Agency Priority Goal Action Plan

Combat the Opioid Epidemic

**Goal Leader:**
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**Deputy Leader:**
Antonio A. Rios, Director, Division of Federal Employees’ Compensation
Overview

Goal Statement
  o By September 30, 2019, reduce both the percentage of initial opioid prescriptions and duration of new opioid prescriptions for federal employees with work-related injuries by 30 percent from the FY 2016 baseline.

Challenge
  o The nation is facing an epidemic of opioid overuse. One of the areas in which we can have an impact is reducing the rate of new addictions. To that end, it is imperative that initial encounters with prescription opioids are limited in supply and duration to only what is appropriate and necessary.
  o Instituting and monitoring appropriate opioid treatment requires the use of a flexible Information Technology platform that can seamlessly and interactively connect dispensing pharmacies, the Federal Employees’ Compensation Act (FECA) claims database, a Pharmacy Benefits Manager (PBM), and the bill processing contractor. Unfortunately such a system is not currently in place for FECA claims and there are challenges that limit Office of Workers’ Compensation Programs (OWCP’s) ability to quickly implement additional opioid controls.

Opportunity
  o CDC’s Guideline for Prescribing Opioids states that nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain, and clinicians should consider opioid therapy only if benefits are anticipated to outweigh risks to the patient. In accordance with 20 C.F.R. § 10.800, OWCP’s Division of Federal Employees’ Compensation (DFEC) may require prior-authorization for opioid therapy to reduce the duration of new opioid prescriptions in its injured federal worker population.
Core Team: Office of Workers’ Compensation Programs
Division of Federal Employees’ Compensation
Branch of Program Integrity, Fraud Prevention, and Prescription Management

Point-of-Contact: Jennifer Valdivieso
Goal Structure & Strategies

Strategies

- Establish a Prescription Management Unit to review Letters of Medical Necessity (LMNs) written in support of opioid prescriptions which would also include alternative treatment plans/options, second medical opinion examinations, and medical record reviews.

- Use the Program Integrity Unit to identify risky opioid prescribers based on Morphine Equivalent Dosing (MED) through analysis and cross-matching of our different data sources.

- Contact high opioid prescribing physicians directly to communicate opioid prescribing guidelines and agency policy requirements.

- Collaborate with other government and private payers to refine initial authorization protocols along with the alignment of potential industry standards in the prescribing of opioids.

- Procure PBM services to assist in the management of pharmaceuticals including opioids.
Summary of Progress – FY 18 Q3

OWCP continues to manage and monitor initial opioid prescriptions and the duration of new opioid prescriptions past 29 days.

OWCP will report the results of its measure annually. OWCP continues to make progress in implementing key milestones. OWCP completed the following milestones in FY 18 Q3:

- Finalized recruitment of Supervisors, Medical Benefit Claims Examiners, and Senior Claims Examiners for the Prescription Management Unit
- Sent targeted letter to both high volume and high MED prescribing physicians regarding OWCP opioid policy
- Implemented new legacy opioid user policy that incorporates recommendations to bring DOL into alignment with potential industry standards
- Published request for proposal for PBM services
### Key Milestones

<table>
<thead>
<tr>
<th>Key Milestones</th>
<th>Milestone Due Date</th>
<th>Milestone status</th>
<th>Change from last month</th>
<th>Owner</th>
<th>Anticipated Barriers or other Issues Related to Milestone Completion</th>
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<tbody>
<tr>
<td>Present draft legacy opioid user policy documents to other payers, government agencies, national organizations, and ONDCP for review and comment</td>
<td>1/31/2018</td>
<td>Complete</td>
<td>No</td>
<td>DFEC</td>
<td></td>
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<tr>
<td>Finalize recruitment of Operations/Data Analyst Lead and Fraud Analysts for the Program Integrity Unit</td>
<td>3/1/2018</td>
<td>Complete</td>
<td>No</td>
<td>DFEC</td>
<td></td>
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<tr>
<td>Complete analysis of First Data Bank and related data sets to determine reliable method for calculation of MED per claimant and per prescriber</td>
<td>3/1/2018</td>
<td>Complete</td>
<td>No</td>
<td>DFEC</td>
<td>Staff pharmacist compared various Federal and state conversion factors as well as cross-matched several data sources to calculate MED per claimant/prescriber.</td>
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<tr>
<td>Finalize recruitment of Supervisors, Medical Benefit Claims Examiners, and Senior Claims Examiners for the Prescription Management Unit</td>
<td>4/1/2018</td>
<td>Complete</td>
<td>Yes</td>
<td>DFEC</td>
<td></td>
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<tr>
<td>Finalize PBM service requirements</td>
<td>4/15/2018</td>
<td>Complete</td>
<td>No</td>
<td>OWCP</td>
<td></td>
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<tr>
<td>Clear new policy internally in the Department and then have it published on the DFEC website</td>
<td>4/30/2018</td>
<td>Missed</td>
<td>Yes</td>
<td>DFEC</td>
<td></td>
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<td>Send targeted letter to both high volume and high MED prescribing physicians regarding OWCP opioid policy</td>
<td>4/30/2018</td>
<td>Complete</td>
<td>Yes</td>
<td>DFEC</td>
<td></td>
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<td>Implement new legacy opioid user policy that incorporates recommendations to bring DOL into alignment with potential industry standards</td>
<td>6/15/2018</td>
<td>Complete</td>
<td>Yes</td>
<td>DFEC</td>
<td></td>
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<tr>
<td>Publish request for proposal for PBM services</td>
<td>8/1/2018</td>
<td>Complete</td>
<td>Yes</td>
<td>OWCP</td>
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Percent Reduction of Initial Opioid Prescriptions and Duration of New Opioid Prescriptions

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Percent</th>
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<tr>
<td>FY 2016 Baseline</td>
<td></td>
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<tr>
<td>FY 2017 Actual</td>
<td>20%</td>
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<tr>
<td>FY 2018 Target</td>
<td>25%</td>
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<tr>
<td>FY 2019 Target</td>
<td>30%</td>
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Opioid prescription data, including the LMN submitted by the new entrant’s prescribing physician, will be maintained in the Integrated Federal Employees’ Compensation System (iFECS).

OWCP will use data analytics, including modeling, to track the prescriptions of the population of opioid users and to predict future prescribing behavior to detect misuse. Additionally, OWCP has adapted statistical tools to further examine opioid consumers and their prescribers to detect fraud and to potentially predict future trends in the opioid epidemic or other medications or medical treatment susceptible to abuse or overuse.
Additional Information

Contributing Programs

Organizations:
  o U.S. Department of Labor/Office of Workers’ Compensation Programs/ Division of Federal Employees’ Compensation

Program Activities:
  o Division of Federal Employees’ Compensation, Branch of Program Integrity, Fraud Prevention, and Prescription Management

Regulations:
  o 20 C.F.R. § 10.800

Tax Expenditures:
  o N/A

Policies:
  o FECA Opioid Prescribing Guidelines

Other Federal Activities:
  o OWCP will work with the U.S. Department of Health and Human Services, ONDCP, and other insurance payers to develop opioid policies in 2018.
Stakeholders

Key stakeholders for this goal are mainly external to OWCP and include federal departments/agencies and the United States Postal Service.

OWCP has briefed the Office of Management and Budget, the American Federal of Government Employees, the National Association of Letter Carriers, the American Postal Workers Union, the Workers’ Injury Law Advocacy Group, and Federal Agencies.