



STOP Playbook

How Health Plans Are Tackling the Opioid Crisis

MARCH 2019

AHIP's Safe, Transparent Opioid Prescribing (STOP) Initiative

AHIP STOP Playbook

More than 72,000 Americans died from drug overdoses in 2017, a two-fold increase in a decade ([NIDA](#)). Of these overdose deaths, opioids were involved in more than 67 percent of deaths ([CDC](#)). Drug overdoses are now the leading cause of death among Americans, outnumbering both traffic accidents and gun-related deaths ([CDC](#)). More than two million Americans are estimated to be dependent on opioids ([SAMHSA](#)). A staggering 95 million people used prescription painkillers in the past year — more than used tobacco ([SAMHSA](#)).

In December 2018, the Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics announced that fentanyl has emerged as the deadliest drug in the United States, with more than 18,000 overdose deaths in 2016. A synthetic opioid, fentanyl can be 80 to 100 times stronger than morphine and is often mixed with illicit substances. According to the CDC, the rate of drug overdose deaths involving fentanyl doubled each year from 2013 to 2016. And as the opioid crisis has evolved from prescription medications for pain to increasingly include the impact of illicit drugs, a growing share of overdose deaths are caused by other substances such as methamphetamine and cocaine ([CDC](#)) and combinations of multiple substances.

Health plans nationwide are working closely with state and federal leaders, as well as with physicians and other clinicians, to address the opioid crisis that is devastating individuals and their families in communities across the country. In addition to continuing to promote parity consistent with the federal Mental Health Parity and Addiction Equity Act (MHPAEA), in October 2017, America's Health Insurance Plans (AHIP) launched its Safe, Transparent Opioid Prescribing (STOP) Initiative. The STOP Initiative is designed to support widespread adoption of evidence-based clinical recommendations developed by the CDC for pain care and opioid prescribing, and to further capture and disseminate relevant best practices.

Recognizing that addressing the opioid crisis is complex and multi-faceted, health plans use a comprehensive approach encompassing

- prevention,
- early intervention, and
- treatment and recovery.

This STOP Playbook provides practical examples of strategies health plans have deployed for all three components of this comprehensive approach. Taken together, these strategies reflect innovative ways plans continue to combat this evolving public health crisis and the industry's demonstrated role as an integral part of the solution.

STOP Playbook: 2019 Update

This Playbook has been updated to include information on new opioid-related activities that occurred in 2018.

In October 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities ([H.R. 6](#)), a comprehensive legislative opioid package, was enacted. Strongly supported by AHIP, the legislation authorizes grants to support holistic opioid treatment centers, expands the use of telemedicine, promotes innovative treatment paths to support those in recovery, and takes important steps to penalize entities and individuals who seek to take advantage of the crisis by exploiting vulnerable patients for financial gain. As a part of our 2019 STOP Playbook Update, we have included a short summary of H.R. 6 and how specific provisions might impact the health insurance industry.

During 2018, AHIP worked with our health plan members and other stakeholders to make progress on two major challenges: 1) strategies to improve non-opioid pain management, and 2) strategies to increase the capacity for substance use disorder (SUD) treatment including medication assisted treatment (MAT). We include highlights of these efforts in the updated Playbook.

AHIP has also supported the National Quality Forum (NQF), the Pharmacy Quality Alliance (PQA), the National Community for Quality Assurance (NCQA), and CMS in their development of quality measures and strategies to tackle the opioid crisis. To date, most of these efforts have focused on improving prescribing patterns and practices (e.g., dosages, frequency, duration of prescription). We have also continued work on our AHIP STOP Measure, the first nationwide benchmark methodology that measures the health care industry's progress in combatting the opioid crisis. Our health plan members have begun to apply the methodology to better understand how their results compare with the baseline in their local markets. We include highlights in the updated Playbook.

We conclude our Playbook with a series of case studies showcasing health plan innovation in the areas of prevention, early intervention, and treatment and recovery. We hope that these concrete examples of health plan activities will provide you with an in-depth look at how our members are tackling the crisis across the country.

AHIP and our members look forward to continuing our work to implement safe and effective policies and programs that both help people manage pain and reduce opioid addiction in America.

This report was prepared for publication by AHIP's Clinical Innovation Team. For further information, please contact Kate Berry, Senior Vice President, at kberry@ahip.org

Health Plan Prevention Strategies

Health Plan Prevention Overview

Health plans, health care providers, and patients all play a critical role in the prevention of opioid misuse and addiction. Recognizing that people deal with pain differently, patients and health care providers should talk openly and honestly about pain and options for how to manage it – from lifestyle changes and exercises, to over-the-counter options and the dangers of opioids. Plans work closely with physicians and other clinicians to ensure patients have access to safe, evidence-based, and effective approaches to manage pain.

Key Health Plan Strategies to Prevent Opioid Misuse and Addiction

STRATEGY 1.1

Encouraging proven ways to manage pain, such as nonopioid medications and nonpharmacological approaches.

Health plans are providing evidence-based protocols for physicians and pharmacists to prevent patients from receiving too much pain medication. This includes encouraging physicians and patients to develop treatment plans for pain that consider non-narcotic treatment options and providing patients who receive large amounts of narcotic medications access to pain experts, non-narcotic methods of pain control, and improved care coordination. These protocols may also include reasonable medical management techniques, such as step therapy, prior authorization, and quantity limits consistent with best practices.

Recent [research](#) shows that non-opioid medications, even over-the-counter options like ibuprofen, can provide just as much relief as opioids with much less risk. Additionally, there is a growing body of research that suggests that interventions like physical therapy, massage, and acupuncture may be effective in treating some types of chronic pain. Increasingly, clinicians and health plans seek to improve pain care and are considering non-opioid interventions as a first options for patients. Several plans have integrated coverage of these interventions into their coverage policies.

However, effective management of pain often demands a multidisciplinary assessment and treatment plan. And while some reliable and available evidence exists for nonopioid and/or nonpharmacological treatments of chronic pain, it is often limited in specificity, and clinicians may not be aware of different non-opioid treatment options that may be available. Chronic pain treatment requires a whole-person approach, where evidence-based treatment pathways have been simplified to support multidisciplinary teams in a variety of settings.

STRATEGY 1.2

Promoting the CDC opioid prescribing recommendations including non-opioid pain care, cautious opioid prescribing, and careful patient monitoring.

In 2016, the CDC released their [Guideline for Prescribing Opioids for Chronic Pain](#) which included recommendations for prescribing opioid pain medication for patients 18 and older in primary care settings. These include recommendations to prescribe the lowest dose and fewest pills that would be effective for each patient, regular review of the risks associated, and close patient monitoring to promote safer use of opioids to improve clinical practice, patient outcomes, and public health. Health plans strongly support these recommendations and promote them across their provider networks. Health plans also engage patients to provide support programs, such as substance use disorder coaching and pharmacy home programs to coordinate care and medication access.

STRATEGY 1.3

Leveraging the STOP Measure, a robust, evidence-based methodology health plans can use to measure how well provider practices are adhering to the CDC Guideline.

As described above, health plans have consistently supported the CDC Guideline to promote evidence-based pain care and reduce unnecessary opioid prescribing. The STOP Measure takes these efforts to the next level by establishing an industry-wide approach to measuring performance against the CDC recommendations, and ultimately using this information to inform quality improvement efforts. In collaboration with clinical experts, members of the AHIP Opioid Work Group – consisting of

In 2018, AHIP released an initial benchmark against which the industry could measure progress on battling the opioid crisis. Data from 2009 to 2013 show that the vast majority of opioid prescriptions for chronic pain were for immediate-release opioids, which is consistent with the CDC recommendations. There were several areas with room for improvement, including:

- Approximately one quarter of opioid prescriptions are above the CDC-recommended morphine milligram equivalent (MME) dosage.
- Only about one percent of patients underwent a urine drug test before being prescribed an opioid.
- Nearly half of chronic pain patients also received benzodiazepine prescriptions during their opioid treatment. According to the CDC Guideline, this can be unsafe for patients and should be avoided as much as possible.

Throughout 2018, several AHIP member plans volunteered to evaluate their recent opioid prevention and management efforts against the baseline data on the CDC's prescribing recommendations using AHIP's STOP Measure. While many plans' results were consistent with the baseline data, a number of plans showed further improvements from the baseline, particularly with respect to the proportion of initial prescriptions that were for immediate release opioids rather than extended release, shorter prescription durations versus more than a seven-day supply, and annual urine drug tests.

40+ member health plans – created the STOP Measure for six of the twelve CDC recommendations as a foundation. Using this methodology, the health insurance industry can identify:

- Percent of prescriptions for immediate-release opioids versus extended-release or long-acting opioids,
- To what extent opioids are prescribed concurrently with benzodiazepines,
- The dosages and duration being prescribed for those patients with acute or chronic pain, and
- When and how often urine drug tests are being administered when appropriate before or during long-term opioid therapy.

The STOP Measure has been shared widely with health plans; as experience is gained, the initial methodology may be updated, and further validated.

STRATEGY 1.4

Encouraging provider education on evidence-based pain care and screening people for risk of addiction.

As leading researchers have noted, the number of prescriptions for opioids (e.g. hydrocodone and oxycodone products such as Vicodin and Percocet, respectively) [escalated](#) from approximately 76 million in 1991 to nearly 207 million in 2013. [Analysis](#) by the CDC found that prescription patterns peaked in 2010; since then, the annual prescribing rate dropped 13 percent. However, despite these efforts, doctors are still prescribing three times as many opioids as they were in 1999.

AHIP and its members support efforts by medical and professional societies and other appropriate stakeholders to offer and enhance education and training on pain management, as well as safe opioid prescribing for providers, and appropriate screening of patients who may be at-risk for addiction. Health plans look to provider education and training on pain treatment and management when developing their networks of facilities and providers, identifying centers of excellence, and collaborating with providers and emergency departments to facilitate appropriate triage and care coordination.

STRATEGY 1.5

Educating consumers and communities on the risks of opioids.

Patient education is a key component of any prevention strategy, and research indicates that it is effective in preventing opioid misuse. A 2016 [study](#) from the Annals of Family Medicine found that patient education may have positive behavioral consequences that could lower the risks of prescription painkiller abuse. The authors conducted a phone survey of adults aged eighteen and older who had been prescribed strong prescription painkillers within the last two years. They estimated that nationally (when adjusting for socioeconomic variables), 20 percent of respondents who did not remember discussing addiction risk with their physician reported saving pills for later, compared with 8 percent who did remember discussing addiction risk.

Additionally, a [study](#) from the Rothman Institute, looking at carpal tunnel release surgery, found that patients who received pre-surgery education used an average of 1.4 pills during their recovery and those who did not receive the pre-surgery education used an average 4.2 pills during their recovery.

To support patient education, AHIP created a Question and Answer resource titled, “[The Facts on Pain Care and Prescription Opioids](#)” to support dialogue between patients and providers about options for managing and relieving pain.

Ways to Improve Prevention of Opioid Misuse and Addiction

AHIP’s health plan members work together to share best practices and identify potential policy recommendations to combat this crisis. Some policy ideas that have been discussed pertaining to prevention include:

- Improve education and training efforts by medical and professional societies for pain treatment and management, as well as more cautious opioid prescribing, including offering CME/CE credit, or requiring such training for license renewal.
- Encourage use of electronic prescribing of controlled substances including opioids to prevent prescription tampering, improve security, reduce fraud, and limit opioids getting in the wrong hands.
- Oppose mandated coverage of abuse deterrent formulations of opioids based on the lack of evidence that they reduce the risk of addiction for most patients who are prescribed opioids (see August 2017 Report by the Institute for Clinical and Economic Review (ICER) titled [Abuse-Deterrent Formulations of Opioids: Effectiveness and Value](#)).
- Advocate for expanded research efforts on the long-term effectiveness of non-opioid pain alternatives (e.g., acupuncture, yoga) and develop an easy-to-use repository of clinical guidelines, toolkits, and recommendations in a central library that clinicians and health insurance providers can easily access.

Health Plan Early Intervention Strategies

Health Plan Early Intervention Overview

By combining effective education, prevention, behavioral health care, and evidence-based treatment, health plans are making real, measurable progress in intervening early to mitigate the risk of opiate overuse and address addiction. Working closely with doctors, nurses, and other care providers, plans are continually improving their early intervention strategies to identify at-risk populations and provide them with better pathways to healing.

Key Health Plan Early Intervention Strategies for Patients at Risk of an Opioid Addiction

STRATEGY 2.1

Leveraging medical management tools, such as step therapy and prior authorization, to ensure patients receive access to safe, effective care at an affordable cost.

Health plans use medical management practices to design and develop value-based approaches that provide access to necessary treatments, confirm treatment regimens ahead of time, dispense appropriate amounts of prescription drugs, and utilize cost-effective therapies. This helps ensure that patients receive safe, effective care at an affordable cost.

Medical management can take several forms such as prior authorization for prescription pain medication, step therapy which promotes an evidence-based, systematic approach to therapy, and prescription tiering, in which certain drugs or drug classes are preferred over others. Taken together, these techniques provide evidence-based protocols for physicians and pharmacists to prevent patients from receiving too much pain medication.

Studies have shown that medical management techniques can be successful in curbing opioid misuse. A [study](#) from the *American Journal of Managed Care* compared rates of opioid abuse and overdose among enrollees in Medicaid plans that varied in their use of prior authorization (PA) from “High PA” (where PA was required for 17 to 74 opioids), “Low PA” (where PA was required for one opioid), and “No PA” policies. The study concluded that enrollees within Medicaid plans that utilize PA policies have lower rates of abuse and overdose following initiation of opioid medication treatment.

To learn more, please see AHIP’s fact sheet titled, [Medical Management: An Important Tool to Combat the Opioid Epidemic](#).

STRATEGY 2.2

Facilitating coordination between physicians and pharmacies when patients are “doctor shopping” or “pharmacy shopping” or receiving multiple prescriptions.

Health plans coordinate with physicians and pharmacies and use claims data to identify patients who receive prescriptions from multiple providers. Some health plans also have implemented programs to direct patients who are accessing multiple opioid prescriptions from multiple providers to a single prescriber and pharmacy for improved monitoring.

Issues related to Medicare beneficiaries going to multiple doctors and pharmacies for opioids happens just like with other populations. A 2017 [report](#) from the HHS Office of Inspector General found that 90,000 Medicare beneficiaries are at serious risk of opioid misuse and overdose, and that approximately 22,000 beneficiaries appear to be doctor shopping. To combat this issue within the Medicare population, health plans support the process for sharing information among Medicare Part D plans when beneficiaries who have been identified as potential over-users of opioids move from one Part D plan to another.

Additionally, in November 2018, CMS released guidance intended for physicians and other prescribers working with Medicare Part D beneficiaries. In their guidance titled “[A Prescriber’s Guide to the New Medicare Part D Overutilization Policies for 2019](#),” CMS describes new policies that will help Medicare prescription drug plans alert providers about unusual utilization patterns in prescription claims. The new policies also include improved safety alerts when opioid prescriptions are dispensed at the pharmacy, and drug management programs to better coordinate care when chronic high-risk opioid use is present.

STRATEGY 2.3

Analyzing pharmacy claims to identify prescription patterns that may indicate overuse or misuse to inform early interventions.

Health plans analyze their pharmacy claims data to identify prescription patterns that show someone at high-risk of potential overuse or misuse. Plans share information with doctors and collaborate to intervene with at-risk individuals to provide education, counseling, and encourage treatment. Additionally, if warranted, controls can be implemented at the point-of-sale to trigger a pharmacist’s review of a member’s prescriptions.

This type of analysis may also uncover potentially dangerous drug interactions such as patients who are prescribed benzodiazepines with opioids, to trigger review and discussion with the patient.

Ways to Improve Early Intervention for Patients at Risk of an Opioid Addiction

AHIP's health plan members work together to share best practices and identify potential policy solutions to combat this crisis. Some policy solutions that have been discussed pertaining to early intervention include:

- Advocate for improving prescription drug monitoring programs (PDMPs) and for health plans and pharmacy benefit managers to have access to PDMPs for a more complete view of patients' controlled substances prescriptions;
- Modernize of 42 C.F.R. Part 2 to allow the confidential sharing of information on substance use diagnosis and treatment to improve patient safety, quality, and care coordination as is permitted with any other chronic illness;
- Support additional resources for immediate “warm” handoffs to opioid addiction treatment for patients in emergency departments after overdose and connect family caregivers to appropriate support groups;
- Advocate for expanded efforts to develop valid quality and outcome metrics for pain and substance use disorder treatment.

Health Plan Treatment & Recovery Strategies

Health Plan Treatment & Recovery Overview

The consequences of the opioid crisis are profound, impacting individuals and families no matter where they live, how much they earn, or how young or old they are. The impact is broad, affecting social services, the health care system, communities, and the economy.

Health plans recognize this far-reaching impact and are working to provide access to evidence-based treatment and recovery services for patients in need and their families. Health plan case management programs provide ongoing services, support and education to treat people with, or at risk of developing, opioid and other substance use disorders, as well as their caregivers and families.

Key Health Plan Recovery Strategies to Treat Opioid Addiction & Substance Use Disorder

STRATEGY 3.1

Providing patients struggling with opioid use disorder access to evidence-based treatment including medication assisted treatment (MAT), counseling, and recovery support.

Health plans are committed to providing access to evidence-based medication assisted treatment (MAT) to help a person overcome their substance use disorder, including medications like buprenorphine and naltrexone, along with services such as counseling, peer support services, and community-based support groups. In recent months, several plans have lifted prior authorization requirements to ensure streamlined access to MAT for patients suffering from a substance abuse disorder. However, despite eliminating prior authorization, there has not been a large increase in people accessing MAT, indicating there are other impediments to this type of care.

For example, provider shortages often impact a patient's ability to access these services. [According to SAMHSA](#), over 60,000 clinicians have been certified to prescribe MAT drugs, which can reach a maximum capacity of 3.7 million people – far fewer than the estimated number of Americans who could benefit from MAT ([some research](#) suggests that the nationwide prevalence of OUD could be upward of four to six million people). Beyond the shortage of physicians who are licensed to prescribe MAT, those with the waiver may not be doing so or may be treating far fewer patients that they are allowed. This may be because they do not feel comfortable prescribing MAT due to insufficient training and/or concerns about stigma of treating many people with SUD.

As entities consider new ways to expand access to MAT and other forms of SUD treatment, telehealth may emerge as an innovative solution. H.R. 6 includes language to enhance Medicare reimbursement

for connected health platforms for substance abuse treatment. Specifically, the new law eliminates geographic restrictions placed on services to an eligible telehealth individual with a SUD diagnosis for purposes of treatment of such disorder or co-occurring mental health disorder.

In addition to MAT, health plans offer comprehensive substance use treatment programs to members, including cognitive behavioral health counseling, peer support services, community-based support groups, rehabilitation/detoxification, and recovery support. Because individuals struggling with addiction often have other chronic medical and behavioral health conditions, treatment for opioid use disorder must be customized and coordinated to ensure the best possible opportunity for recovery. Once patients have entered a withdrawal management program, plans work closely with these patients and their providers to ensure ongoing engagement in their care and to help prevent relapses.

STRATEGY 3.2

Improving access to treatment services such as counseling, peer support services, and community-based support groups.

Health plans engage their members to provide them with support programs, such as substance use disorder coaching and Pharmacy Home programs to coordinate care and medication access.

Plans also work with state and federal agencies and other stakeholders to promote rapid and effective access to evidence-based treatment for people at increased risk of overdose and death, such as individuals re-entering the community after serving prison or jail time. Efforts may include pre-release Medicaid enrollment, enhanced care coordination efforts to ensure linkage to community treatment providers, and recovery services to support stability during the transition home.

Additionally, plans are working with community-based organizations to expand access to peer support programs for individuals in recovery. Peer support can be extremely valuable to recovery efforts, helping shepherd a patient into treatment, helping patients know what to expect, and serving as a sounding board during various stages of treatment based on shared experiences. Despite the strong evidence base for peer support services, there is currently a limited awareness on the part of providers of the value of these services. Additionally, there is inconsistent training and/or credentialing for peer support counselors and services. Over recent years, several national accreditation and certification programs are taking on this issue (e.g., [National Association for Alcoholism and Drug Abuse Counselors](#), [Mental Health America](#), International Certification and Reciprocity Consortium, and the [Council on Accreditation and Peer Recovery Support Services](#)). Moreover, several states or localities have their own certification programs, including [Rhode Island](#), [Tennessee](#), [Virginia](#), [Maryland](#), and [Atlantic County, NJ](#), for example.

STRATEGY 3.3

Partnering with other community organizations to increase access to treatment for patients with opioid use disorder.

Often, health care resources are limited, particularly in rural areas, for patients seeking treatment for an opioid use disorder. Plans are actively collaborating with community non-profits, criminal justice organizations, local law enforcement, and maternity care centers to connect patients in need with treatment.

Many plans are also seeking to extend availability of care and treatment through telehealth services. Telehealth would allow individuals to access a physician more conveniently and would provide much needed access particularly in rural regions and for chronically underserved populations.

Ways to Improve Treatment and Recovery Strategies

AHIP's health plan members work together to share best practices and identify potential policy solutions to combat this crisis. Some policy solutions that have been discussed pertaining to treatment and recovery include:

- Expand access to evidence-based medication assisted treatment (MAT) and recovery services for patient and family-centered care. This can include expanding and strengthening the workforce by supporting those authorized to prescribe MAT to care for more patients, and improving the quality infrastructure (e.g., quality/outcome measures, validated standards, accreditation for behavioral health facilities and providers).
- Encourage adoption of a comprehensive opioid management program in Medicaid and other state-run health programs, with greater flexibility and an emphasis on patient and family-centered care.
- Encourage coordination and collaboration with the legal system, such as drug treatment courts through pre-trial drug diversion programs, in the rehabilitation of members with drug-related offenses and underlying substance use disorders.
- Create, implement, and test alternative payment models with aligned financial incentives to promote improved coordination and integration of patient- and family-centered care that emphasizes long-term recovery.
- Provide state Medicaid programs flexibility to use alternative payment programs. Some states currently require bundled fee-for-service payments under Medicaid programs, which inhibits plan efforts to create alternative payment programs.
- Encourage the development of core accreditation/certification standards for peer support services.

H.R. 6

A High-Level Summary of the SUPPORT Act

In October 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities legislation ([H.R. 6](#)) was enacted, and included more than 200 legislative provisions addressing a broad range of Medicaid, Medicare, public health, and law enforcement issues. This included:

- measures to halt fraudulent activity in the substance abuse treatment industry,
- improvements to the Medicaid Institutions for Mental Diseases (IMD) exclusion, and
- expanding the use of telehealth services for the treatment of opioid use disorder and other SUD.

Other issues—including the confidential sharing of substance use disorder information (42 C.F.R. Part 2)—were not addressed. AHIP commended Congress and the Administration for enacting comprehensive legislation to address the crisis, recognizing that H.R. 6 marks new progress in how the country is addressing the opioid epidemic.

Case Studies

An In-Depth Review of Health Plan Activities

ENGAGING CLINICIANS TO IMPROVE CARE

SCAN Health Plan

Provider education is a critical component of [SCAN Health Plan's five-pronged strategy](#) to address the opioid crisis. Since the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) was released in 2016, SCAN has been focusing their efforts on recalibrating how their providers prescribe and treat acute and chronic pain. As a part of this initiative, SCAN invested in retraining their provider community on appropriate first-line treatment options over opioids for chronic pain and emphasizing that a three-day supply of opioids is often sufficient for post-op or acute pain.

SCAN recognized that there may be some providers who do not feel well-equipped to talk with patients about opioid use disorders (OUD). In partnership with the [American Society of Addiction Medicine](#) (ASAM), SCAN offered a course to help providers gain the tools they need to have these conversations and to better understand how to assess and monitor those that need treatment for OUD.

In 2018, they also began sharing prescribing pattern information with their medical groups so that they can easily monitor how their prescribing patterns compare against their peers. Medical groups can leverage the reports to identify which providers might benefit from additional education.

Gateway Health

Gateway Health, a Pittsburgh-based managed care organization, provides coverage for consumers in four of the five states with the highest opioid overdose death rates (Pennsylvania, Ohio, West Virginia, and Kentucky). For the health insurance provider, engaging care providers is key to tackling the crisis. Gateway forged relationships with provider groups to support whole-person care of patients for pain management, behavioral health, and addiction management. Through such partnerships, patients are able to access services not traditionally covered under Medicaid, including massage therapy and acupuncture for pain, along with robust, comprehensive, coordinated care for patients while tapering from opioids. The health plan has also developed processes to support identification of patients with addiction, including Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessments administered by the primary care physician (PCP), with processes to support referral to treatment. While the health plan continues to monitor these efforts closely, preliminary analysis is favorable, with more patients being screened by the PCP for addiction, with many referred for addiction treatment.

LEVERAGING DATA ANALYTICS TO LIMIT DANGEROUS OPIOID PRESCRIBING

Cigna

In 2018, Cigna announced efforts to leverage machine learning and artificial intelligence as part of their opioid strategy. The health insurer linked 16 different datasets to algorithms to review a patient's prescriptions, chronic disease history, and behavioral health claims. As a part of this pilot program, more than 1,000 data scientists, analytics experts, and software engineers were brought on board to help identify and monitor those individuals that may be at risk for an overdose within the next month. In addition to using machine learning, Cigna also requires clinicians to analyze claims data to find opioid use patterns that might indicate misuse. Clinicians then notify health care providers of the potential risk. In 2016, Cigna committed to reducing opioid use among its members by 25 percent in three years. Cigna achieved the 25 percent reduction in two years, one year ahead of schedule. Building upon that achievement, Cigna is intensifying its commitment to curtail the opioid epidemic by collaborating with employers, customers, prescribing clinicians, pharmacists, and community-based organizations to reduce the number of opioid overdoses by 25 percent among its commercial customers in targeted U.S. communities by December 2021. Cigna's efforts to leverage predictive analytics and machine learning are a big part of their strategy.

Kaiser Permanente

In 2018, KP announced a three-year, \$1.4 million study, funded by the National Institute on Drug Abuse (NIDA), to leverage predictive analytics to understand the relationship between opioid use and suicide risk. The study is led by the KP Center for Health Research. Preliminary research in this area suggests that more than 25 percent of opioid-related overdoses may be suicides or suicide attempts. Using machine learning techniques, researchers at KP have already developed suicide prediction models that include a large number of variables (e.g., medical conditions, mental health and substance use disorder diagnoses, specific current and past prescriptions) however previous models did not include important opioid-related variables. In this new study, using a dataset including approximately 24 million medical visits, 35,000 suicide attempts, and 2,600 suicide deaths, the researchers will integrate more nuanced variables such as illicit or prescribed opioid use, opioid use disorder diagnosis,

discontinuation or substantial dose reduction of prescription opioids, and prior non-fatal opioid related-overdoses. The study will allow the integrated health system to develop better tools to identifying high-risk patients and potentially prevent suicides.

EXPANDING USE OF DIGITAL PLATFORMS

Magellan Health

Magellan Health has been innovating with digital cognitive behavioral therapy (DCBT) products for nearly a decade, recognizing that web-based resources can help patients suffering from mental health conditions or SUD. Their DCBT software provides individuals with access to care via desktops, tablets, and/or smartphones. The technology has received the highest rating available by the Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. The DCBT products can enhance traditional telephone or in-person care by providing feedback and encouragement, allowing individuals to access care at any time of day, supporting the delivery of services in rural and underserved areas with limited access to clinicians, and meeting the needs of those who might be unwilling (or unable) to attend traditional in-person sessions. The DCBT suite of products includes programs for chronic pain; anxiety, panic, and phobia; depression; obsessive compulsive disorder; and insomnia. Designed for SUD, [the SHADE program](#) is a ten-session web-based program for individuals living with alcohol and/or SUD and co-morbid depression. SHADE provides skills-building exercises, which include mood monitoring, problem brainstorming, pros and cons analysis, planning for change, identifying problematic thought patterns and developing effective drug refusal skills. SHADE helps participants control their substance use, alcohol use and low mood by promoting long-lasting skill-based changes in behavior and thinking. SHADE has been proven in randomized, controlled trials to: be comparable in efficacy to face-to-face therapy; reduce hazardous drug and alcohol use by 44 to 58 percent after 6 months; reduce hazardous use by 72 percent after 12 months; and significantly reduce binge drinking. In addition, Magellan's DCBT program for chronic Pain, ComfortAble, provides educational content related to understanding the risks and dangers associated with prescription pain medications that are associated with dependency, as well as strategies for understanding and reducing pain and improving function.

INCREASING ACCESS TO NON-OPIOID CARE

AllWays Health Partners

In 2018, Massachusetts-based AllWays Health Partners wanted to expand ways to provide affordable alternatives to opioids for chronic pain for their more than 380,000 members. To do this, the health insurance provider waived out-of-pocket costs for certain opioid alternatives for pain treatment. This Care Complement Program reflects the health plan's member-centric approach, that focuses on providing members with access to the right care at the right time. By removing out of pocket expenses for comprehensive pain care, AllWays Health Partners hopes to support patients and doctors in better managing chronic pain with affordable alternatives.

Through Care Complement, AllWays Health Partners also seeks to support clinicians with the resources needed to help determine if their patients would benefit from alternative pain management treatments, such as physical therapy/occupational therapy sessions, chiropractic visits, and acupuncture visits.

American Specialty Health

American Specialty Health has long been one of the nation's leading benefits management companies focused on improving patient access to non-invasive, non-pharmaceutical musculoskeletal health care options (e.g., acupuncture, chiropractic, physical therapy, massage therapy, etc.). ASH works with more than 140 health plans, administering benefits for more than 46 million Americans. ASH works closely with health insurers to adopt evidence-supported benefits and facilitate evidence-based, cost-efficient access to care.

ASH has developed a patient-centric ecosystem, including a national provider network of over 70,000 physical therapists, occupational therapists, acupuncturists, chiropractors, massage therapists, and others. To ensure high quality care, ASH utilizes a Clinical Performance System that relies on provider analytics to deliver annual Clinical Report Cards for providers, as well as peer-to-peer education systems. ASH is also developing a Virtual Physical Therapy services capability to give patients more convenient, less costly alternatives to clinic-based care. Patients are also given the option of utilizing ASH's EmpoweredDecisions!™ program, which includes a mobile app, website, and live coaching for pain management. EmpoweredDecisions! includes both digital and live Cognitive Behavioral Training to help patients cope with pain as well as extensive patient-focused online educational resources and tools.

HealthPartners

As a part of their opioid strategy, HealthPartners turned to specialized pain clinics that offer a multidisciplinary, holistic approach to treating chronic pain. These clinics offer services in one location that address the multiple causes of pain (e.g., physical factors, emotional factors, lack of sleep, physical activity, social influencers, etc.). The clinics also provide addiction and psychiatry services. HealthPartners' comprehensive approach recognizes the important linkage between pain, mood, and addictive behaviors.

To explore the issue further, the health plan looked to the issue of back pain, as it is a condition for which opioids are commonly prescribed as a part of a treatment regimen. As a part of their model of care for back pain, HealthPartners turned their attention to promoting activity, exercise, and physical therapy rather than prescribing pain medication. As a result of these efforts, between 2009 and 2016, the number of patients who receive opioids after being diagnosed with chronic back pain decreased 51 percent (from 29 percent to about 15 percent).

DESIGNING INTERVENTIONS TO SUPPORT HIGH-RISK PREGNANCIES

Anthem

As the opioid crisis continues to impact communities across the nation, Anthem developed a strategy to address substance use disorder before, during, and after pregnancy to prevent Neonatal Abstinence Syndrome (NAS). As a part of this work, Anthem has invested in efforts to optimize pregnancy avoidance or delay for women using controlled substances, effective identification of pregnant women using controlled substances, increased capacity for referral to effective treatment for pregnant women, and the promotion of standards and consistency of treatment for newborns with NAS.

Highmark

In response to the opioid crisis, Highmark is committed to support expectant mothers and infants throughout the pregnancy and following childbirth. For mothers-to-be, Highmark developed a medical home care model for expectant mothers who are battling addiction. Launched with the Alleghany Health Network (AHN), the Perinatal Hope program provides comprehensive, coordinated treatment for mothers that combines obstetrical care, drug and alcohol therapy, and medication-assisted treatment into one clinical visit.

INCREASING CAPACITY FOR SUD TREATMENT

Geisinger Health Plan

In Pennsylvania – and especially rural areas – the opioid epidemic is devastating to communities. An ongoing shortage of clinicians who treat SUD, and opioid use disorder (OUD) in particular, means it can be a struggle to build treatment capacity, especially in primary care. Geisinger Health Plan contracts with practices that require clinicians to be waived to provide MAT and is working to expand SUD treatment access via telehealth. The health plan partners with county-level behavioral health organizations to better connect patients with SUD treatment and works to ensure patients receive treatment in a timely manner, focusing on warm handoffs from the emergency department setting and case management. Geisinger also involves peer recovery specialists to help patients transition through different stages of recovery and has worked to expand its peer workforce by hosting peer recovery training.

Stigma and lack of understanding are major challenges Geisinger has identified, and the plan believes that the number of people diagnosed with SUD is grossly understated. To address provider concerns about treating addicts in their practices, Geisinger delivers structured education and holds one-on-one conversations with providers to ensure that both the condition and appropriate treatments are fully understood. To combat patient unwillingness to seek treatment due to stigma, the plan works closely with community partners to disseminate information about opioids and treatment, further raising awareness.

Blue Cross Blue Shield of Massachusetts (BCBSMA)

BCBSMA is committed to expanding treatment and recovery strategies to reach every member that may need help. In January 2019, the health plan announced a new initiative to aid in the growth and standardization of recovery coaches. Recovery coaches provide a unique experience for patients; typically, recovery coaches are trained professionals with lived experience who provide peer support to those in treatment and recovery for SUD. These coaches can assist patients with everything from treatment navigation to social reintegration. There is promising evidence emerging that shows that recovery coaches can improve outcomes for those with a SUD, however many programs are still in their infancy. Typically, standards for training, experience, and supervision vary from program to program.

BCBSMA is committed to supporting the development of the growing recovery coach workforce in Massachusetts. As a part of this commitment, the health plan will provide grants (\$1 million total) to 10 organizations over the next two years. Each organization already has a recovery coach program

underway; as a part of their program, they will share data on BCBSMA members' experiences with recovery coaches. This is just one example of BCBSMA's activities related to SUD treatment. In 2018, the insurer made a quarter million-dollar investment in a peer-to-peer opioid education program called Drug Story Theater and launched a program to provide opioid toolkits for employer customers.

UPMC

In efforts to expand the capacity of health professionals qualified to treat patients with SUD, the UPMC Center for High-Value Health Care and Community Care Behavioral Health Organization (parts of UPMC Insurance Services Division) partnered with the American Society of Addiction Medicine (ASAM) to host a series of training sessions across Pennsylvania for those who wish to receive a DEA waiver to treat patients with opioid use disorder. The courses cover evidence-based practices for identifying and assessing patients who suffer from SUD and may be good candidates to receive MAT. The free, one-day, eight-hour course is open to physicians, nurse practitioners, and physician assistants, clinicians eligible for the DEA waiver. Funding for the trainings came from a recent grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), awarded to the Pennsylvania Department of Drug and Alcohol Programs.

PARTNERING WITH LOCAL ORGANIZATIONS TO AMPLIFY COMMUNITY-BASED SOLUTIONS

Blue Cross Blue Shield of North Carolina (BCBS of NC)

In early 2018, [BCBS of NC announced a \\$10 million investment](#) to address the opioid epidemic across the state, recognizing that community-based organizations might be better positioned to address the social factors of the crisis. Together with the University of North Carolina School of Government, BCBS of NC will develop community-based solutions to the opioid epidemic in up to 10 communities in North Carolina over the next two years. BCBS of NC also contributed funding to TROSA, a multiyear residential program that enables people with substance-use disorders to become productive individuals in recovery. The investment will help TROSA create new capacity in the Greensboro and Winston-Salem areas that will serve the entire state and improve access to services for individuals in Western North Carolina.

Blue Cross Blue Shield of Tennessee (BCBS of TN)

Serving more than 3.4 million members across Tennessee, BCBS of TN is committed to tackling the opioid crisis from a clinical and social perspective. In 2016, more Tennessee residents died of a drug overdose than of a roadway fatality. After digging into this issue further, the health plan discovered that 55 percent of recreational prescription drug users are getting their pills from a friend or relative. As a result, drug take-back interventions became a critical focus. [BSBS of TN Foundation partnered with Count It! Lock It! Drop It!®](#), a local nonprofit initiative that supports nearly 70 counties across Tennessee. The *Count It! Lock It! Drop It!* model focuses on reducing the risk of pill theft by encouraging residents to count their prescription pain pills regularly, lock up pain medication securely, and promptly drop off any unused medication at an approved drug disposal location. As a result of these efforts, in 2017 Tennessee collected more unused prescription drugs than any other state in the country, a total equaling more than 68,000 pounds of pills.



www.ahip.org

 AHIP@ahip.org

 [/AHIP](https://www.facebook.com/AHIP)

 [@AHIPcoverage](https://twitter.com/AHIPcoverage)

 [AHIP](https://www.linkedin.com/company/AHIP)

 [/AHIPCoverage](https://www.youtube.com/AHIPCoverage)