



Navigating the acute to chronic claim pathway

December 8, 2021 | 2:00-3:00 p.m. ET

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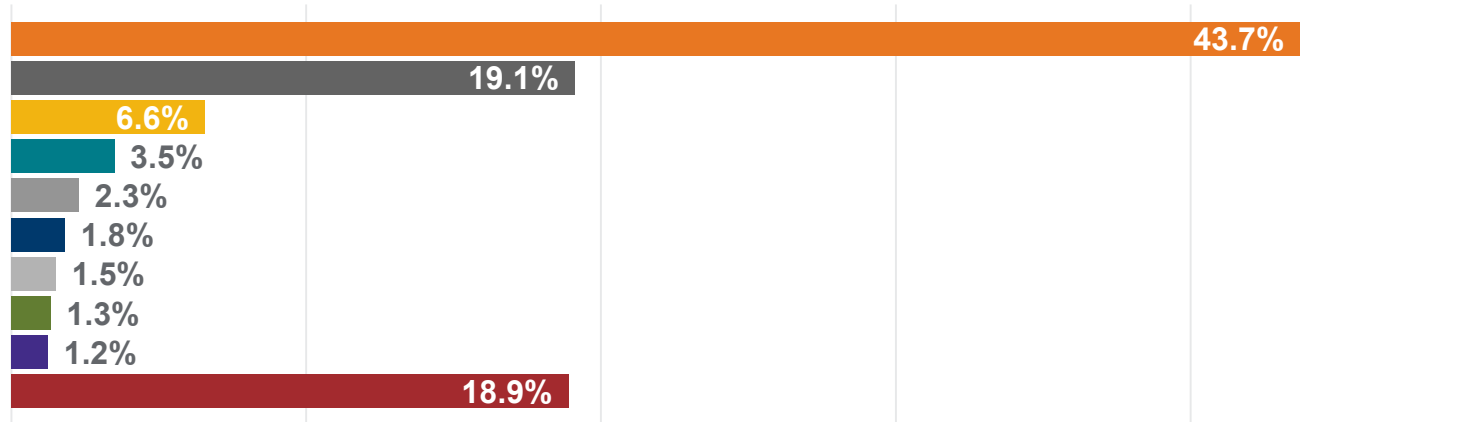
Tania Smiley, R.Ph.
Clinical Pharmacist Liaison

Learning objectives

- Understand the difference between acute and chronic claims
- Understand bio-psycho-social determinants of health and their impact on acute vs. chronic claims
- Yellow flags to look for in early claims
- Outline alternative treatment options

Optum 2020 data: Claim age drives costs and utilization

% of claims



of Years

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

% of scripts



- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+



Indicators that impact return to work



POSITIVE

- Higher education and socioeconomic status
- Higher self-efficacy and optimistic expectations for recovery and return-to-work
- Lower severity of the injury/illness
- Return-to-work coordination
- Multidisciplinary interventions that include the workplace and stakeholders

NEGATIVE

- Older age
- Female gender
- Higher pain or disability
- Depression
- Higher physical work demands
- Previous sick leave and unemployment
- Activity limitations

Cancelliere C, Donovan J, Stochkendahl MJ, et al. Factors affecting return to work after injury or illness: best evidence synthesis of systematic reviews. *Chiropr Man Therap.* 2016;24(1):32. Published 2016 Sep 8. doi:10.1186/s12998-016-0113-z

Defining Acute and Chronic Claims

Acute vs. Chronic Injuries

ACUTE INJURY

Pain typically lasts

< 3 - 6 months

Pain is:

- Directly related to soft tissue damage
- More sharp and severe.

Average spend per claim	\$149.59
Average transactions per claim	2.3
Average transactions per GPI 12	327.5

CHRONIC INJURY

Pain persists beyond expected healing period

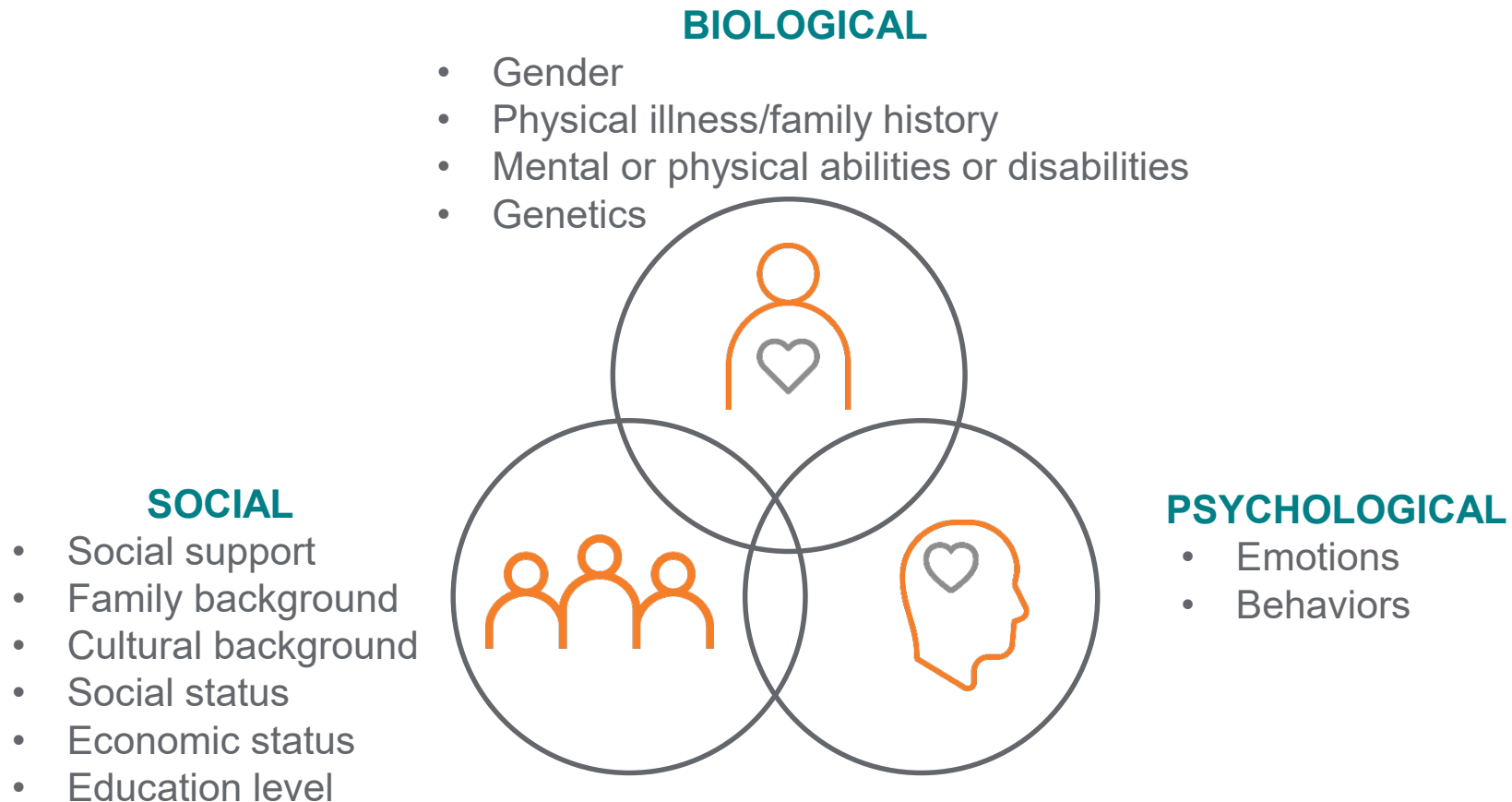
> 6 months

Pain can continue even after the injury or illness that caused it has healed or gone away.

Average spend per claim	\$1,913.81
Average transactions per claim	11.0
Average transactions per GPI 12	1,103.2

The biopsychosocial model looks at the interconnection between biology, psychology, and socio-environmental factors

An inter-disciplinary model that is important in treating pain.



A comorbid condition could escalate a minor injury to a chronic condition

Medical disorders and diseases that can either accompany or affect the primary condition or injury.

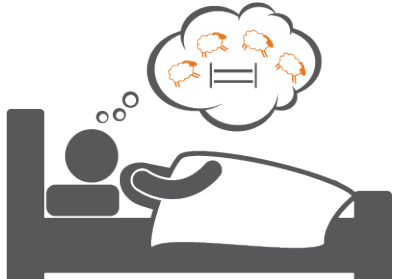
EXAMPLES



OBESITY



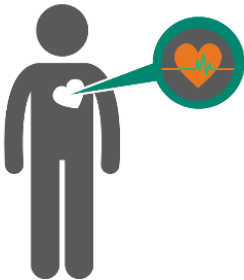
DEPRESSION



INSOMNIA



HIGH BLOOD PRESSURE



CARDIAC DISEASE AND STROKE



ARTHRITIS



SUBSTANCE ABUSE



DIABETES

The risks of comorbid conditions

- Use of additional medications
- Drug-drug interactions
- Medications appropriate for an injury but not recommended for that patient due to comorbid condition

Behavioral health issues in healthcare/workers' comp



\$193B per year
Lost earnings due
to mental illness.

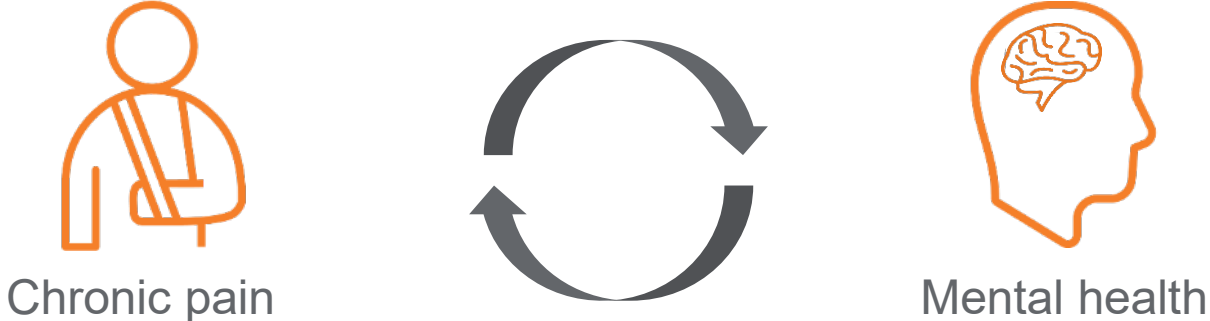


People with depression have a
40% higher risk
of developing cardiovascular
and metabolic diseases than
the general population.

- Elevated concern for workers' compensation and auto no-fault claimants, as injuries can increase the risk or symptoms of certain mental health conditions, such as depression, anxiety, and post-traumatic stress disorder (PTSD).
- Injury-related symptoms, such as chronic pain and insomnia, can further precipitate and prolong symptoms of mental or behavioral health.

<https://www.nami.org/mhstats> Accessed 9/2021

Physical and mental health = a bidirectional relationship



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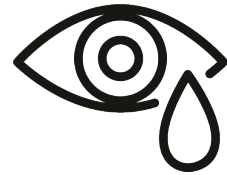
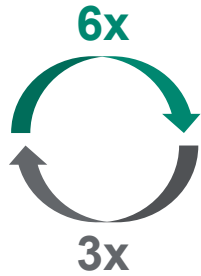
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Physical and mental health a vicious cycle



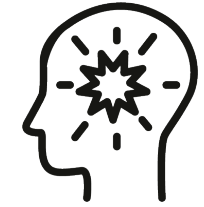
Back pain



Depression



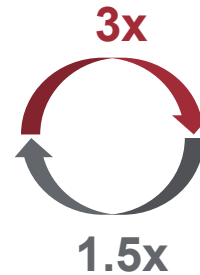
Head pain



Generalized Anxiety Disorder



Chronic pain



Substance use

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Mental health impact on acute and chronic claims



Stress + Decrease in daily activities + Concerns over money + Medication side effects

= **Feelings of Depression**

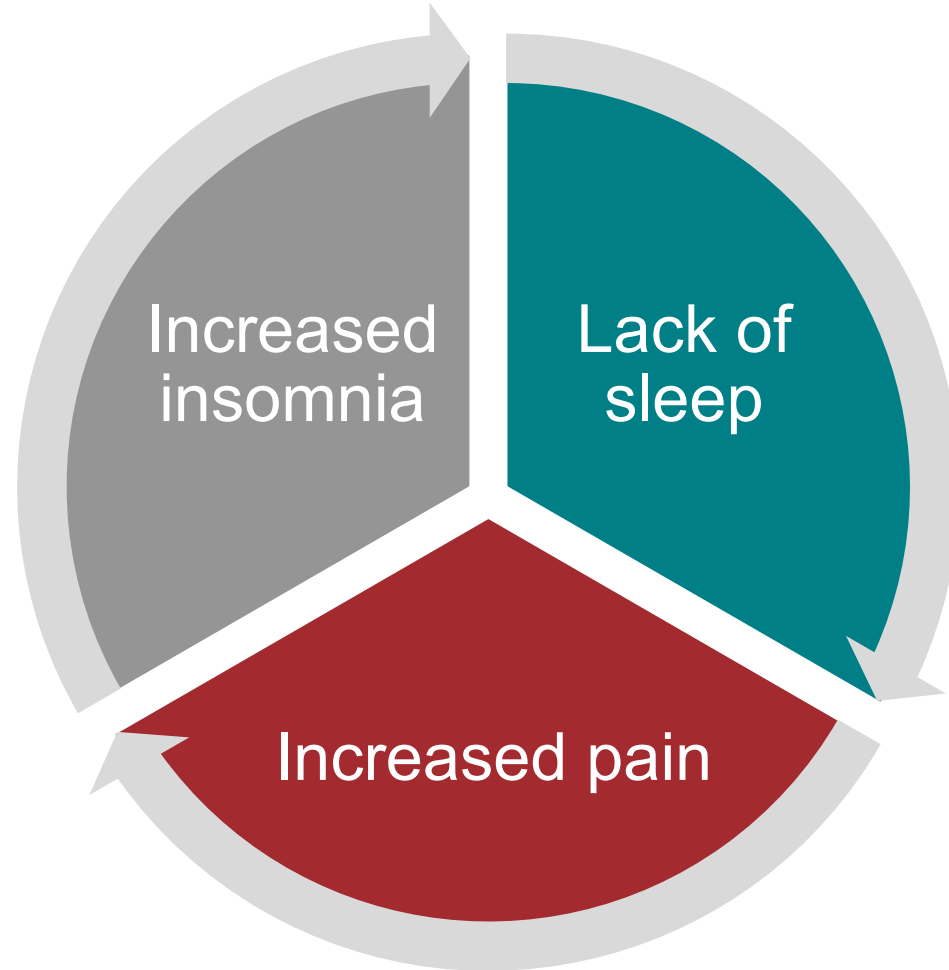
Depression can lead to:

- Prolonged and increased effects of pain
- Increased medication use
- Extended claim duration

~50%
of patients with
chronic pain have
some degree of
depression

Chronic pain patients are
4X
more likely to experience
anxiety or depression

Mental health impact on acute and chronic claims



The impact of social determinants of health on acute and chronic claims

- Financial concerns
mortgage/rent, credit card bills, utilities, car payment, tuition, etc.
- Employee assistance program referral
- Access to affordable and nutritious food
- Difficulties getting medical care
(appointments with specialists), physical treatments (OT/PT), medication refills
- Safety concerns such as abuse
- Transportation
- Work situation (unemployed, able to continue working, need to change employment)

ADDITIONAL CONSIDERATIONS

- Clear understanding between clinician and claimant regarding the outcome of treatment
- Concerns/fears about medications, tests, and treatments

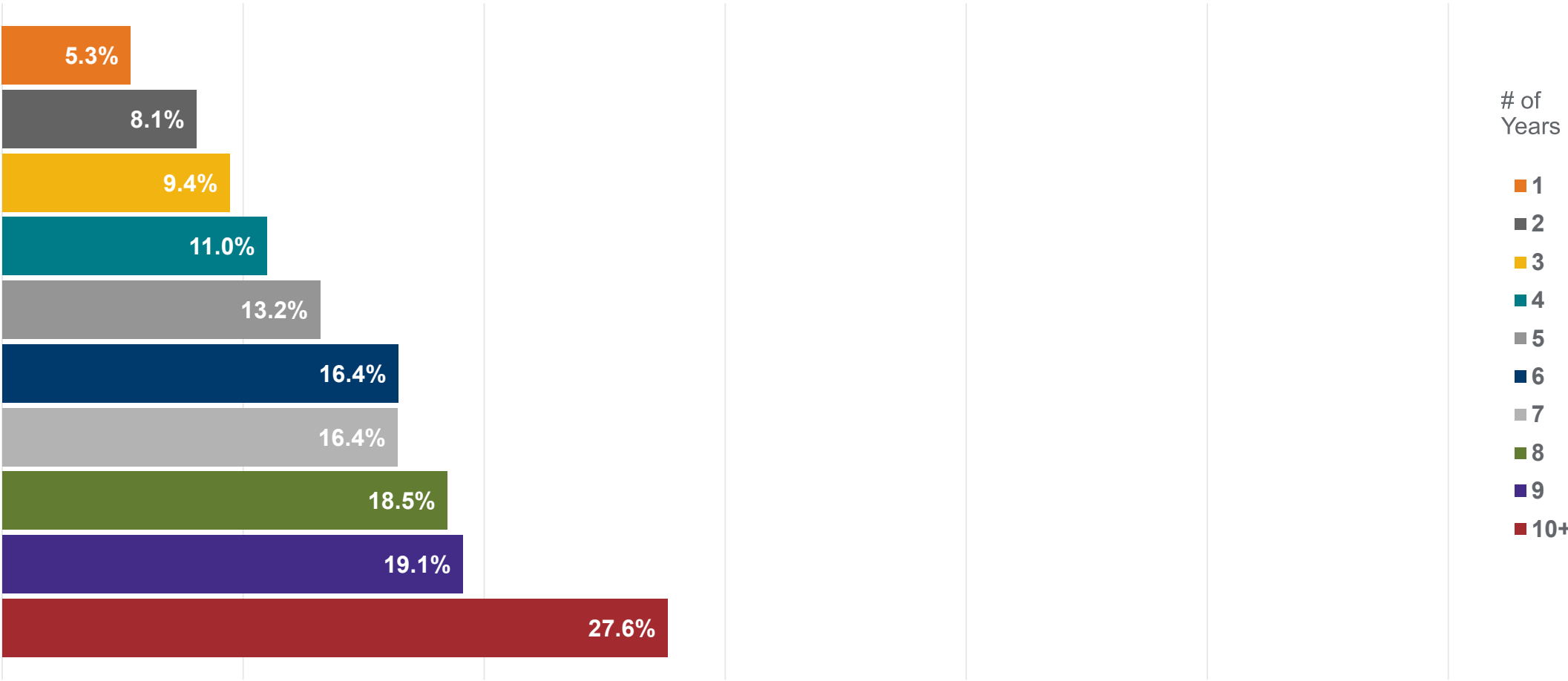
Medications used in Acute Phase vs. Chronic Phase

ACUTE	CHRONIC
<ul style="list-style-type: none">• Antibiotics• Corticosteroids (Medrol)• Laxatives (docusate, senna)• Analgesics (aspirin, acetaminophen)• Short-acting combination opioids (oxycodone/APAP, hydrocodone/APAP)• NSAIDs (ibuprofen)• Muscle relaxants (cyclobenzaprine)• Ophthalmic agents	<p>Same as ACUTE medications +</p> <ul style="list-style-type: none">• NSAIDs• Muscle relaxants• Anti-anxiety agents (diazepam, lorazepam)• Antidepressants (several different classes)• Short-acting opioids (hydromorphone, oxycodone)• Long-acting opioids (OxyContin, fentanyl patch)• Anticonvulsants (gabapentin, pregabalin)• Hypnotics (Ambien)• OIC medications (Relistor)• Stimulants (Provigil)• Private label topical medications• Ulcer drugs

As claims age, pharmacy spend increases if the injury goes unresolved

- Medications are added to combat side effects of other medications
- More brand name medications
- More high-cost medications that have a lower cost alternative

Optum 2020 data: % of opioid spend by claim age



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Meet John
ACUTE PAIN

Acute Claim factors



MEDICAL HISTORY



REVIEW OF INJURY



PHARMACY CONSIDERATIONS



ANCILLARY CONSIDERATIONS



YELLOW FLAGS



SOCIAL DETERMINANTS

John's initial injury and diagnosis

49-year-old male construction worker – lost his footing and fell off a 6-ft scaffold and landed on his feet

- No loss of consciousness.
- CT scan brain was unremarkable.
- CT scan of the cervical spine showed no abnormality.
- CT LS spine with no acute osseous abnormality.
- CT scan of the chest and abdomen showed no evidence of acute injury.
- X-rays of the lower extremities revealed comminuted fracture of the right proximal tibia involving the lateral tibial plateau with mild to moderate displacement.
- The left knee had a fibular neck fracture, which was mildly displaced.



*Not an all-inclusive list

John's initial treatment

49-year-old male construction worker – lost his footing and fell off a 6-ft scaffold and landed on his feet

- Initial surgery with an external fixator placed on 4/12/21
- Open reduction and internal fixation (ORIF) of both lower extremities on 4/21/21



John's post-op course

49-year-old male construction worker – lost his footing and fell off a 6-ft scaffold and landed on his feet

- Post operatively was diagnosed with MRSA
- PICC line placed and was treated with antibiotics
- He is receiving care with home nursing, physical therapy and home health aid

John's medications

49-year-old male construction worker – lost his footing and fell off a 6-ft scaffold and landed on his feet

Initial Medications

- Oxycodone ER 20 mg BID
- Oxycodone 10/325 mg 2x daily PRN
- Gabapentin 200 mg TID

MED	90	COST	\$ 904.20
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MED = Morphine Equivalent Dose

Medications 4 months later

- **Xtampza ER 18 mg twice daily**
- **Hydromorphone 4 mg four daily**
- Gabapentin 400 mg three daily
- Duloxetine 30 mg two daily
- Amitiza 8 mcg twice daily
- Eliquis 2.5 mg twice daily

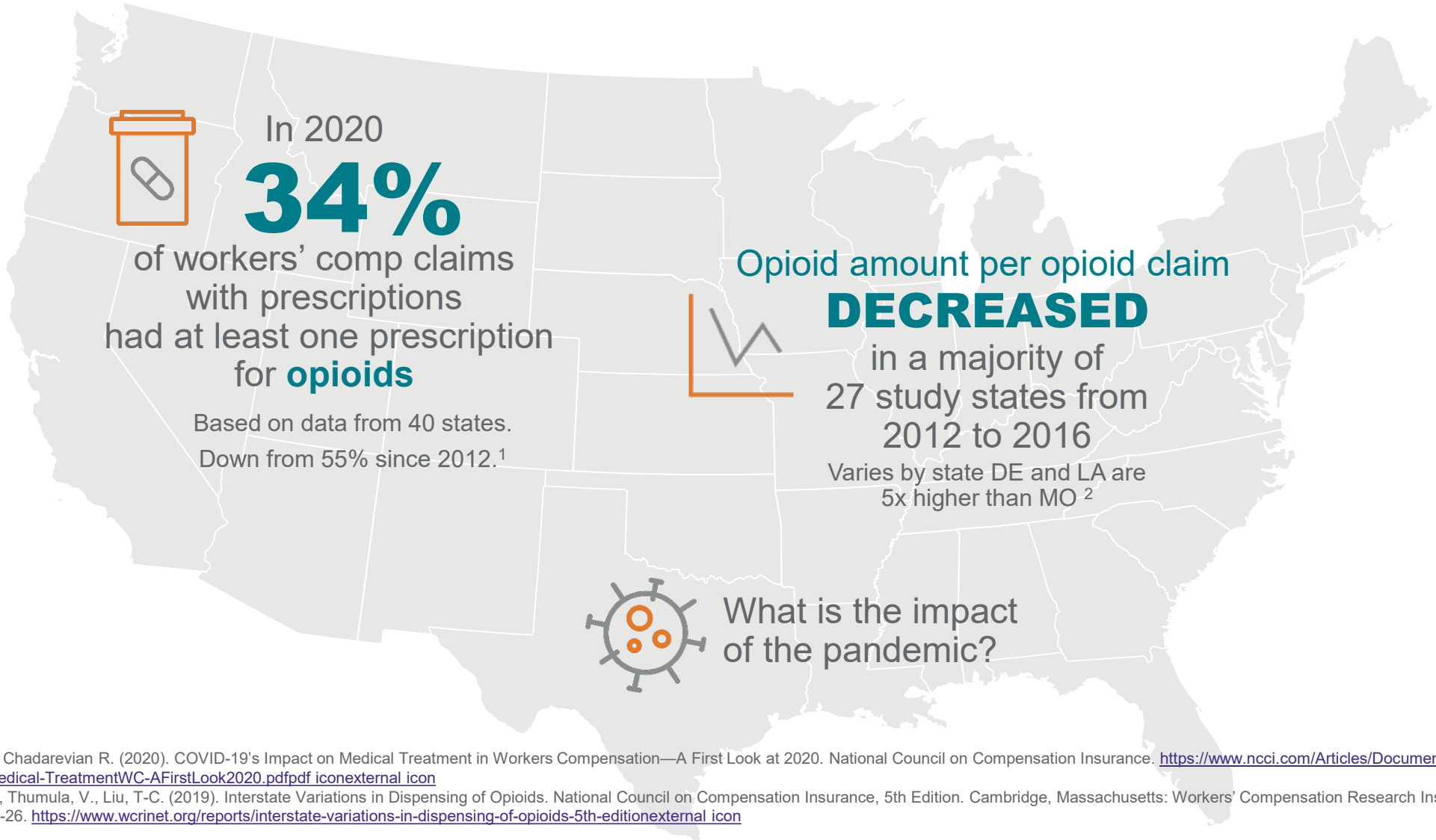
MED	124	COST	\$2,464.50
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Consequences of opioid use

OPIOID USE...	LEADS TO INCREASES IN...
In the first 15-days of injury	<ul style="list-style-type: none"> • Disability duration • Medical costs • Risk of surgery (3 times) • Late opioid use (6 times)
When two or more prescriptions for opioids are present	<ul style="list-style-type: none"> • Costs • Lost time from work • Duration of paid temporary disability • Indemnity • Attorney involvement • Open claim
With over 90 morphine equivalents per day	<ul style="list-style-type: none"> • Accidental overdose • Morbidity and mortality (8.9 fold)

Source: Swedlow A, Gardner LB, Ireland J, Genovese, E. Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers' Compensation System. CWCI June 2008
 Webster BS, Verma SK, Gatchel RJ. Relationship Between Early Opioid Prescribing for Acute Occupational Low Back Pain and Disability Duration, Medical costs, Subsequent Surgery and Late Opioid Use. Spine. 2007. 32 (19) 2127-2132.
 Bohnert AS, Valenstein M, Blair M, et al. Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths. JAMA. 2011 305:1315-1321

Opioid use trends



1 – Colón D., Chadarevian R. (2020). COVID-19's Impact on Medical Treatment in Workers Compensation—A First Look at 2020. National Council on Compensation Insurance. https://www.ncci.com/Articles/Documents/Insights_COVID-19sImpact-Medical-TreatmentWC-AFirstLook2020.pdf [pdf icon](#) [external icon](#)

2 – Wang, D., Thumula, V., Liu, T-C. (2019). Interstate Variations in Dispensing of Opioids. National Council on Compensation Insurance, 5th Edition. Cambridge, Massachusetts: Workers' Compensation Research Institute, Update, July 31, 2019, WC-19-26. <https://www.wcrinet.org/reports/interstate-variations-in-dispensing-of-opioids-5th-edition> [external icon](#)

John since the injury

- John is not sleeping well and is concerned that he may lose his job.
- He lives alone and has to provide for himself.
- Physically, his post op course has been complicated by an infection.

**Let's take a look at two ways this case could proceed,
depending on the actions of John
and those helping to manage his claim.**

John's claim option #1

John is not sleeping well and is concerned that he may lose his job. He lives alone and has to provide for himself. Physically, his post op course has been complicated by an infection.

- John looked up MRSA infections on Google and is worried regarding all the information that he has read.
- He is concerned that every pain he feels indicates that the infection is getting worse, so now he is afraid to move.
- He is having trouble getting home care set up and has had to make several calls to confirm equipment delivery.
- His employer has not contacted him since the injury which has added to the concerns.

John's claim option #2

John is not sleeping well and is concerned that he may lose his job. He lives alone and has to provide for himself. Physically, his post op course has been complicated by an infection.

- John's DME equipment and medical supplies were delivered within hours of him being home.
- The home health services were coordinated to provide assistance on his return home with the nurse arriving in the am to deliver his next IV antibiotic infusion.
- The treatment of the infection has helped the pain subside and he is sleeping better.
- He has been reassured by the home health staff that has been visiting and checking on him.
- His pain management physician has titrated the dose of gabapentin and added duloxetine which seems to have helped his pain and mood.
- His supervisor and coworkers sent a Get Well card.



Meet Sarah
CHRONIC PAIN

Chronic Claim factors



MEDICAL HISTORY



REVIEW OF INJURY



PHARMACY CONSIDERATIONS



ANCILLARY CONSIDERATIONS



YELLOW FLAGS



SOCIAL DETERMINANTS



IMPACTS OF AGING CLAIM

Sarah's initial injury, diagnosis and treatments

In 2016, Sarah, a 46-year-old female was working for an eye doctor. She fell on black ice in the parking lot and injured her back and shoulder.

- Back surgeries:
 - Sacroilitis post fusion R ISJ 2017
 - Post-laminectomy syndrome post fusion L4-S1 2018
- Back and left extremity pain remains
- Diagnosed with Complex Regional Pain Syndrome (CPRS)
- Epidural Steroid Injections (ESIs)
- Spinal Cord Stimulator
- Seeing pain management specialist and psychologist



Sarah's medications

In 2016, Sarah, a 46-year-old female was working for an eye doctor. She fell on black ice in the parking lot and injured her back and shoulder.

Initial Medications

- Cyclobenzaprine tab 7.5 mg
- Hydrocodone/APAP tab 5/325 mg
- Morphine Sulfate ER tab 20 mg
- Alprazolam tab 0.5 mg
- Ibuprofen tab 600 mg

MED	70	COST	\$573.96
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Current Medications

- Aripiprazole tab 20 mg
- Tizanidine tab 4 mg
- Nucynta tab 50 mg
- Nucynta ER tab 100 mg
- Alprazolam tab 0.5 mg
- Bupropn XL HCL tab 300 mg
- Viibryd tab 40 mg

MED	120	COST	\$4,974.08
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MED = Morphine Equivalent Dose



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Sarah's bio-psycho-social determinants

- Married with three children
- High-school grad
- Helps to take care of her mother who lives with her
- Preexisting anxiety depression/panic attacks with treatment dating back to 1999; worsened with injury
- Agoraphobia
- History of Graves disease
- Had gastric bypass surgery in 2000
- Thyroid issues

Factors possibly impacting Sarah's recovery



FINANCIAL STRESS



FAMILY CONFLICT



MENTAL HEALTH

anger toward injury, history of depression/anxiety, agoraphobia



MULTIPLE CONDITIONS

vicious cycle of depression obesity, thyroid dysfunction, depression, pain



MISSED THERAPY OPTIONS

Physical Therapy



MEDICATIONS

Mental health regimen
Viibryd + bupropion + aripiprazole
Opioids + benzo
Signed contract
Opioid dose up Oct 2020 from 80 to 120

Actions that might have improved recovery and shortened claim duration

- Provide stress management tools
- Educate Sarah on managing her pain
- Physical therapy in a manner she is comfortable with
- Intervention early in claim on mental health given previous history and comorbidities
- Coordinate care and treatments appropriately
- Wean opioids with adjuvant analgesic

Summary

- The vast majority of overall claim costs are in the bucket of 10 year +
- Medical complexity generally increases the longer the claim is open
- Managing treatments in the acute phase is of significant importance
- Comorbid conditions and social determinants of health should be considered
- Engaging the appropriate resources may assist in reducing costs
- Think about the whole person

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