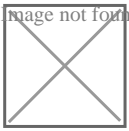




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Expertise and a Strong Specialty Network are Critical in Helping Injured Workers Recover from Opioid Use Disorder

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What's become clear from years of combating opioid use disorders is that, for most patients, recovery is difficult and often protracted. Just as important, we've learned that the greatest chance for success arises when the most accomplished health care professionals are empowered to deliver care that is well-coordinated, that incorporates multiple treatment methods, and that adopts a biopsychosocial perspective. By working together, health care professionals and their network partners are best suited to helping injured workers recover from opioid use disorder and get back on the job.

It's also crucial that treatments consider the whole person. It's not sufficient to simply prescribe a treatment regimen or rely solely on diligent medical management. Instead, the various players orbiting an injured worker in treatment must act in concert to establish the most solid foothold that could lead to a successful outcome. Clinicians and prescribers, case managers, employers, and family and friends all have a role to play.

In addition, when considering a network for treatment its providers must have expertise in this work, have repeatable protocols, and have a multidisciplinary team in place. The team would include an experienced intake coordinator and someone with expertise in behavioral health. Having this kind of bench strength makes it possible to assemble a complete and experienced recovery team. A well-established network can feature complementary conduits specializing in opioid use disorder, behavioral health, diagnostics, and other relevant services.

A network that is well-suited to helping an injured worker suffering from an opioid use disorder is also likely to offer various treatment options for the injured worker including inpatient, outpatient and residential. This enables clinicians and others who are a part of the injured worker's recovery team to customize the treatment plan.

When creating a specialty network having a record of success in treating patients with opioid use disorder is essential. The same is true for the network itself. In order to identify those providers with the most to offer patients, it's imperative that a network screen for clinicians with the proper training who have demonstrated skill at helping patients recover. A broad-based network can mine for these types of metrics around performance and efficacy in treatment of patients experiencing opioid use disorder. And, naturally, a broad network can select providers using a larger and more diverse base of data. In short, large-scale networks typically have the breadth capable of supporting a network within a network. That subnetwork can then elevate the best providers for treating opioid use disorder.

For network clients, relying on a specialty network carved from a larger network can be reassuring because the same rigorous credentialing that would have merited inclusion in a broad-based network would also apply to any specialty network. It's further consistent vetting of providers from a pool of those who have already been vetted.

This type of multilayered expertise also can help ensure proper billing and coding procedures are used and that errant patterns are flagged. Capable network oversight involves knowing how injured workers with an opioid use disorder are treated and should be cared for based on best practices. An understanding of the inherent complex nature of these cases can help minimize disruption to treatments as well as wasteful or ineffective spending. That's good for injured workers, network clients, and payors.

Much of this work falls to experienced case managers, who often have good working relationships with top providers in a given network. That strength in the clinical realm can be matched with strength in a network itself to offer the best-possible assistance to injured workers with an opioid use disorder. The network and clinical experience, together, can direct more power toward enabling recovery. Case managers can get the injured worker to the right type of provider at the right time thereby promoting better case outcomes.

Expertise wins out in other realms as well. One such area involves data analytics. The rise of technologies including artificial intelligence is making it more likely that case managers will receive alerts much sooner when injured workers begin to show warning signs of an opioid use disorder. As these data tools become more precise, they'll further empower case managers to intervene early by suggesting, for example, that an injured worker be referred to a psychiatrist or an addiction specialist. Scouring the data for anomalies also can help promote safety and efficiency in other ways. This includes flagging unusual prescribing patterns or billing practices. Data insights also offer an avenue for education of patients and providers alike around emerging research concerning opioid use disorder.

Treating injured workers who are also suffering from opioid use disorder comes down to expertise. That's expertise in the network itself, in case management, and, of course, in providers with specific skills and experience in approaches to opioid usage. Aligning these efforts offers injured workers the best possible team for achieving recovery and returning to work.



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