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# Catastrophic Claims Series Part 4:

Long Term Pharmacy Claims



# Presenters



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## Learning objectives

- Define long-term claim and the breakdown of costs
- List attributes of the aging workforce and effects on claims
- Explain the body systems and the concerns on long term pharmacy
- Understand comorbid disease states
- Review the most common types of injuries
- Define treatment phases
- List typical longer-term medications
- Define polypharmacy and the issues with longer claims
- Identify effects of aging on pharmacy care
- List management practices

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**What is a long-term claim**



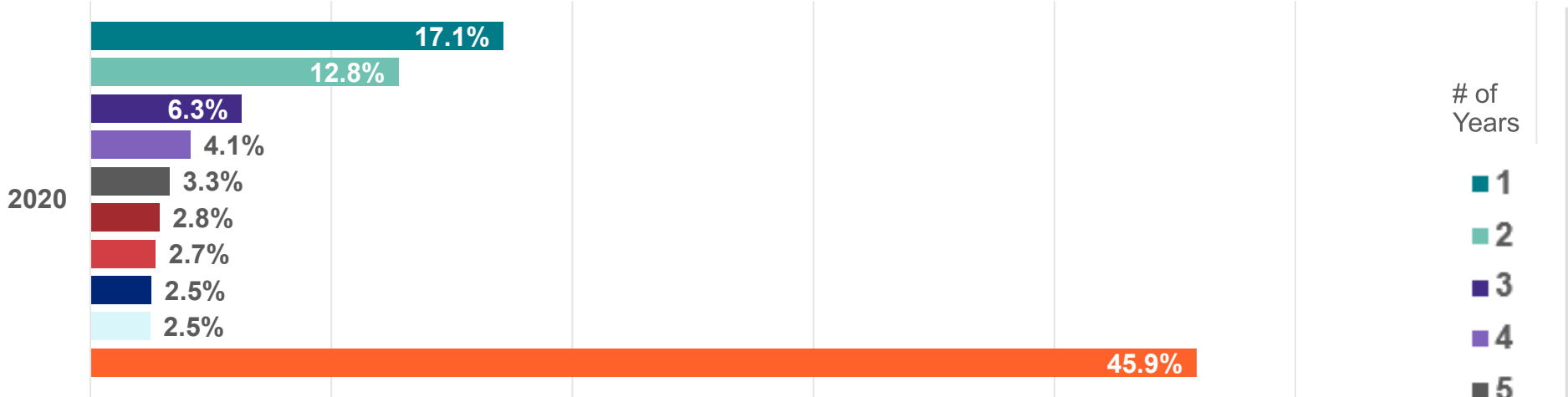
## Defining long-term claims

**Acute claims**  
3-6 months

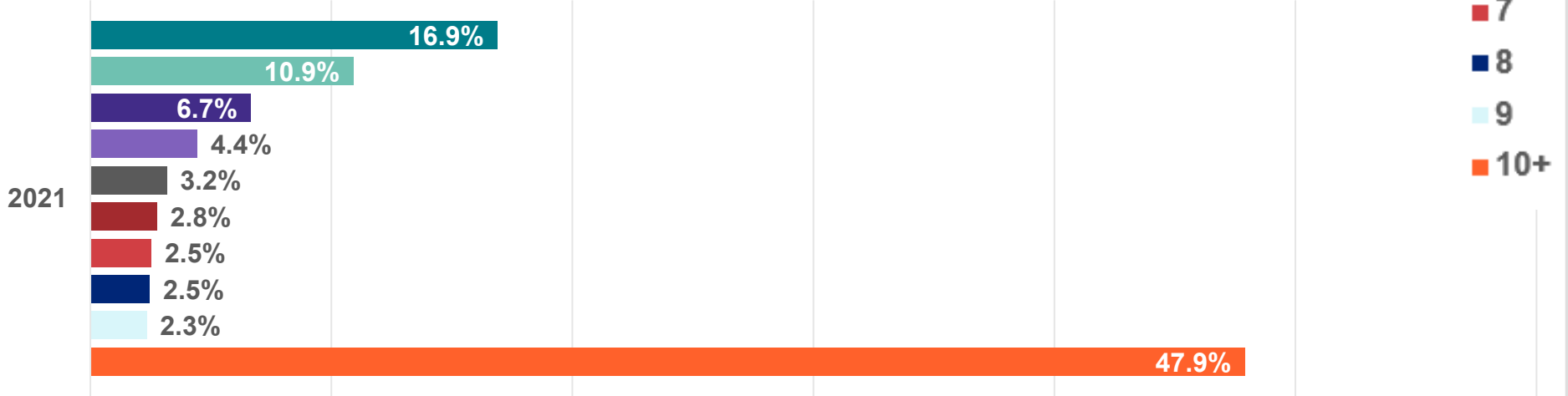
**Chronic claims**  
extend past  
6-12 months

10+ year old claims make up 18.9% of claims  
but **47.9%** of prescriptions

# Long-term claims drive costs and utilization



New, one-year old claims make up 44.9% of claims, but only **16.9%** of prescriptions



Optum 2021 pharmacy claim data



# Personal factors that may affect recovery and claim duration



## Genetic factors



## Exposures and lifestyle

Diet, body weight, smoking



## Activities

Childhood, recreational, work



## Medications

Steroids, Chemotherapeutic agents



## Type and severity of injuries/disease

Diabetes, heart disease, environmental injury

## Monitor for the following



Watch for certain medications (polypharmacy)



Escalating home health care



Behavioral health issues



Social determinants of health



Delayed recovery /resolution of injury

# Aging Workforce

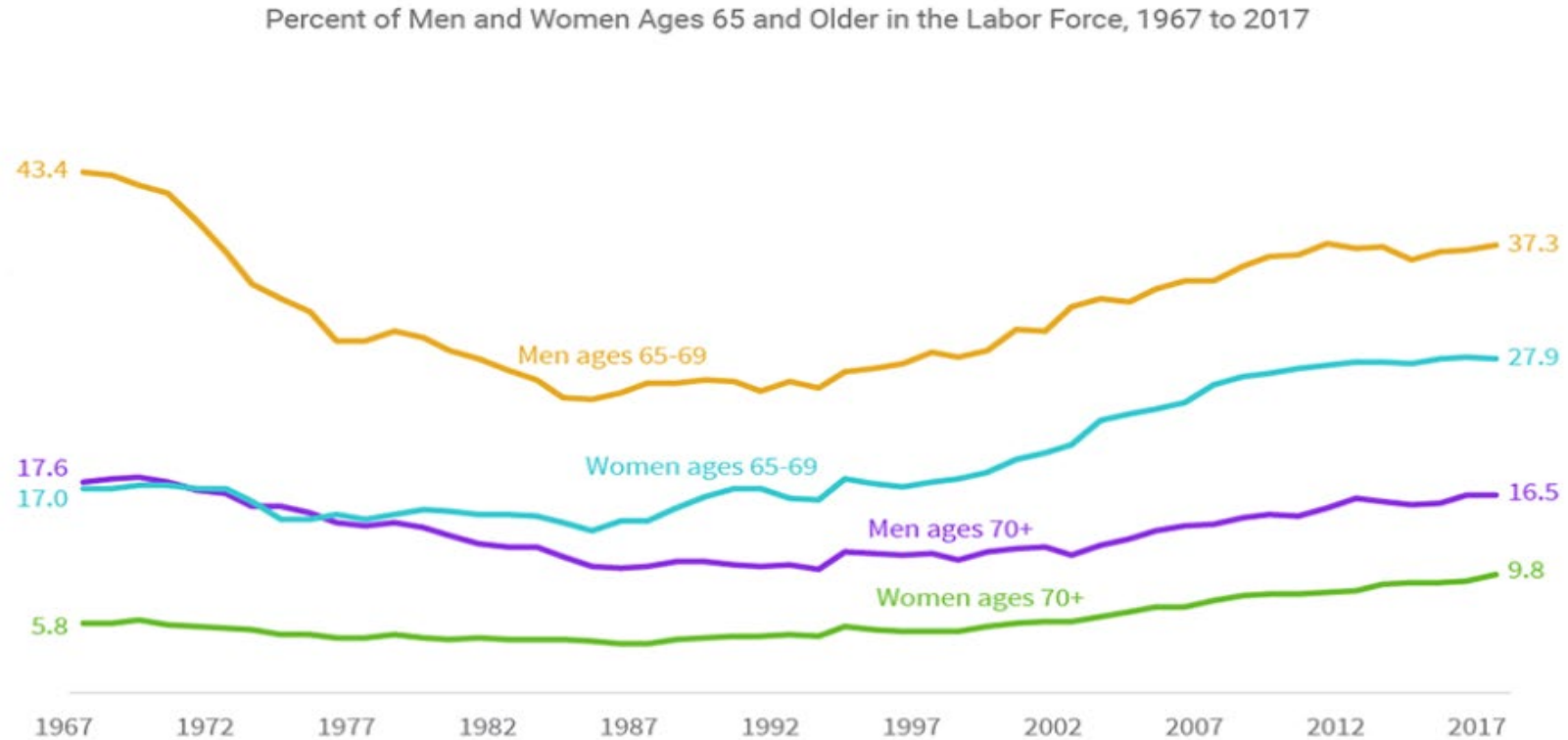
## Every Day...in the United States

**10,000 baby boomers turn 65  
years old**

Between 2011 and 2030

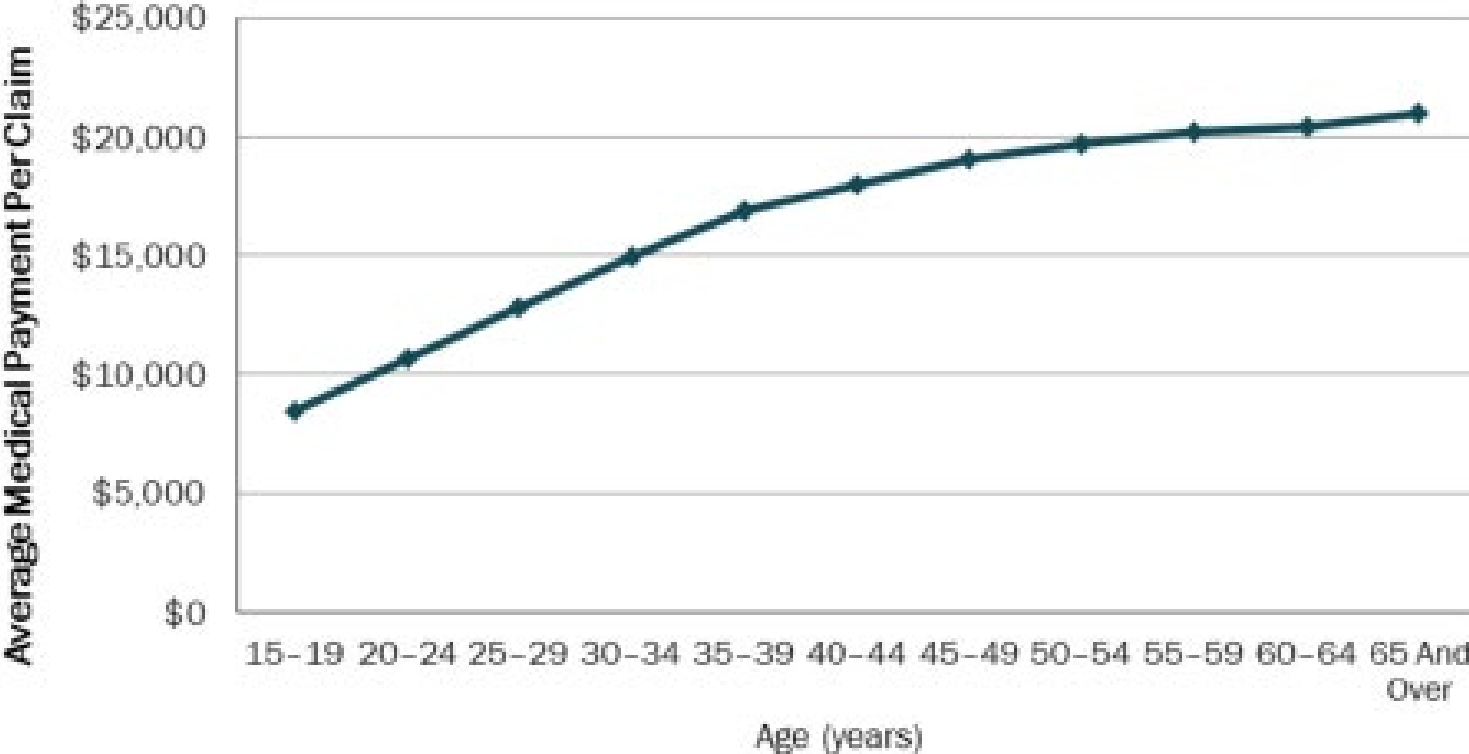
Article by [Arlene S. Hirsch](#), M.A., LCPC, for SHRM  
<https://www.digitalhrtech.com/aging-workforce-challenges/>

# More older people are working past age 65



Source: Bureau of Labor Statistics, Current Population Survey.

# Medical payments per claim increase with workers' age for claims with >7 days of lost time



<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>

## Some of the biggest impacts of the aging workforce and increased costs

- Older individuals are at increased risk of diseases and other ailments, including:
  - obesity, diabetes, heart disease and cancer
- An older work force may impact cost and productivity
- Statistically, workforce aging is found to significantly reduce productivity per worker.
- A five percentage point increase in the share of workers between 55 and 64 is associated with a decrease in labor productivity of about three percent

The labor force growth rates of those 65 and older are projected to

**outpace all  
other age groups**

over the 2014-24 decade.

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Bureau of Labor Statistics

## As claims age so do claimants

- Medications may not change in workers comp claims
- As individuals age their medication needs change too
- The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults is a valuable resource
- Guidelines for healthcare professionals to help improve the safety of prescribing medications for older adults 65 years and older in all except palliative setting
- Drugs listed on the Beers List are categorized according to risks for negative outcomes.

In 2018

**7.3 Billion doses**

of potentially inappropriate medications were dispensed.

<https://pubmed.ncbi.nlm.nih.gov/32841366/>



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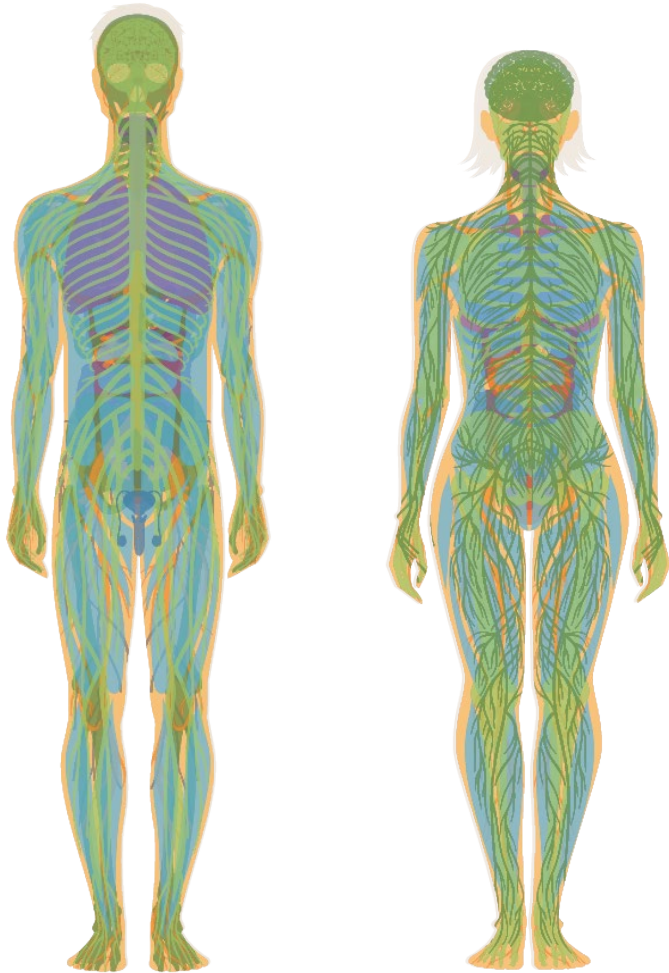
# Review of Body Systems



## Common injuries resulting in long-term compensation

- Back injuries – Sprains/strains, lumbar and lumbar-sacral
- Other sprains/strains – neck, knee, shoulder
- Disc degeneration and displacement
- Lumbago – lower back rheumatism
- Fractures – ankle, foot, wrist
- Spinal stenosis
- Repetitive motion injuries – wrist, shoulder
- Head injuries

# A variety of injuries can affect every major body system



## Back injury

A 49-year-old man injured his back when he tripped while unloading his truck. He lost his balance, fell and twisted his lower back, causing immediate right-sided, low-back pain.

Initially, the pain only affected the lower spine and his symptoms were effectively treated with nonsteroidal anti-inflammatory drugs (NSAIDs).

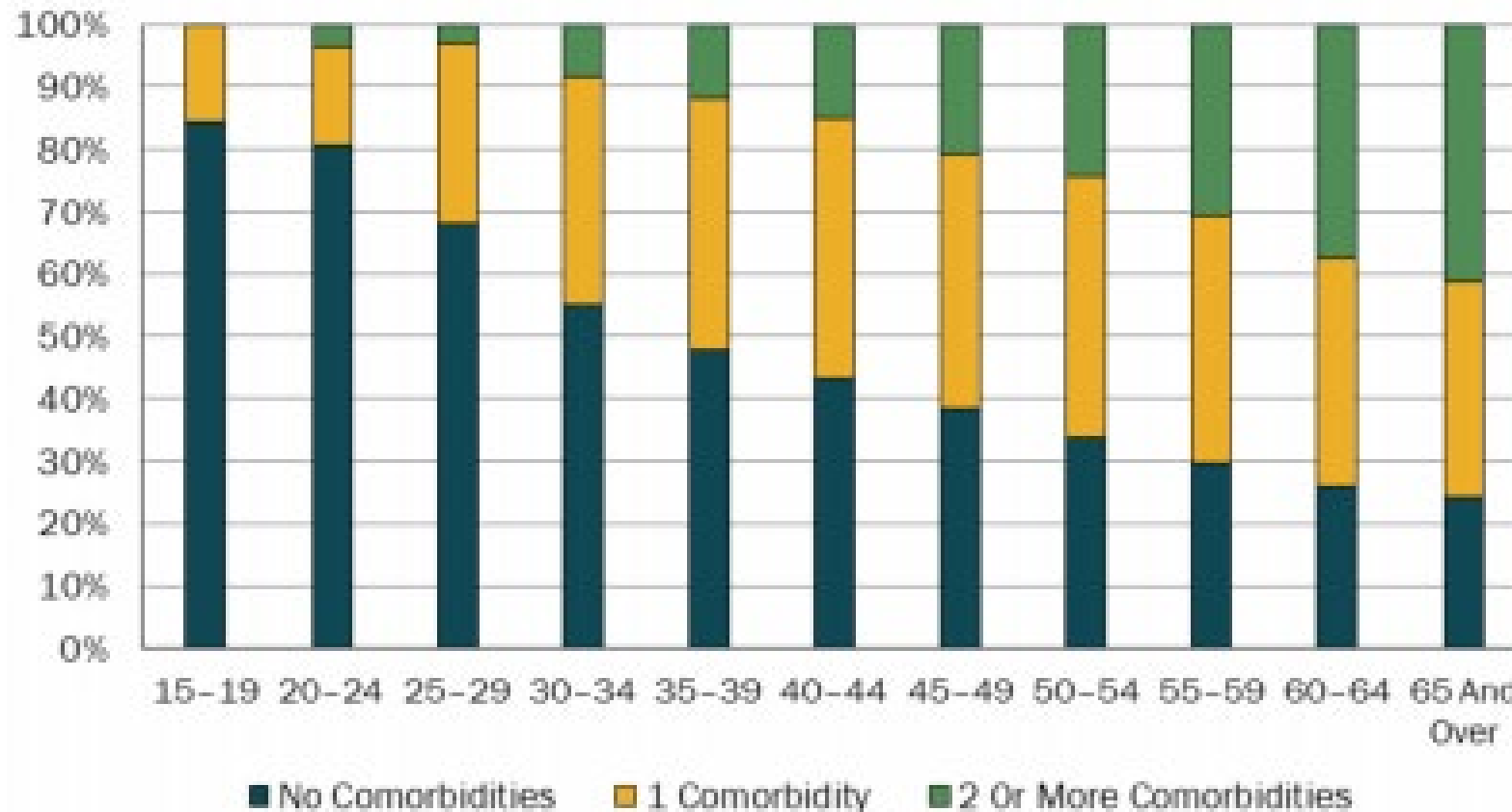


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# Comorbid Disease States



## Percent of workers with multiple comorbidities increases with age



Percentage Of Workers With Reported Comorbidities Including Diabetes, Heart Problems, High Blood Pressure, Lung Conditions, Cancer, Or Mental Disorders; Estimates From Worker Outcomes Surveys

<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>

# Effects of comorbid conditions on medications

## Comorbid conditions

- Diabetes
- Tobacco use
- Vascular disease
- Heart disease
- Depression
- Obesity
- Arthritis
- Substance abuse
- Aging claimant

## Complications

- Delayed healing of Infection
- Impaired wound healing
- Bone loss
- Deconditioning
- Metabolism changes
- Depression
- Sedation
- Falls
- Addiction
- Renal Impairments
- Blood Chemistry Changes

## Impact on injuries

- Weakness
- Impaired cognition
- Decreased endurance
- Lack of motivation
- Delayed recovery
- Fear of return to work
- Reduced capacity

# Phases of Treatment



## Phases of medication treatments

- Acute care within the first 90 days
- Evaluating the extent of the injury(s)
- Identify risks of pharmacy treatments
- Prevention of primary complications
- Medical Stabilization
- Longer Term Care after 90 days



## What are some considerations in long-term claims

- Complexity of the team and communication
- Complications of not managing early or staying engaged
- Additional diagnoses over time
- Risks with polypharmacy and lack of regular review
- Using guidelines for care, such as ODG, allows for early detection and intervention
- Injury based formularies can help in getting the right medication for the right diagnosis
- Setting expectations with the injured person and the physician on recovery goals

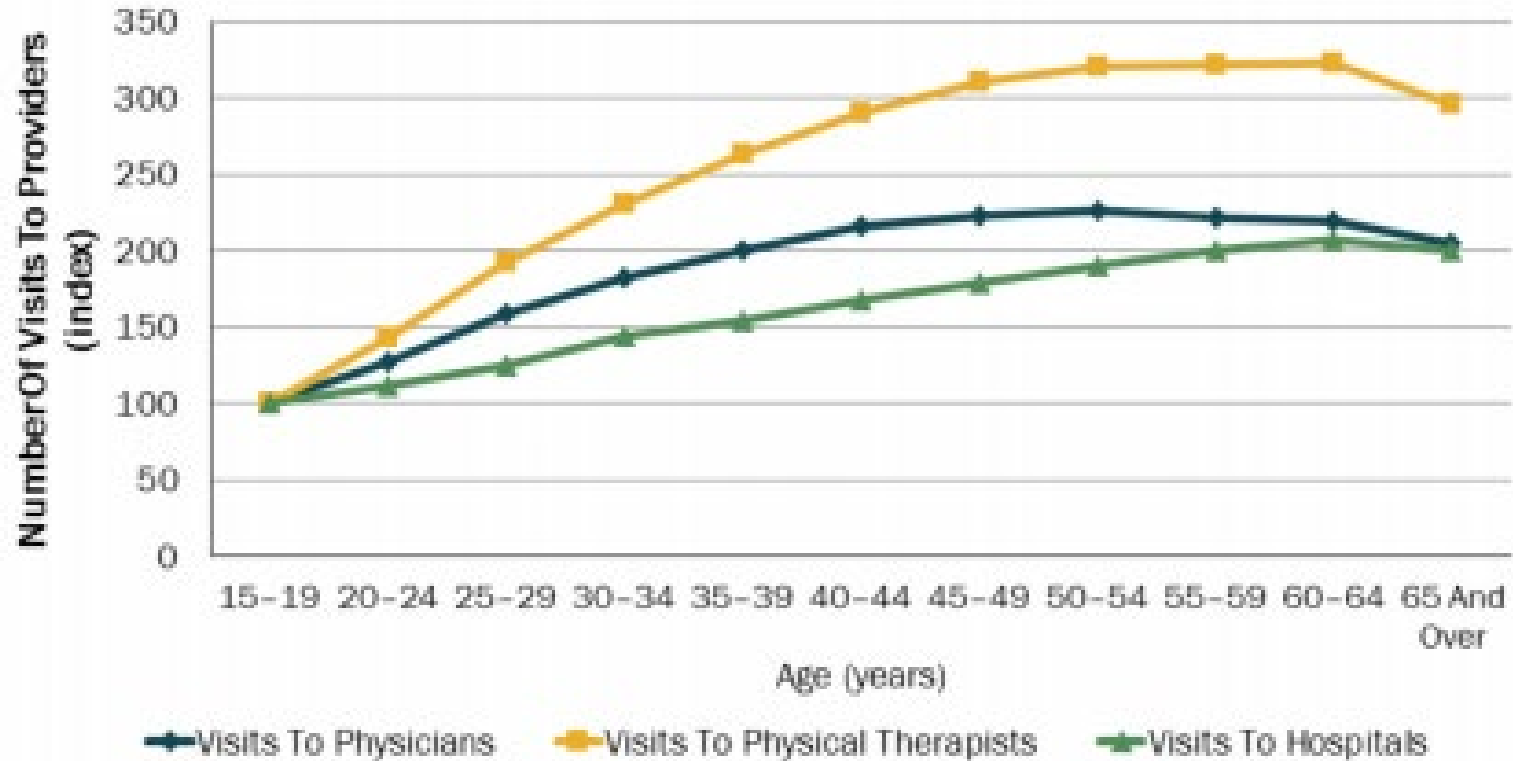
**Adults 65 and older  
taking 5 or more medications**

**44%**  
of men

**57%**  
of women

<https://blog.cureatr.com/polypharmacy-in-older-adults-statistics-that-help-tell-the-story#:~:text=44%25%20of%20men%20and%2057,polypharmacy%20is%20most%20frequently%20defined.>

## Number of visits to different providers increases with age



Indexed Number Of Visits Per Claim To Different Providers By Age (number of visits for 15-19 group is 100).  
For Claims With More Than 7 Days Of Lost Time

<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>

## Team members and their responsibilities in medication management

<b>FIRST STEP</b>	<b>RESPONSIBILITIES</b>
Injured person	Follow prescriber instructions, take medications appropriately, review treatment with providers
Prescriber	Define the disabilities and abilities of the injured person, prescribe appropriate treatments, setting treatment goals and expectations
Case manager	Manage patient and treatments, key to communication
Claims examiner	Use pharmacy vendor resources to approve appropriate medications for injury and/or illness
Pharmacist – retail / home delivery	Dispense medications as prescribed, approved and appropriate for the injured person, validate clinical appropriateness, educate injured worker on proper use, proper storage and disposal, potential side effects, and when injured person should reach out to their prescriber

## Typical retail medication management

	Common Brand Name	Generic Name	Therapy Class	Total (Drug Card)*
1	Vicodin, Norco, Lortab	Hydrocodone-acetaminophen	Opioid Analgesics	7.7%
2	Neurontin	Gabapentin	Anticonvulsants	7.4%
3	Motrin, Advil	Ibuprofen	Anti-inflammatory Analgesics	4.5%
4	Flexeril	Cyclobenzaprine	Musculoskeletal Therapy Agents	4.2%
5	Mobic	Meloxicam	Anti-inflammatory Analgesics	4.0%
6	Percocet	Oxycodone-acetaminophen	Opioid Analgesics	3.9%
7	Lyrica	Pregabalin	Anticonvulsants	3.2%
8	Ultram	Tramadol	Opioid Analgesics	2.9%
9	Roxicodone	Oxycodone	Opioid Analgesics	2.7%
10	Celebrex	Celecoxib	Anti-inflammatory Analgesics	2.4%
11	Cymbalta	Duloxetine	Antidepressants	2.4%
12	Voltaren Gel	Diclofenac sodium	Dermatologics	2.3%
13	Zanaflex	Tizanidine	Musculoskeletal Therapy Agents	2.2%
14	Naprosyn	Naproxen	Anti-inflammatory Analgesics	2.2%
15	Lidoderm patch	Lidocaine	Dermatologics	2.2%

\*Optum BOB, 2023 YTD

## Typical home delivery medication management

	Common Brand Name	Generic Name	Therapy Class	Total (Home Delivery)*
1	Neurontin	Gabapentin	Anticonvulsants	7.0%
2	Lyrica	Pregabalin	Anticonvulsants	3.3%
3	Cymbalta	Duloxetine	Antidepressants	3.3%
4	Celebrex	Celecoxib	Anti-inflammatory Analgesics	2.4%
5	Mobic	Meloxicam	Anti-inflammatory Analgesics	2.3%
6	Flexeril	Cyclobenzaprine	Musculoskeletal Therapy Agents	2.3%
7	Ultram	Tramadol	Opioid Analgesics	2.2%
8	Motrin, Advil	Ibuprofen	Anti-inflammatory Analgesics	2.1%
9	Baclofen	Baclofen	Musculoskeletal Therapy Agents	1.9%
10	Lipitor	Atorvastatin	Antihyperlipidemics	1.7%
11	Zanaflex	Tizanidine	Musculoskeletal Therapy Agents	1.4%
12	Desyrel	Trazodone	Antidepressants	1.4%
13	Lidoderm patch	Lidocaine	Dermatologics	1.4%
14	Toprol XL	Metoprolol Succinate	Beta Blockers	1.4%
15	Elavil	Amitriptyline	Antidepressants	1.3%

\*Optum BOB, 2023 YTD

# Polypharmacy

## Polypharmacy defined

- Typically defined as the use of five or more medications to treat one or more disease states in an individual
- Common in catastrophic claims and aging populations





# Polypharmacy – most common medications

- Cardiovascular medications
- Diabetic medications
- Nonsteroidal anti-inflammatory drugs
- Gastrointestinal agents
- Over-the-counter medications
- Anticoagulant medications
- Antipsychotic, antidepressant, antianxiety medications
- Bone-density agents
- Sleep aids

# Polypharmacy complications\*

- Decreased quality of life
- Increased mobility issues
- Increased mortality
- Increased risk of:
  - Adverse drug events
  - Disability
  - Falls
  - Frailty
  - Inappropriate medication use
  - Long-term care placement
  - Medication nonadherence
- Increased use of the health care system

\*From [Polypharmacy: Evaluating Risks and Deprescribing | AAFP](#) accessed June 2023



# Managing chronic pharmacy claims

# Approach to chronic pharmacy claim management?

- Multiple studies with multidisciplinary care outcomes
- Important to get the best diagnosis and evaluate the barriers to pharmacy care
- Setting expectation for realistic outcomes from medication treatments
- Coordination of care with team approach
- Getting patient “buy in” is critical for adherence
- Psychological factors in chronic claims
- Consistent review and reassessment of pharmacologic treatment

Study shows that **multidisciplinary team approach to care management decreases pain and disability** compared with usual care.

## Tips for managing claims

- Do you have the plan of care documented?
- Do you have yourself scheduled to review it?
- Is care following the plan?

[Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis - PubMed \(nih.gov\)](#) 2015

## Encourage a healthy lifestyle and actions

- Healthy diet and exercise
- Do not smoke
- Manage stress
- Get enough sleep
- Stay mentally active
- Stay social
- Use sunscreen
- Maintain good hydration
- Maintain a healthy weight
- Get enough Vitamin D and Calcium
- Avoid substance abuse
- Wellness and routine physician visits



## Summary

- Evaluation by multidisciplinary team early in the process to assess injured person's needs and identify whether simple or complex discharge
- Planning and monitoring of long-term pharmacy claims is important
- Determine if caregiver training or other support is needed
- Thinking ahead as a claim and claimant ages on future changes that may be needed
- Don't let pharmacy treatment end up on "auto pilot"

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