

AMCP Webinar Series

Confronting and Reducing Opioid Addiction

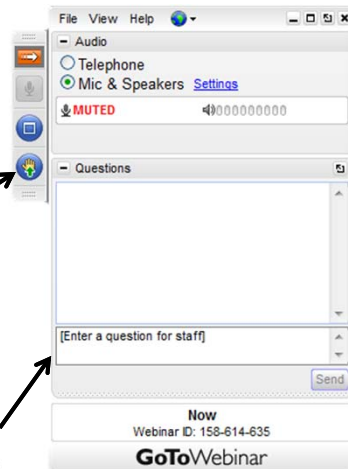
February 3, 2016



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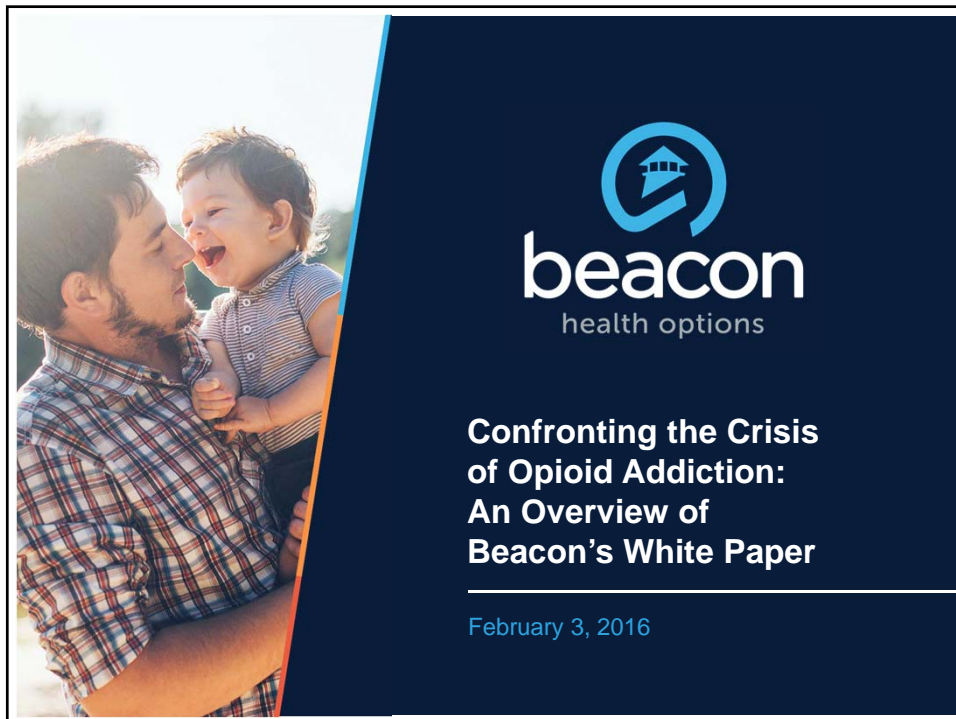
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#opioidcrisis

#amcporg



The image shows the cover of a white paper. On the left side, there is a photograph of a man in a plaid shirt holding a young child. On the right side, there is a dark blue background with the Beacon logo (a stylized house icon) and the text "beacon health options". Below the logo, the title "Confronting the Crisis of Opioid Addiction: An Overview of Beacon's White Paper" is written in white. At the bottom, the date "February 3, 2016" is displayed.

Today's Speakers



B. Steven Bentsen, MD, MBA, DFAPA
 Regional Chief Medical Officer, Beacon
 Health Options
 Clinical Faculty, Department of Psychiatry at
 University of North Carolina at Chapel Hill

- Dr. Bentsen oversees the medical and clinical operations, including medical affairs, care management, and quality assurance, for the mid-Atlantic, Midwest, and Southeast regions. He also provides medical oversight for Employee Assistance and Commercial accounts.
- Previously, Dr. Bentsen managed a private psychiatric practice and served as Medical Director for Freestanding and Medical/Surgical Psychiatric Hospitals, Psychiatric Residential Treatment Facility, and Partial Hospitals.

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Today's Speakers

Virginia Kula, RPh
 Director, Pharmacy Management for the
 Massachusetts Behavioral Health Partnership


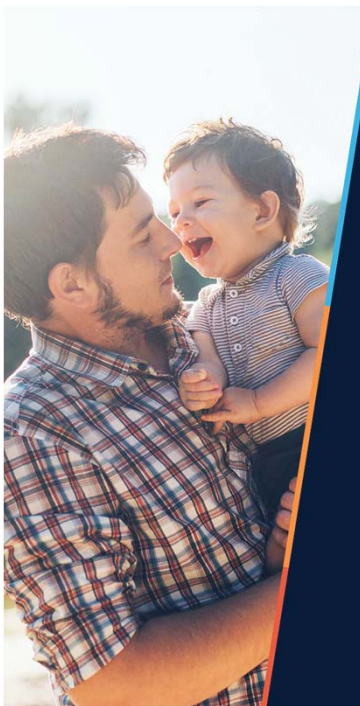


- Ms. Kula works with the Integrated Care Management Program at MBHP and manages the Controlled Substance Management Program.
- Ms. Kula also works with the Massachusetts Drug Utilization Board to assist MassHealth in the performance of drug utilization review. She currently serves as a member of an Addiction Focus Group to share ideas with the Governor's Task Force on addressing the Commonwealth's opioid epidemic.
- Previously, Ms. Kula served as a Formulary and Utilization Specialist and Pharmacy Manager for Fallon Community Health Plan.

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**Confronting the Crisis
of Opioid Addiction:
An Overview of
Beacon's White Paper**

February 3, 2016


Introduction

Agenda

- Brief introduction of speakers
- Overview of Beacon's White Paper in response to the crisis of opioid addiction
- Overview of Four Beacon Programs to address the crisis
- Opportunity for Q & A

Opioid Addiction Is Headline News

2 million Americans are addicted to prescription opioids



Deaths from opioids outnumber deaths from motor vehicle accidents per annum

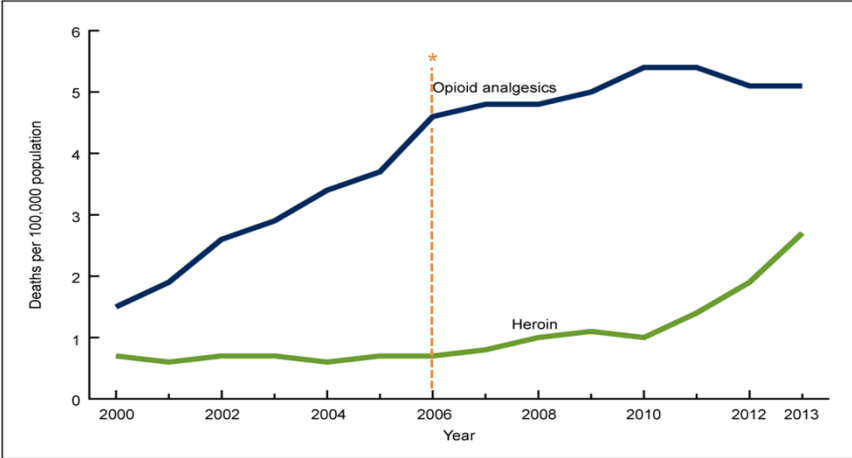
Why?

- There has been massive overprescribing of opioid painkillers
- Heroin abuse is growing
- Treatment is fragmented and hard to access

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Drug-poisoning Deaths Involving Heroin: United States, 2000–2013

Figure 1. Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000–2013



NOTES: The number of drug-poisoning deaths in 2013 was 43,982, the number of drug-poisoning deaths involving opioid analgesics was 16,235, and the number of drug-poisoning deaths involving heroin was 8,257. A small subset of 1,342 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db190_table.pdf#1.
 SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

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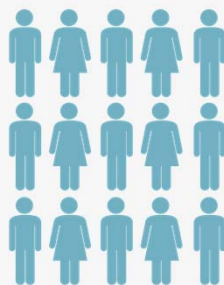
Issues Unique to Addiction Treatment

- Widest gap between science and clinical practice
- About 50 percent of family members would help a family member obtain treatment
- About 5 percent of treatment referrals are from health care providers
- Forty-four (44) percent of referrals from legal system
- Most do not receive best practice care
- Only minority of states monitor treatment outcomes
- Quality measures not standardized
- Many programs exempt from state regulation or medical oversight

Medication-assisted Treatment (MAT) Reduces All-cause Mortality



Receiving
treatment



Untreated

"...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population, whereas the mortality rate of untreated individuals using heroin was more than 15 times higher."

Modesto-Lowe et al., 2010; Gibson, 2008; Mattick, 2003; Bell and Zador, 2000; Marsch, 1998

MAT as *Part* of Treatment Program

- Four approved medications for treatment of opiate dependency:
 - Buprenorphine
 - Buprenorphine/Naloxone
 - Methadone
 - Naltrexone oral
 - Naltrexone injectable
- MAT is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- MAT has proven to be very effective as part of a holistic, evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of PDMP.

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Opioid Addiction: A Chronic Illness Should Be Treated Through Chronic Disease Model

Recommended Interventions	Description
Increase community resources and policies	<ul style="list-style-type: none"> • Make naloxone widely available • Remove barriers to non-acute provider capacity: <ul style="list-style-type: none"> • Methadone, Suboxone • Extenders - mid-level administrators under supervision • Public awareness campaign targeting citizens, prescribers & policymakers about the chronic disease model
Increase collaboration between payers and providers	<ul style="list-style-type: none"> • Encourage bundled payments for high-quality providers to encourage community care instead of institutional care: <ul style="list-style-type: none"> • Peers, office and home-based formats • De-stigmatize long-term treatment options. More than just abstinence
Improve access to resources for self-management	<ul style="list-style-type: none"> • Promote verbal and written explanation of treatment options, alternatives, risks and benefits, including Medication-Assisted Therapies (MAT)
Improve design of delivery system	<ul style="list-style-type: none"> • Re-unify the system of care (e.g. Department of Health carve-outs) in accordance with ASAM criteria • Require case/care management/pain management services to be part of full-service addictions treatment
Increase decision support	<ul style="list-style-type: none"> • Apply evidence-based clinical practice guidelines to MAT, including real time support for prescribers (e.g. expert staffed support hotline for prescribers treating addictions)
Implement clinical information systems	<ul style="list-style-type: none"> • Registries • Implement EHR technology to ensure real-time access to pertinent clinical information (i.e., diagnoses, co-morbidities, medications, treatment goals) • Clear interpretation that SA-related personal health information will not be used for prosecutorial purposes

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Opioid Addiction Care Process: Keystone Projects

Examples of three pharmacy-related keystone projects with key initiatives

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We endeavor to produce change at every point in the opioid addiction care process

Prevention	Emergencies	Treatment	Maintenance
<p><i>Prevent addiction from starting</i></p> <ul style="list-style-type: none"> • Identify people who are at risk, and intervene early 	<p><i>Proactively create entry points to care</i></p> <ul style="list-style-type: none"> • Treat every emergency episode as an actionable indicator used to initiate treatment 	<p><i>Treat addiction effectively</i></p> <ul style="list-style-type: none"> • Mandate evidence-based clinical practice • Address inconsistent care pathways by smoothing care transitions 	<p><i>Prevent recidivism</i></p> <ul style="list-style-type: none"> • Improve community tenure and care longevity by increasing member participation
<p style="font-weight: bold; color: #00AEEF;">Education</p> <p style="color: #00AEEF;"><i>Understand condition and reduce stigma</i></p>			
<p style="font-weight: bold; color: #00AEEF;">Aggressively use innovation to improve traditional models</p> <p style="color: #00AEEF;"><i>Leverage value-based payments, technology solutions, etc.</i></p>			

@beacon 16

Prevention: Pharmacy algorithm

Prevent addiction from starting

Objective

- **Use pharmacy data to stratify members** by risk; identify (ID) members at risk of developing an opioid addiction

Overview

- **Controlling Pharmacy Utilization of Opioids**
- **Develop mathematical clinical algorithm** to analyze pharmacy data in cooperation with health plans
- **Identify appropriate intervention points and intervene early** to prevent addiction from starting
- **Protect member privacy** at all times when analyzing data and conducting outreach

Maintenance: MAT access

Prevent recidivism

Objective


- **Expand member access to MAT** treatment through network expansion and engagement with specialty MAT providers

Overview

- **Despite its proven efficacy in treating addiction, our members face access issues** around MAT
- We are taking steps to **increase the capacity of our community providers to provide MAT**
 - For instance, we plan to aid the expansion of an innovative community-based MAT provider in New York and Massachusetts

Related projects

- In New York, we **successfully expanded our number of in-network providers offering MAT** to members
- Developing partnership with a national provider of specialty Buprenorphine induction/maintenance services

Maintenance: ICM for methadone	
<i>Prevent recidivism</i>	
Objective	<ul style="list-style-type: none"> • Improve positive outcomes associated with methadone maintenance program • Reduce relapse rates associated with low dosing adherence
Overview	<ul style="list-style-type: none"> • There is a need to increase retention of members in Methadone Maintenance (MM programs) • Beacon ICM programs would provide telephonic and face-to-face case management and care coordination services to MM providers and members
Related projects	<ul style="list-style-type: none"> • MBHP ICM pilot expected to go live in January • CSMP (Controlled Substance Management Program)
 19	

Summary
<ol style="list-style-type: none"> 1. Prescription opioid addiction has reached crisis proportions. 2. Social bias and a pervasive view of addiction as a moral failing has limited access to effective, evidence-based treatments. 3. Implementing the six tenets of the chronic disease model of care signifies a major redesign of the current health care system to appropriately treat the chronic disease of opioid addiction and combat the opioid crisis. 4. As the path to addiction often begins with prescribed opioids for the treatment of pain, a comprehensive treatment continuum needs to include pain management. 5. Legislation could be instrumental in realizing this goal.
 20

Resources

- Executive summary
- Talking points
- Accompanying blog on the opioid crisis: beaconlens.com
- Additional support:
 - Article: “Behavioral Therapies for Heroin Addiction” - <https://www.achievesolutions.net/achievesolutions/en/bho/Content.do?contentId=407>
 - Article: “Opioids” - <https://www.achievesolutions.net/achievesolutions/en/bho/Content.do?contentId=7034>
 - Article: “Evidence for the Efficacy of Pain Medications,” National Safety Council
 - Recording of last fall's ValueOptions client summit, “Pain Pills Are Hurting Your Business: What You Can Do” http://healthandperformancesolutions.net/summit%20info/Pain_Meds/pain_meds.html

Thank you



Today's Speakers

Salina Wong, PharmD

Director of Clinical Pharmacy Programs at Blue Shield of California

- As Director, Salina Wong is responsible for developing and maintaining clinical programs associated with drug therapy, and that supports improved care delivery and coordination in partnership with providers.
- Salina also provides oversight for the post-graduate year one (PGY1) Managed Care Pharmacy residency program to train new pharmacists for the managed care practice setting. Previously, she, was responsible for Blue Shield's Pharmacy & Therapeutics committee, drug formularies, and medication coverage policies for both pharmacy and medical benefits.
- Prior to joining Blue Shield of California, Salina was the Health Informaticist and a Professional Services Consultant at a pharmacy benefit management company, formerly Pharmaceutical Care Network (PCN).



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Blue Shield of California's Narcotic Safety Initiative

AMCP webinar
February 3, 2016

Salina Wong, PharmD
Director, Clinical Pharmacy Programs

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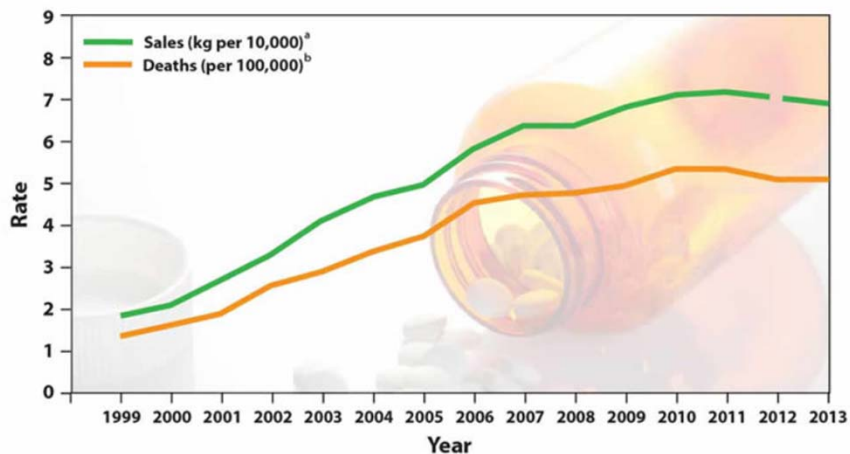
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Call to Action

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Increasing prescription opioid sales resulting in increased opioid deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

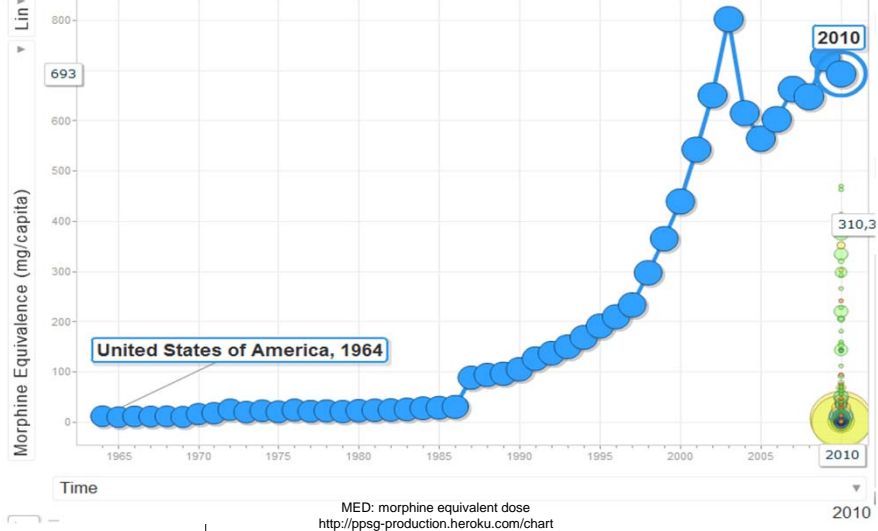
<http://www.cdc.gov/nchs/deaths.htm>.

<http://www.cdc.gov/drugoverdose/data/>

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Increasing prescription opioid sales resulting in increased opioid deaths



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"People are dying from narcotics that are legally prescribed by providers and legally dispensed by pharmacies."

Marcus Thygeson, MD
SVP Chief Health Officer
Blue Shield of California

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Blue Shield's Narcotic Safety Initiative

A three-year effort to reduce opioid use by 50% among Blue Shield members with non-cancer pain

Reduce use of high doses of opioids (>100 mg MED/day)

Reduce chronic use of opioids (> 90 days) for non-cancer pain

Prevent progression to chronic use for members newly starting opioids

By:

- Engaging our provider community to practice prudent prescribing and proactive management
- Creating awareness of issue & programs to manage pain, addiction, and substance abuse
- Mitigating fraud, waste, and abuse
- Enhancing medication coverage policies and formulary management

Key Initiatives

Provider partner engagement

- Call to action
- Webinars
- Prescriber Narcotic Reports

Quarterly to prescribers & medical directors

- Cumulative opioid dose >100mg MED/day
- "Holy trinity" medications
- Multiple prescribers and/or pharmacies

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Narcotic Safety Initiative – Prescriber Report
Patient Medication Profile

Subscriber/Member Number: 99999999 7000 IPAINC Name: «PAINC Home»
 Patient Name: John Doe Provider Name: «PCP Last Name, First Name, Suffix»
 Date of Birth: 5/22/52 Provider Address: 300 N. Heaven Street
 Sex: M City: STE 200
 Production Period: 8/1/2016 – 8/31/2016 State: CA 95999
 Threshold criteria: «Threshold: MED 100-500mg/day, MED > 500mg/day, combination use with benzodiazepines and muscle relaxants, OR multiple prescribers/pharmacies»

Label Name	Date of Service	Quantity	Day Supply	Rx Number	Prescriber Name	Prescriber State	Pharmacy Name	Pharmacy State
CARBOPROL 300MG TAB	3/27/16	90	30	100000	Robert Johnson	CA	COG	CA
HYDROCODONE/APAP 8-800MG TAB	3/27/16	90	30	100700	Robert Johnson	CA	Target	CA

blueshieldca.com

CURES sign up events with DOJ



Controlled Substance Utilization Review and Evaluation System

- California's Prescription Drug Monitoring Program (PDMP)

California law, July 1, 2016

- all doctors who prescribe addictive drugs must register with CURES
- all dispensing pharmacists must register with CURES and enter all prescription drug orders

Patient Activity Reports (PAR)

- Patient
- Prescriber
- Pharmacy
- Rx/drug and fill dates

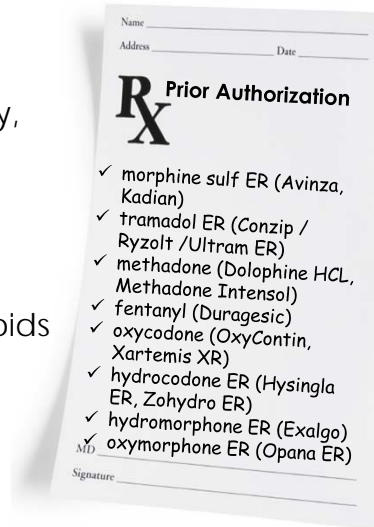
Formulary changes to narcotics

Formulary limits

- Dose NTE 120 mg MED/day, eventually NTE 100 mg MED/day

Prior authorization

- New-start long-acting opioids
- New-start opioids at doses >120 mg MED per day



Prior authorization clinical requirements

All cases reviewed by a clinician

- appropriate indication
- member-specific clinical rationale for high dosage or use of extended-release opioid product
- prescriber's plan to manage use that includes a tapering plan
- patient's prescription claims history – use of other opioids or “holy trinity” medications, and cumulative opioid dose

Narcotic case review and rounds

- Pharmacist case manager reviews outlier member cases, contacts care providers (MD, pharmacy, etc.), determines & implements actions
- Rounds twice monthly
 - Pharmacist case managers
 - BSC Medical Directors
 - RN Case Managers
 - Provider Quality & Credentialing specialists
 - Special Investigations representatives
 - Expert advisors

Public advocacy; State/Fed initiatives

- Los Angeles County Prescription Drug Abuse Coalition
- San Diego Safe Prescribing Task Force
- CA Integrated Healthcare Association (IHA) Statewide Workgroup on reducing overuse
- U.S. Surgeon General Opioids Roundtable (Dec. 2015): Prescription Opioids Campaign
 - Letter to prescribers and pledge
 - Website
 - PSAs and viral video
 - Engagement Tour
 - Media

Successes

- Significant reduction in members using very high and moderately high doses
- Prevented almost half of all new utilizers from progressing to chronic use unnecessarily
- Overall reduction in opioid consumption by 5% since March 2015

Keys

- Executive sponsorship
- Cross-functional collaboration
- Provider partnerships

What's next

- Continue partnerships with federal / statewide safe prescribing coalitions
- Improve patient support programs and promote
 - develop comprehensive chronic pain program
 - pain centers of excellence
 - assess naloxone coverage (CA assembly bill 1535)
 - promote drug disposal programs
- Identify and monitor balance measures

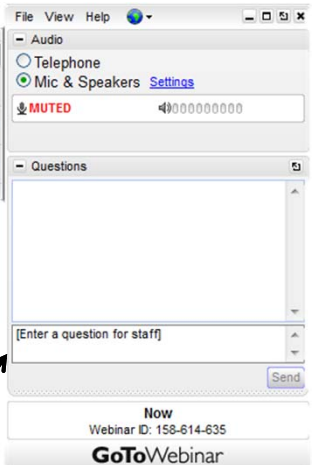
Challenges

- Medical necessity
- Member pressure on the healthcare system
- Litigation concerns
- Insufficient chronic pain management programs
- Difficulty differentiating pain specialists from narcotic prescriber mills – no standards
- Lack of accreditation standards for substance abuse treatment “clinics” / non-evidence based practices, but high patient demand
- Balancing the pendulum

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How to Ask A Question



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