

# Health Insurance Providers Increase Access to Addiction Treatment



The consequences of substance use disorders and the opioid crisis are profound: on average, 130 people die every day from an opioid-related overdose<sup>1</sup> and 3,900 people will use a prescription opioid outside of legitimate medical purposes.<sup>2</sup> Substance abuse costs our nation more than \$740 billion annually in crime, lost work productivity, and health care.<sup>3</sup> The impact is broad, affecting the health care system, social services, communities, and the economy.

1 *Opioid Overdose*, Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/epidemic/index.html>

2 *Opioid Fact Sheet*, Get Smart About Drugs. <https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/files/OPIOID%20FACT%20SHEET.pdf>

3 *Trends & Statistics*, National Institute on Drug Abuse. <https://www.drugabuse.gov/related-topics/trends-statistics>

Health insurance providers offer members access to comprehensive, evidence-based substance use disorder (SUD) treatment and support services. But key challenges exist to further improve and expand SUD treatment, including insufficient capacity to treat those in need of care. In response, insurance providers are taking action to expand treatment capacity and ensure that members have access to high-quality treatment and care.

Following are examples of health insurance provider strategies to increase capacity for SUD treatment.

### **AmeriHealth Caritas Uses New Approaches to Combat the Opioid Crisis**

All too often, a health insurance provider becomes aware of a patient's SUD when the member has overdosed and is admitted to an emergency department. In Washington, D.C., where AmeriHealth Caritas provides Medicaid managed care services for more than 120,000 members, health systems are implementing new programs to improve patient engagement in treatment and recovery services as a strategy to help combat the opioid overdose epidemic. Through its "New Beginnings: Addiction and Recovery Medical Home" SUD program, AmeriHealth Caritas is developing bundled payment models to provide innovative solutions for addiction and recovery services for those most in need.

Under AmeriHealth Caritas' "New Beginnings" model, treatment is delivered by a team of health care providers, including primary care providers, behavioral health providers, and SUD specialists. AmeriHealth Caritas prioritizes multidisciplinary care and encourages treatment and recovery care planning, behavioral health screening, and management of physical health co-morbidities. Patients are enrolled initially for up to 12 months of care and are encouraged to stay in the program for several years to support long-term recovery. The AmeriHealth Caritas bundled payment model is based on the work conducted by the [Alliance for Addiction Payment Reform](#), of which AmeriHealth Caritas is a member.

SUD remains a challenging condition to treat long-term and relapse rates are high. AmeriHealth Caritas promotes the use of peer support and care managers as important components of the program in ensuring people remain in recovery. Though peer support is not required in the bundle of services, it is highly encouraged. AmeriHealth Caritas' goal is to help connect patients to supports that foster long-term recovery.

AmeriHealth Caritas is helping its members face the opioid crisis by taking a comprehensive and innovative approach. They are creating and testing ways to bundle care and are re-imagining the continuum of care. By aligning incentives and promoting shared responsibility, the insurance provider hopes to increase access to SUD treatment services and promote a culture of long-term recovery.

### **Geisinger Health Plan Drives Value for Members and Strengthens Communities**

In Pennsylvania – and especially rural Pennsylvania – the opioid epidemic is devastating to communities. An ongoing shortage of clinicians who treat SUD and opioid use disorder (OUD) means it can be a struggle to build treatment capacity, especially in primary care. Insurance providers like Geisinger are committed to providing access to high-quality, evidence-based SUD treatment, with a focus on long-term recovery, support, and engagement with patients and their families, providers, and the community.

In its ongoing efforts to address the opioid epidemic, Geisinger works closely with various partners, including Pennsylvania-endorsed Centers of Excellence (COE) for the delivery of medication-assisted treatment (MAT) and behavioral health services. Geisinger contracts with practices that require clinicians to be waived to provide MAT, for example, and the insurance provider works to expand access to SUD treatment via telehealth.

Geisinger emphasizes a whole-person approach to addressing the chronic condition, and the plan's goal is to integrate both addiction medicine and behavioral health services into primary care so that a person can receive care for SUD, behavioral health, and physical health all in one setting.



While many people are being treated for SUD and OUD, there is still under-diagnosis of these conditions. 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.

Some doctors may not want to treat people suffering from addiction due to this lack of understanding. 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 further inform providers, Geisinger is working with community opioid coalitions to develop resources on proper coding, diagnosis, and treatment, including information on the condition itself and how to safely taper opioids.

To boost patients' willingness to seek treatment, the insurance provider frequently distributes consumer-oriented content about opioids, MAT, naloxone, and related topics and works closely with community partners to disseminate information about opioids and treatment, further raising awareness. The plan partners with United Way ([United In Recovery](#)) to spread the word about SUD. Peer counselors, licensed counselors, and concerned community members have been trained in discussing opioids and can now serve as ambassadors to help patients through different stages of recovery.

Another key element for Geisinger is to ensure that patients who need care for SUD receive it in a timely manner. Geisinger focuses on “warm handoffs”—when a patient ends up in the emergency department as a result of their SUD, the plan connects these individuals with peer support, a case manager, and a short-term supply of medication to bridge the next step of treatment. One of the contracted COE hired nurse case managers specifically to address SUD and pregnancy, for example. Case managers also monitor medication adherence regarding who is getting and filling their prescriptions to reduce cravings and withdrawal symptoms. If there appears to be a disruption or gap, the case manager contacts the patient to find out what is going on and encourage the person to continue their treatment.

Though there are challenges in promoting and supporting SUD treatment, progress is being made. These types of programs are proof that when all partners work together, we can make a difference in saving and improving lives.

## **Horizon Blue Cross Blue Shield of NJ Tackles Underlying Behavioral Health Issues**

Since 2013, Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) has increased its funding for SUD treatment by 350%. To supplement the standard approach to treatment, the health insurance provider is addressing one of the sources of substance use—members' underlying behavioral health issues.

Horizon BCBSNJ has been a leader in pharmacy initiatives to address SUD for over two decades, using analytics to identify patients who may be suffering from SUD or who are at high risk. Many people experience both SUD issues and other behavioral health conditions—and stigma may be associated with these conditions.

The insurance provider partners with Quartet, a health care technology company, aiming to bridge the gaps between physical health, SUD, and behavioral health. Quartet's system identifies individuals who may have undiagnosed or undertreated behavioral health conditions. As part of this program, Horizon BCBSNJ seeks to educate clinicians about the data and what the results mean.

Horizon BCBSNJ also uses Quartet's platform to connect at-risk patients to behavioral health providers. Together the primary care and behavioral health care providers work in a team-based approach and collaborate through a single treatment plan for each patient, ensuring that patients receive appropriate, timely, coordinated care.

Horizon BCBSNJ members can access behavioral health providers in real-time via telehealth. Soon, members can connect to MAT providers via telehealth.

Horizon BCBSNJ has launched a pilot project for individuals suffering from SUD and/or serious mental illness. The pilot features a new model that offers services through Certified Community Behavioral Health Clinics (CCBHBC), which can include MAT, ambulatory withdrawal management, outpatient therapies, peer support, and use of the behavioral health medical home programs. The goal of this project is to ensure patients who have historically experienced fragmented care or uncoordinated services have access to fully integrated care to meet their needs and to remain healthy and in the community.



In this model, the insurance provider, working with primary care practices in the community, uses case management techniques with a care coordinator or “quarterback” of the care team. Horizon BCBSNJ also offers peer support services to its members suffering from SUD through MAP Health Management. MAP established a structured outreach program for certified peers to reach out to patients, in addition to on-demand access to a peer recovery specialist. The peer support program also incorporates the family into the treatment and recovery process to improve a patient’s likelihood of success.

While New Jersey has been among the leaders in combating the opioid crisis, there are still gaps in treatment and recovery from SUD that insurance providers and the health care system can help to address.

## **UPMC Expands SUD Treatment Capacity by Hosting DEA Waiver Training**

There is still limited clinician capacity to treat those suffering from SUD, whether due to the stigma associated with treating addicted patients, insufficient training to treat such patients, or the absence of the required Drug Enforcement Administration (DEA) waiver to prescribe some MAT.

In September 2017, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) issued a grant to the Pennsylvania Department of Drug and Alcohol Programs to increase access to MAT. UPMC has partnered with Pennsylvania to target efforts to expand access including recruiting physical health providers to become waived and providing training for physicians, nurse practitioners, and physician assistants in high-need regions across the state—specifically Blair, Erie, Lycoming, and Clinton counties. UPMC is also looking at new ways to deliver training to clinicians, such as half in-person and half online, to enhance flexibility. The insurance provider is also experimenting with incentives for trainees to increase the number of clinicians participating in the programs.

UPMC conducts training using a hub-and-spoke model, with trainings originating out of their own “super-hub”— the UPMC Center for High-Value Care, Community Care, and UPMC Western Psychiatric Hospital. Providers are connected to behavioral health specialists, among other services. UPMC supports recently-waivered clinicians by convening monthly sessions on relevant issues, providing access to webinars and meetings, hosting monthly case discussions, and providing access to a 24/7 hotline staffed by addiction medicine providers.

UPMC is experimenting with tele-psych supports, including consultations and services based out of the super-hub, especially to serve patients in rural areas. UPMC believes tele-prescribing consultations can better connect patients with treatment providers in their community and improve continuity of care.

Stigma is still a major barrier, though, both for patients and providers. UPMC is taking a multi-pronged approach to addressing this by providing family support, offering provider and community education about opioids and MAT, and testing alternative payment models for SUD treatment.

UPMC has already identified areas of need and is working to fill the demand for waived clinicians who can start prescribing MAT for those in need.