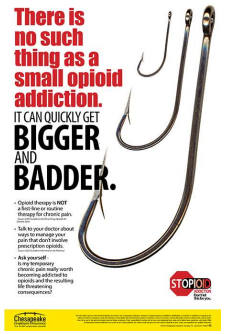
SAMSHA Medication-Assisted Treatment Tool



SAMSHA Behavioral Health Disaster App

Key Take-Aways for Insurance Company Professionals

- **Consider recent claims history** and the geographic severity of the opioid epidemic when underwriting new/renewal risks
- **Help incorporate** opioid related material into safety and loss control services, RTW programs, EH&S safety campaigns, education materials, etc.
- **Treat opioid addiction like any other disease**, helping to remove the negative stigma surrounding dependency and addition so proper healing can take place



Insurance Industry Professionals Can Make a Difference

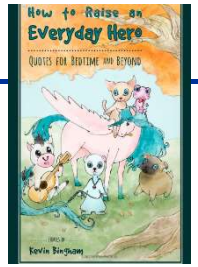
"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

Margaret Mead
American Cultural Anthropologist

Efforts of government officials, insurance professionals and health care providers help make a difference every day. Seize every opportunity to change the world for the better.


Appendix

Speaker Bio



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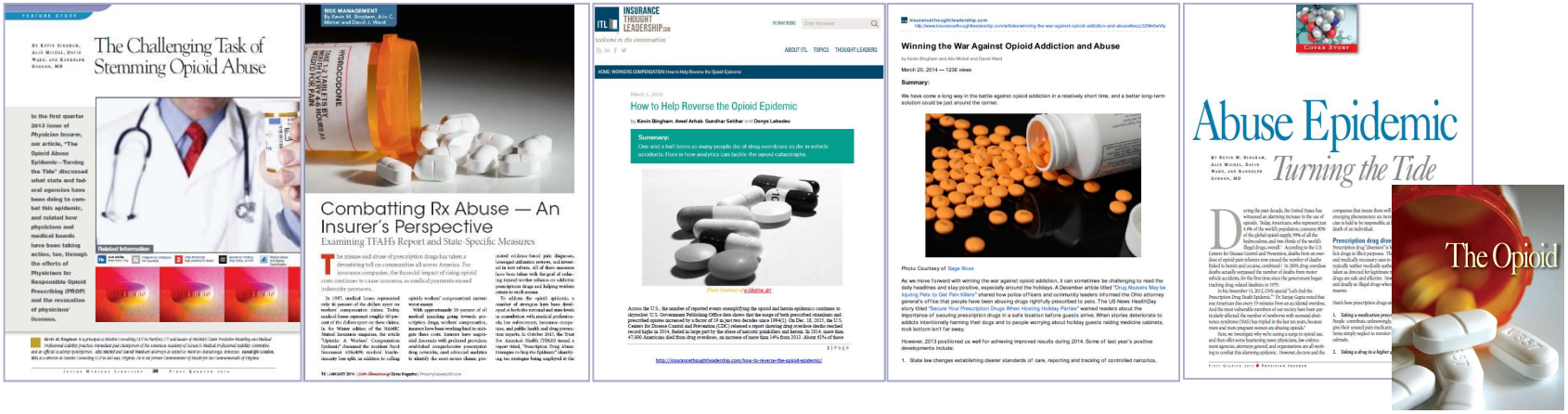
- Kevin Bingham is a Managing Director in Deloitte Consulting's Actuarial, Risk and Analytics practice and co-chair of the Casualty Actuarial Society's Innovation Council. He has over 25 years of industry experience, including 20 years in consulting. His work involves consulting for the insurance, healthcare, and public sectors. The complex problems appearing during the course of his work experience has provided Kevin with dynamic research opportunities leading to the development of articles and presentations addressing important industry issues. To date, Mr. Bingham has published over 80 articles and spoken at over 100 events.
- Kevin has helped organizations solve their toughest business challenges by turning their data into powerful insights through the use of data science. He has worked with reinsurers, insurers, state funds, and large self-insured companies to help them review and think strategically about their workers compensation, liability and property coverages. He is currently the opining actuary on over $6B in loss and LAE reserves, with over $2B coming from workers compensation insurance.
- Kevin is deeply committed to helping win the battle against opioid abuse and addiction. He has spoken regularly on the topic and published multiple articles addressing the crisis.
- Kevin's other roles and responsibilities:
  - Member of the board, Deloitte Foundation for Business Analytics at Urbana-Champaign
  - Member of the board, Lea's Foundation for Leukemia Research
  - Advisory board member and 13 year Chairman of the annual MPL ExecuSummit
  - Sponsor, Human Capital People to People (P2P) Skills Based Volunteering Program
  - Sponsor, Human Capital Women's Initiative Parenting Roundtable
  - Human Capital Local Service Area Champion – Hartford
- Kevin is also the author of the 155 page children book titled "How to Raise an Everyday Hero: Quotes for Bedtime and Beyond."

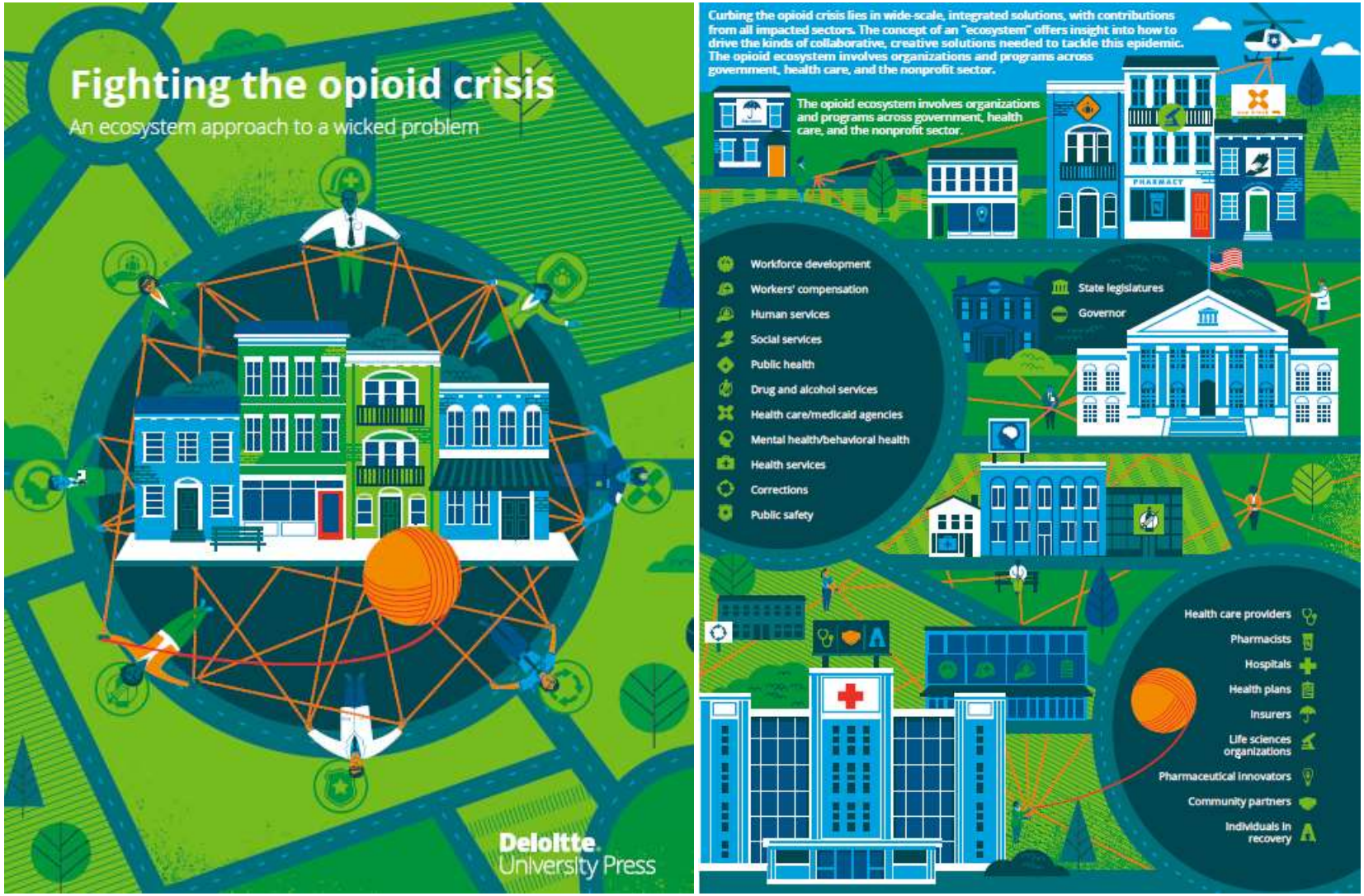
Opioid Articles



Kevin is deeply committed to helping win the battle against opioid abuse, dependency and addiction. He has spoken regularly at client events and seminars across the country, co-authoring multiple articles on the topic:

- *The Opioid Abuse Epidemic – Turning the Tide (2013)*, Physician Insurer Magazine
- *The Challenging Task of Stemming Opioid Abuse (2014)*, Inside Medical Liability Magazine
- *10 Strategies to Combat Rx Abuse Epidemic – An Insurer's Perspective – Examining TFAH's Report and Considerations for Insurers (2014)*, http://www.propertycasualty360.com/2013/12/02/10-strategies-to-combat-the-rx-abuse-epidemic---an?t=workers-compensation
- *Winning the War Against Opioid Addiction (2014),* http://www.insurancethoughtleadership.com/articles/winning-the-war-against-opioid-addiction-and-abuse#axzz2wawEw0P1
- *The Challenging Task of Stemming Opioid Abuse (2014) – A Call to Action: Educate Everyone*, Inside Medical Liability Magazine online extra
- *How to Help Reverse the Opioid Epidemic (2016),* http://insurancethoughtleadership.com/how-to-reverse-the-opioid-epidemic/
- *PODCAST – Facing the Opioid Epidemic – An Ecosystem Approach to a Wicked Problem (2017), Deloitte University Press* *https://dupress.deloitte.com/dup-us-en/multimedia/podcasts/fighting-opioid-crisis-heroin-abuse-ecosystem-approach.html*
- *Physician & Patient Communications - An Important Step Before Writing That Opioid Script (2017)*, BenefitsPro http://www.benefitspro.com/2017/05/31/patient-physician-risk-communications-an-importan
- *Non-Opioid Treatment Alternatives – Avoiding Dependency & Addiction (2017)*, Claims Magazine http://www.propertycasualty360.com/2017/08/08/non-opioid-treatment-alternatives?page=2&slreturn=1502457888&page_all=1

Opioid Articles (continued) - Fighting the Opioid Crisis – An Ecosystem Approach to a Wicked Problem (2016)



Source: http://dupress.com/articles/fighting-opioid-crisis-heroin-abuse-ecosystem-approach/?icid=hp:ft:01

Combatting Rx Abuse – An Insurers Perspective – Examining TFAH's Report and State-Specific Measures

Combatting Rx Abuse — An Insurer's Perspective

Examining TFAH's Report and State-Specific Measures

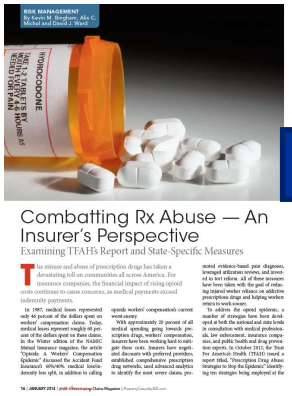
- To the extent **insurance companies can leverage the 10 strategies highlighted by Trust for America's Health** with their own analytics, physician education efforts, evidence-based pain diagnoses, utilization reviews, and tort reform efforts, we believe insurers can move the needle on reducing opioid abuse and addictions.

1. Prescription Drug Monitoring Programs
2. Mandatory use of PDMP
3. Doctor Shopping Laws
4. Substance Abuse Services
5. Prescriber Education Requirements
6. Good Samaritan Laws
7. Support for Narcan Use
8. Physical Exam Requirements
9. ID Requirements
10. Pharmacy Lock-In Programs

Sources:

http://www.propertycasualty360.com/2013/12/02/10-strategies-to-combat-the-rx-abuse-epidemic---an?t=workers-compensation

Combatting Rx Abuse – An Insurers Perspective – Examining TFAH's Report and State-Specific Measures



Combatting Rx Abuse — An Insurer's Perspective

Examining TFAH's Report and State-Specific Measures

8. Physical Exam Requirement: Does the State require a healthcare provider to either conduct a physical exam of the patient, a screening for signs of substance abuse or have a bona fide patient-physician relationship that includes a physician examination, prior to prescribing prescription medications?

Per the TFAH, 44 states and the District of Columbia have such a requirement. Unfortunately, the state laws vary regarding the circumstances under which an exam is required (for example, for all drugs or just specified prescriptions) and the consequences for prescribing without a required examination (i.e., whether there is criminal liability). While this is a promising strategy, wouldn't unanimity between the States make this strategy even more effective?

Sources:

http://www.propertycasualty360.com/2013/12/02/10-strategies-to-combat-the-rx-abuse-epidemic---an?t=workers-compensation

Non-Opioid Treatment Alternatives – Avoiding Dependency & Addiction

There was a time when opioids were used exclusively to help manage the pain of cancer, palliative care and end-of-life patients, not the litany of ailments they are often prescribed for today.

Non-opioid alternatives include:

- Medications (e.g., ibuprofen, aspirin, pregablin, etc.)
- Acupuncture
- Massage Therapy
- Lifestyle Adjustments (e.g. physical activity, nutrition and weight loss strategies)
- Cognitive Behavioral Therapy (CBT)
- Nerve Ablation

Sources:

http://www.propertycasualty360.com/2017/08/08/non-opioid-treatment-alternatives

Non-Opioid Treatment Alternatives – Avoiding Dependency & Addiction

MEDICATIONS

Americans have been using non-opioid medications, like ibuprofen, aspirin, pregablin and antidepressants, to treat pain for many years. In the CDC flyer, Nonopioid Treatments for Chronic Pain, CDC guidelines clearly state that "Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that non-opioid treatments, including non-opioid medication and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer." These guidelines list a number of effective approaches to managing chronic pain, the first on the list being the use of non-opioid therapies to the extent possible.

For lower back pain, the CDC recommended treatments include: 1) Self-care and education in all patients; advise patients to remain active and limit bed rest, 2) nonpharmacological treatments: exercise, cognitive behavioral therapy, interdisciplinary rehabilitation, and 3) medications – first line: acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), second line: serotonin and norepinephrine reuptake inhibitors (SRNIs)/tricyclic antidepressants (TCAs).

Sources:

http://www.propertycasualty360.com/2017/08/08/non-opioid-treatment-alternatives

Non-Opioid Treatment Alternatives – Avoiding Dependency & Addiction

COGNITIVE BEHAVIORAL THERAPY (CBT)

CBT is a form of talk therapy that helps people identify and develop skills to change negative thoughts and behaviors. CBT can be used in combination with other non-opioid alternatives to help control pain. In the Deloitte University Press article, "Think slower: How behavioral science can improve decision making in the workplace," the authors describe how CBT is helping people recognize the circumstances around their negative thoughts, and consequently, slow them down to engage in more positive behaviors. The article recounts how CBT was used to help injured workers with mental health issues such as depression return to work on average sixty-five days earlier, saving $5,275 per employee.

WC ISSUES TO WATCH
Mark Walls
Kimberly George

12. Alternatives to Opioids for Chronic Pain

For a number of years, there has been significant focus on reducing prescription opioid use in workers compensation. With President Obama supporting awareness of the opioid epidemic in 2016, the management of opioids and opioid-related deaths became a household topic across America. In 2017, we believe there will be greater emphasis on the options outside of opioids for both acute and chronic pain. Admitting patients into functional restoration programs and multidisciplinary integrated pain management programs have proven successful ways to eliminate opioid use. Meditation, exercise, mindfulness, yoga, and cognitive behavioral therapy have also shown success.

Sources:

http://www.propertycasualty360.com/2017/08/08/non-opioid-treatment-alternatives
https://www.irmi.com/articles/expert-commentary/workers-comp-issues-to-watch/

Patient & Physician Risk Communications: An Important Step Before Writing that Opioid Script


Patient & physician risk communications: An important step before writing that opioid script

- In the Express Scripts report titled A Nation in Pain, **nearly one-half of patients who took opiate painkillers for more than 30 days in the first year of use continued to use them for three years or longer.**
- In the 2017 Centers for Disease Control and Prevention (CDC) study on the characteristics of initial prescription episodes and the likelihood of long-term opioid use, **the study found that the duration of the initial opioid prescription can have a profound impact on whether the patient will still be using opioids after one year.**
- Surprisingly, the authors found the following: **"the likelihood of chronic opioid use increased with each additional day of medication supplied starting with the third day, with the sharpest increases in chronic opioid use observed after the fifth and thirty-first day on therapy, a second prescription or refill, 700 morphine milligram equivalents cumulative dose, and an initial 10- or 30-day supply."**

Sources:
http://www.benefitspro.com/2017/05/31/patient-physician-risk-communications-an-importan?page_all=1&slreturn=1505266728

Patient & Physician Risk Communications: An Important Step Before Writing that Opioid Script


Patient & physician risk communications: An important step before writing that opioid script

Highlighted at the top of the brochure was the sentence “IN GENERAL, DO NOT PRESCRIBE OPIOIDS AS THE FIRST-LINE TREATMENT FOR CHRONIC PAIN.” The document also discussed the steps physicians should take before prescribing an opioid. The four steps included: 1) assess pain & function, 2) consider if non-opioid therapies are appropriate, 3) talk to patients about the treatment plan, and 4) evaluate risk of harm or misuse.

Based on the latest CDC research, the authors believe another step should be added before talking to the patient about the treatment. We believe physicians should discuss the risks of taking opioids with every patient they treat.

When patients understand the side effects of opioids which include sleeplessness, nausea, vomiting, diarrhea, constipation, trouble sleeping and ultimately dependency and addiction, then, and only then can they fairly weigh the risks vs. the benefits. That would be a win in our book.

Sources:
http://www.benefitspro.com/2017/05/31/patient-physician-risk-communications-an-importan?page_all=1&slreturn=1505266728

Advanced Analytics in Workers Compensation
ITL Article "How to Help Reverse the Opioid Epidemic"

INSURANCE THOUGHT LEADERSHIP

ABOUT ITL TOPICS THOUGHT LEADERS

HOME: WORKERS COMPENSATION: How to Help Reverse the Opioid Epidemic

March 1, 2016

How to Help Reverse the Opioid Epidemic

by Kevin Bingham, Amel Arhab, Sundhar Sekhar and Denys Lebedev

Summary:
One and a half times as many people die of drug overdoses as die in vehicle accidents. Here is how analytics can tackle the opioid catastrophe.

Photo Courtesy of eJamming.Art

Across the U.S., the number of reported events exemplifying the opioid and heroin epidemics continues to skyrocket. U.S. Government Publishing Office data shows that the usage of both prescribed stimulants and prescribed opiates increased by a factor of 10 in just two decades since 1994[1]. On Dec. 18, 2015, the U.S. Centers for Disease Control and Prevention (CDC) released a report showing drug overdose deaths reached record highs in 2014, fueled in large part by the abuse of narcotic painkillers and heroin. In 2014, more than 47,000 Americans died from drug overdoses, an increase of more than 14% from 2013. About 61% of those

1 | Page

http://insurancethoughtleadership.com/how-to-reverse-the-opioid-epidemic/

However, our hope is that through the use of predictive analytics (i.e., the ability to identify, in the first few days of receiving a claim, individuals most likely to become high consumers of opioids), prescribing guidelines and physician peer-to-peer outreach, we can help increase insurers' and treating physicians' awareness as they work to help prevent injured workers from struggling with dependency and addiction before the behaviors or habits ever form.

As former British Prime Minister Benjamin Disraeli once said, **"What we anticipate seldom occurs; what we least expect generally happens." The science and passion exists today to better anticipate opioid trends and help prevent opioid dependency and addiction before it happens."**

Source: http://insurancethoughtleadership.com/how-to-reverse-the-opioid-epidemic/