

# Combating the Opioid Crisis:

## OWCP's Approach and Information on Opioid Use and Misuse

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC),  
Office of Workers' Compensation Programs



# OWCP's Approach to Combating the Opioid Crisis: A Four Point Strategic Plan



## 1. Effective Controls

Approach: Institute broad general controls followed by targeted controls



## 2. Tailored Treatment

Approach: Apply a compassionate, individualized treatment approach to every injured federal worker receiving opioids



## 3. Impactful Communications

Approach: Issue communications using both general and targeted messaging



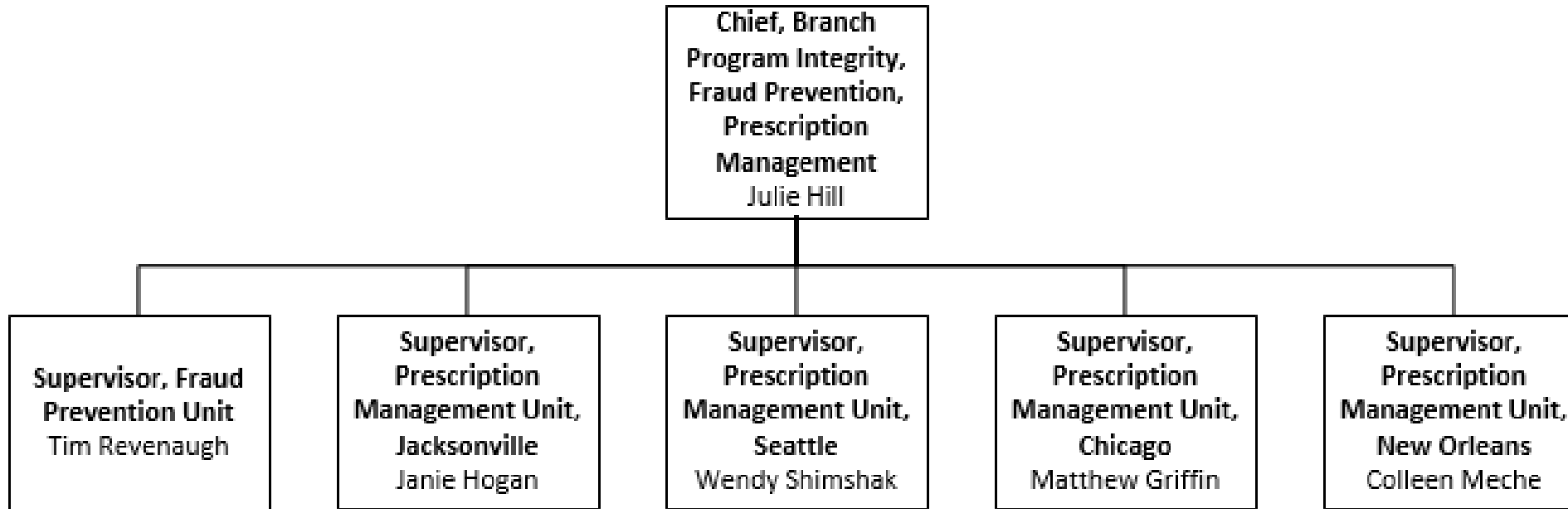
## 4. Aggressive Fraud Detection

Approach: Eliminate fraud and abuse in the federal workers' compensation system

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# Organizational Structure



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# Proactive Approach: Information sent to ALL who file in ECOMP

## Opioid Alert!



ANYONE WHO TAKES PRESCRIPTION OPIOIDS CAN BECOME ADDICTED TO THEM. ONCE ADDICTED, IT CAN BE HARD TO STOP.

The Office of Workers' Compensation Programs (OWCP) Federal Employee's Program is instituting greater scrutiny on the prescription and utilization of opioid medication and pursuing an educational campaign to inform injured federal workers of the health and safety concerns relating to opioids.

**Consider the Risk** Prolonged use can lead to addiction. Opioid use often begins with treatment of acute pain. Alternatives should be considered, but if opioids are used, the Centers for Disease Control (CDC) recommends that the lowest effective dose of immediate-release opioids should be used for the shortest duration possible, usually 3 days, finding that more than 7 days will rarely be needed:

[https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf)

If you do take an opioid, know your Morphine Equivalent Dose (MED). You should discuss and carefully reassess benefits and risks with your physician especially when considering increasing dosage to greater than 50 MED per day. The higher the dose the greater the risk of misuse and overdose.

**Consider the Alternatives** Talk with your physician about ways to manage your pain that do not involve opioids. Some of these options may actually work better and have fewer risks and side effects. Depending on the type of pain you are experiencing, options may include acetaminophen, NSAIDs, antidepressants, anticonvulsants, exercise and physical therapy, and interventional therapy (injections).

## Consider the Outcome

In recent years, there has been an increase in the use of prescription opioids for the treatment of chronic pain, despite serious risks and the lack of evidence about their long-term effectiveness. Moreover, even when taken as directed, you may build up a tolerance – meaning you might need to take more of a medication for the same pain relief.

Opioids may actually result in longer periods of disability. Using data from 28 states from 2008-2013, the Workers Compensation Research Institute reports that workers that received any opioid prescription had a 42.9% longer duration of temporary disability than those without an opioid prescription. This is an average increase of approximately 4.8 weeks. This is even after controlling for worker and workplace characteristics, location characteristics, surgery, and severity of the injuries. In addition, the more opioid prescriptions received the greater chance for longer periods of disability and increased risk of addiction, misuse, and overdose.

<https://www.wcrinet.org/news/longer-term-opioid-prescribing-increases-time-away-from-work-for-injured-wo>  
<https://www.bmj.com/content/360/bmj.j5790>

## Learn More

OWCP encourages all injured workers to use publicly available resources to learn more about opioids and speak with their physicians about any concerns regarding their medical care. For educational information and resources pertaining to opioids, and to view our framework to reduce the potential for opioid misuse and addiction among injured federal workers, we encourage you to visit:

<https://www.dol.gov/owcp/dfec/opioidactionplan.htm>



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**Consider the Risk**  
**Consider the Alternatives**  
**Consider the Outcome**

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# A Focus on Claimants Newly Prescribed Opioids

- Targeted Communications to Claimants Upon Filling Opioid Prescription
- Targeted Communications to Providers Upon Filling Opioid Prescription
- Prescriptions Limited to 7-Day Supply
  - Up to 4 (28 Days), then Provider Needs to Complete Form and Certify Medical Necessity of Continued Opioid Use for OWCP Review and Approval. Approval is Valid for 60 Days then Must Re-Submit for Review and Approval.
    - Examples of Form Questions to Physician:
      - If they accessed the requisite state Prescription Drug Monitoring program to ascertain the patient's history of controlled substance prescriptions.
      - Asks if they have discussed the risks of overdose or other adverse action with the patient, such as using opioids with alcohol and other sedating substances.
      - If they evaluated the patient for risk of opioid use disorder or the possible need for medicated-assisted treatment
      - Whether they evaluated the use of non-opioid alternatives.
      - Asks about the patient's use of benzodiazepines.

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# A Focus on Claimants Taking Opioids Long-Term since 2017

## ■ Tailored Treatment

- Careful file review of medical conditions and circumstances of our injured workers receiving opioids.
- Contact and work with the treating physician and injured worker to develop tailored treatment plans, such as a personalized reduction of strength in dosage that manage the injured worker's pain while also gradually reducing the opioid dose level.
- Assign field nurses to assist in the process and facilitate any requested treatment including any treatment for opioid use disorder.

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# A Focus on Any Claimant Taking Higher Opioid Doses

## ■ Pharmacy Benefits Management (PBM) Services

- PBM contract awarded in November 2018, but there has been a series of bid protests filed by a disappointed offeror at the Government Accountability Office (GAO). As a result, DOL has taken corrective actions including amending the solicitations, and re-evaluating revised proposals. A new award decision is expected to be issued. Procurement law, including the “automatic stay” provision of the Competition in Contracting Act (CICA), have required the Department to hold off on fully implementing this contract. A partial override of the stay has been approved, allowing limited work to be performed under the awarded contract, specifically PBM services for claimants receiving 90 Morphine Equivalent Dose (MED) or higher of prescribed opioids. That work includes the following services for this limited set of claimants:
  - The PBM prevents claimants with already-high levels of opioid use from increasing their dose levels unless an exception is granted.
  - After performing a risk assessment, the PBM intervenes with prescribing physicians through Pharmacist-to-Prescriber outreach, where trained medical professionals contact the patient’s physician to help ensure the proper level of opioid usage and that addiction treatment is provided if necessary.

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# Information on Opioid Use and Misuse from the Centers for Disease Control and Prevention (CDC)

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Here's what we know about opioid misuse:

- In 2018, there were 10.3 million opioid misusers aged 12 or older in the United States, the vast majority of whom misused prescription pain relievers.
- The most common reason that opioids were misused was to relieve physical pain (63.6 %).
- The misused prescription opioids were obtained from a friend or relative (51.3 %), through prescription(s), stealing from a healthcare provider (37.6 %), through one provider (34.7%), or from a drug dealer or stranger (6.5 %).<sup>1</sup>

*1. Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>*





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## OPIOIDS ARE NOT FIRST-LINE THERAPY

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.





## 2

### ESTABLISH GOALS FOR PAIN AND FUNCTION

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.







# 3

## DISCUSS RISKS AND BENEFITS

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