



Agency Priority Goal Action Plan

Combat the Opioid Epidemic

Goal Leader:

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Deputy Leader:

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Overview

Goal Statement

- 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

- 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 opioid use. To that end, it is imperative that initial encounters with prescription opioids are limited in supply and duration only to what is appropriate and necessary.
- 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

- [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.

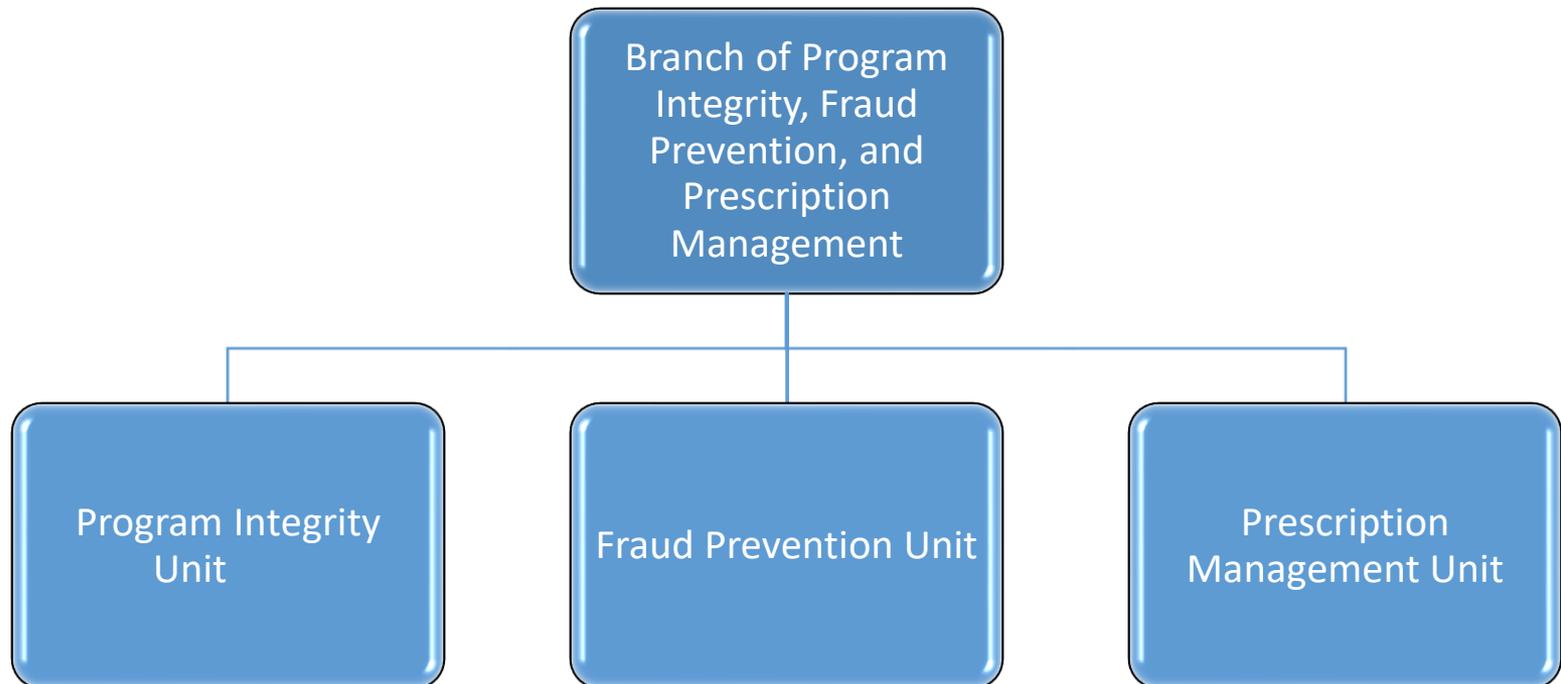
Leadership

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 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 19 Q1 and Q2

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

Final results for FY 18 show that OWCP reduced initial opioid prescriptions and the duration of new opioid prescriptions for federal employees with work-related injuries by 59 percent from the FY 2016 baseline.

OWCP completed the following activities in FY 19 Q1 and Q2:

- Secretary of Labor Alexander Acosta published an [editorial](#) on the Department's opioid reduction efforts in November 2018.
- OWCP published critical information on opioids, along with our approach and framework to combating opioid misuse among federal workers' compensation claimants, on their [website](#) in November 2018.
- OWCP awarded a contract for PBM services on November 19, 2018. OWCP's PBM contract award was protested, followed by an automatic stay of performance which continues pending completion of agency corrective action. A partial override of the stay was approved for limited work to provide the necessary PBM services to the approximately 3,000 claimants receiving 90 MED or higher of prescribed opioids.

Key Milestones

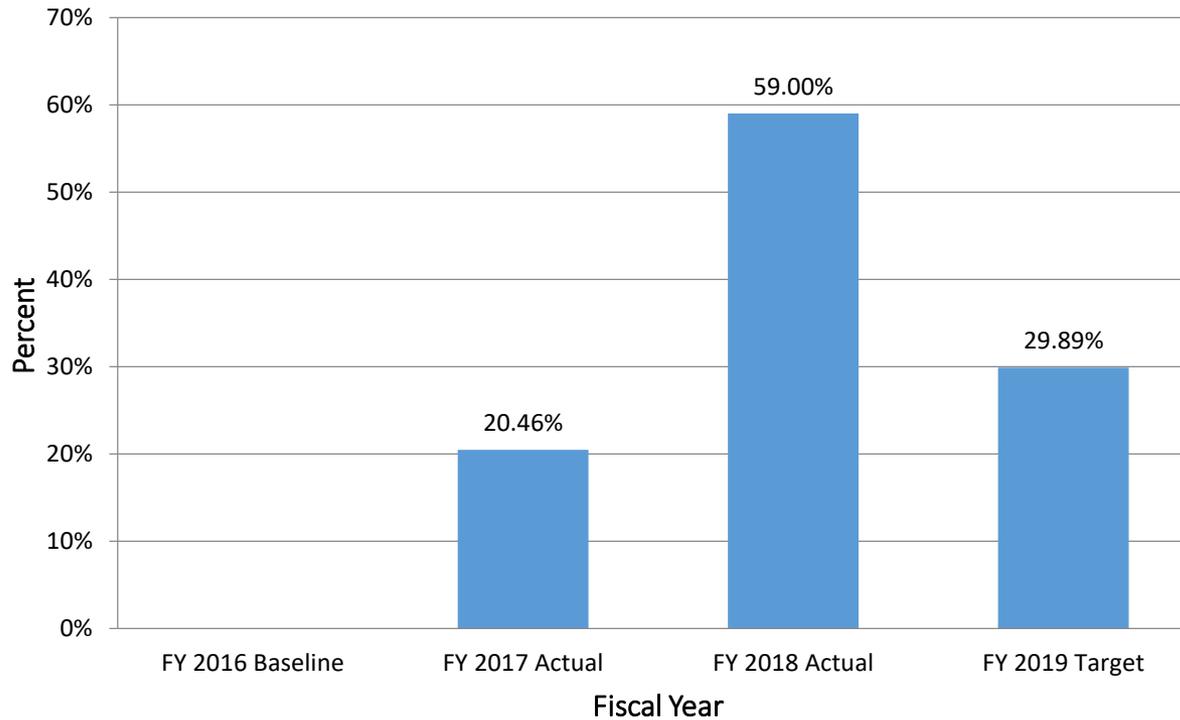
Milestone Summary					
Key Milestones	Milestone Due Date	Milestone status	Change from last month	Owner	Anticipated Barriers or other Issues Related to Milestone Completion
Present draft legacy opioid user policy documents to other payers, government agencies, national organizations, and Office of National Drug Control Policy (ONDCP) for review and comment	1/31/2018	Complete		DFEC	
Finalize recruitment of Operations/Data Analyst Lead and Fraud Analysts for the Program Integrity Unit	3/1/2018	Complete		DFEC	
Complete analysis of First Data Bank and related data sets to determine reliable method for calculation of MED per claimant and per prescriber	3/1/2018	Complete		DFEC	Staff pharmacist compared various Federal and state conversion factors as well as cross-matched several data sources to calculate MED per claimant/prescriber.
Finalize recruitment of Supervisors, Medical Benefit Claims Examiners, and Senior Claims Examiners for the Prescription Management Unit	4/1/2018	Complete		DFEC	
Finalize PBM service requirements	4/15/2018	Complete		OWCP	
Clear new policy internally in the Department and then have it published on the DFEC website	4/30/2018	Complete		DFEC	
Send targeted letter to both high volume and high MED prescribing physicians regarding OWCP opioid policy	4/30/2018	Complete		DFEC	
Implement new legacy opioid user policy that incorporates recommendations to bring DOL into alignment with potential industry standards	6/15/2018	Complete		DFEC	
Publish request for proposal for PBM services	8/1/2018	Complete		OWCP	

Key Milestones

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone status	Change from last month	Owner	Anticipated Barriers or other Issues Related to Milestone Completion
Fully implement the PBM through Phase 3 (prior authorization)	9/30/2019	Behind Schedule	Yes	OWCP	OWCP awarded a contract for PBM services on November 19, 2018. OWCP's PBM contract award was protested, followed by an automatic stay of performance which continues pending completion of agency corrective action. A partial override of the stay was approved for limited work to provide the necessary PBM services to the approximately 3,000 claimants receiving 90 MED or higher of prescribed opioids.

Key Indicators

Percent Reduction of New Opioid Prescriptions Lasting over 29 Days



Data Accuracy and Reliability

- **Means used to verify and validate measured values:** Medical providers submit bills electronically and OWCP processes payment through the automated Central Bill Pay (CBP) System. The automated system performs a series of edits and checks to ensure that all required fields in the medical bill are complete before the Agency authorizes payment. Each month, the program utilizes medical bill pay pharmacy data from OWCP's CBP System to identify new opioid prescriptions and those new prescriptions exceeding 29-days. An OWCP-contracted Data Scientist writes the data script to produce the data files and a different OWCP-contracted Data Scientist conducts a peer review. A Federal Operations Research Analyst verifies and validates the data script and the Federal Senior Policy Advisor reviews the resulting file to ensure that it is complete and produces all data in the correct fields.
- **Sources for the data:** Each month, the program utilizes medical bill pay pharmacy data from OWCP's CBP System to identify new opioid prescriptions and those new opioid prescriptions exceeding 29-days (which is the numerator). The denominator is all FECA cases that received medical benefits. The goal measures the percent change of a given fiscal year's result from the established baseline.
- **Level of accuracy required for the intended use of the data:** The medical bill pay pharmacy data include point of sale information for all pharmacies that fill a claimant's opioid prescription under the FECA. The FECA program uses point of sale documentation to determine whether the claimant's physician prescribed an opioid within the previous 180-days (new opioid prescription) and the duration of that new prescription. The program does not exclude any pharmacy point of sale information in priority goal reporting and considers the data used to calculate the goal free from significant error.
- **Limitations to the data at the required level of accuracy:** There can be a time lag between when the pharmacy fills a prescription and when the pharmacy submits a medical bill to OWCP for payment, which could result in an incomplete data set.
- **How the agency has compensated for such limitations if needed to reach the required level of accuracy:** Due to the time lag between when the pharmacy fills a prescription and when the pharmacy submits a medical bill to OWCP for payment, the program submits final measure results two quarters after the end of the fiscal year in order to ensure that all data are complete and included in the calculation of the goal. In order to provide preliminary results at the end of the fiscal year, OWCP uses data analytics and modeling to develop an estimate with an acceptable confidence interval.

Additional Information

Contributing Programs

Organizations:

- [U.S. Department of Labor/Office of Workers' Compensation Programs/ Division of Federal Employees' Compensation](#)

Program Activities:

- [Division of Federal Employees' Compensation, Branch of Program Integrity, Fraud Prevention, and Prescription Management](#)

Regulations:

- [20 C.F.R. § 10.800](#)

Tax Expenditures:

- N/A

Policies:

- FECA Opioid Prescribing Guidelines

Other Federal Activities:

- OWCP worked with the U.S. Department of Health and Human Services, ONDCP, and other insurance payers to develop opioid policies in 2018.

Additional Information

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 Federation of Government Employees, the National Association of Letter Carriers, the American Postal Workers Union, the Workers' Injury Law Advocacy Group, and Federal Agencies.