

WORKPARTNERS Spotlight



INTERVIEW WITH ...

Mark "RxProfessor" Pew

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Every month WorkPartners turns the spotlight on individuals making an impact and exemplifying excellence in the field of workers' compensation.

This month we sit down with Mark Pew, better known on social media as the "RxProfessor".

Hello Mark. You're best known as the RxProfessor. How did that come about and how has this helped you?

It started as a Twitter handle but the name was based on a logical assessment of what I was doing – educating ("Professor") about drugs ("Rx"). However it quickly became more than just what I was doing but who I was, a great self-defining name (the ultimate elevator pitch). I have since added a tagline that I'm an educator and agitator and I've launched content campaigns such as #CleanUpTheMess, #WordsMatter and #PreventTheMess. Ultimately, my "name" has helped keep me focused and my message consistent. While "the intersection of chronic pain and appropriate treatment" may seem limiting in regards to subject matter, it's actually limitless. Just like the treatment options to someone truly trying to manage their pain. So when someone hears me, sees me or reads me they know that I will stay true to my calling as The RxProfessor.

What is your current role?

I am senior vice president of product development and marketing at Preferred Medical, a pharmacy benefit manager and ancillary service provider dedicated to

workers' compensation. In those roles I'm responsible for identifying (and building) new service offerings for our clients and coordinating a strategic and unified message about our value proposition to the marketplace. But I am still, and will always be, a content provider on multiple platforms about the intersection of chronic pain and appropriate treatment as The RxProfessor. I like being busy, and I am that (and more). All of these roles, plus others, are very symbiotic towards the goal of helping Preferred Medical do the right thing.

From your perspective, what is the most common misconception regarding workers' compensation?

The impact – positive or negative – that "the system" can have on an individual, their family (maybe for generations), their community, their employer. Every single

"claim" involves a person, and depending upon how we do our job, as a "system" or as individuals, their life will be impacted. It's easy, either from inside or outside of work comp, to think macro-level about statistics and dollars and policies but forget about what every single claim number represents – an employer that no longer has an employee and an employee that may be different after a workplace injury. It is a noble profession to help employees (and employers as well) return back as close as possible to pre-injury condition. Yes, it's part of the Property and Casualty insurance portfolio. But to those involved, it's highly personal.

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New research from the California Workers' Compensation Institute indicates Opioid usage is down in CA Workers' Comp. You are tackling this epidemic head-on. What is your technique, and what trends do you see in your results?

Ultimately a decision needs to be made by the injured worker (or in the broader context, patient) and treating physician that there are options other than prescription painkillers to manage pain. So my technique is education as I feel like an educated consumer (patient) and provider (physician) will make better choices. For some people during the acute and even chronic phase of pain, prescription opioids are appropriate because their benefits exceed their risks and side effects. For some people with anxiety the use of benzodiazepines is appropriate for the same reasons. But for some people opioids and/or benzodiazepines are the wrong choice and they need to focus more on an active lifestyle, better nutrition and a resilient / positive mindset. That can be accomplished through modalities like cognitive behavioral therapy, mindfulness, deep diaphragmatic breathing, yoga, acupuncture, physical therapy, music therapy, and others via a multi-disciplinary approach. Maybe different drugs could be helpful like gabapentin, NSAIDs, and medical CBD (cannabis). Maybe they need a stronger support system, to deal with psychosocial issues in the past that have complicated their present and future, or to be more actively engaged in their circumstances. Whatever it may be, the answer is not the status quo of continuing to do the same thing over and over again and expect a different result (that is, indeed, insanity). That epiphany is slowly arriving in work comp and society in general. Which is great because more education in medical schools about pain management, limits on day supply of opioids during the acute phase of pain, mandates for the use of PDMP, broader access to mental health treatment, media coverage of the problems and solutions and other grassroots / community / state / federal initiatives have an impact on everybody regardless of who pays the medical bills. So the trend is away from the "single solution" of opioids for everybody and everything that was wrongly inculcated into the U.S. starting in the mid-1990's and towards common sense. There isn't a single solution for everybody so treatment needs to be individualized to the individual. It's a crazy concept, I know, but one that worked for hundreds of years prior to the mid-1990's.

Can you share one story that you hold near and dear to your heart that's related to your mission?

Several years ago at my prior employer we worked on a work comp claim where the evidence was clear the injured worker was dying from his inappropriate polypharmacy regimen. After many interactions the injured worker wouldn't change. The prescriber wouldn't change. Ultimately, in an unusual twist of circumstances, we were able to engage with his wife and convince her that things had to change or she was going to lose her husband. And so the injured worker started listening. Our team was able to find a different prescriber. We helped them all through the tapering process. Several weeks later we received a call from the injured worker, thanking us for saving his life. If that doesn't get you motivated to help others, nothing will. And it certainly motivates me because the services used were ones I created (in that product development role) for my prior employer so without my involvement that gentleman may have died. On top of that are discussions I have all the time in person, on the phone and on LinkedIn with people that tell me they think of things differently because of something I wrote or said. Given that I'm a purpose driven person and want to make a difference in the world, those interactions are fuel to my engine.

How do you keep a healthy work/life balance?

It's difficult with my travel schedule and never-a-40-hour work week. I am a (recovering) workaholic and have publicly acknowledged I receive too much self-esteem from my job. When your job is rewarding it feeds that lack of balance. But in search of balance I try to not work on weekends, love hiking outdoors (wonderfully focused conversations you don't get anywhere else), engage in sports (anything with a ball, in the stadium or on TV), spend time with family (my wife of 35 years, son and his wife, daughter) and friends, and watching "Frazier" (it's so well written and timeless).

What's the one thing about you few people know?

I'm the son of a preacher. Now doesn't that make sense?

Given your wealth of experience in utilization review, what is one of the most impactful decisions in controlling costs a company can make and why?

Payers should identify the best clinicians and partner with them. "Best" certainly can be a subjective term. What I mean by that are

those clinicians that follow evidence-based medicine and have repeatable positive clinical outcomes for their patients. In work comp that primarily means return to (and stay at) work. But it also includes their interactions with patients (should be meaningful), their perspective on care (open to new science that creates new options) and their collaboration (willing to work with all stakeholders as a member of the team). If the clinician consistently delivers positive outcomes, patient after patient after patient, then the payer should reduce their administrative burden by strategically reducing oversight like utilization review. Not every clinician is the best. Not every payer is either. And there can certainly be some injured workers that "play the system." But, in my perspective, the vast majority of people in work comp want to do the right thing and are competent enough to make that happen. If we make life difficult for everybody, the best and average and poor, then ultimately the "friction cost" causes the entire process to slow and can create sub-optimal care and outcomes for the injured worker. While not the easiest way to control costs, and maybe not the least expensive option up-front, establishing a trusting (built upon repeated positive performance) partnership among the stakeholders will provide the largest return on investment long-term.



THE
Rx Professor
Educator and Agitator

ABOUT MARK PEW

With more than 35 years of experience in property and casualty, healthcare and technology, Mark has been the mastermind behind solutions that transform the way the workers' compensation industry navigates utilization management and treatment, particularly in the area of opioids and other potentially high-risk medications. Since 2012, Mark has presented educational content more than 550 times to more than 43,000 people in 41 states and the District of Columbia. He is also an accomplished writer, regularly blogging and tweeting and with many articles published in national magazines. His blog was recognized in 2016, 2017 and 2018 as a WorkersCompensation.com "Best Blog."

CONNECT WITH MARK

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