

The Opioid Epidemic: Assessing Your Organization

How Large Employers Can Measure – and Start to Address – the Opioid Crisis in the Workplace

By Henry C. Eickelberg

Given the opioid crisis' pervasive effect on the nation and on the workforce, corporate Chief Human Resource Officers are asking themselves, does our organization have a problem, and if so, how big is it? To help address these key questions, CHROs can marshal a number of readily available data sources to assess the impact of this crisis on three important areas:

- (1) Employee Productivity;
- (2) Healthcare Expenditures; and
- (3) Covered Dependents.

Assessing the Question of Employee Productivity - Corporations heavily rely on employee productivity to maintain and improve business performance. Lost productivity reduces the effectiveness of corporate processes and ends up hampering profitability improvements. Employees personally impacted in some way by the opioid crisis will, no doubt, struggle to maintain their productivity given the demands drug addiction can place on them and their loved ones. Here are some key questions CHROs may want to ask to get a sense of whether and how opioids are affecting their workforce:

- Are we seeing higher than expected unexcused absences? If so, can we identify the root cause? Does our organization even have a way to effectively monitor excused and unexcused absences?
- Are our employee relations professionals hearing about opioid problems within our production and/or office environment? Are our HR people or benefits people getting questions about what services (i.e., legal, employee assistance, drug rehab) may be available to assist someone in dealing with a drug dependent loved one?
- Where the organization may conduct drug testing, have we seen an increase in opioid positive testing?
- Is our life insurance carrier reporting increased deaths related to opioid usage (either for employees or dependents), and if so, when and at what facility? When did it start? Is there a trend and what is it?
- If we have seen opioid-related fatalities, have we talked with local management? What are they saying about a potential opioid abuse problem?
- Is our organization's security team reporting any concerns about opioid abuse? If so, where and when did it start?

- Has our organization seen an increase in Family Medical Leave Act (FMLA) requests? Can we determine if these requests have been driven by employees needing time off to deal with a loved one or family member struggling with an opioid addiction?
- Assuming our organization allows employees to buy ‘legal services’ as an after-tax benefit, is that vendor able to shed any light on whether employees are experiencing opioid-related abuse problems, such as requests for assistance to adopt or take guardianship of minor dependents because the parents are opioid addicted?

How to Measure the Problem – CHROs may also want to consult readily available data elements that may be able to help assess the breadth and depth of an opioid addiction problem. These include:

1. Absence – track data that may show increased excused and/or unexcused absence associated with either dealing with a drug addiction or taking care of an opioid addicted dependent.
2. FMLA requests – track data that may show an increase in uncompensated time-off under FMLA to deal with a drug dependence (thereby avoiding disciplinary action) or to manage the affairs of a drug addicted loved one.
3. Turnover – measure any increases in turnover that can be attributed to drug addiction (either voluntary or involuntary).
4. Life insurance carriers and generated claims – ask for a review life insurance claims on both employees and their dependents to determine the incidence of death related to drug overdoses.
5. Legal services vendor – if your company offers group legal services as an employee pay-all benefit, talk with the vendor to see if they can assess what usage, if any, is related to drug addiction and its consequences (arrests, guardianship petitions, protections from evictions).
6. Benefits administration vendor – have your benefits administration vendor run reports that give you an idea of whether there’s an increase in employee’s searching your benefit website looking for information on handling drug addiction, mental health and substance abuse.
7. Security incidences – talk with your security personnel to see if they’re seeing any increases in opioid-related incidence.

Medical Costs - Opioid addiction will drive medical costs for those affected. These increased costs will manifest themselves in a number of ways: increased emergency room utilization; greater usage of corporate Employee Assistance Programs (EAPs); premature childbirth; drug dependent newborns; and abuse of prescription medication. Some questions CHROs may want to ask include:

- What programs does our Pharmacy Benefit Manager (PBM) have in-place to help us identify potential opioid abuse?
- Have we found any opioid abuse and what steps were taking to remediate the situation?
- Are we seeing pre-natal and/or post-natal drug dependent newborns?

- Does our insurance company or third-party administrator have a process for screening for opioid abuse? If so, what is it? What results have we seen?
- Is our Employee Assistance Program (EAP) or ethics hotline reporting any opioid usage or requests for help?
- Is the organization's medical insurer or third party administrator (TPA) seeing an increase in opioid-related problems? What problems do they have in place to help us determine the depth and breadth of an opioid abuse problem?

Sources of Information - CHROs also have some additional readily available data elements via their insurer or Third Party Administrator (TPA) that may be able to help assess the breadth and depth of an opioid addiction problem. These sources of data include the following:

1. Medical claims data indicating treatment of an opioid substance abuse problem
2. Medical claims data indicating treatment of an opioid drug overdose
3. EAP programs / data showing increases in contacts with the EAP that related to dealing with opioid substance abuse–
4. PBM programs / data from your pharmacy benefit manager that show how many employees and dependences are submitting claims for opioid-related prescription medications. The longer a person receives a prescription for an opioid-related drug, the more likely they are to be 'hooked.'
5. Admissions to drug rehabilitation programs (by employee, by dependent and geographic area)
6. Emergency room usage related to opioid abuse
7. Pre-and Post-natal care of opioid dependent newborns

Covered Dependents - Unfortunately, parental opioid addiction may mean that a grandparent, aunt or uncle may be called upon to take custody of an opioid addicted individual's children. This process often happens formally with the result that the children are added to the company's insurance programs. In some cases, formal 'custody' of opioid-addicted dependents are transferred to a relative to get the addicted dependent additional resources to deal with their addiction. For employees who finds themselves in the position of having to care for a new dependent or dependents, this can be a life-changing event. Some important questions to ask include:

- Looking at our benefits administration function, are we seeing an influx of non-traditional dependents (grandchildren, nephews/nieces, etc.) being added to the organization's coverage? Can we determine if this is being driven by the parents' inability to care for the child due to opioid addiction?
- Can we tell from absence data if employees are taking time off from work to deal with legally transferring custody of dependent children because their parent cannot care for them due to an opioid addiction?

- Have our HR personnel picked up anecdotal information that employees are struggling with either a loved one's opioid addiction or their death?

Here as well, CHROs may have access to readily available data elements that may be able to help assess the breadth and depth of an opioid addiction problem:

- Increases in guardianships
- Increases in adoption
- Increases in foster children of grandchildren and other related, but not immediate family, dependents)

Conclusion - Opioid abuse is a significant and growing problem, both across the nation and in the workforce. CHROs and their companies are in the early stages of dealing with opioids, but they are not without tools to assess the impact this crisis may be having their organizations. Asking good questions like the ones outlined above and utilizing already existing data sources will help CHROs address the depth of this growing national problem, but these steps are only a beginning. In the months ahead, both companies and policymakers in Washington and state capitols will have to help develop additional tools to help combat the opioid crisis.

** - The purpose of this paper is to help CHROs assess the depth and breadth of an opioid abuse problem within their organizations. It goes without saying that in doing so it is important at all times to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and State privacy laws. Nothing in this paper is intended to suggest otherwise.