



# Door-to-door

*Making doctor visits to improve prescribing practices*

BY **TERESA BARTLETT, M.D.**  
SVP, Medical Quality, Sedgwick

There are times in our lives when a phone call, text or email just won't do. Whether it is related to our family, our friends or our daily job responsibilities, some conversations are better face to face. That may include discussions with doctors whose questionable prescribing practices could be harmful for our clients' employees.

In the workers' compensation and managed care industries, the primary objective is to help injured employees find the appropriate care so they can get healthy again and return to work. One way to help ensure this is by having systematic rules-based triggers identifying negative prescribing patterns, along with a team of skilled medical professionals who are trained to intervene with alternative treatment recommendations.

Sedgwick's complex pharmacy management program includes high-level round table discussions with our physicians, nurses, pharmacists and claims examiners. We review the worst of the worst cases client by client. With these cases, sometimes there is a trend: the same prescribers associated with the same bad outcomes.

## ADDRESSING CONCERNS IN CALIFORNIA

When we reviewed prescribers in California who were not following guidelines, we found prescription patterns that included dosage levels that were very high and dangerous drug combinations. Many cases included a combination of a pain killer, a muscle relaxer, a tranquilizer and a hypnotic, which is like a sleeping pill. When patients take these four types of drugs for long periods of time, the consequences can be devastating. These four types of drugs are intended to be used for short-term needs and can cause significant impairments when used long-term. When taken in combination, they can cause the injured employee to have difficulty breathing, or become sleepy or groggy all the time and unable to leave the house. Unknowingly adding a common over the counter allergy pill can lead to a tragic outcome.

We decided to take a different approach with the doctors associated with these cases and traveled to their offices to visit with them face to face to see if we could make a difference and bring about positive changes in their prescribing habits. We found that many of the doctors, who were among the top narcotics prescribers in California, seemed overly comfortable with the dangerous combinations. We encountered both positive and negative responses when we reminded them of the California pain guidelines and the Centers for Disease Control and Prevention statistics about prescription drug overdoses. In addition, some of the doctors were only prescribing brand name drugs and some were using a lot

of expensive topicals that are not recommended by the Food and Drug Administration (FDA). They were also reminded about patient education regarding driving on controlled substances and storing medications safely.

We took the time to have professional discussions with the doctors; consistently emphasizing areas of concern while focusing on:

- Laws, state guidelines and best practices
- Suggestions for alternative medications and reduced dosage levels
- FDA recommendations for pain management and monitoring such as risk assessments, opioid agreements and urine drug screenings



We also discussed problems discovered with the urine drug screenings, which are intended to confirm a patient's drug usage. Beyond their aberrant prescribing patterns, we learned that many of the doctors were not completing drug screenings because their staff was not trained to do them or they did not have easy access to a lab that performs specialized drug testing. In addition, the urine drug screen may not have reflected an injured employee's true usage because they could take the medications on the way to the lab or simply not go to the lab at all. Therefore, pre-scheduled drug screens are not effective. We offered the doctors a cost-effective way to complete the screenings in the office using test kits provided by one of our partners. The kits are then mailed back and reports are sent to the physician and to Sedgwick.

## THE RESULTS

In California, our visits prompted many of these offices to take a closer look at their prescribing practices and some agreed to make changes to ensure they are following guidelines. We hope for improved results like we saw after visiting with doctors in West Virginia. In that state, we saw a 30% decrease in opioid prescriptions following our face-to-face interventions with physicians. We also spent some time talking with select doctors in Texas for one of our clients and just knowing we were monitoring their prescribing patterns resulted in improved compliance.

Cross-team participation in the complex pharmacy management evaluation, including our claims examiners, physicians, pharmacists and nurses, allows Sedgwick to identify and address trends that cause concern. Programs that have disconnected points of service don't allow all of the stakeholders to see the big picture. Through our integrated program, we are broadening the evaluation of prescription drug use to mitigate adverse trends that delay recovery and jeopardize employee well-being and productivity or public safety. Our approach puts the injured employee's health first – it's at the heart of everything we do.

## ADDITIONAL RESOURCES

**Sedgwick Connection blog:**

**Why are doctors resistant to change?**

<http://blog.sedgwick.com/2015/07/30/why-are-doctors-resistant-to-change/>

**Sedgwick Connection blog:**

**Hot topic - prescription drug management**

<http://blog.sedgwick.com/?s=prescription+drug>

**White paper: Provider benchmarking**

<https://www.sedgwick.com/news/Pages/providerbenchmarkingstudy.aspx>