

# The Evolving Opioid Treatment Patterns in the Massachusetts Workers' Compensation System



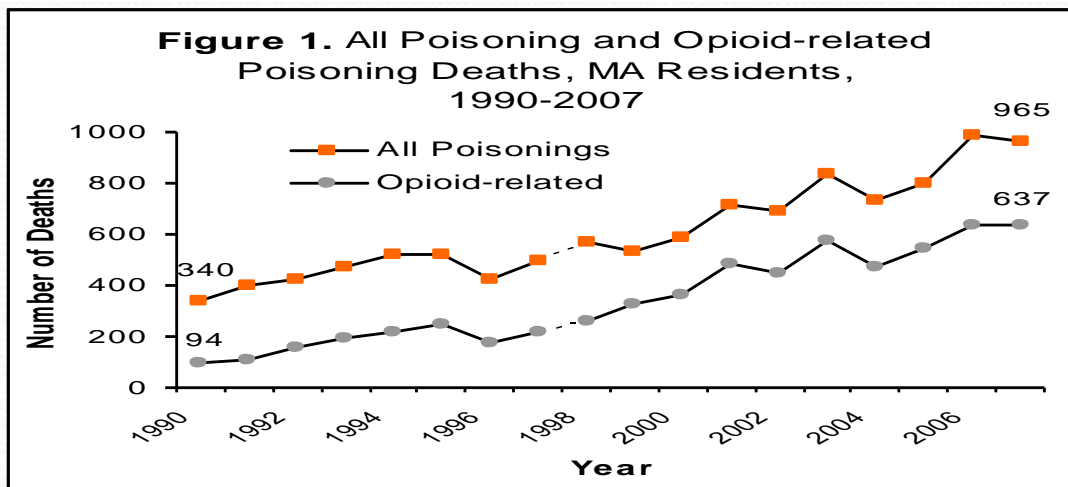
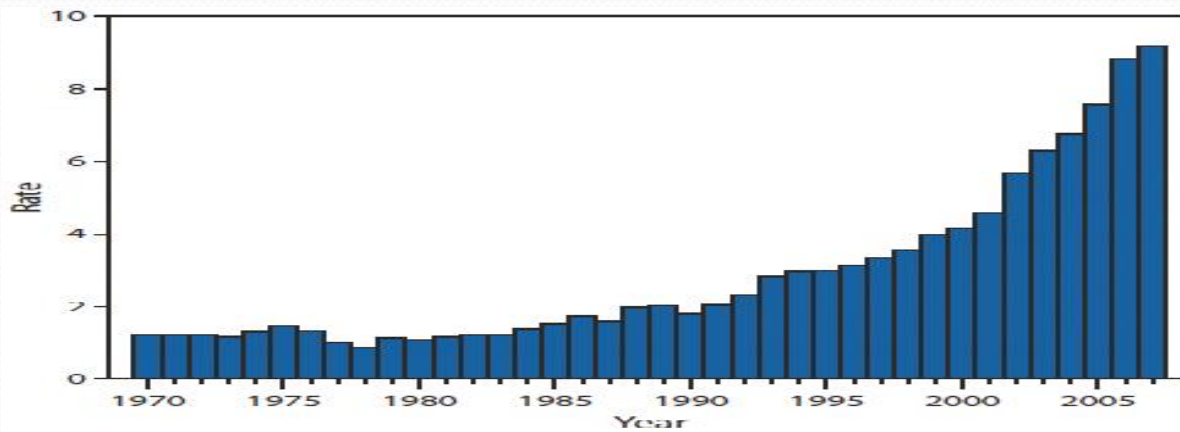
Dean Hashimoto MD  
Partners HealthCare

*Work Related Injuries Workshop  
May 2 & 3, 2016*

# Massachusetts' Evolving Opioid Prescription Patterns

- Series of WCRI studies show changing pattern of opioid prescriptions in workers' compensation.
  - (Wang, Mueller, Hashimoto) 2005-2007: **High** opioid utilization in WC and **rising** state death rates.
  - (Wang, Hashimoto, Mueller) 2008-2011: **Average** opioid utilization and **decrease** in long term usage in WC and **plateau** in state death rates.
  - (Thumula, Wang, Liu) 2012-2014: **Decrease** in opioid utilization in WC, but **rise** in state death rates.

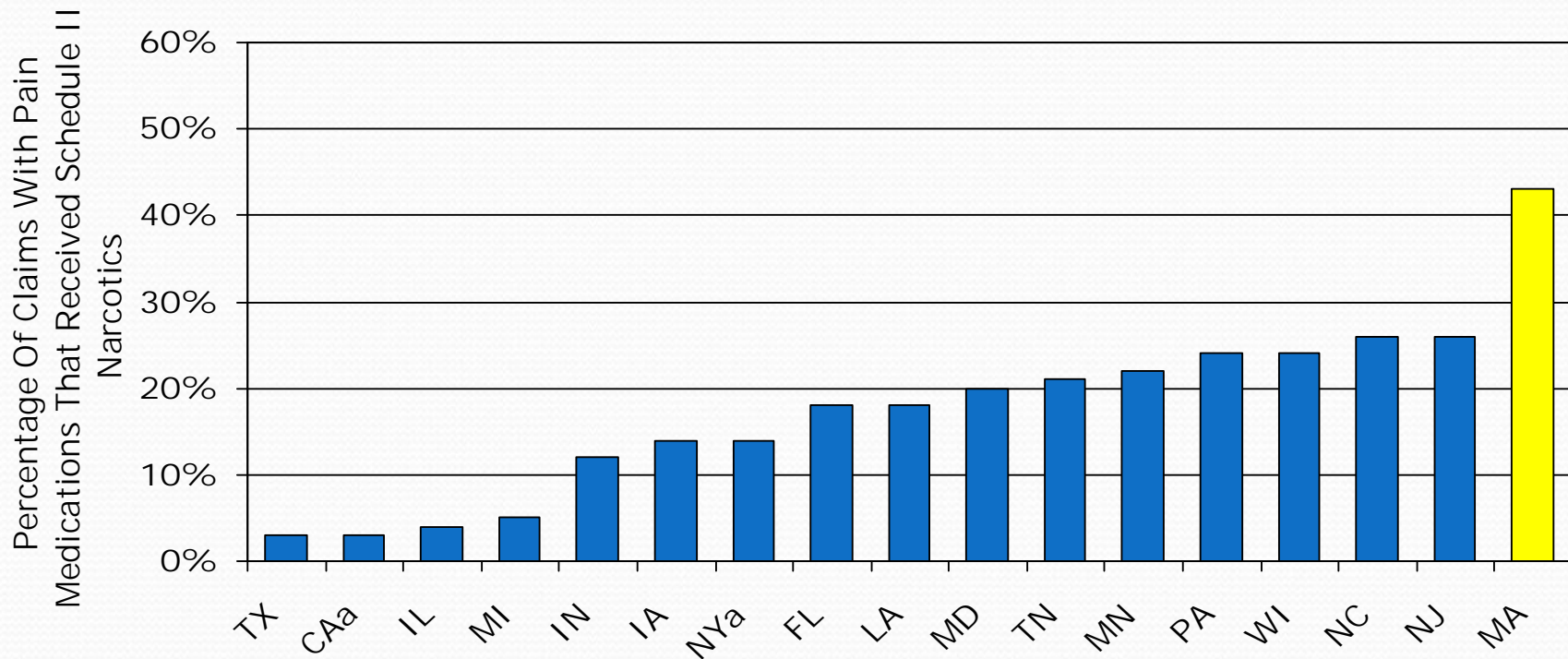
# Rate of Unintentional Drug Overdose Deaths, US and Massachusetts 1970 - 2007



## 2005-07: Massachusetts Among Highest Of 17 Study States In Use Of Rx Narcotics

- Physicians prescribed and workers filled more prescriptions for narcotics
  - 5 Rx per claim totaling 275 pills in MA (4 and 180 in median state)
- Use of Schedule II narcotics much more frequent
  - 43% of workers and 33% of Rx for pain medications (26% and 12% in next highest states)
- One in ten workers who had narcotics were identified as longer-term user of narcotics

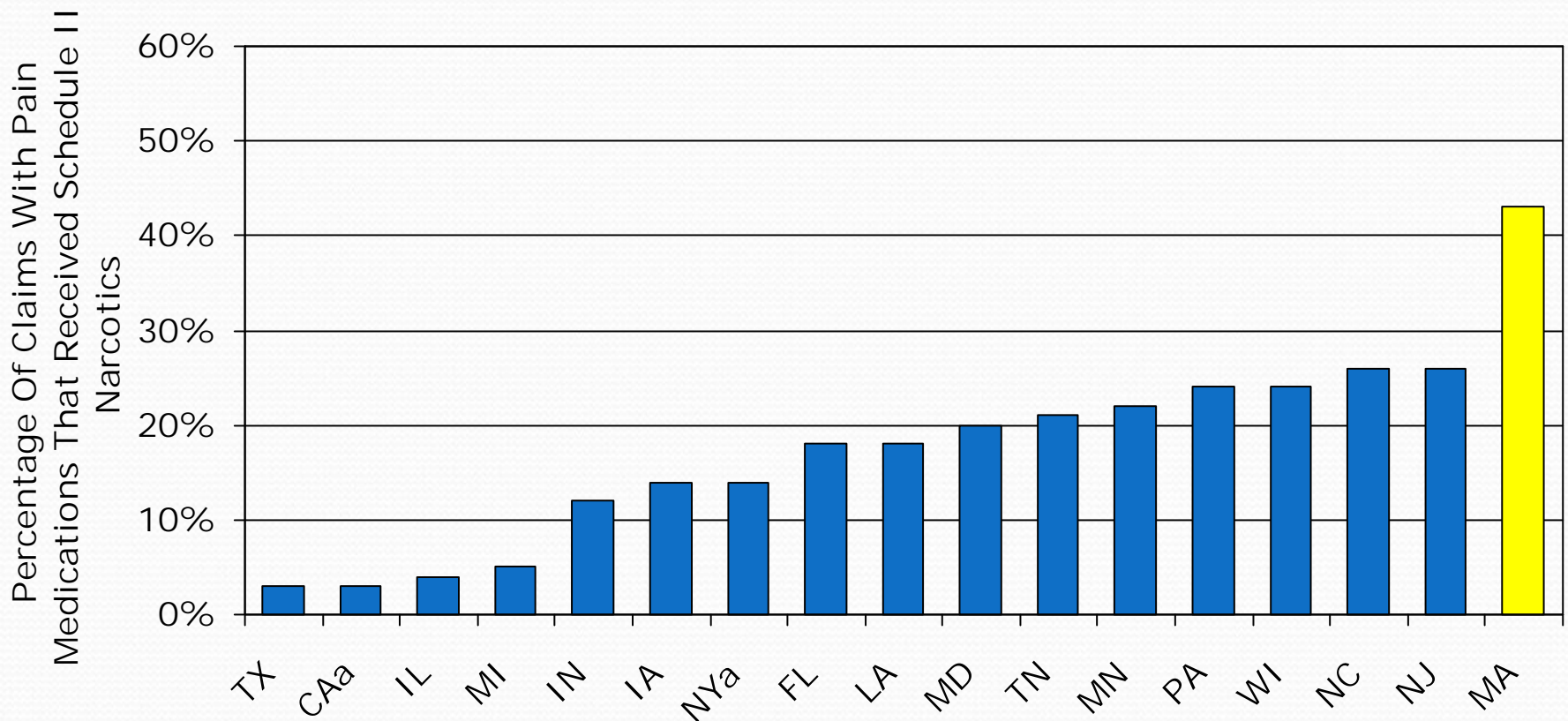
## 42% Of MA Workers W/ Pain Meds Received Schedule II, Double 17-State Median



Nonsurgical Cases With > 7 Days Of Lost Time, Injuries From  
October 2005 To September 2006, Prescriptions Filled Up To  
March 2008

Work Related Injuries Workshop  
May 2 & 3, 2016

## 42% Of MA Workers W/ Pain Meds Received Schedule II, Double 17-State Median



Nonsurgical Cases With > 7 Days Of Lost Time, Injuries From October 2005 To September 2006, Prescriptions Filled Up To March 2008



## Possible reasons

- MA was among the leaders in adopting state pain management statutes and regulations.
- Growth of pain specialty programs.
- Possible erosion of primary care access for WC injuries.

## Policy Reforms

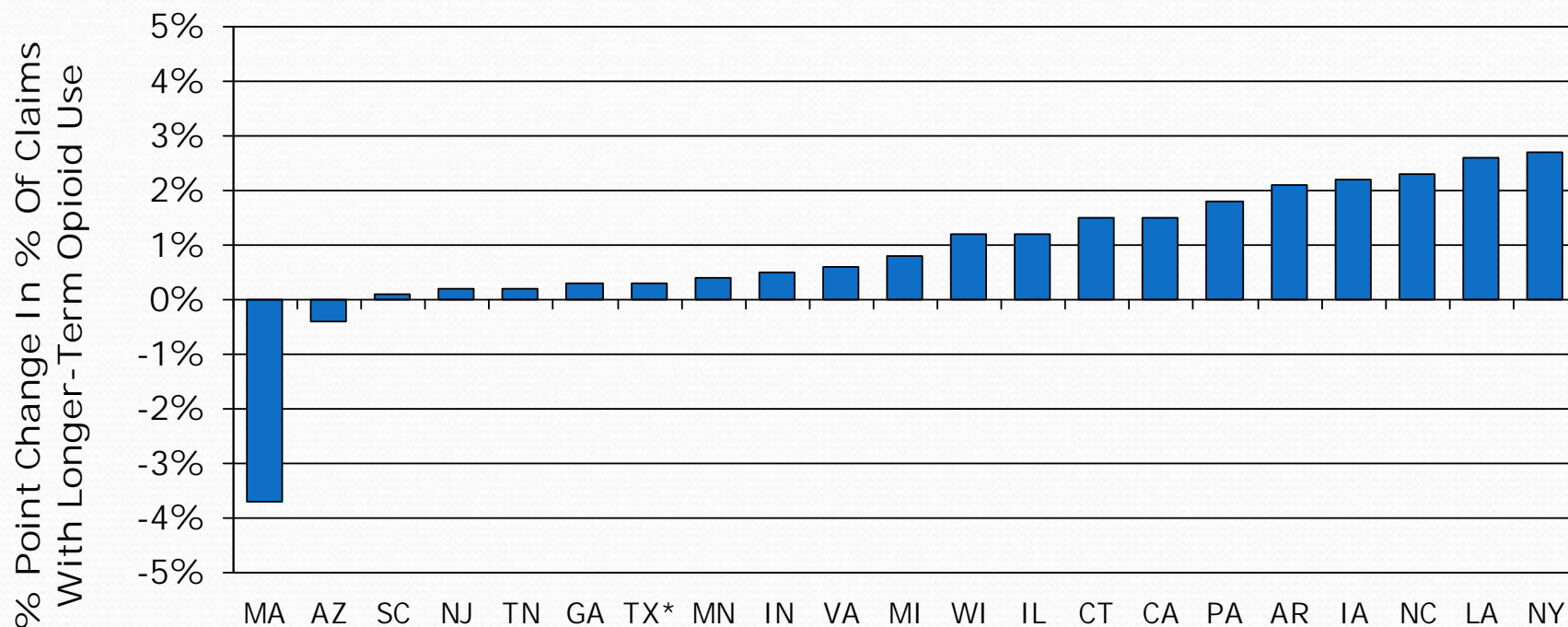
- DIA chronic treatment guidelines
- Mandatory physician education
- Mandatory PMP
- BC/BS response through prescription review



## 2008-11 period

- Massachusetts DPH data: In 2008-2010, there was a leveling off of opioid prescriptions and deaths related to opioid poisoning.
- WCRI study (Sept. 2012): Based on 2009-2011 data comparing 23 states: “longer-term use of narcotics decreased by nearly 4 percentage points from 11 percent in 2007/2009 to 7 percent in 2009/2011”

# Longer-Term Opioid Use Has Been Persistent In All Study States, Except MA



2007/2009 To 2009/2011

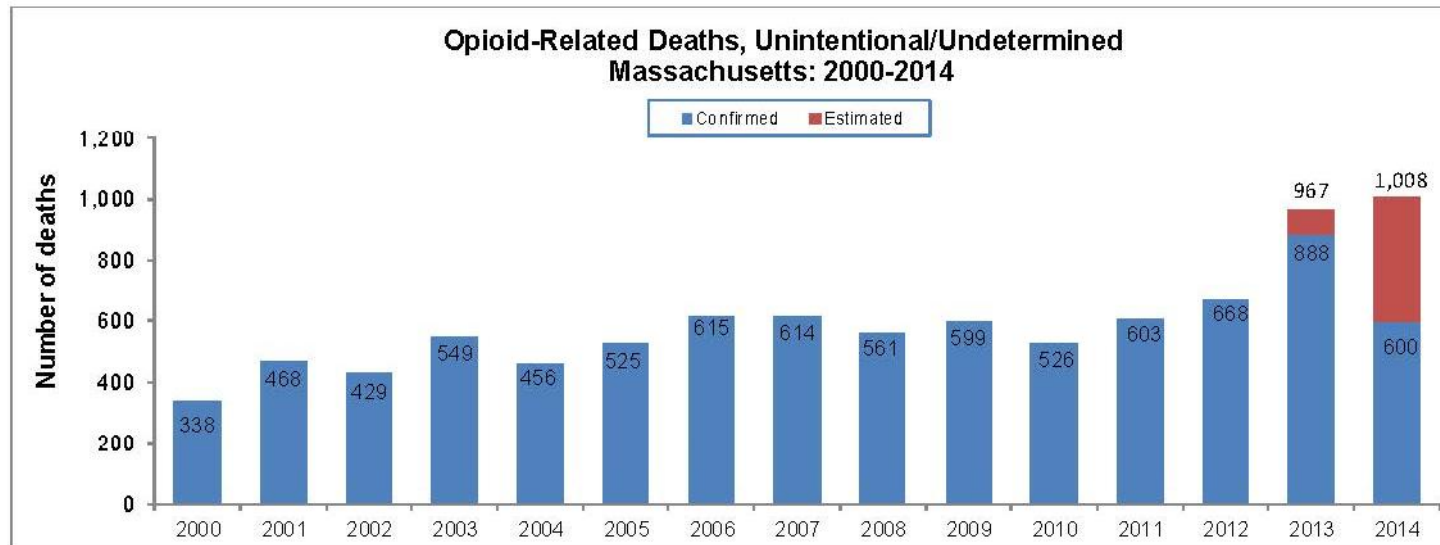
Nonsurgical Claims With > 7 Days Of Lost Time, Injury Years 2007 To 2009, Prescriptions Filled Through March 2011, 24-Month

Maturities

## 2011-2014: Further decreases in opioid utilization in WC

- The average amount of opioid usage dropped 24%.
- Massachusetts appears to be more of an “average” state in terms of opioid utilization.
- However, one of worst states in terms of concomitant prescription of benzodiazepines.

# A new surge in opioid deaths after 2011



# Conclusions

- Substantial decrease in opioid utilization in WC since 2011.
- State death rates reached a plateau in 2008-2011, but began to rise again after 2012.
- Opioid abuse is an important workers' compensation issue, but is influenced by health care system-wide factors, e.g., heroin addiction

# References

- D. Wang, K. Mueller, D. Hashimoto. 2011. *Interstate variations in use of narcotics*. Cambridge, MA: WCRI.
- D. Wang, D. Hashimoto, K. Mueller. 2012. *Longer-term use of opioids*. Cambridge, MA: WCRI.
- V. Thumula, D. Wang, T. Liu. 2016. *Interstate variations in use of opioids*. Cambridge, MA: WCRI.