Easing the Burden of Chronic Pain in the Workplace: The Role of Human Resources

by | Jesse Lipnick, M.D.

In addition to conducting prescription drug abuse detection and compliance programs, plan sponsors can do more to help employees dealing with chronic pain.
Pain caused by injury and accidents is common and frequently treated with opioid analgesics, but a surprising and continually increasing number of Americans require long-term prescriptions to manage the symptoms of chronic pain. Chronic pain is defined as pain that persists beyond the usual recovery period for an injury or illness, or for longer than three months.

According to a report published in 2011 by NCCI Holdings, prescription drugs account for 19% of all medical costs for patients treated under workers’ compensation. The NCCI report also concluded that long-acting oxycodone (Oxycontin®) and hydrocodone products (e.g., Vicodin®) represent the first and third most commonly prescribed medications for injured workers. Despite limited data supporting long-term opioid therapy for the management of chronic pain, opioids continue to be a mainstay of therapy. When opioid therapy is necessary, caution must be used to ensure safe prescribing and appropriate patient selection. Some patients, for example, those with a personal or family history of substance abuse, may be at higher risk for misuse or abuse of these prescriptions.

The Burden of Chronic Pain in Society and at Work

A July 2011 report issued by the Institute of Medicine (IOM) claimed that more than 116 million Americans suffer from chronic pain at a cost of up to $635 billion. In addition to the significant financial impact of prescription costs, inadequately treated chronic pain is one of the leading drivers of rising health care costs and lost productivity in the workplace. The IOM report suggested that common pain conditions were responsible for a loss of up to $12 billion in missed work days, $96 billion in lost work-related hours and $226 billion in reduced wages.

A report on the costs of chronic pain was issued in October 2011 by Laffer Associates, an economic research firm, and the nonprofit Millennium Research Institute, a national research center focused on improving the experiences for people suffering from chronic pain. The findings estimated that chronic pain costs insurers, employers and taxpayers more than $323 billion per year, including prescription costs, missed work days, lower wages and reduced productivity.

Insurance Considerations for Pain Management

Because opioid analgesics are common therapies, insurance plans cover most therapies with few restrictions or exceptions. However, payers typically monitor use patterns but rarely intervene to drive more cost-effective therapy, and they rarely have the authority or the information that would enable them to impact or reduce the risk of opioid misuse or diversion.

For multiemployer plans in particular, which cover highly active workers who are often working across multiple job sites, chronic pain management solutions are critical. Participating employers can advocate for improvements in chronic pain management for their employees by encouraging referrals to a pain specialist if a worker’s pain is not adequately managed by a primary care provider and by supporting and advocating for multimodal approaches to care, including medication management, interventional management techniques and physical therapy. Many multiemployer health and welfare plans are indemnity, or payment for services, plans as compared with health maintenance organizations or other plans that are considered “prepaid.” Eligibility may be based on hours worked or contributions by employers, so it is equally important that companies are aware if their employees with chronic pain are adequately meeting the necessary requirements for coverage.

These plans should ensure that support for effective chronic pain management is included and fully available to the employee base, but this may be obstructed by some regulatory and patient privacy policies. While the employer may seek to provide assistance or counsel to patients suffering from chronic pain, Health Insurance Portability and Accountability Act (HIPAA) and Americans with Disabilities Act (ADA) guidelines covering multiemployer plans limit the employer’s ability to reach out directly to treating physicians to assist in improving pain management efforts. Since the employer is typically not involved directly with the
treatment, the employers are often restricted in their ability to share information regarding functionality or potential adverse effects of therapy, and they cannot assist the patient in determining the adequacy of therapy or whether it may be best for the patient to seek care elsewhere.

Plan sponsors are also limited in their ability to provide guidance due to medical necessity and the need for the physician—rather than the plan—to determine treatment. There are limited exceptions to the rules, including conducting abuse detection and compliance programs during which plan sponsors have greater authority in providing recommendations to their employees, which organizations may consider investigating.

Reducing the Costs of Pain: Value of UDTs

Improved management of chronic pain may be an effective way to reduce costs for payers, providers and the health care system overall. According to the Laffer study, more regular use of urine drug testing (UDT) could reduce some portion of the rising costs. UDTs are one of the few reliable clinical tools available to physicians to assess medication adherence. The tests can accurately identify cases where a patient is taking medications he or she has not been prescribed, supplementing prescriptions with illegal or illicit drugs or not taking the prescribed medications at all.

The study found a significant correlation between regular UDTs and improved adherence to chronic pain treatment regimens. For example, study analysis found that conducting six UDTs per year reduces the rate of nonadherence by more than 35% on a per-patient basis. In total, the benefit gained by UDTs outweighs their cost by more than three to one, resulting in an aggregate net direct and indirect benefit of more than $25 billion, depending on test frequency.

Improved Pain Management Means Improved Productivity

Although physicians are responsible for treating chronic pain and improving pain management, they also aim to improve productivity by returning employees to work. Plan sponsors can be partners in this improved care by educating participants about the availability and accessibility of resources and treatment, and by clarifying the support offered by the organization. HR personnel can be valuable resources when armed with the right tools, including:

- Appropriate coverage for medical management of chronic pain as well as interventional management of pain, and effective management strategies such as coverage of UDTs
- Awareness programs on preventing chronic pain
- Nonpharmacologic treatment for chronic pain that may be offered as part of the insurance coverage or as part of an organizational employee program (wellness programs, exercise programs and coverage for integrative medicine options, such as massage).

They can also share resources that can help chronic pain sufferers successfully manage their pain and improve their personal productivity, such as educational pieces about nonmedication options that help chronic pain or awareness resources that address the need for a variety of approaches to pain management in order to achieve success both on and off the clock.

Concern for employee well-being is the key motivator when interacting with persons suffering from chronic pain. To remain compliant with ADA guidelines, conversations should focus on improving job function and workplace performance. It is critical to maintain a focus on the job description and evaluation of the performance, providing specific and concrete steps to improve productivity that will be constructive for employees. Examples may include suggesting ergonomic changes, ways to avoid repetitive stress injuries, specific accommodations that may reduce pain, encouraging adequate breaks for stretching, or covering occupational therapies to assist employees with maximizing their workplace efficiency while managing pain. Per HIPAA guidelines, individual patient diagnosis and treatments cannot and should not be discussed.
Three important strategies can help organizations’ support staff:

1. Be familiar with relevant laws and regulations. Chronic pain is considered both a medical condition and a disability, so it is subject to HIPAA and ADA guidelines. Before raising the issues of chronic pain with employees, plan sponsors and HR professionals should fully grasp relevant guidelines to ensure that actions are in accordance with the law.

2. Build a company infrastructure that supports and ensures compliance. Because workers tend to choose therapies in part based on cost, plan sponsors should advise which options are covered by the plan’s insurance policy. Ensure that the company’s policies are supportive of chronic pain management by confirming coverage of therapies, making support resources available and integrating UDT coverage into existing plans. This includes identifying how many UDTs are covered per year by the company’s insurance plan to allow for ongoing clinical assessment while minimizing the potential for adverse effects, misuse or abuse of prescription pain medications.

3. Train HR teams to effectively support those who suffer from chronic pain. Chronic pain carries a stigma, so HR representatives will need to be extremely aware of the challenges faced by chronic pain sufferers. HR professionals should familiarize themselves with some of the visible signs of chronic pain, such as fatigue, irregular moods and low motivation, depression, anxiety or feelings of desperation, withdrawal from work colleagues and superiors, or excessive absenteeism. When approaching an employee, state upfront that the employing entity has an infrastructure in place to support chronic pain sufferers and be clear about what resources are available.

Making Pain Management a Priority

The burden of chronic pain has reached epidemic levels, and nearly every sector is impacted by the effects of poor pain management. Comprehensive health plan programming and dedicated efforts of plan sponsors together can make a measurable impact on pain management, improving not only the health of employees, but also sustainably improving workplace productivity for the future.

Endnotes


Jesse Lipnick, M.D., is a physician at Southeastern Integrated Medical, PL, a multispecialty medical group in Gainesville, Florida. He carries board certifications from the American Board of Physical Medicine and Rehabilitation, with subspecialty certification in pain medicine, and the American Board of Electrodiagnostic and Neuromuscular Medicine. Lipnick earned his bachelor’s degree at Brandeis University and his medical degree from Washington University in St. Louis, Missouri.