Third-Party Payer Track

Improving the Quality of Substance Use Disorder Treatment through Payer-Driven Change

Cynthia Reilly, MS, BSPharm, Project Director, Substance Use Prevention and Treatment Initiative, The Pew Charitable Trusts

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Doug Nemecek, MD, MBA, Chief Medical Officer, Behavioral Health, Cigna

Moderator: Gary Enos, MS, Editor, Addiction Professional
Disclosures

- Cynthia Reilly, MS, BSPharm; Samantha Arsenault, MA; Doug Nemecek, MD, MBA; and Gary Enos 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

- Identify the general principles of quality substance use disorder treatment.
- Discuss how payer-driven reform can improve the quality of substance use disorder care.
- Explain the SUD Treatment Task Force’s strategic plan, including baseline assessments by payers and plans to implement policy changes and their potential impact.
Defining Quality for Substance Use Disorder Treatment

Cynthia Reilly, MS, BS Pharm
Director, Substance Use Prevention and Treatment Initiative
The Pew Charitable Trusts
1) Reduce the inappropriate use of prescription opioids while ensuring that patients with medical needs have access to pain control, and

2) Expand access to effective treatment for substance use disorders, including medication-assisted treatment.
Presentation Outline

- Evidence-based treatment for substance use disorders
- Network adequacy
- Efforts to improve access to evidence-based, quality care
The GOAL is…

a treatment system that provides **timely access** to **comprehensive, evidence-based** and **sustainable care**.
Medication-Assisted Treatment for Opioid Use Disorder

Medication-assisted treatment (MAT) increases adherence and reduces:

- Illicit opioid use
- Overdose risk and fatalities
- Health care utilization
- Criminal activity

FDA-approved drugs + Behavioral therapy

Medications for Opioid Use Disorder

medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder
Many Medicaid Programs Do Not Cover All Drugs for Opioid Use Disorder

Colleen M. Grogan et al., *Health Affairs*, http://content.healthaffairs.org/content/35/12/2289.full.
ASAM Criteria Guide Patient Care

.5 Early Intervention
1 Outpatient Treatment
2 Intensive Outpatient and Partial Hospitalization
3 Residential/Inpatient Treatment
4 Medically-Managed Intensive Inpatient Treatment

Many Medicaid Programs Do Not Cover All Levels of Care

Grogan CM, et al. *Health Affairs*, http://content.healthaffairs.org/content/35/12/2289.full
Coverage ≠ Access

Coverage is important, BUT access is limited if there aren’t enough providers in the community or insurance networks.
Example: Most Counties Lack Buprenorphine Prescribers

Source: Andrilla et al., (2017). WWAMI Rural Health Research Center, Data Brief #162.
Ensuring Network Adequacy

Public and private payers can improve network adequacy by:

- Ensuring an adequate numbers of providers for all levels of care and across geographic areas
- Encouraging additional providers to join the network
- Developing innovative payment methods to incentivize provider participation
Access to Residential Treatment
Virginia Medicaid Program, March 2017

Access to Residential Treatment
Virginia Medicaid Program, July 2017

Substance Use Disorder Treatment Task Force

- April 2017: Shatterproof launches project to address harms from substance use disorders

- Goal
  - Move the treatment system to high quality, evidence-based care
  - Significantly improve patient outcomes

- November 2017: Shatterproof and Pew host a meeting of insurers and experts in the field
## Principles of Care

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Improving the Quality of Substance Use Disorder Treatment through Payer-Driven Change

Samantha Arsenault
Director, National Treatment Quality Initiatives
Shatterproof
Agenda

- Shatterproof
- Substance Use Disorder Treatment Task Force
- Action Plan
- Payer-Related Strategies
  - Policy and Payment Reform
  - Provider Ratings
Dedicated to ending the devastation addiction causes families.
Shatterproof Substance Use Disorder Treatment Task Force

The issue:

Less than 1 in 10 people with a substance use disorder who receive any treatment

Even fewer receive evidence-based treatment

Less than 30% of specialty addiction treatment facilities offer either methadone or buprenorphine, two of the critical medications to treat opioid use disorder.
Shatterproof Substance Use Disorder Treatment Task Force

Approach:

- Substance Use Disorder Treatment Task Force
- Ensure every American has access to treatment based upon proven research.
- Reduction of symptoms related to SUD, improved general health and function, ability to self-manage the disease and avoid relapses.
Shatterproof Substance Use Disorder Treatment Task Force

Approach:

1. Substance Use Disorder Treatment Task Force
2. Ensure every American has access to treatment based upon proven research.
3. Reduction of symptoms related to SUD, improved general health and function, ability to self-manage the disease and avoid relapses.

But how?
Action Plan

National Principles of Care

1. Payer Based Reform
2. Provider Ratings
3. Provider Engagement
4. Consumer Education and Stigma Reduction
5. Public Policy

Measurable Objectives

Ongoing Evaluation, Continual Improvement

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Shatterproof Substance Use Disorder Treatment Task Force

Co-Chairs
- Gary Mendell, CEO and Founder of Shatterproof
- Thomas McLellan, PhD, Founder, Treatment Research Institute and former Deputy Director of the White House Office of National Drug Control Strategy.

Steering Committee
- Donald M. Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement.
- Michael Botticelli, Executive Director of the Grayken Center for Addiction Medicine at Boston Medical Center, and former Director of Office of National Drug Control Policy.
- Jay Butler, President, Association of State and Territorial Health Officials, and Chief Medical Officer, Alaska Department of Health and Social Services.
- Suzanne Delbanco, Executive Director, Catalyst for Payment Reform
- Charles Ingoglia, Senior Vice President, Public Policy and Practice Improvement at the National Council of Behavioral Health
- Penny S. Mills, Executive Vice President/CEO, American Society of Addiction Medicine
- John O’Brien, Senior Consultant at Technical Assistance Collaborative, Inc., former senior advisor for healthcare financing at the U.S. Department of Health and Human Services
- Daniel Polsky, Executive Director of the Leonard Davis Institute of Health Economics
- Betty Tai, Director, Center for the Clinical Trials Network, NIDA
### Step 1: National Principles of Care

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DOMAIN 1: PAYER-BASED REFORM

Objective: Leverage payers to reduce barriers to quality treatment, and incentivize care consonant with the National Principles of Care.
November 8th announcement:

With support and input from the Steering Committee, 16 Payers covering more than 248 million lives, agree to:

1. Identify, promote, and reward care that aligns with the Principles
2. Work with the Task Force to monitor and evaluate implementation strategies
3. Learn and share with other organizations for the greater goal of improving access to and quality
Recommendations

- Enrollee Benefit Design
- Payment
  - Adequate and Timely
  - Alternative Payment Models
- Utilization Management Techniques
- Network Adequacy
- Provider Rating System
- Technology
- Member Education
Next Steps

- Assess priorities
- Support implementation
  - Resource development
  - Facilitate discussions & learning opportunities
- Baseline assessment
- Track progress
DOMAIN 2: PROVIDER RATINGS

Objective: Drive quality improvement through the creation of a transparent quality rating system for addiction treatment providers that aligns with the National Principles of Care.
Health ratings research:

- Health rating research shows positive impact:
  - Help prospective patients select a care provider
  - Improve provider engagement in activities to improve quality
  - Improve healthcare performance measures
  - Example: Leapfrog reports dramatic decline in early elective deliveries from a national rate of 17% in 2010, when they started reporting in this area, to 4.6% after just 3 years.

- Research shows an increase in both awareness and usage of these systems


Hanauer DA, Zheng K, Singer DC, Gebremariam A, Davis MM. Public awareness, perception, and use of online physician rating sites. JAMA. 2014;311(7):734-735

http://www.leapfroggroup.org/sites/default/files/Files/2015%20Leapfrog%20Timeline.pdf
Rating System Stakeholder Audiences:
- Payers to incentivize high-quality care
- Consumers to inform treatment selection
- Providers to improve quality and align with Principles
- State Licensors to identify high-quality care.
Supporting Domains:

- Shatterproof
- Workplace Program: Addiction Wellness at Work
- Rise Up Against Addiction 5K Run/Walk
- FAMILY Support Groups

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Thank you

FOR ADDITIONAL INFORMATION OR QUESTIONS, PLEASE CONTACT:

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Improving the Quality of Substance Use Disorder Treatment through Payer-Driven Change

Doug Nemecek, MD, MBA
Chief Medical Officer - Behavioral Health
Cigna
How do we define “Quality Substance Use Disorder Treatment?”
How can an individual and their family understand what is covered by their insurance?
Douglas Nemecek, Cigna's chief medical officer of behavioral health and a member of Shatterproof's Scientific Board (left), and Gary Mendell, founder and CEO of Shatterproof, rappel the United Way Building for the Shatterproof Challenge. CONTRIBUTED BY SHATTERPROOF
Coverage Changes to Support Treatment

- Increase access to and coverage of Medication-Assisted Treatment (MAT) for opioid use disorder treatment and opioid blocking products for overdose reversal

  - **MAT Drugs:** Suboxone, Zubsolv, Bunavail or methadone that are used to assist opioid dependence treatment
    - Removed all prior authorizations and maximized availability, reduced time to treatment
    - No prior authorization required for Vivitrol

  - **Opioid Blockers:** Naloxone or Narcan used in emergency situations to reverse opioid overdoses
    - Added coverage in the pharmacy benefit for ‘hospital’ injection products
    - Lowered copay/coinsurance tier to lowest brand tier for Narcan nasal spray
Medication Assisted Treatment Network Development

- Directory outreach completed to all contracted MAT providers to confirm continued MAT practice

- Nationwide recruitment of MAT providers began Dec 2017 through Q4 2018
  - Multiphase approach with nearly 5,000 recruitment leads

- MAT contract solutions
  - MAT clinic pilot to begin April 2018
    - PMPM reimbursement model
    - Clinic must include a therapeutic component (e.g. IOP, individual, etc.)
  - Develop Fee For Service model
    - Behavioral vs. medical options
    - Contract options for state/federal OTP’s as well as large multidisciplinary groups
  - Fee for value contract solutions
Cigna’s Designated Substance Use Disorder Treatment Providers

- A facility in Cigna’s behavioral network that has earned a top ranking for patient outcomes and cost-efficiency based on Cigna methodology.

- The facility must be accredited by The Joint Commission (TJC) or Commission on Accreditation of Rehabilitation Facilities (CARF).

- Selected based on five health outcome and cost-efficiency metrics:
  - **Capabilities** – The facility’s service capabilities include inpatient and/or residential detoxification, along with a partial hospitalization program (PHP) and/or intensive outpatient program (IOP) optional level of care.
  - **Total number of annual admissions** – A minimum of 25 unique treatment episodes are required for consideration.
  - **Readmission rates** – Total number of admissions within 30, 90 or 180 calendar days of original admission; must be 10% or less.
  - **Total cost per episode** – Total dollars paid for services.
  - **Seven-day ambulatory follow up** – Number of face-to-face outpatient visits with a licensed behavioral practitioner within seven days of discharge.
Cigna’s Collaborative Care Model pilot

- Effective for all ages
- 80 randomized controlled trials demonstrate quality, cost, and satisfaction improvement
- Grounded in patient-centered, population-based care with a focused on evidence-based treatment to target

Embed MHSUD resources

Behaviorist
Psychiatric consultant

Holistic assessment
Actionable insights
Registry management

Treat to target
Brief intervention
Referral

Reimburse and improve cost and quality outcomes
CoCM codes
MHSUD services

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Cigna’s Commitment

1. Identify, Promote and Reward care that aligns with the Principles

2. Work with the Task Force to identify, monitor, and evaluate implementation strategies

3. Learn and Share with other organization for the greater goal of improving access to and quality of Substance Use Disorder treatment
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THANK YOU

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