Third-Party Payer Track

Health Plans Address America’s Opioid Epidemic with Evidence-Based Strategies

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Moderator: J. Kevin Massey, Health Administrator, Correct Care Solutions, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board

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Disclosures

- Eric Bailly, LPC, LADC; Barbara Henry, RPh; Doug Nemecek, MD, MBA; and J. Kevin Massey have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Describe health plan programs and strategies to address the opioid epidemic.
- Recognize the importance of collaboration across all stakeholders.
- Identify ongoing challenges and strategies to address those challenges to curtail the opioid crisis.
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Conflicts of Interest:

- Eric has no real or apparent conflicts of interest to report.
The Opioid Impact

- Overdoses are now **leading cause of death** of Americans under 50.¹

- In 2016, 6 of the top 8 counties with the highest drug overdose mortality rate were in **markets served by Anthem**.²

- America claims less than 5% of the world’s population, yet it consumes roughly **80% of the world’s opioid supply**.³

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1. Source: [NY Times, 6/5/17](#)
2. Source: [EMS1.com; countyhealthranking.org CDC Aggregate Data](#)
3. Source: Express Scripts "[America’s Pain Points](#)", 12/9/14
**Anthem’s Opioid Strategy**

- **Prevention**
  - **Anthem’s Commitment**: Reduce Prescribed Opioids Filled at Pharmacies by 35% by the End of 2018 (Original target of 30% reduction has been met early)

- **Treatment and Recovery**
  - **Anthem’s Commitment**: Double the percent of members receiving comprehensive MAT by the End of 2019

- **Deterrence**
  - **Internal Barometer of Progress**: Reduction in Opioid Overdoses per 100,000 members
Prescription Opioid Management:

Promote coordination of care and ensure appropriate medication access:

- Limiting, initial prescriptions for short-acting opioids
- Requiring prior authorization for all long-acting opioids
- Covering MAT for members
- Pharmacy Home program
- Controlled Substance Use Monitoring Program
Early identification, treatment and recovery

Minimize risks and enable earlier identification

• Care Management support
• Improving MAT access in rural areas through PCP recruitment
• Peer recovery support services
• Expanded care and treatment options through telehealth
• Provider and Vendor collaboration
• Expansion of MAT ECHO Hubs

Provide access to additional evidence based tools

• Access to online consumer tools, such as mobile apps, decision-support tools, and support groups
• Offer a variety of coverage for non-pharmacologic approaches to pain management including:
  • Physical Therapy
  • Osteopathic Manipulation
  • Pain management programs
  • Cognitive behavioral therapy
## Preventing fraud, diversion, and abuse

Leverage data mining and analytic capabilities:

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Review of high volume pharmacies</td>
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<tr>
<td>Partner with law enforcement to monitor claims for potential fraudulent or abusive behavior</td>
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<tr>
<td>Monitoring potential “doctor shopping”</td>
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<tr>
<td>Investigating “pill mills”</td>
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<tr>
<td>Provider Education</td>
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Key Performance Indicators

Reduce Prescribed Opioids Filled at Pharmacies by 35% by 2019

Double the percent of members receiving comprehensive MAT by the end of 2019

Commercial Line of Business Goal is 33.4%

Medicaid Line of Business Goal is 42.6%
Ongoing Strategies

- **Prevention**
  - Launch of additional pharmacy edits
  - Release enhanced CSUM messaging
  - Launch member messaging for opioid new starts

- **Treatment and Recovery**
  - Expansion of MAT ECHO Hubs to cover Anthem Regions
  - Actively participate in quality of care advocacy
    - Leverage established coalitions
  - Expand value based reimbursement
  - Launch strategic vendor partnership pilots

- **Deterrence**
  - Continue with “outlier” prescriber provider education campaigns
  - Continue efforts to investigate and address inappropriate prescribing across the Enterprise through:
    - Data Mining
    - Inbound referrals
    - Task Force meetings
The following recommendations may assist with the elimination of barriers and the provision of more whole-person, consumer-centric care.

- Align 42 CFR Part 2 with HIPAA
- Health Plan Access to Prescription Drug Management Programs (PDMPs)
- Improve Access to Specialized Supports and Services
- Increase Access to Naloxone
- Enhanced Support Research for Evidence-Based Treatments
Health Plans Address America’s Opioid Epidemic with Evidence-Based Strategies

Barbara Henry, RPh
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Harvard Pilgrim Health Care
Disclosure Statement

Barbara Henry, RPh, has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.
Learning Objectives

UPON COMPLETION OF THIS COURSE, PARTICIPANTS WILL BE ABLE TO:

- Describe health plan programs and strategies to address the opioid epidemic.
- Recognize the importance of collaboration across all stakeholders.
- Identify ongoing challenges and strategies to address those challenges to curtail the opioid crisis.
Health Plan Guiding Principles

Members

Benefits

Prevention  Intervention  Treatment  Recovery

State/Local  Federal/National
Health Plan Populations

New users

Prevention

Intervention

Treatment

Recovery

Members

Chronic Users

FWA
Health Plan Formulary Strategies

- **Coverage Decisions**
  - Wide range of non-opioids
    - Limit restrictions
  - Coverage of abuse deterrent formulations
  - Buprenorphine access

- **Restrict controlled substances**
  - Exclude from mail order
  - Limit to 30 days

- **Utilization Management tools**
  - Prior authorization
  - Quantity limits/ days supply
High Dose Opioid Awareness

- Morphine Equivalent Dose (MED)
  - or Morphine Milligram Equivalence (MME)
    - 90MME = 90mg hydrocodone = 60mg oxycodone
    - Methadone: conversion factor increases at higher doses
    - Fentanyl: dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors

- Calculator

- Educate of risks
  - “should carefully reassess evidence of individual benefits and risks when increasing dosage to =50 MME/day, and should avoid increasing dosage to =90 MME/day” (CDC)

- Pharmacy Claim Cumulative dosing edits
  - Stops Rx at point-of-service
Identifying Members at Risk

- Dangerous Combos
- High Dose Opioids
- Multiple Pharmacies/Prescribers

Case Management

Multidisciplinary Approach

Prescribers

FWA

Medical Directors

Behavioral Health
Identify Risk with Data

- High Dose Opioids
  - Cumulative MME>120/day
- Multiple pharmacies/Multiple prescribers
  - 3x3
- Dangerous combinations
  - Opioids and benzodiazepines
    - + carisoprodol or gabapentin or Lyrica
  - Opioids and buprenorphine
  - Opioids and pregnancy diagnosis/PNV
- Merge Diagnosis and ER visits
Increasing Access to Naloxone

- Remove barriers to access
  - Financial barriers
  - Restrictions
- Educate Members
  - Importance
  - How to obtain
- Educate Prescribers
  - Consider co-prescribing
- Provide Training Opportunities to Employer groups
- Support Community Efforts
Health Plan Challenges

- We don’t have complete picture
  - Cash payments
  - PDMP data
- Confidentiality barriers
- Guidelines ≠ all patients
- Patient access vs. Appropriate management
- Opioid epidemic vs. legitimate pain needs
- Chronic pain with opioid use disorders
  - Quality of care
  - Resources
Other Health Plan Efforts

- Coverage of alternative therapies
  - Acupuncture/Mindfulness/Therapeutic Yoga
- Additional Reporting
  - Outlier Pharmacies/Prescribers
  - Other at risk populations
- Targeted Educational Links/Materials
  - Pediatricians
- Member Engagement Apps
- Methadone maintenance costshare
- Lock ins
prevent overdose.

SAVE LIVES

Olivia- 15yo
THANK YOU

Barbara_Henry@harvardpilgrim.org

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National Opioid epidemic: Cigna’s Response

Doug Nemecek, MD, MBA
Chief Medical Officer – Behavioral Health
Cigna
Cigna’s commitment to help curb this epidemic

- Reduce consumption of opioids by U.S. commercial customers by 25%*
- Prevent addiction by identifying and directing those at risk to effective evidence-based treatment
- Adopt CDC guidelines for opioid prescribing with providers and consumers NOW
- Stop the stigma by changing the conversation around substance use disorders

GOALS

Public Policy

The Community

Health Care Providers

Customers and Clients

How did we strengthen our utilization management (UM)?

- Set parameters for real-time (at the pharmacy) claims processing for safety, appropriateness and savings opportunities, including step therapy, prior authorization (PA) and quantity limit (QL) programs
- Introduce situational prior authorizations and more comprehensive quantity limits throughout opioid drugs
- Requires prescribers to acknowledge opioid safe practices and submit documentation of informed consent including customer signature
- Proactive auto-approvals for customers with cancer, sickle cell disease and in hospice care
- **Long Acting (LA) Opioids** (MS Contin, OxyContin, Duragesic, Xtampza, etc)
  - QLs already in place limiting dosing to FDA-approved dosing schedules
  - Added PA to trigger for all Long Acting opioid new starts
- **Short Acting (SA) Opioids** (Vicodin, Lortab, Norco, OxyIR, etc.)
  - Added 30 day maximum quantity limits to all Short Acting opioid products consistent with CDC guideline dosing levels
  - Added prior authorizations to trigger for new starts that exceed a 15 day supply, subsequent fills subject to maximum quantity limit
Take the pledge…

to improve the quality of care for those in pain, receiving opioids, or suffering from an opioid use disorder.

CSMS - IPA

We, __________________________, representing __________________________ health care professionals, commit to:

• Encouraging prescribers to individually sign the Surgeon General’s “Turn the Tide” pledge (Turnthetiderx.org):
  – Educate ourselves to treat pain safely and effectively
  – Screen our patients for opioid use disorder and provide or connect them with evidence-based treatment
  – Talk about and treat addiction as a chronic illness, not a moral failing

• Taking steps to improve the quality and coordination of care for patients receiving opioids.

• Reducing potentially avoidable opioid prescriptions when alternative therapies are available.

David Thompson, MD  David Thompson, MD

Practice representative signature  Print name

March 27, 2017  Date
Specialty Care Management for Substance Use

Supporting Melissa
• Helps find network providers for assessment and treatment
• Encourages visit to PCP for follow-up for her high blood pressure
• Helps identify triggers and provides coping tips
• Helps set goals that build confidence
• Refers to local addiction recovery group
• Refers Melissa and her husband to Cigna’s Lifestyle Management Program for stress management

Melissa today
• Participates in local recovery group
• Is off blood pressure medication and back at work

42 years old, married, high-producing realtor
Diagnosed with opioid use disorder after knee surgery

47% fewer admissions
40% fewer office visits
Collaboration with the American Society of Addiction Medicine (ASAM)

- Provide ASAM with two years of claims data
  Used to “test and validate” what’s worked (and not) in substance use prescribing
  Used to develop guidelines for treatment and prevention
  Provide guidelines to Cigna Collaborative Care doctors – incentives will shift from volume to value, rewarding for using proven therapies to improve patient outcomes

Rewarding health care provider for using proven therapies
Leadership in our communities
Intensifying our focus to fight the opioid/substance use disorder

286 medical groups have signed our opioid improvement pledge, representing more than 64K providers.

Behavioral Health team will operate help lines for veterans who need counseling and other services.

Cigna Foundation is awarding a grant of $100,000 a year for three years to help the Iraq and Afghanistan Veterans of America (IAVA) expand programming.
Cigna’s Commitment

“Addiction afflicts our friends and families, colleagues and communities. This is nothing less than a national tragedy – and a continued failure to address it will constitute a national failure.”

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