

Building a Top Pharmacy Benefit Management Program for Injured Workers Requires Expertise, Data, and Committed Partners

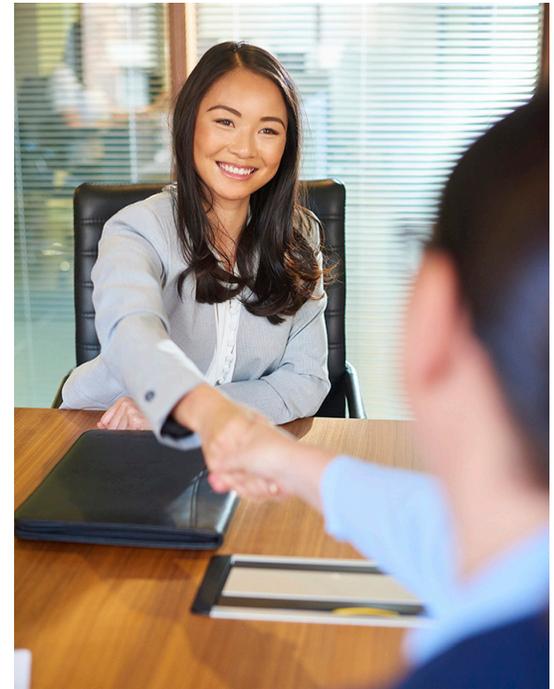


Since its inception, the Connecticut Interlocal Risk Management Agency (CIRMA) has identified and taken on the unique challenges that municipalities face when caring for injured workers. Early on, CIRMA emerged as a pioneer by building cutting-edge programs to meet the financial and risk-management needs of its members. These efforts ranged from services tailored for municipal operations to programs that helped prevent accidents and managed injuries through effective pre-loss initiatives and claims management. CIRMA's appetite for innovation has continued through successful efforts to curtail prescription costs, opioid use and the proliferation of compound drugs. Today, as always, CIRMA's goal is to provide the highest level of support and services for its members and their injured workers. In doing so, CIRMA enables its members to build better, safer communities in which to live, learn, and work.

CIRMA's success in recent years relating to drug costs, opioids and compounds can be attributed to its steadfast attention to the obstacles confronting its members. To combat these challenges, CIRMA turned to Coventry's Pharmacy Benefit Management (PBM) program, First Script. CIRMA became an early adopter of a comprehensive managed-care program that combined communication, education, collaboration, and data. CIRMA's goal was to combine its focus on risk-management with comprehensive claims management through innovative data aggregation. CIRMA and Coventry share a commitment to ensuring the safety of injured workers and managing pharmacy utilization and spending.

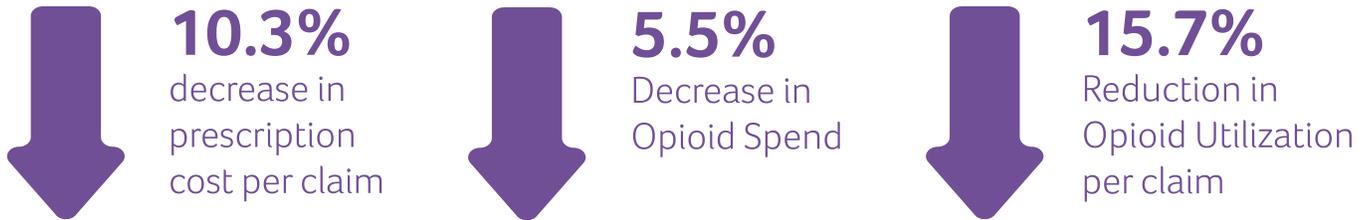
Identifying a Need for Comprehensive Pharmacy Management

In 2005, before PBMs were commonplace in workers' compensation medical management, CIRMA forged a partnership with First Script to provide traditional pharmacy-management services to Connecticut's municipalities, school districts, and local public agencies. Since then, CIRMA's pharmacy-management program has evolved to address new dispensing practices, medications, and regulations. The program has also progressed to recognize that all medications in some way affect the health and safety of an injured worker and the overall outcome and cost of a claim. Coventry took innovative steps to support targeted clinical interventions and cost-containment measures that helped CIRMA achieve its early goals with the First Script PBM program. The result was a more holistic approach to pharmacy management and to protecting the interests of the injured worker.



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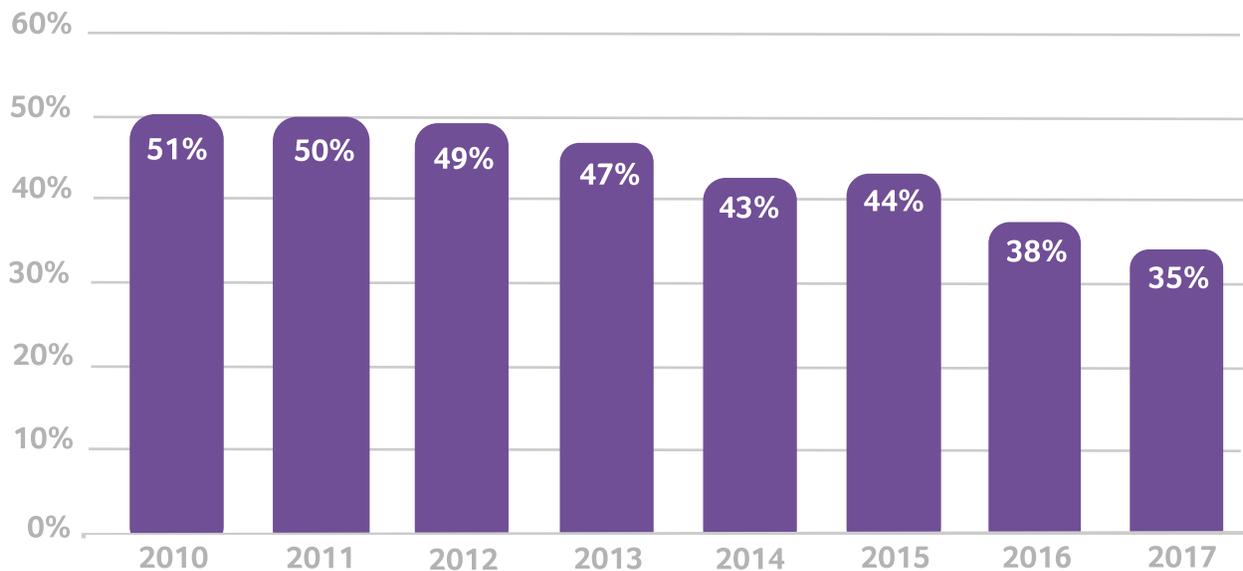
Through various channels, First Script evaluated all prescriptions regardless of their dispensing source. Unlike typical PBMs, which often review only prescriptions from in-network retail and mail-order pharmacies, First Script captures both in-network and out-of-network transactions. This comprehensive approach delivered improved outcomes to CIRMA’s member program and the lives of injured workers. CIRMA’s data and results illustrate the success of these efforts. Notably, the PBM program reduced overall prescriptions per claim and decreased the use of opioids and compound medications. A multipronged effort to curtail opioid use—and thus the potential misuse of these powerful painkillers—drove CIRMA’s opioid utilization per claim down by nearly 16% from 2010 through 2017. Utilization fell from 50.6% in 2010 to 34.9% in 2017. Likewise, costs also dropped: Spending on opioids fell from 21.1% in 2010 to a pharmacy-program low of 15.6% in 2017.



Effecting Change at the Onset of an Injury

As the partnership with First Script makes clear, CIRMA understands the importance that teams play in helping injured workers move toward a speedy and lasting recovery. With that goal in mind, CIRMA’s claims team worked closely with its members, the injured employee and the treating physician so that treatment and an eventual return to work could occur as safely and quickly as possible. When it came to an injured worker’s pharmacy needs, getting the right drug at the right time proved critical. CIRMA and First Script established a First Fill program to ensure initial prescriptions were processed in a timely manner and within the network. The program employed a First Fill drug list that excluded long-acting opioids and complied with Connecticut’s workers’ compensation guidelines for opioid management. The program also required a prior authorization for any prescriptions that were unrelated to an injury or that fell outside of accepted medical guidelines. There were other clinical components to the program as well. Clinical guideline notifications were designed to provide relevant clinical recommendations that helped the CIRMA adjusters make better approval decisions. Combined, these efforts meant patients who were taking opioids received fewer prescriptions for them than in years past. The average number of opioid prescriptions for patients taking opioids fell 8.5% from 4.12 in 2010 to 3.77 in 2017. This reduction came even as the nation’s epidemic of opioid misuse and abuse worsened. Most important among CIRMA’s results was a drop of nearly one-third in injured workers using opioids. The rate fell from 51% in 2010 to 35% in 2017.

Injured Worker Opioid Use



Nurse Collaboration

CIRMA recognizes the value of having a nurse involved early in the claim so that injured workers can achieve the best possible outcomes. To facilitate this, adjusters collaborated daily with Coventry nurse case managers who were on site to discuss treatment protocols and alternatives, drug regimens, and best practices. The incorporation of a nurse also allowed CIRMA to address opioid misuse and opioid use disorder, as well as opioid appropriateness, anticipated length of use, and more effective alternative methods for controlling pain. For complex claims, CIRMA and Coventry formed a team to review data, discuss the details of the situation and plan subsequent steps. Team representatives included an adjuster, a nurse, a pharmacist, and CIRMA leadership. A Field Case Management nurse would meet with the injured worker, and the treating physician was engaged to discuss ongoing care and treatment options.

Data is Key

Data analytics, combined with clinical expertise, remains pivotal in recognizing and addressing claim trends. These two forces together provided the intelligence needed to constrain costly, unnecessary and potentially harmful drug utilization. Using year-over-year pharmacy program metrics, CIRMA and Coventry delivered qualitatively better results for members and, most important, better outcomes for injured workers. This partnership allowed CIRMA to increase generic utilization, decrease opioid and compound drug utilization, and to address claims with high morphine equivalence doses (MED). Incorporating data analytics empowered the adjuster and nurse to discuss drug alternatives with the prescriber and to monitor the employee to ensure compliance with the medication treatment protocols.

In addition, the First Script PBM program used risk profiling to target adverse opioid utilization by identifying critical claims data and mapping it to a risk ranking. The use of these risk profiles identified candidates for early intervention programs. A nurse case manager, along with a consulting pharmacist, would discuss best practices with prescribers regarding ongoing opioid use. These discussions helped facilitate a 26.1% decrease in opioid spending as a percentage of overall drug costs from 2010 to 2017 and a 29.5% decrease in the number of opioid prescriptions as compared with all prescriptions.

CIRMA and Coventry also focused on compound drugs as a way to control costs without curtailing quality. A dedicated Drug Evaluation Team managed compounds and prevented processing of such medications without adjuster approval and clinical input. The effort included providing adjusters with recommendations for appropriate management of these prescriptions. The program led to a decrease in both compound spending and utilization. As



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opioid spending

29.5%
Decrease in
opioid
prescriptions

a percentage of total spending, the percentage of compound costs dropped 42% from 4.0% in 2015 to 2.3% in 2017 resulting in only four claims in 2017 that involved compounds.

In addition to focused efforts on opioids and compounds, the First Script PBM program supported CIRMA in controlling the use of brand drugs when appropriate. The goal was to dispense generics whenever warranted. The team implemented a therapeutic-alternative program to target medications that had cost-effective generic equivalents available. The result: Generic use jumped by more than one-quarter, rising from 68.93% in 2010 to 87.29% in 2017.

Generic Utilization 2010 to 2017



A Partnership for Success

It is important to recognize that no single aspect of the program drove CIRMA's success. Instead, the desirable outcomes arose from a multifaceted approach that relied on a number of critical teams. The partnership between CIRMA and Coventry is a powerful example of what collaboration between a knowledgeable managed care partner and committed insurer can produce. First Script's total view of all prescriptions allowed CIRMA adjusters to see the complete picture and more effectively manage prescription utilization. At the same time, an integrated approach that incorporated a dedicated on-site clinical nurse, a dedicated pharmacist for consultation on medication regimens, continual data analytics, and the commitment of CIRMA's leadership to continually train and monitor trends resulted in better outcomes for injured workers.

The partnership between CIRMA and Coventry will continue to evolve so that it can deploy the most innovative approaches to countering new challenges. By working together, CIRMA and Coventry are well positioned to continue producing positive outcomes for CIRMA members returning the individuals to work, to play, and to life.



About CIRMA

CIRMA is a member-owned and member-governed organization and is Connecticut's leading provider of municipal risk financing and risk management services, including both a Workers' Compensation Pool and Liability-Automobile-Property pool. CIRMA provides risk management services to self-insured municipalities and local public agencies. Today, our Assets under Management total over \$400 million, providing a base for stable rates, high capacity, and assured availability of quality insurance coverage. We provide coverage and services to 396 municipal, school, and local public agency members. CIRMA's mission is to ensure the availability of coverage at reasonable prices, create stability in the marketplace, prevent accidents and manage injuries through tailored risk and claims management, and empower members to manage risk.

About Coventry

Coventry is the leading provider of care and cost management solutions for workers' comp, disability, and auto insurance carriers, third-party administrators, and self-insured employers. We design best-in-class products and services to help our partners return injured workers to work, to play, and to life as quickly and as cost effectively as possible. We accomplish this by developing and maintaining consultative partnerships with our clients and stakeholders, built on a foundation of trust that supports the claims management process.

About First Script

First Script is the Pharmacy Benefit and Drug Utilization Management Program offered as part of the Coventry suite of products. First Script offers an end-to-end program designed specifically for workers' compensation. Getting 100% of the prescriptions into the network isn't the end game; it's what you do with those scripts that matters. Early triage ensures that injured workers know how and where to get a prescription filled, and permits aggressive intervention on potentially problematic opioid utilization at the earliest point possible. Through integration with bill review and case management programs, the First Script PBM program is positioned to capture all prescription activity for utilization and total pharmacy risk management, ensuring that we manage not only the First Script, but Every Script.



Contact us to explore ways to build your pharmacy benefit management program at:
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