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Panel: HR departments must do more to assist opioid-addicted employees

BY VINCE CALIO
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Human resource departments should be a first line of defense in dealing with the opioid crisis, and more employers need to do a better job in readying assistance for workers who may be addicted to opioids or other substances, a group of health care experts urged.

The main message from the panelists at NJBIZ's March 20 panel discussion "Has the Opioid Crisis Impacted Your Business?" was that the health care community and public need to be better educated on addiction as a disease, and the treatment for it must be dynamic.

"As clinicians it is in our approach to assist these patients from a multidisciplinary approach methodology and to treating it as a disease," said Dr. Alana Letourneau, vice president of clinical program strategy at Concordia Care, a health care coordination company with an office in Wall.

The panelists stressed that employers must do

more to spot employees who may have addiction problems, and assist them in getting help.

"Some of the complicated areas that human resources departments can help with is that a lot of workers don't think that they can get disability or that they can't get time off if they have an addiction problem, but they can," said William Bruck, director of medical services at Seabrook House, an addiction recovery center in Bridgeton.

Bruck said employees using their company's assistance program can run into complications, so HR executives need to do a better job guiding them through that practice, or potentially risk losing a valuable worker.

"Can HR people be helpful with this process? It really depends on whether they have well-thought-out policies and are sensitive to employees who have addiction problems," Bruck said. "But if you have a proven person who has developed an addiction problem but who is otherwise a great employee, investing that time and ef-

fort into getting them into recovery and returning them to work is not only ethically right, it's a good investment in your business."

Jack Wenik, a former federal prosecutor and a member at Newark-based law firm Epstein Becker Green, one of the top health care law firms in the U.S., cautioned employers to not hesitate to terminate an employee who is suffering from addiction, if that worker commits a crime.

"This can be a double-edged sword," Wenik told the audience. "If the [addicted] employee doesn't make that leap and seek assistance, it becomes problematic because, if I run a hospital and I now have a nurse that's figured out how to steal medications, I'm in a catch-22 situation.

"That employer now has someone who's committed a criminal act, so the employer really can't let them continue to perform their duties," he said. "So from a legal perspective, if the employee can't take advantage of an EAP or other program, I think for a lot of employers, their hands may be tied.

"The last thing you want is to read in the newspaper that you ignored someone pilfering medications and engaging in criminality and yet you kept them on board. That's the difficulty in finding a balance for the employer. You want to make programs available and assistance available, but once someone's crossed the line

into criminality, then it becomes very problematic to keep that person on board, and you could be exposed to liability."

Panelist Dr. A. Bartley Byrt, chief medical officer at Brighton Health Plan Solutions, emphasized employers need to be proactive in checking to see which of their employees may have a problem with opioid addiction.

"The one thing you can do is go and talk to your pharmacy benefit manager and find out who among the employees you are providing benefits for are using opioids on a chronic basis," Byrt said. "Don't worry about the 90 days, worry about the 180 days, and see if you have a plan in place for dealing with that employee. That is the one thing you can be doing in addition to everything that the medical community is doing to deal with the opioid crisis.

"We still live in a fee-for-service world where most doctors get paid to take care of a patient right now, they're not paid to do something when the patient leaves the office," he said.

"But you as the employer can go and look at the data you are paying for and figure out if there's something you can do for an employee who may have a problem. Know that insurers offer programs to manage persistent opioid users, and physicians have ways to manage them and can provide behavioral health managers."

THE OPIOID DISCUSSION: Its Impact on the WORKPLACE

A panel presented by NJBIZ



Panelists for the NJBIZ panel The Opioid Discussion: It's Impact on the Workplace were, from left, William Bruck, director of medical services at Seabrook House; Dr. Alana Letourneau, vice president, clinical at Concordia Care; Jack Wenik, member of Epstein Becker Green; Dr. A. Bartley Byrt, chief medical officer at Brighton Health Plan Solutions; and Dr. Omar Baker, co-president, chief quality and safety officer and director of performance improvement at Riverside Medical Group. - AARON HOUSTON

Dr. Omar Baker, co-president of Riverside Medical Group and former co-chair of the Health Advisory Committee for Gov. Phil Murphy's transition team, stressed the medical community needs to do more in terms of setting up infrastructure and technology to share electronic health records so that they may better manage patients and spot the ones who may have addiction problems.

"Some of our physicians don't prescribe any pain pills at the first visit because they want to establish relationships first," Baker said. "If you don't take advantage of the technology that's available to better understand your patients and make better decisions, I think you're doing a disservice to the

population – that's one of the unintended consequences of the new technology out there. It affords clinicians and systems with a lot more information to make better decisions on how to manage patients and learn more about them, especially for drug-seeking patients that might not be more forthcoming.

"Fortunately, our company and others have put the infrastructure in place so that once a patient leaves our office, the care doesn't end there."

Added Letourneau: "Our company is currently using claims data to develop a predictive risk model that can be used to track substance-abuse disorder among injured workers. And that enables us to intervene early and predict the patients who

may have a substance abuse problem. This is the future."

With talk of the Trump administration advocating for the death penalty for drug dealers, Wenik said stiffer penalties for illegal drug traffickers and tighter regulations on doctors prescribing opioids can help, but are not the answer for solving the opioid crisis.

"Taking a Draconian approach to law enforcement is not an effective solution," he said. "The 'War on Drugs' during the 1980s simply produced a multibillion-dollar correctional facility industry. When I talk to my clients, however, I find that physicians really resent laws telling them what they can or cannot do.

"I'm not so sure enacting new legislation is the way to

go. I think that the standard of care and more education and training is the way to go. Training physicians and clinicians on the risks of what opioids are is the way to go."

Baker agreed and added that the private sector needs to step up to help the crisis.

"A prime example of that just happened when the state's largest insurer, Horizon Blue Cross Blue Shield of New Jersey ... got a huge federal tax credit, and they took over \$200 million of that profit and reinvested it into the opioid epidemic," he said. "I think that's a good example of a private, not-for-profit corporation doing their part. ... That shows some signs of hope that there's a way to help."

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