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13 APRIL, 2022
1:00 PM - 2:00 PM ET

ZOOM WEBINAR

WAGING A COUNTERATTACK
ON OPIOIDS IN THE
WORKPLACE AND AT HOME

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Your Co-Presenters



Cal Beyer
Vice President
ACAP HealthWorks
& Holmes Murphy



Brand Newland
Co-Founder & CEO
Goldfinch Health

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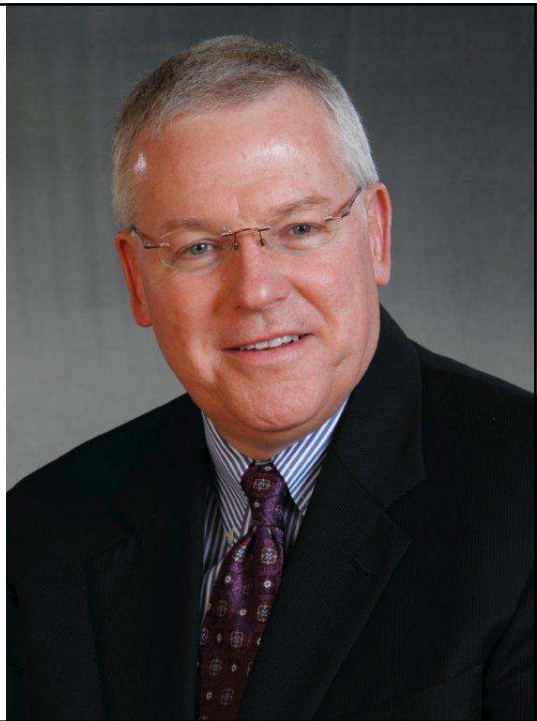


**Cal Beyer; CWP, SCTPP
Vice President; Workforce Risk & Worker Wellbeing
ACAP HealthWorks & Holmes Murphy**

Cal has over 30 years of safety, insurance, and risk management. He's been a leading voice in mental health, substance use disorders, and suicide and overdose prevention in construction safety, health, and wellness culture and practices.

Prior to joining the Holmes Murphy family of companies, Cal was the director of risk management for Lakeside Industries in Issaquah, WA. He catalyzed the construction industry mental health and suicide prevention movement that became the Construction Industry Alliance for Suicide Prevention.

He serves on the Executive Committee for the National Action Alliance for Suicide Prevention, the Expert Advisory Boards of Heritage CARES and the Center for Workplace Mental Health, and the Lived Experience Advisory Committee of the Suicide Prevention Resource Center.



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Brand Newland, PharmD
Co-Founder & CEO
Goldfinch Health

Inspired by personal experiences with the pitfalls of surgery and a lack of proactive solutions to the opioid crisis, Brand helped to launch a vision toward a higher standard of care in surgery and recovery in 2018. Goldfinch Health optimizes the surgery and recovery experience for patients, saving companies and patients time, money, and addiction.

Brand has over 15 years of experience in bringing new healthcare solutions to payers, employers, healthcare providers, and patients.

Brand received a Doctor of Pharmacy degree from the University of Iowa and holds a certification in pain management. He has also completed an MBA at the University of Chicago Booth School of Business.



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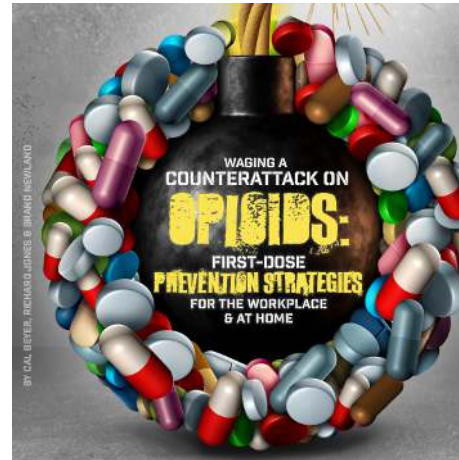
Learning Objectives

1. Describe the risks of soft tissue injuries and surgical procedures at work, home and/or play (athletics/sports).
2. Learn alternatives to opioids and opioid-sparing protocols, including multi-modal pain relief.
3. Assess the human and financial consequences of opioids in Work Compensation and Employee Medical Health Benefit claims.
4. Learn how Enhanced Recovery After Surgery (ERAS) protocols optimize surgical outcomes in work- and/or home-related cases.
5. Discuss recommendations, resources, and tools available to help companies and families address the risk of opioids, including practical first-dose prevention strategies.

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Wake-up Call on Opioids

“WE’VE BEEN HOODWINKED. WE’VE BEEN DECEIVED INTO BELIEVING THAT, WHEN IT COMES TO MANAGING PAIN, THE ‘GOOD STUFF’ are the controlled substances, the by-prescription-only medications, the cousins of morphine. Now, with the fog of over 20 years of the opioid crisis lifting, WE KNOW BETTER. We know there are safer, more effective options for patients facing the ACUTE PAIN OF INJURIES AND SURGERY. That’s not to say there is no place for opioid pain medications; they continue to be good options for cancer-related pain and end-of-life care. For many of the rest of us, though, the RISKS OF THESE DRUGS ARE SIMPLY TOO GREAT.”



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In 2-3 words, describe what you think of when you hear "opioid crisis"

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Why the Concern About Surgeries?

- Can't treat surgery as "business as usual" – the risks are too high
- Need to actively manage optimal outcomes or risk getting only average results
- It's the difference between risk management vs. luck management
- **Complications are real with surgery:**
 - Surgical Site Infections: 4%
 - Persistent Opioid Use: 8-18%
 - C-sections account for ~30% of deliveries in US (potential for persistent use)
 - Readmission rate: 3-8%

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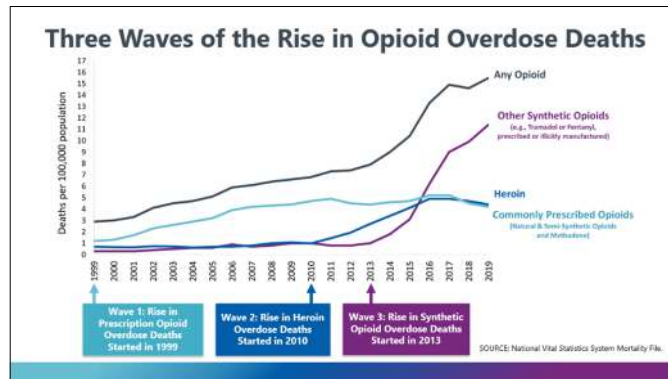
Why Substance Misuse is a Workplace Issue

- Substance misuse and substance use disorders contributes to absenteeism, presenteeism, decreased productivity, safety and quality incidents, turnover, schedule pressures, and profit drain.
- 2020 was 8th consecutive annual increase from unintentional overdose from nonmedical use of drugs and alcohol (388 or 8.1% of total fatalities; BLS CFOI)
- Quest Diagnostics (3/25/2022) positive drug tests hit a 20-year high in 2021
- National Safety Council reports employers spend an average of \$8,817 on each employee with an untreated substance use disorder.
 - Employers save >\$8,500 for each employee who recovers from a substance use disorder

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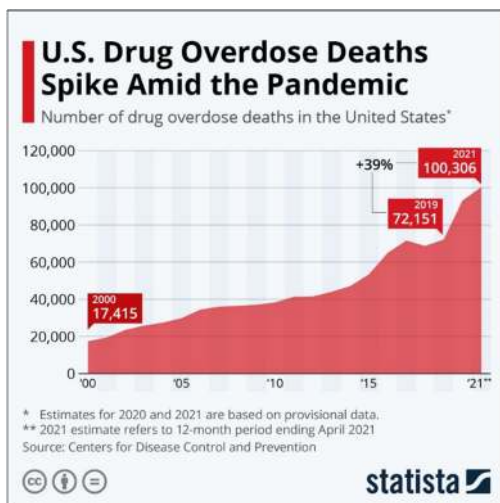
3 Waves of Opioid Crisis

- Pain as “5th vital sign”
- > 500k fatal overdoses involving any opioid (prescription or illicit) between 1999-2019 (CDC; March 17, 2021)
 - Approx. 70% of all overdoses are opioids
 - Approx. 73% of opioid overdoses are synthetic fentanyl
 - (80-100 times more potent than morphine)
- # of prescriptions continues to decrease, but overprescribing remains problematic



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Effect of Pandemic on Addiction & Overdoses



- 28.5% increase in fatal overdoses
- 2021 (CY)
- > 100k fatal overdoses all substances for 12-month average (May 2020-April 2021)
- > 105k fatal overdoses (Oct 2020-Oct 2021)
- Increasing mortality and decreasing life expectancy

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My employer/union has lost a worker or family member of a worker to an overdose in the past?

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I have lost a family member, friend co-worker, neighbor or other person I know personally to an overdose?

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Reality of Prescription Opioids: *Macro View*

National Institute of Drug Abuse (NIDA) cited frightening statistics about prescription opioids (March 2021):

- 21-29% of patients prescribed opioids for chronic pain misuse them.
- 8-12% of people using an opioid for chronic pain develop an opioid use disorder.
- 4-6% who misuse prescription opioids transition to heroin.
- About 80% of people who use heroin first misused prescription opioids.

Source: <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>

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Reality of Prescription Opioids: *Micro View*

- Risk of persistent long-term use and ultimately addiction increases with early use
- Overall, the rate of long-term use was “relatively low”
 - 1 day of use results in 6% of persons on opioids one year later therapy
- Continued use is more problematic
 - 13.5% for persons whose first episode of use was for >8 days
 - 29.9% when the first episode of use was for >31 days
 - Levels-off (plateaus) after approximately twelve weeks of prescription

Source: 2017 CDC study <http://dx.doi.org/10.15585/mmwr.mm6610a1>

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Why Construction is at Elevated Risk

- Frequency and severity of injuries
- Chronic pain → sleep deprivation → fatigue → “presenteeism”
- High frequency of musculoskeletal injuries & disorders (MSDs) in construction
- CPWR* research
 - 34.2% of construction workers report at least 1 MSD
 - Compared to workers with no MSDs, opioid use among construction workers increased 3x with MSDs and 4x higher with injuries

Source: <https://blogs.cdc.gov/niosh-science-blog/2021/09/14/opioids-in-construction/> (9/14/2021)

** CPWR is Center for Construction Research & Training; formerly the Center to Protect Worker Rights)*

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Construction Risk Factors

- Culture and demographic factors
 - “Play through the pain” mindset
 - Production schedule
 - Not paid if not at work and possibly not banking future benefits
- Construction is 2nd highest among all industries for opioids with 55% prescription rate (NSC; 2/20/2019)
- Despite 49% reduction in per WC claim opioid use, construction is higher than other industry groups (NCCI; 6/8/2020):
 - >2x the average
 - 20% more opioids and doses 20% stronger

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First Dose Prevention Strategies

8. Drug Deactivation for Safe Disposal
7. Prescription Takeback Programs at National Pharmacy Networks
6. Prescription and Over-the Counter Medication Lockboxes for Home
5. Pain Management, Medical Case Oversight of Claims, and Data Analytics Strategies for Workers Compensation Injuries

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First Dose Prevention Strategies (Cont'd)

4. Comprehensive Perinatal Wellness Education to Reduce Risks of Pre- Term Labor and Cesarean Deliveries
3. Utilization Review and Data Analytics of Prescription Formulary in Employers' and Unions' Self-Funded Employee Benefit Plans
2. Opioid-sparing Enhanced Recovery After Surgery (ERAS) Protocols
1. Multi-Modal Pain Management – including non-opioid medications

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Meet Mitch

Mitch needed shoulder surgery to get back to his construction career. Online research led him to a highly-ranked orthopedic surgeon.

But only with specific guidance did opioid addiction and family history come up.

The physician promptly modified the care plan to emphasize non-opioid options. The procedure was a success and Mitch was off restrictions at 4 weeks (vs. 4-7 months).



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SURGERY IS THE NUMBER-ONE GATEWAY TO PERSISTENT OPIOID USE

MORE THAN ONE IN FIVE OPIOID-NAÏVE PATIENTS STILL USE OPIOIDS THREE MONTHS AFTER SURGERY

Day 5 of use after surgery is key day

WITHDRAWAL SYMPTOMS > PERSISTENT USE > ADDICTION

80% of heroin users reported beginning opioid use with valid prescription

PATIENTS USE 27% OF OPIOIDS PRESCRIBED TO THEM

The number of pills a patient received was the strongest predictive factor of the number they used

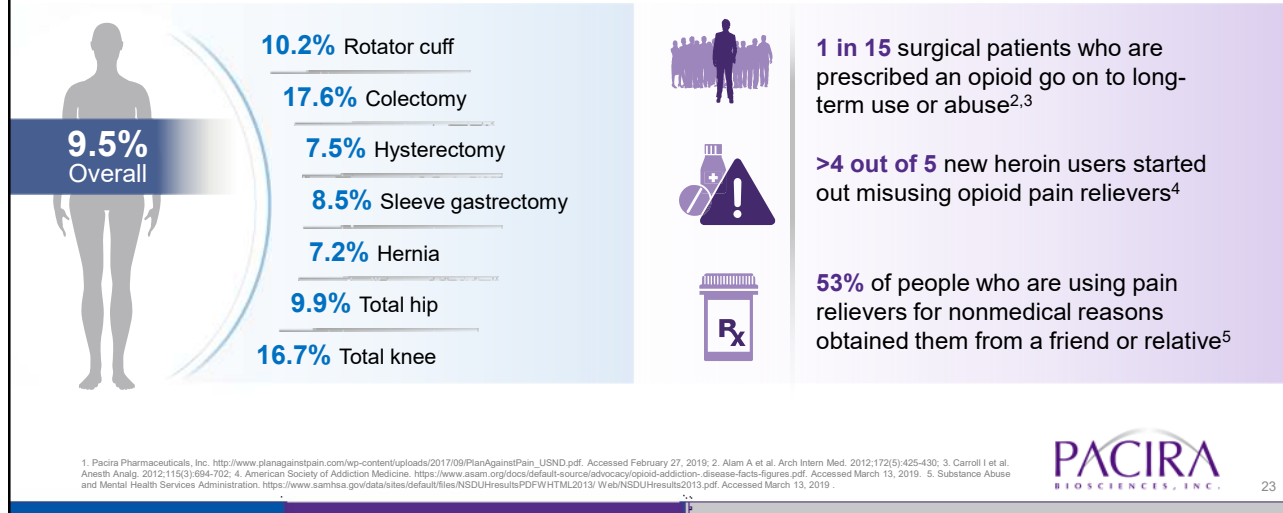
THIS ISN'T JUST ABOUT THE SURGICAL PATIENT; IT'S ABOUT THE FAMILY AS WELL

90% of patients with leftover opioid pills didn't properly dispose of them

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Impact of Opioid-Dependent Analgesia

Percentage of Newly Persistent Opioid Patients¹



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Multimodal pain relief is an example of an Enhanced Recovery After Surgery (ERAS) protocol AND (select the best answer)

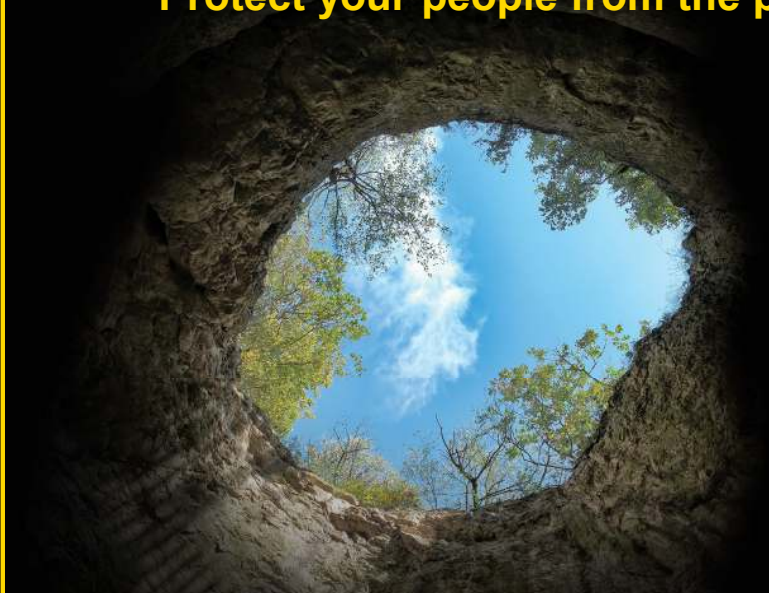
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SEARCHING FOR A BETTER SURGERY EXPERIENCE

Protect your people from the pitfalls of surgery.



>90%
of surgeries are more
invasive than necessary

Invasive surgery
extends pain, recovery time
and return to normal life by
weeks to months

Invasive surgery is the
**#1 gateway to
opioid addiction**

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SEARCHING FOR A BETTER SURGERY EXPERIENCE

The odds aren't in your favor.

5% 

Surgeons, for common procedures, who have adopted approaches to surgery
that **fast-track recovery time** and **protect patient against opioid addiction**

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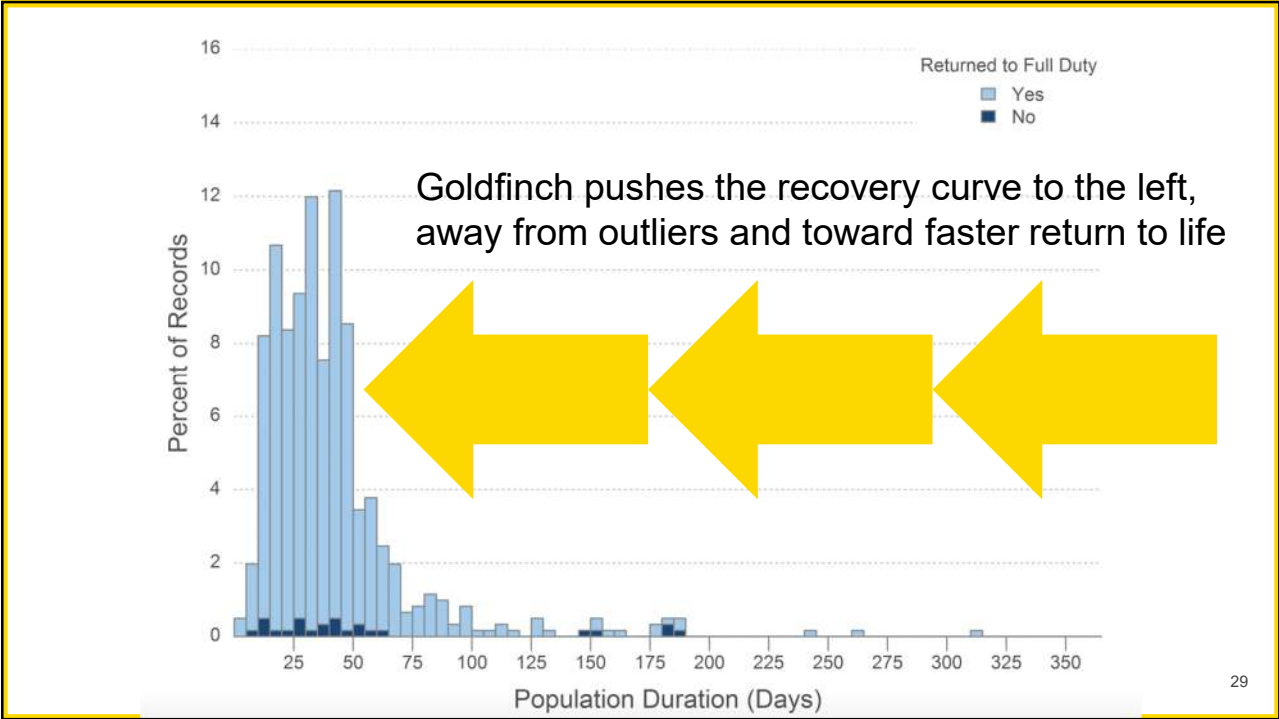
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Tylenol (acetaminophen) and Advil (ibuprofen) are

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COST OF SUBOPTIMAL SURGERY

Yearly costs of suboptimal surgery are significant for every 1,000 employee lives.

<p>TOTAL EMPLOYEES</p> <p>POTENTIAL SUBOPTIMAL SURGERIES</p> <ul style="list-style-type: none"> • ORTHO <ul style="list-style-type: none"> - Knee/Hip/Spine • WOMEN'S HEALTH <ul style="list-style-type: none"> - Hysterectomy - C-Section • GENERAL <ul style="list-style-type: none"> - Colorectal - Hernia repair - Gallbladder removal 	<p>1,000</p> <p>75</p>	<p>4,200</p> <p>\$1.2M</p> <p>\$171K</p> <p>7</p>	<p>wasted days of recovery time (16 FTEs)</p> <p>wasted labor costs alone (\$98 PEPM)</p> <p>healthcare cost savings</p> <p>persistent opioid users that could have been avoided</p>
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Just how effective is this approach?

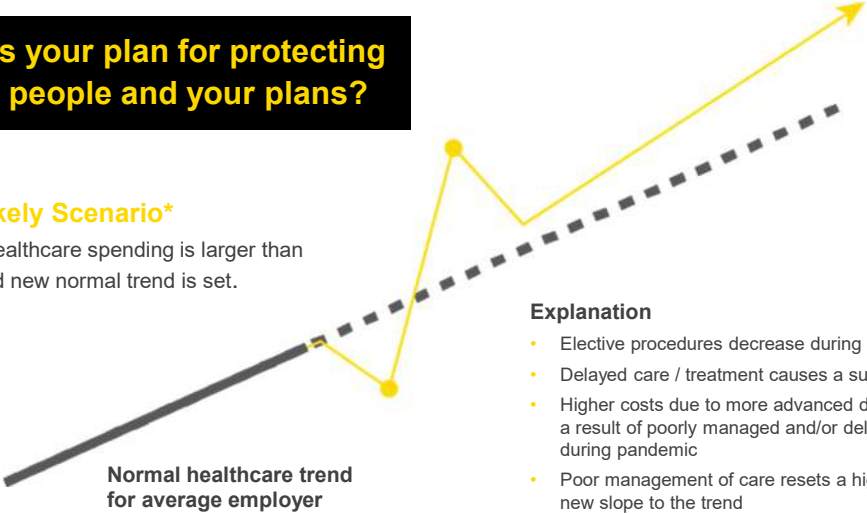
37 Saved Days/ Case Goldfinch book of business performance in 2021	5 Saved Days/ Case Necessary to break even on the program investment
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COVID-19 likely drives an uptick of suboptimal surgery.

What's your plan for protecting your people and your plans?

Most Likely Scenario*
Bulge in healthcare spending is larger than the dip and new normal trend is set.

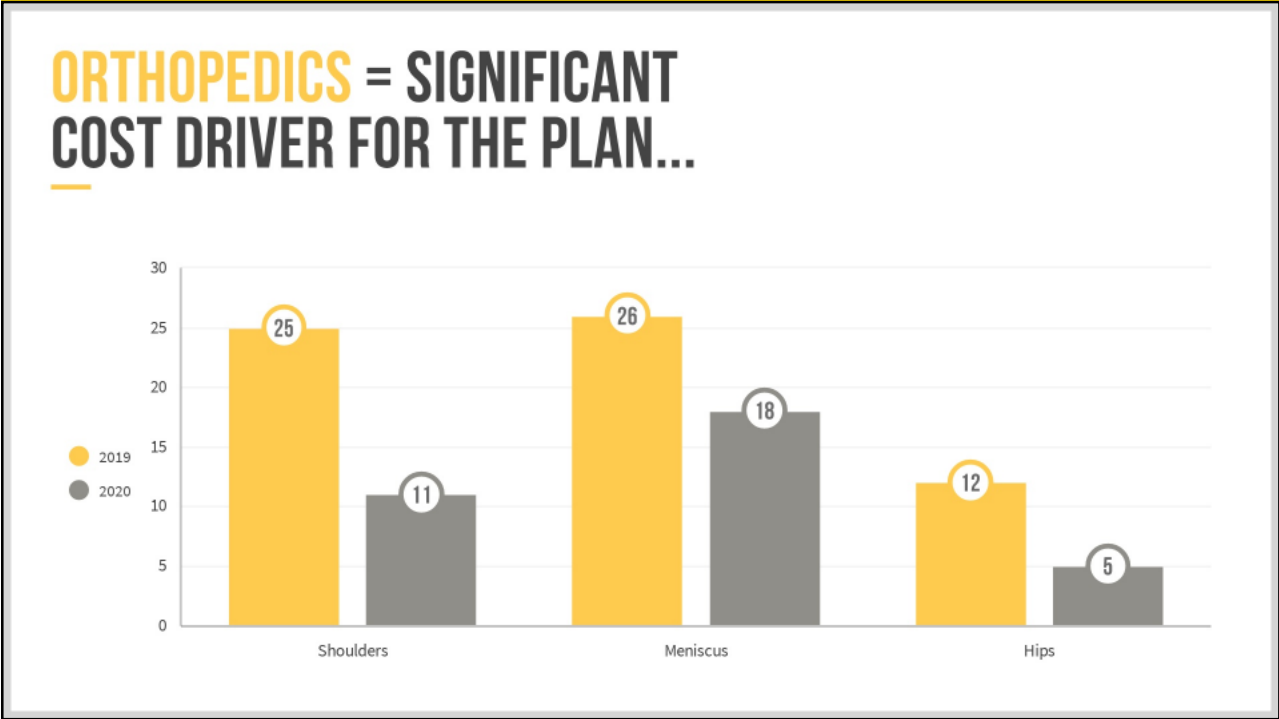


Explanation

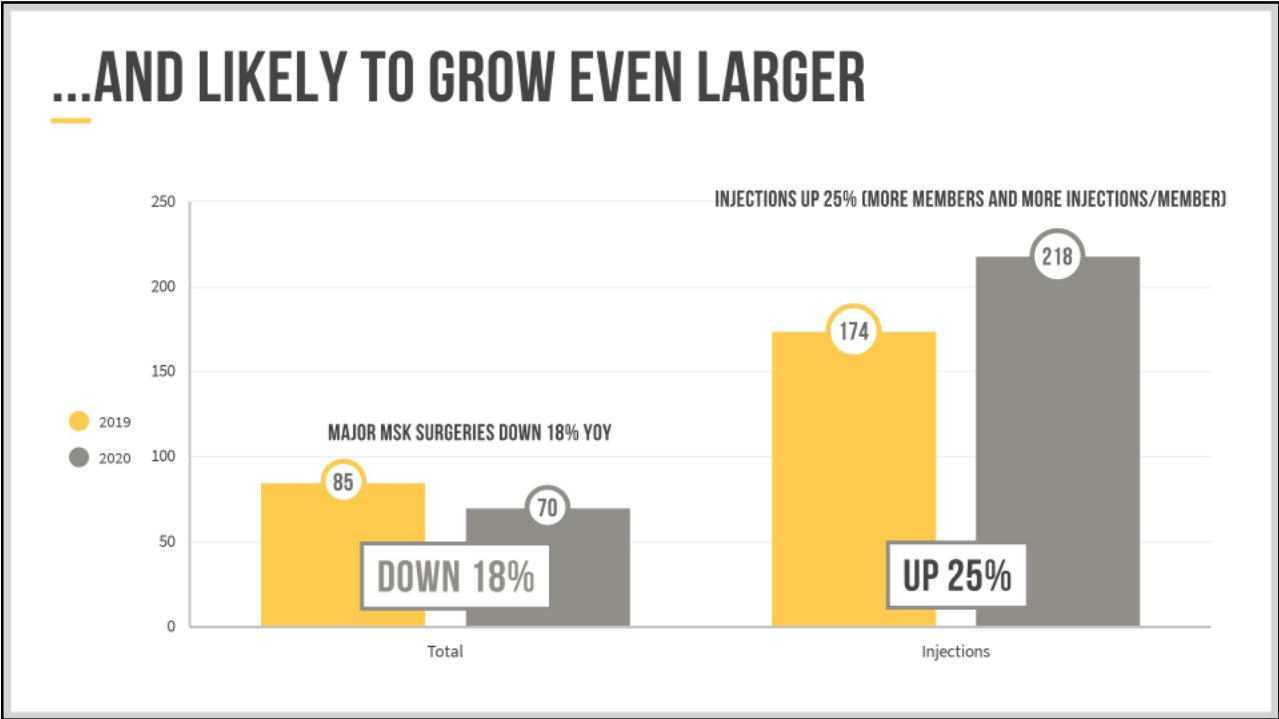
- Elective procedures decrease during pandemic
- Delayed care / treatment causes a surge in demand
- Higher costs due to more advanced disease state as a result of poorly managed and/or delayed care during pandemic
- Poor management of care resets a higher trend and new slope to the trend

* Alight Solutions Research, May 2020

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How do physicians react?

THE 5%ers-and-Growing

- Already delivering surgical care based on Enhanced Surgical Pathways
- Love the Goldfinch program as it recognizes them for the work they are doing to deliver outstanding results for their patients

THE Getting-Around-to-It

- Aware of Enhanced Surgical Pathways but haven't updated their practices yet.
- When asked, these providers acknowledge the approach is a better way and agree to implement the elements requested by Goldfinch

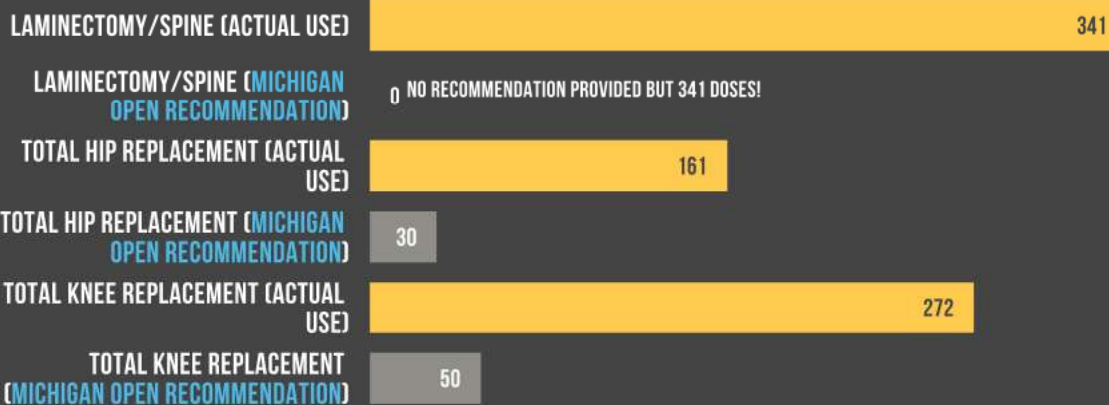
THE Resistors

- Resist delivery of care based on Enhanced Surgical Pathways
- Goldfinch does what it can to work with this small group of providers
- If nothing else, transparency is introduced so patients can make their own informed decisions

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OPIOIDS: QUANTITY LIMITS ARE NOT ENOUGH, TREATING PAIN DIFFERENTLY IS



MICHIGAN OPEN = MICHIGAN OPIOID PRESCRIBING ENGAGEMENT NETWORK

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GOLDFINCH Health

Clients Goldfinch Solution Insights About Us

www.GoldfinchHealth.com

The Goldfinch Experience

Patients

Resources for Patients

Procedures supported by Goldfinch

10 Questions for your Surgeon

Have Goldfinch contact you

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Enhanced Recovery After Surgery
(ERAS) Protocols are known to

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Call to Action for Home & Family




1. Discuss opioid risks with all family members (diversion; contaminated and counterfeit supply)
2. Purchase medication lockbox for use with opioids
3. Request Narcan when prescribed opioids
4. Order Detera Drug Deactivation Pouch
5. Search your home for leftover medications
 - Discard at Pharmacy Take-Back Kiosk
 - Use Detera Pouch to deactivate
6. Ask dentists and doctors (all specialties) about non-opioid medications, multi-modal pain relief, and Enhanced Recovery After Surgery (ERAS) protocols
7. Use Goldfinch Health *Questions to Ask Surgeons* before scheduling surgery and request ERAS.

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Call to Action for Employers/Unions

1. Educate employees on risks of opioids and harm reduction strategies
2. Institute Integrated Disability Management process to manage leaves and accommodations for post-surgical return to work
3. Initiate a Surgical Quality Analysis on Health Insurance Benefits Claims to identify opportunities to optimize surgical outcomes
4. If self-funded:
 - Initiate pre-certification review for inpatient & outpatient procedures for Enhanced Recovery After Surgery (ERAS) protocols
 - Review medication formulary for opioid alternatives
5. Consider perinatal program to reduce pre-term labor and C-sections
6. Request Workers Comp carrier and Third-Party Administrator (TPA) to offer alternatives to opioids, monitor opioid prescriptions, and request ERAS

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Questions?

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Contact Information

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Appendix: Goldfinch Health

- Questions to Ask Your Surgeon Before Surgery
- Case Studies
- Contact Information

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Patient Questions (1-5)

- Is this considered a minimally invasive surgery?
- How experienced are you with this procedure?
- I am aware that not eating or drinking after midnight leading up to surgery is bad for my recovery. May I drink a sports drink (like Gatorade or G2) two hours before my operation?
- I understand most procedures can have me home the same day. Is that possible with this operation?
- I've heard about the benefits of Enhanced Recovery After Surgery (ERAS) protocols. Have you adopted an ERAS protocol for this procedure?

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Patient Questions (6-10)

- What do you do to minimize the need for opioid pain medications?
- How soon will I be walking and eating after the procedure?
- How long should I expect to be away from my normal activities and out of work?
- Is there anything else we can do to make my recovery easier?
- What kind of help will I need at home and for how long?

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Avoiding Failed Hernia Surgery

Success Story



Background

- Member needed **two hernias repaired** and wanted assistance navigating the healthcare system.

Recovery at home

- Member found opioid-minimizing, fast-track recovery.
- Goldfinch Nurse helped member to prepare for **safe home-based recovery during Covid infection wave**.

Outcome

- Nurse helped member to understand formal leave paperwork and process, **avoiding a too-soon return to work that could have jeopardized recovery** and required a second surgery.
- Days Saved in Recovery = 28 days!

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Knee Replacement and Opioid-Free within One Week



Success Story

<h3>Background</h3> <ul style="list-style-type: none">• Patient needed a knee arthroplasty (total knee replacement).• 15% of knee replacement patients become persistent opioid users.	<h3>Prepared for Surgery</h3> <ul style="list-style-type: none">• Patient received a Goldfinch care package to support faster recovery.• Goldfinch Nurse worked with physician to cancel pre-surgery opioid order.	<h3>Outcome</h3> <ul style="list-style-type: none">• Patient benefited from a multimodal pain management approach (ice + non-addiction options).• Done with opioids by end of week 1 post-op!
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Success Story: Minimizing Opioid Use After C Section



Background

- The member underwent a **Cesarean section during childbirth.**
- In this case, the member connected with Goldfinch 1 week after the surgical procedure.

Better Pain Management

- The member continued to experience pain despite use of 2 non-prescription pain meds.
- The Goldfinch Nurse helped the member **to begin alternating the meds and find more continuous relief.**

Outcome

- Without additional help, the member was likely to seek assistance at urgent care or in the ER.
- **Using only 2 doses of opioids during recovery at home, the member minimized exposure for both her and the new baby!**

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Get in Touch With Us

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