



## DETECTING AND ADDRESSING MENTAL & BEHAVIORAL HEALTH CONDITIONS CAN HELP REDUCE THE LENGTH OF A CLAIM AND ITS COSTS

The clinical management of chronic pain is a biopsychosocial challenge in itself. However, when the pain occurs in the context of workers' compensation, there is even greater clinical complexity. A review of the literature shows that patients being treated for chronic pain under workers' compensation are generally more distressed and have poorer outcomes both clinically and vocationally than non-compensated patients.<sup>1</sup>

"The physical injury and the individual's mental health are very closely linked," according to Mariellen Blue, National Director of Case Management Services at Genex. "Not all physical injuries are going to result in mental health issues. However, many will. Mental health problems that can include anxiety, depression, panic attacks, anger, isolation, insomnia, a lack of motivation, substance abuse, and even post-traumatic stress disorder or PTSD can develop in people who have sustained serious physical injuries."

Blue states, "These types of mental health triggers are tangible and relatable to most people, but what is often overlooked is the psychological impact of the injury on a person's everyday life."

When it comes to workplace injuries, mental and behavioral issues often come second to physical issues. Employers are focused on treating visible injuries, such as a broken bone or a strained muscle, and often overlook biopsychosocial strain symptoms.

For injured employees, however, biopsychosocial symptoms may be at the forefront of their injury experience. Without work, many worry about financial security or become depressed by the loss of a usual routine. Physical symptoms, such as pain from the injury, will only add to their mental stress.

Ignoring mental and behavioral issues in workers comp claims is a big mistake because it doesn't go away, and it often lengthens the duration and complexity of the claim.

### Narcotics' Impact on Workers' Compensation

Workers' compensation payors will spend an estimated \$1.7 billion this year on narcotics, with Opioids being the most frequently prescribed class of narcotics, according to the National Council on Compensation Insurance (NCCI). These statistics are only getting worse, and as a result, employers are facing increased medical and indemnity costs, death benefit exposure, and unlimited liability and reputational risk.

Exposure goes far beyond the cost per pill. In fact, a single claim can cost millions of dollars. According to a study of claims by the California Workers Compensation Institute, workers who received high doses of opioid painkillers to treat injuries stayed out of work three times longer than those with similar injuries who took lower doses.<sup>2</sup>



## WORKERS' COMPENSATION



## Understanding Mental & Behavioral Health Effects on Pain

According to a 2017 NIH study, 85% of chronic pain sufferers are affected by severe depression. If the depression is ignored, the focus on pain intensifies, typically resulting in patients needing higher doses of medications such as opioids to relieve their pain.

The Centers for Medicare and Medicaid Services (CMS) understands the impact of mental and behavioral health on an individual's physical health. Thirty million 'Baby Boomers' will qualify for Medicare before the end of the decade. They are living longer, and most suffer from chronic pain and behavioral health issues. Many of these individuals rely on opioids for relief, and the costs to support this demographic could increase CMS's budget by over thirty-three percent.

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To help address this problem, in 2019, CMS introduced two CPT codes that allow primary care and specialty care providers to comprehensively assess their patients' mental and behavioral health so they could correlate any issues when treating physical pain. These non-psych codes do not require a psychiatrist, psychologist, or behavioral therapist. Instead, they were created to help non-psych providers understand better how treatment plan changes and medication levels affect a patient's mental and behavioral health and also look for medication misuse and abuse indications.

This proactive approach to understanding the effects of mental and behavioral health on pain supports CMS's *Triple Aim Objectives* to expand access to care, improve the quality of care and outcomes, and reduce overall healthcare costs.

*"Consistent assessment of our patients' mental and behavioral health with the BRE program helps correlate their total well-being into treatment plans and reduce dependency on medications such as opioids."*

Mark C. Hines, M.D.  
Pain Management Physician

## How the Behavioral Response Evaluation Plan Can Benefit Workers' Comp Insurers

The Behavioral Response Evaluation (BRE) program is a proactive program for payors to gain valuable insights into how a workers' comp beneficiary's behavioral health affects their ability to recover. BRE clinical staff calls the beneficiary monthly and administers mental, behavioral, and medication interaction assessments over the phone. The assessments are widely accepted and clinically valid, and the scores can be compared over time to improve risk stratification. The assessments can also give case managers valuable insights into discovering underlying problems that may affect the outcome and recovery process, delaying the claim.

"Having psychosocial issues doesn't mean the individual has a psychiatric disorder," said Mariellen Blue, RN, CCM, national director of case management services and product management and development at Genex. "Instead, they might be exhibiting minor cognitive distortions, which relate to how they think and feel about a situation."

**BRE provides payors with a comprehensive picture of the patient's mental and behavioral health without needing a psychiatric claim. These insights can help adjusters to make better-informed decisions and potentially reduce the associated costs and length of a claim. For more information about the Behavioral Response Evaluation Program, contact: Michael Pandich at [michael.pandich@bresystem.com](mailto:michael.pandich@bresystem.com)**

[www.bresystem.com/wc](http://www.bresystem.com/wc)

### References:

1. Newton-John TR, McDonald AJ. Pain management in the context of workers compensation: a case study. *Transl Behav Med.* 2012 Mar;2(1):38-46. doi: 10.1007/s13142-012-0112-0. PMID: 24073096; PMCID: PMC3717827.
2. Corvel "Focus On Pharmacy Management" Whitepaper 2016.