



Overdosed. Are we taking in too much?
HERO WINTER THINK TANK
March 1st and 2nd, 2018
Westin at the Domain, Austin, TX
[Tentative Agenda – Subject to Change]

Thursday, March 1st

- 8:00 AM BREAKFAST *Foyer*
- 9:00 AM OPENING SESSION *Primrose AB*
Welcome
Paul Terry, PhD, President and CEO, HERO

Seth Serxner, PhD, Chair, HERO Board
HERO Board Annual Report

Introduction Question: How has opioid use touched your life?

9:30 AM **ISSUE ONE – Pain in America: Why is there an Opioid Epidemic?**

Robert Kerns, PhD	Una Makris, MD
Dr. Kerns is Professor of Psychiatry, Neurology, and Psychology at Yale University. He was a member of the Institute of Medicine Committee on Advancing Pain Research, Care and Education and National Pain Management Strategy Oversight Panel that developed a National Pain Strategy for transforming pain care in America. He also served as co-chair of the Federal Interagency Workgroup that produced a National Action Plan for Prevention of Opioid-related Adverse Drug Events.	Assistant Professor at UT Southwestern Medical Center, received her medical training at the George Washington University Medical Center and completed her fellowship in Rheumatology at Yale University with a clinical research focus on degenerative, musculoskeletal conditions. She is interested in the epidemiology of back pain and developing effective multi-component behavioral interventions with the goal of, ultimately, improving outcomes of back pain.

10:00 AM **What is presently being done? What more must be done?**

REACTOR PANEL
[Sarah Hodge, MPH](#), Senior Research Analyst, NORC
[Ben Miller, PsyD](#), Chief Policy Officer, Well Being Trust
[David Lee, MD](#), Chief Medical/Operations Director, OhioHealth Employer Services

10:30 AM BREAK

10:45 AM REACTOR PANEL (cont'd)

- 11:15 AM ISSUE ONE - Think Tank Dialectic
Questions:
1. "Reimbursement is the elephant in the room" according to Dr. Kerns and many other mental health care advocates. What part of the elephant does your organization touch? What part goes unnoticed? What strategies might your organization employ to address the issue?
 2. Pharmacy benefits management and pain management are intertwined. What role has the opioid epidemic played in recent benefits strategies at your organization? What role do you think it should play in next year's planning?
 3. A HERO webinar poll recently showed that most organizations monitor behavioral health issues separately from other health and well-being metrics. Are your behavioral health and other wellness data and planning integrated? If so, how so? If not, why not? How could your organization better integrate data and/or planning?
 4. Many models have been offered to address the opioid epidemic in America but few focus on the employer's role. How can employers take a more proactive role in addressing contributing factors within their organization?
- 11:45 AM Group Report Outs
- 12:15 PM LUNCH *Foyer*
- 1:15 PM ISSUE TWO – **Pain, social isolation in America and the dark side of social media**
[Allye Doorey](#), Brand Management, The Richards Group
- REACTOR PANEL
[Eric Foster](#), Director of Benefits, Lowe's Companies Inc.
[Joni Troester, MBA](#), Assistant Vice President, Human Resources, Benefits, Total Rewards, University of Iowa
- 2:00 PM ISSUE TWO - Think Tank Dialectic
Questions:
1. What group and/or individual level metrics does your organization monitor related to media use, connectivity, work-loads and work-life balance?
 2. Worksite health promotion grew up via a business case related to risk reduction and cost containment. How much of your current case for your health and well-being initiatives relate to building meaningful relationships between employees within the organization as well as within your community?
 3. Minnesota's beloved Prince was known for his spiritually pure nature, making his shocking death seemingly inexplicable. What biases do you think need reexamination related to the opioid epidemic? How can employers take action to address myths and biases within their organization about the opioid epidemic? How would addressing myths and biases make a difference?
 4. Describe your current process to strategic planning and how integration would best occur in that process.
 5. Employee engagement is almost invariably referenced in the health promotion field as a good thing to be sought after. Does your organization monitor the dark side of engagement related to burnout and maladaptive coping mechanisms?
- 2:30 PM Break
- 2:45 PM Group Report Outs

3:15 PM	Day One Synthesis	
3:30 PM	HERO Research and Education Updates and Priorities Jessica Grossmeier, PhD, MPH, Vice President of Research, HERO Karen Moseley, Vice President of Education, HERO	
4:00 PM	Committee meetings begin	
6:00 PM	Reception	<i>Courtyard</i>
6:45 PM	Think Tank Dinner	<i>Primrose AB</i>

Friday, March 2nd

8:00 AM	Breakfast	<i>Foyer</i>
9:00 AM	Opening Comments	<i>Primrose AB</i>
9:15 AM	<p>ISSUE THREE – The Employer’s Role in Pain Management: Measurement and best practices for dealing with suffering, hyper-engagement and overdoses of work, media and connectivity</p> <p>Pamela Corson, PhD, Vice President, Health & Wellness, Prudential Andy Crighton, MD, VP and Chief Medical Officer, Prudential Financial. APA Award Winner for a Psychologically Healthy Workplace</p>	
9:45 AM	<p>Company Leader Reactor Panel</p> <p>Mary Kay O’Neill, MD, Senior Clinical Advisor, Mercer Linda Yoo, MFT, Head of Global Mental Well-Being & Workplace Effectiveness, Johnson & Johnson</p>	
10:15 AM	<p>ISSUE THREE - Think Tank Dialectic Questions:</p> <ol style="list-style-type: none"> 1. In past Think Tanks, we’ve discussed “Net Promoter Scores” (NPS) and systems to assess and build employee satisfaction with your health and well-being offerings. Is there a relationship between pain management, use of media, work levels and the design of your health and well-being initiatives? If so, how so? If not, should there be? 2. How do you compare the stigma of addiction to that of other mental health issues? How does the stigma associated with other types of addiction apply/not apply to opioid addiction? How do the similarities/differences influence approaches to address opioid addiction? 3. Some organizations have “zero tolerance” policies relating to drug use. Does your organization have drug use policies that address opioid use? Are your organization’s policies being reviewed in the context of driving pain issues underground? 	
10:45 AM	Group Report Outs	
11:15 AM	HERO Committee Updates	
12:00 PM	Adjourn	