

Issue #79: Reducing Opioid Dependence for Injured Workers: Exploring the Opioid Alternative Treatment Pathway in Massachusetts

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Workers, particularly those in physically demanding jobs or occupations with high injury rates, have been more likely to receive opioid prescriptions than the general population and, as a result, have also been hard hit by higher rates of opioid overdose.^{1,2} Occupational health providers, state workers' compensation programs, and the Centers for Disease Control and Prevention (CDC) have developed guidelines for physicians regarding appropriate opioid prescribing. New prescription rates have declined. However, little attention has been paid to the challenges facing injured workers who have years-long opioid dependence.³ In 2016, the Massachusetts Department of Industrial Accidents (DIA), which administers the Massachusetts workers' compensation program, initiated the [Opioid Alternative Treatment Pathway](#) (OATP) program to help reduce injured workers' dependence on opioid pain medications. The OATP supports a mediation process to provide improved pain management and support through dose reductions for injured workers with settled claims who are taking high-dose long-term opioid pain medications.

From 2021-2023, the Massachusetts Department of Public Health provided funding to the Center for the Promotion of Health in the New England Workplace (CPH-NEW) through the CDC's Opioid Data2Action program to evaluate and improve the DIA's OATP program. Previously, We had described the many issues related to injured workers and opioids in [Opioids and Work: A Formative Research Assessment to Inform Educational Outreach](#). We explored the themes of this previous report, and the components of the OATP, in a new [Formative Evaluation Report](#). The report describes the views of 24 key informants with experience in a variety of capacities of the program including legal, medical, administrative, and as participants. The interviewees spoke about incentives for participation by injured workers, measures of success, care coordination, medical care for participants, financial issues, education and awareness, and barriers to success. Despite the diversity of the interview participants, they were united in support of the OATP program and their hopes for its expansion.

The interviewees also shared recommendations for program improvement, including educational programs, clinical guidelines for tapering, opening participation to those without settled claims, and more administrative support for program operations. They suggested that basic explanatory information about the OATP, opioids, and tapering that was targeted to injured workers would be useful to help promote the program. Thus, We designed a short [Prescription Opioid Pain Medication Tapering Fact Sheet for Injured Workers](#) to explain in plain language the logistics and the value of participating in the OATP and of tapering high-dose, long-term opioids.

We also learned that those providing care for injured workers often struggle with how to reduce their patients' opioid dependence. Thus, we researched and compiled a best practices guidance document to help primary care providers determine when a taper might be appropriate, engage and assess patients who have been taking opioids for extensive periods, and, how to undertake the taper while centering patients' pain management, mitigating opioid side effects, and protecting them from unintended consequences. The guidance document: [Opioid Medication Tapering Guide for Healthcare Providers Caring for Injured Workers with Chronic Pain](#) and the opioid tapering factsheet described above were reviewed by clinical experts and are freely available on the [DIA website](#).

Next, We examined filed legal forms related to injured workers' opioid use during 2017-2022. The [Document Review Report](#) describes the insurer/employers' requests for mediation, the injured workers' request for mediation, and the mediation agreements themselves. Mediation agreements for employer insurance-paid care coordination for opioid reduction and enhanced pain management for long-time opioid prescription-using injured workers had no standard content and, as a result, varied widely. We recommended the adoption of a best practices checklist to guide the development of OATP mediation agreements. The suggested [checklist](#) was adopted by the DIA and is now available to judges and others involved in opioid medication mediation processes.

While the evaluation We conducted was specific to the Massachusetts context, the documents described above can inform and inspire other state and federal initiatives to reduce the toll of opioid-related harms in injured worker populations. More action is needed to reduce inappropriate opioid prescribing for injured workers and to provide more helpful and less dangerous pain management.^{4, 5} Additionally, of course, We must continue to reduce the toll of work-related injuries in the first place.

References

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