

The Innovator

Quarterly Newsletter

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The Morphine Equivalent Dose (MED)

MCI developed strategies to monitor and, where appropriate, reduce MED.

Opioids, also called “narcotics”, are often prescribed for cancer-related and moderate-to-severe pain, especially if the pain is inadequately controlled with non-opioid treatments. Due to the rising concern of opioid dependence and misuse of these drugs, the CDC adopted an opioid prescribing guideline to assist clinicians in managing chronic pain conditions. One tool recommended by the guidelines to promote safe and appropriate use of prescription opioids is the Morphine Equivalent Dose (MED). The MED, or Morphine Milligram Equivalent (MME), represents the potency of an opioid dose relative to morphine. This value helps to guide clinicians in

selecting, changing, and tapering opioid treatment. To calculate this value, the opioid dose is multiplied by the number of doses taken per day and then multiplied by a conversion factor for that specific opioid relative to morphine.

MCI, through our pharmacy benefit management partner, Alius Health, developed strategies to monitor and, where appropriate, reduce MED. Since inception of the program with Alius Health through the end of FY 2023, there has been a year-over-year reduction in the morphine equivalent dose resulting in an 8.03% total average MED reduction. When Alius Health initiated the program, the average MED for all claims was 60.91 mg/day. By the end of FY 2023, the average MED for all claims was 56.02mg/day.

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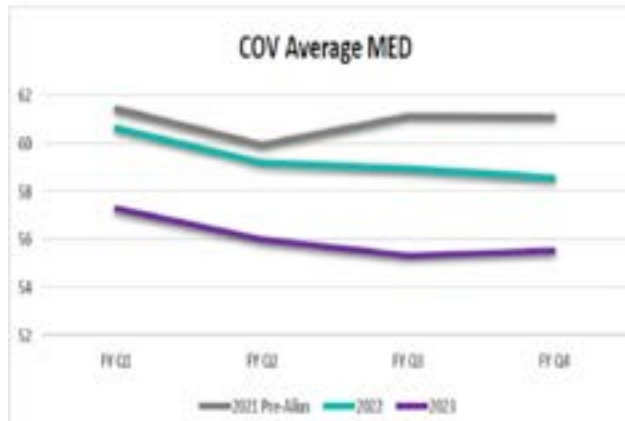
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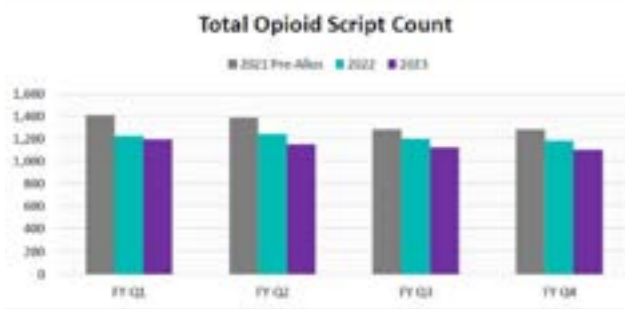
Managed Care...Managed Better

The Morphine Equivalent Dose (MED)

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As with the MED trend, the number of opioid prescriptions also declined. In the first year of taking over the pharmacy program (FY 2022), the number of opioid prescriptions dropped by 9.69%. The second year reported a decline of 5.68%. While some of this influence comes from the changing regulatory landscape, most of the impact is derived from pharmacy program controls and clinical services.



Safety Corner

1st Quarter FY 2024 - Frequency & Severity - Top Causes of Injury (Ranked by Incurred Value):

Cause of Injury	Incurred		Claim Count	
	\$4,404,075.83	100%	1,721	100%
Struck/Injured by Fellow Worker, Patient	\$1,250,661.85	28.4%	287	16.68%
Collision with Another Vehicle	\$499,906.29	11.35%	23	1.34%
Fall On the Same Level	\$378,287.47	8.59%	126	7.32%
Person in Act of Crime	\$315,072.16	7.15%	67	3.89%
Lifting	\$232,374.45	5.28%	75	4.36%

Looking for Safety Toolbox Talks you can deliver to employee groups? See our current [library](#) of available topics.



Safety Corner



Button, Button, Who's Got the Button?

Safety Corner

Swallowing a button battery is a serious medical emergency requiring immediate medical care.

Lithium disc or "button" batteries are small, round, and sometimes thin coin-sized batteries that are used in many household items. They can be used in hearing aids, car remotes, watches, and children's small electronic toys. Because of their appearance (small and coin-shaped), button batteries are often played with and swallowed by toddlers, dogs, and cats. Swallowing a button battery is a serious medical emergency requiring immediate medical care.

Children or pets suspected of swallowing a button battery should receive immediate emergency medical or veterinary care. Button batteries contain many hazardous chemicals, such as lithium, cadmium, zinc, nickel, copper, mercury, and manganese. The batteries work when a current passes from the positive side to the negative side. The positive and negative sides may cause severe tissue damage as the battery slides down the esophagus. Permanent damage can occur in as little as 15 minutes of contact. After two hours, severe burns can occur in the areas where the battery has settled in the body. Also, damage may continue even after the battery is removed. Victims may require multiple surgeries to repair the damage caused by the button battery.

Symptoms

Without witnessing your child or pet swallowing a button battery, it may be difficult to recognize the symptoms

because they are not always immediate. A child or pet may whine or cry, vomit, or cough. The only definitive way to diagnose the problem is to x-ray the child's or pet's esophagus and stomach.

Preventing button battery ingestion:

- **INSPECT** your home and any place your child or pet goes for devices that contain button batteries.
- **AVOID** purchasing toys that use button batteries whose battery compartment door is not secured with screws.
- **KEEP** button battery-controlled devices out of sight and reach of children and pets.
- **KEEP** loose batteries locked away.
- **SHARE** this life-saving information with friends, family members, caregivers, and sitters.

If you think your child or pet may have swallowed a button battery: Call the National Battery Ingestion Hotline at 800-498-8666 for additional treatment information.

- **Do Not** allow the child or pet to eat or drink until an x-ray determines whether a battery is present.
- **Do Not** induce vomiting.
- **Do Not** ingest activated charcoal.
- **If it's a child, go to a hospital emergency room, or if it's a pet, an emergency veterinary clinic immediately.** Inform the doctors, vet, and nurses that your child or pet may have swallowed a button battery. Also, provide the medical team with the identification number etched on the battery or printed on the battery's packaging.

To learn more about battery safety, visit: https://www.safekids.org/search?search_api_views_fulltext=button+batteries

New York Times blog about button batteries and kids: Peril Lurks in Lithium Cell Batteries: <https://archive.nytimes.com/well.blogs.nytimes.com/2010/05/31/for-very-young-peril-lurks-in-lithium-cell-batteries/>



Tips for Teamwork

Essential Job Requirements (indicate by each: E = essential, M = marginal, or N/A)

Physical Demands and Activities:

E	M	N/A		E	M	N/A		E	M	N/A		E	M	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light lifting <20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate lifting 20-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy lifting >50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive motion				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing/pulling				Other								

Executive Order 109 (2010) states, in part, that all executive branch departments, agencies, and institutions of higher education shall:

Ensure that job expectations are clearly defined in the employee work profile to include physical requirements.

This information is a critical tool in the management of a lost-time claim. Benefit coordinators and nurse case managers use this information in communicating with the treating physician about job demands and return to work. The quicker we have an accurate Employee Work Profile listing physical requirements, the faster we may be able get an injured worker released to return to work.

20/30 Day Orders from the Virginia Workers' Compensation Commission (VWCC) are sent to MCI for responses on a variety of claim-related issues. Copies of the Orders are sent to the agency contact as a courtesy. If you are an agency contact copied on the Order, please do NOT respond as this is MCI's role and responsibility.

If you receive a 20/30 Day Order or any other correspondence from the VWCC, and have questions, please contact your designated benefit coordinator.



Tips for Teamwork



Remember...MCI has a Video Training Library

Visit <https://covwc.com/resources/training-videos/> to find all the videos available.



- Calculate Workers' Compensation Wages: https://covwc.com/aiovg_videos/calculate-workers-compensation-wages/
- Tips for Summer Weather: https://covwc.com/aiovg_videos/tips-for-summer-weather/
- Mold Exposure Checklist: https://covwc.com/aiovg_videos/mold-exposure-checklist/
- Chemical Exposure Checklist: https://covwc.com/aiovg_videos/chemical-exposure/
- Machinery Checklist: https://covwc.com/aiovg_videos/machinery-checklist/
- Alius First Fill Pharmacy Card Program: https://covwc.com/aiovg_videos/alius-first-fill-pharmacy-card-program/

- Medical Bill Pay: https://covwc.com/aiovg_videos/medical-bill-pay/
- Motor Vehicle Checklist: https://covwc.com/aiovg_videos/motor-vehicle-checklist/
- Slip, Trip, Fall Checklist: https://covwc.com/aiovg_videos/slip-trip-fall-checklist/
- Panel of Physicians: https://covwc.com/aiovg_videos/panel-of-physicians/
- General Post Accident Checklist: https://covwc.com/aiovg_videos/general-post-accident-checklist/

Ways to Reduce Reporting Lag Time:

- Train managers & supervisors on the importance of prompt reporting.
- Develop written policies & procedures on claim reporting.
- Have multiple employees trained on submitting claims to MCI.
- Examine your workflow & consider changes aimed at reducing lagtime.
- Encourage employees to report all claims, no matter how insignificant.
- Make timely reporting of claims part of your managers' & supervisors' job responsibilities.
- Ensure the work environment doesn't discourage the reporting of claims.



The NEW Faces of the Program



We are pleased to introduce our newest program employees to our agency customers. While our program enjoys significant stability, promotions and employee departures allow us to infuse the program with new talent.

Corbin Thomas, Senior Benefit Coordinator, joined the team in August as a result of the promotion of Donna Hubley to Claim Supervisor.

Some things about Corbin:

- Born and raised around Richmond / Midlothian.
- Loves the great outdoors and being by/in water i.e., day hiking, whitewater rafting and stand-up paddle boarding.
- Avid gardener.
- Proposed and now engaged back in May this year.
- Has one child and recently celebrated her 1st birthday. Fulltime girl dad and loving it!
- Two sweet pit babies that made their way into his family from two different rescue places at different times and they aren't related (to the best of his knowledge) but ironically both their adoption papers had the same birthdate and year.
- Big family man.



Hali Compton is our newest **Associate Benefit Coordinator** and will be investigating medical only claims and managing other medical only claims assigned to her. She is busy receiving program training and absorbing an existing caseload. Some things about Hali:

- She loves all things Friends (the TV show), Bravo (reality TV), and rom-coms.
- She has two small kids that keep her very busy!
- Fall is her favorite - football, wineries, and pumpkin spice (almost everything).



Stefanie Vukovich, Claims Associate, recently joined the team in our important support and claim trainee position. Some things about Stefanie:

- She was born in Pittsburgh, PA, but grew up in Fredericksburg VA (her father is a retired Marine).
- She has two cats and a dog and they are her world, and she volunteers at local animal rescues.
- She has a niece and a nephew who she absolutely adores, Emma and Jake.
- Her boyfriend is a music man, and they enjoy all genres of music.
- She loves to travel! Her favorite place is the beach, doesn't matter which one as long as she can feel the sand and hear the waves.
- She loves to be near water, lakes, rivers, oceans, pools, ponds, you name it.
- She has just recently taken up paddle boarding as a hobby and although it is a work in progress, she accepts the challenge!