



Employer Pain Survey Summary

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Who participated?

HealthCare 21 Business Coalition (HC21) members from industries including government, healthcare, manufacturing, and transportation ranging from 500 to more than 20,000 employees.

Key Findings

- Moderate implementation of HC21 recommendations from Narcotics Task Force
- Most common Rx classes to treat pain: opioids, followed by antidepressants and NSAIDs.*
- Common benefit offerings for addiction: inpatient/outpatient counseling, short term residential treatment, individual counseling, EAP, behavioral health

*2016 CDC Guidelines state opioid analgesics are not recommended for first line treatment of chronic pain.¹



Employer Opportunities for Improvement

The survey identified these specific areas as opportunities for improvement across all respondents:



Offer **PEER SUPPORT GROUPS & FOLLOW UP SERVICES** for opioid addiction recovery



Offer **SELF-MANAGEMENT PROGRAMS & EDUCATIONAL RESOURCES** on how to manage chronic pain



Ensure your members have **ACCESS TO A SPECIALIST** to address chronic pain and only prescribe high dose or long term opioids where appropriate.



TRACK AND ACT ON ER ADMISSIONS and inpatient admissions for opioid abuse, dependence, and poisoning



INCLUDE COVERAGE FOR RISK MITIGATION STRATEGIES, including abuse deterrent opioids for patients for whom chronic opioid therapy is appropriate, and medications for addiction recovery.



Work with health plan and PBM to **CONDUCT OUTREACH TO HIGH PRESCRIBERS**



Go beyond chiropractic treatment for **NON-DRUG TREATMENT OPTIONS** to include alternatives such as medical massage therapy, acupuncture, or yoga



For patients requiring medication for treatment of chronic pain, **ENSURE NON-OPIOID THERAPIES ARE TRIED BEFORE OPIOID THERAPY** and only use opioid therapy where indicated.²⁻⁴



When initiating opioid therapy for chronic pain, **REQUIRE SHORT ACTING OPIOID FORMULATIONS** prior to long acting formulations.*



Be aware of **REVERSAL AGENT COVERAGE**, Naloxone, and include for patients at increased risk for an opioid overdose.



Focus interventions on the **MOST PREVALENT PAIN CONDITIONS** according to your data (e.g. joint and back pain)

*Long-acting formulations should only be prescribed for patients who have been taking ≥ 60 MME morphine daily for a week or longer.⁵

References

- ¹ Dowell D, Haegerich T, Chou R. Special Communication CDC Guideline for Prescribing Opioids for Chronic Pain - United States 2016. *JAMA*. March 16, 2016.
- ² Painter JT, Crofford LJ. *J Clin Rheumatol*. 2013; 19(2):72-77.
- ³ Franklin G. *Neurology* 2014; 83; 1277-1284.
- ⁴ Peng X, Robinson RL, Mease P, et al. *Clin J Pain*. 2015: 31-7-13.
- ⁵ Interagency Guideline on Prescribing Opioids for Pain [06-2015] June 2015. <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>