

# Specialty Networks Play a Key Role in Fighting Opioid Misuse

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For all the progress our nation has made in [reducing](#) opioid prescriptions, misuse of these powerful analgesics remains an intractable problem. And while much work remains, the health care system has grown more adept at deploying the right resources at the right time to give patients the best chance at recovery.

These hard-won lessons, borne from wearisome experience, are particularly relevant in the treatment of injured workers, who often face the dual challenge of requiring assistance with an opioid use disorder while trying to endure the strains that can arise from being away from work, not to mention recovering from any physical injury endured.

What's become clear from years of combatting 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 help injured workers recover from opioid use disorder and get back on the job.

## Attacking the problem from multiple sides

The notion of attacking the problem from multiple sides isn't unique to combatting opioid use disorders. A timely comparison illustrates the power of this approach. Public health officials are turning to this playbook to fight COVID-19, the disease caused by the novel coronavirus. To try and drive down the pandemic, health experts are imploring people around the world to wear face coverings, wash hands, maintain distance from others, avoid large gatherings, and to quarantine when ill or exposed. Alone, none of these efforts is as effective as the combination. Likewise, when treating an opioid use disorder, relying on a menu of options is far more likely to achieve success than is any single measure. In short, everyone must pull in the same direction.

Far too often, understanding about the potential fallout from inappropriate use of opioids comes from firsthand experience. The scale of the problem is sobering: One in four Americans has an opioid use disorder, knows someone who does, or knows someone who has died from it, [according](#) to the nonprofit National Safety Council.

The urgency of the problem is clear to employers, too. In 2017, 95 percent of opioid overdoses [occurred](#) among those aged 15 to 64, the prime working years. It's little surprise then that three in four employers [report](#) having had an issue with opioids in the workplace. Knowing these statistics and risks, there are several approaches that have aided in preventing opioid use disorder. These range from early intervention screening tools, risk-factor monitoring, best-practice prescribing guideline adherence, and careful patient selection and follow-up. But what is the best approach once opioid use disorder has been diagnosed?



## What we're trying to achieve with treatment

When we screen for injured workers who might be struggling with an opioid use disorder, we first should consider who meets the criteria for treatment. Among the overall patient population, there is ample reason for concern. That's because more than six in 10 [people](#) who are prescribed opioids have at least one risk factor for developing an opioid use disorder.

The goal of therapeutic treatment for an opioid use disorder is, of course, to lower the risk of harm to the patient and to others. Specifically, this means reducing the chance of illicit or unwanted drug use and the associated health risks. It's important to recall that opioid use disorder, like addiction in general, is a chronic disease that can subjugate both the brain and a person's behavior to deleterious ends. So, while an alcoholic will always be an alcoholic, the goal is to help a person become a recovering alcoholic — always creating distance from the claws of the disease though never reaching a cure. The same holds for opioid use disorder. The goal is to eliminate opioid misuse knowing that while the risk of relapse might diminish, it never disappears.

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Beyond the obvious physiological gains of curbing misuse of opioids, there are broader treatment benefits concerning improvements to an injured worker's overall quality of life. This can mean striving for enhancements in how a person is able to discontinue the drug of abuse, remain free of the drug, and be productive at work, at home, and with family and friends. It's about helping someone resume a position as a full-functioning member of society.

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To reach these important yet often-elusive ends, it's 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. An injured worker trying to recover from an opioid use disorder will require an array of supports from the home to the workplace.

## As always, there are many considerations to weigh

There are numerous steps to consider when establishing a recovery regimen for opioid use disorder. They are:

- Personalized diagnosis and treatment planning
- Coordinated care
- Behavioral therapies
- Access to FDA-approved medications
- Evaluation and treatment of comorbid mental health issues
- Best practices for ongoing pain management
- Long-term follow-up to prevent relapse
- Recovery-support services



Perhaps most important of these measures is the idea that the diagnosis and treatment planning should be tailored for an individual and his or her support systems such as family and friends. From there, clinicians overseeing recovery treatment should be sure care remains coordinated. This means aligning efforts to address possible behavioral health conditions such as anxiety and depression.

These efforts aren't easy nor are they always successful on the first try. By one [estimate](#), nearly nine in 10 patients in treatment for opioid use disorder suffer relapse. Other estimates put the figure at one-third to two-thirds. In any case, it's clear more must be done. It's wise to provide additional support alternatives for those attempting recovery. These include mutual aid groups, peer-support specialists, and other relevant community services. Taken together, the breadth of these measures offers the fullest chance of helping an injured worker recover from opioid use disorder.

Even with a fulsome effort, however, the possibility of relapse looms. Coming back from opioid use disorder is even more difficult because of the chronic nature of addiction and because there is no easy-to-administer test that demonstrates success. Other health conditions whose indications are rooted in more physiological manifestations often are easier to detect and declare conquered. Common interventions can help lower a patient's blood pressure, cholesterol, or weight, for example. But with opioid use disorder, divining nuanced levels of achievement can be harder. In addition, there is only recovery, not a cure.

Given the inherent murkiness surrounding a patient's response to treatment for opioid use disorder it's critical to remain vigilant for the possibility of relapse. That's why detoxification alone remains an insufficient and easy-to-topple treatment. A relapse-prevention program is essential. This can include a variety of measures including hypnosis, relaxation techniques, or acupuncture. Psychosocial treatments can help patients hone their coping skills, change their environment, engage in further counseling, and perhaps group therapy, 12-step, or other self-help programs. For these types of recovery support services to work, it's important to put in place a plan for long-term follow-up. That's the surest way to help reduce the likelihood of relapse.

As with any important effort, it's wise to measure and evaluate outcomes of treatments, which can range from hours to months, to help improve interventions and therefore increase patient safety. Variations among treatment types include inpatient recovery, residential hospitals, and outpatient recovery. Some considerations for quantifying outcomes include how long a patient remains in a treatment program, the percentage of negative urine tests, and the degree to which the patient rates his or her condition. The latter refers to issues such as the presence and intensity of cravings.

Whatever method a clinician leans on to help an injured worker, it's important to engage in regular and frequent follow-ups, careful monitoring, and support.

## Identifying a good recovery program is critical

Given the enormous challenges of corralling opioid use disorder, it's wise to look for any potential advantages in this fight. Perhaps the most significant is to field a diverse team that works in service of the injured worker struggling with opioid use disorder. Ideally, this partnership would include:

- Clinicians and prescribers
- Nurse case managers
- The pharmacy benefit manager
- The employer
- Family and friends
- And, of course, the injured worker

This team would function as part of a robust recovery effort. One critical task is identifying a strong program. For starters, it's important to seek clinicians with experience helping patients overcome the ravages of addiction. A solid network partner should be able to identify trusted providers who have demonstrated success in addiction recovery treatment.

When concerns arise that an injured worker could be misusing opioids, it's important to have a protocol in place and a treatment network to turn to. This process should include identifying those injured workers who might benefit from an intervention, having a process for enrolling the injured worker into a treatment regimen, tapping into a strong network of recovery specialists, and using pharmacy and clinical data to help support these measures through rigorous data analysis.

## A strong specialty network can better help injured workers recover

Provider networks can, of course, be broad-based or narrow. What's most important about a network when considering treatment of opioid use disorder is that its providers have relevant expertise, repeatable protocols, and 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. Because there are considerations around the treatment of injured workers, there can be value in seeking network partners armed with knowledge about both injured workers and addiction recovery. This might take the form of a specialized network within a broader network. It's akin to the individual wires within a thick cable: There oftentimes are multiple color-coded strands that serve specific functions yet also work in conjunction with each other for a broader purpose. 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.

In workers' comp, the pathway into treatment for an injured worker can be shorter than in group health. That's because in workers' comp the primary treating clinician might be an occupational health provider or perhaps a primary care clinician or even a provider seen via urgent care or the emergency department. In other cases, a call to a nurse triage hot line might result in a direct

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referral to an orthopedic specialist. Whereas in group health, reaching this level of care might first require numerous tests and referrals.

Those who are experienced in helping injured workers and addressing their unique concerns can more readily identify what interventions might be needed. That cut-to-the-chase urgency can help get an injured worker into a treatment plan that much sooner. In part that's because occupational injuries often have more well-defined parameters around the cause and nature of an injury as well as specific medical treatment guidelines.



## Ultimately, it comes down to expertise

The work to create a specialty network is substantial though at its core the critical and unifying component is simple: expertise. 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.

A network with sufficient depth can not only boost the number of providers who meet quality standards for treating opioid use disorder, it also can rely on more rigorous standards for inclusion within this opioid-recovery pool of clinicians. By having more providers to choose from, a network can, in fact, be more selective about whom it includes within a specialty network, including those built around addiction and misuse or related areas of behavioral health. These providers can be further stratified to select those who have experience in treating injured workers and in treating patients with opioid use disorder. That marriage of areas of expertise could prove critical to giving an injured worker struggling with addiction the best chance at achieving a sustained recovery.

## Specialty networks can punch above their weight

Provider networks offer several advantages. These partnerships involving clinicians, facilities, and payers provide access to high-quality care for patients at a reasonable cost. Network parameters help ensure quality care by vetting providers and by stipulating, in some cases, standards of care. Specialty networks operate in the same way — grouping together exceptional providers in order to achieve improved outcomes.

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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.

Beyond the all-important measures of quality, there are other potential benefits to relying on a specialty network that's part of a larger entity. For example, the same parameters, data feeds, and workflow procedures in place for a broader network would apply to the specialty network. The specialty network draws strength from and is more robust by being part of a larger network. Taken together, the aligned efforts of multiple types of providers form a whole that accrues more than the proverbial sum of its parts.

As with a broad-based system, issues can bubble up in specialty networks, too. When concerns do arise, it's helpful to have well-documented procedures for how to rectify them. When a specialty network is part of a larger network entity, such protocols are already in place. In the case of injured workers who also are grappling with opioid use disorder, having a network designed around these overlapping challenges can result in fewer problems to begin with. But when issues do emerge, understanding workers' comp, opioid use disorder, and other areas like behavioral health can help promote a speedy resolution.

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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 payers.

There are other reasons to pay particular attention to the strength and reliability of a network within workers' comp. For example, unlike in group health, injured workers are contacting their employers following an incident. And injured workers don't need to engage in comparison shopping the way they might otherwise. Instead, injured workers might see treating providers based on a recommendation from a case manager. Under the grand bargain of workers' comp, injured workers are putting the trust in their employer to provide access to well-qualified and accomplished clinicians.

Much of this work of promoting trust 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.

This trust factor is always important because workplace injuries are fundamentally different than other injury types. Because these incidents happened on the job, there can be complicating factors for workers. Those injured might start to worry about being off work and about how they'll pay the bills or if they'll lose clout at work while on disability. There also can be fears about being cut off from colleagues and perhaps customers. These concerns can weigh on injured workers and impinge upon mental wellbeing. Therefore, beyond treating an injury, needs to address behavioral health challenges can arise. Then add in concerns about opioid use disorder and the need for a multifaceted clinical approach only grows. Indeed, treating these workers requires clinical excellence while also understanding some of the more prosaic aspects of case management such as access to out-of-network care.

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 that 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.

## While much work remains, the team approach offers the best bet

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.

The extraordinary challenges of opioid use disorder will remain in the U.S. for years. Yet improvements are possible. We are making progress when we turn to the best clinicians, rely on multiple treatment methods, and consider the whole patient. Together, health care professionals and their network partners must continue to work toward reducing the incalculable toll of opioid use disorder.

### About Kate Farley-Agee

Kate Farley-Agee is the Vice President of Network Operations for Coventry, overseeing the company's national broad-based provider network and 18 certified managed care organizations across the country. She also leads Coventry's Network Quality Management and Improvement department, Network Paneling and Reporting, and Network Performance groups. Ms. Farley-Agee has over 20 years' experience in the healthcare industry with an emphasis in network development and leadership. She holds a B.A. in Business Economics and a Master's in Management and Organizational Behavior as well as certificates in Managed Care and Health Care Administration.

### About Coventry

Coventry offers workers' compensation, auto, and disability care-management and cost-containment solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, Coventry leverages more than 40 years of industry experience, knowledge, and data analytics. Our mission is returning people to work, to play, and to life, and our care-management and cost-containment solutions do just that. Our networks, clinical solutions, specialty programs, and business tools will help you focus on total outcomes.

Mitchell, Genex, and Coventry have recently combined their joint industry expertise and advanced technology solutions into one organization to simplify and optimize property, casualty, and disability claims processes and services.

