

## Program goals

- **Appropriate prescribing of opioids to injured workers**
- **Decrease migration from acute to chronic use**
- **Plan for long term management**

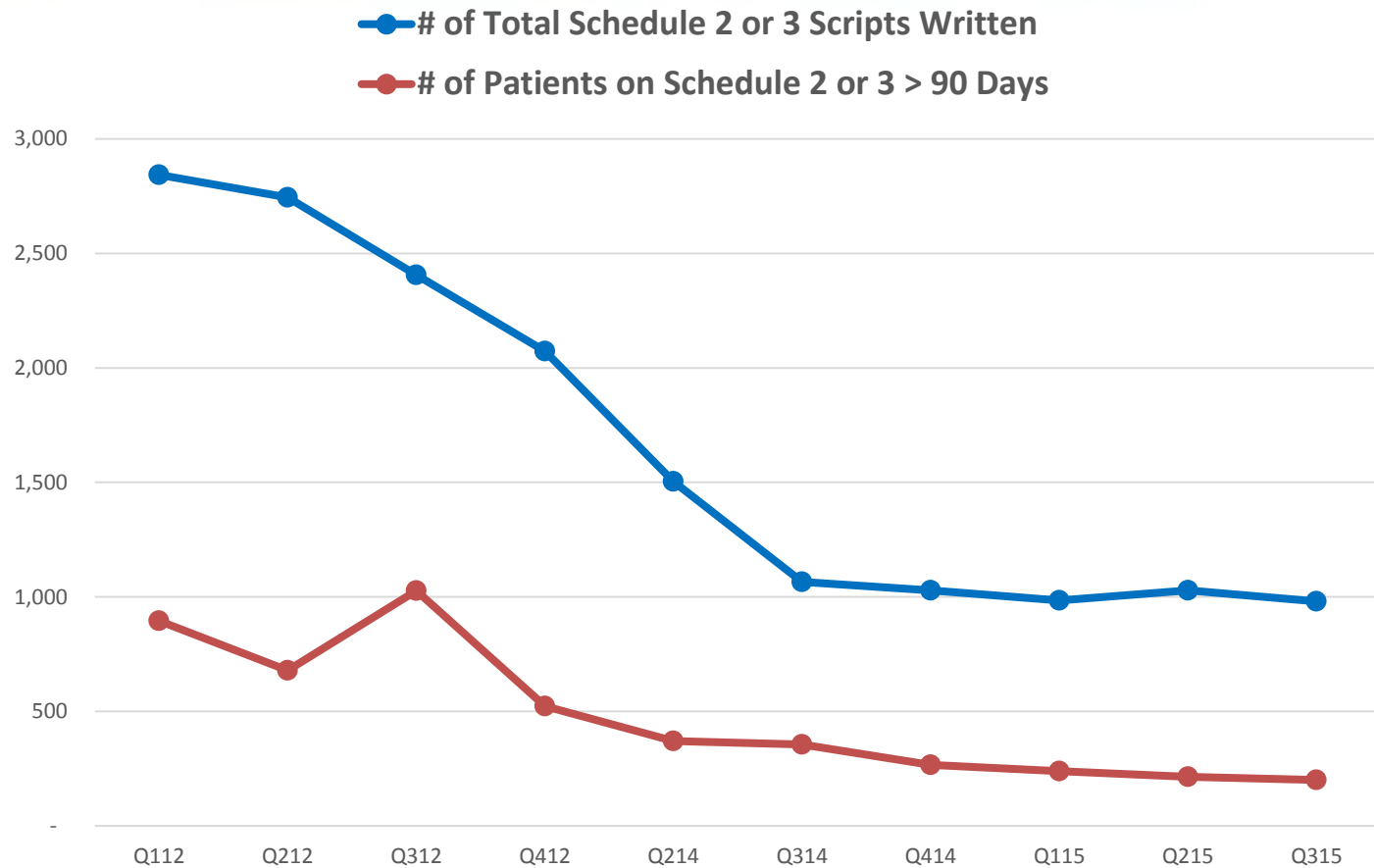
# Occupational health opiate evolution

- ✓ Data collection
- ✓ Guideline review and distribution
- ✓ Education
- ✓ Reviewed impact

MINIMAL CHANGE

Standard of care • Education • Data collection  
Focused review • Standardize data • Ongoing training

# NCAL Occupational Health opioid prescribing changes



## Our management tool



MONTHLY 80 MEQ PLUS BY PATIENT/MD, INCLUDING:

Screening tool  
Pain management diagnosis  
UDAP  
Pain agreement in place

## 80 plus users; October 2015

MRN	In Sept?	SOAPP5?	Pain Mgmt Dx?	UDAP most recent date	Pain agreement?	Primary DX KPHC	DOI
#####	NO	10/19/15	NO	NO	NO	S39.92SD; LOW BACK INJURY, SUBSEQ	10/15/15
#####	NO	11/13/13	06/02/14	06/02/14	10/01/12	337.20; complex regional pain syndrome type 1	03/27/07
#####	NO	9/10/15	12/01/15	12/01/15	NO	HX OF SHOULDER SURGERY; Z98.89	08/22/15
#####	NO	NO	NO	NO	NO	TRAUMATIC RIGHT ROTATOR CUFF TEAR, SUBSEQ; S46.011D	07/15/15
#####	NO	NO	NO	NO	NO	OPEN RIGHT FINGER FX DELAY SUBSEQ; S62.609G	03/12/15
#####	NO	5/26/15	NO	NO	NO	POSTTRAUMATIC HEADACHE; G44.309	05/13/15
#####	NO	NO	NO	05/02/14	NO	AFTERCARE FOR LEFT TOTAL KNEE ARTHROPLASTY ; Z47.1	10/02/13

# Observations

1. Most physicians want to do the right thing
2. Comparative data will get physician's attention
3. A very few physicians will be challenging
4. Guidelines are not mandates (e.g. should does not mean shall)
5. The closest "mandate" is the State Medical Board
6. Guidelines are not an end (management must occur)
7. Be clear on what you are going to measure (or not)
8. Need separate plans for acute and chronic prescribing
9. The goal is appropriate prescribing
10. Plan for the long haul (there are no shortcuts)



## Final thoughts



# Key points

- Pharmacy benefit management (formulary) partnership
- Data is important
- Coordinate between workers' compensation and short/long term disability (health care plans)
  - *Share PBM data and develop joint programs*
- Develop clinical edits that will include specific actions
- Partner with Physicians
  - *Involve Health Plans*
  - *Physician behavior is key*
  - *Leadership*
  - *Network management*
  - *Communication*
  - *Control*



# 2016 IBI CONFERENCE



sedgwick®



KAISER PERMANENTE®

*Questions?*

# 2016 IBI CONFERENCE



sedgwick®



KAISER PERMANENTE®

***Thank you***

## Contact information

Teresa Bartlett, MD

Teresa.Bartlett@sedgwick.com

Sameer V. Awsare, MD

Sameer.Awsare@kp.org

Roman Kownacki, MD

Roman.Kownacki@kp.org