



Overcoming the Substance Abuse Epidemic: One Member at a Time

Innovation and Partnerships: our keys to success

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A Systems Approach Is The Only Way To Address The Opioid Crisis

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Table 1. Actions and Actors to Address Key Drivers of the Opioids Crisis



High-level Actions	Specific Actions	Actors
Decrease supply of prescription opioids	<ul style="list-style-type: none"> • Change prescribing practices (dose, duration, reason for prescribing, ceiling) • Change dispensing practices • Prevent diversion • Limit pharmaceutical production 	<ul style="list-style-type: none"> • Physicians, Physician Groups, CDC, national or state legislative action • Pharmacists, Payers, legislation • Patients, community organizations (locations for safe drug disposal) • National legislative action, FDA, pharmaceutical companies
Increase availability of non-opioid forms of chronic pain management	<ul style="list-style-type: none"> • Change reimbursements • Educate providers on effective, alternative pain management strategies 	<ul style="list-style-type: none"> • Payers: private and public • TBD: Requires academic detailing, guidelines, requirements, and education/implementation
Educate about risks of prescription opioids	<ul style="list-style-type: none"> • Identify patients at greater risk for addiction • Educate the public about the risk of prescription opioids 	<ul style="list-style-type: none"> • Providers • Education, Public Health • Centene
Reduce stigma	<ul style="list-style-type: none"> • Provide education for: <ul style="list-style-type: none"> ◦ Providers ◦ Individuals/families ◦ Law enforcement 	<ul style="list-style-type: none"> • Provider • Providers, education system, Public Health • Law enforcement (treatment of disease, not just crime)

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High-level Actions	Specific Actions	Actors
Manage opioid-dependent population	<ul style="list-style-type: none"> • Taper patients from high dose, chronic use • Educate patients about pain management • Increase availability and reimbursement of alternative pain management therapies 	<ul style="list-style-type: none"> • Providers • Providers • Payers
Identify opioid-addicted individuals	<ul style="list-style-type: none"> • Assess for substance use (opioid use) disorder at physician visits • Use PDMP to identify opioid-seeking patients 	<ul style="list-style-type: none"> • Law enforcement, EMTs, Providers, Pharmacists • Providers, Pharmacists, Public Health • Centene
Enroll in detox + ongoing, comprehensive substance abuse treatment	<ul style="list-style-type: none"> • Increase availability of inpatient detox • Increase availability of outpatient detox • Train providers to use Medication-Assisted Treatment (MAT) • Increase availability of MAT • Increase availability of Behavioral Health services (either integrated into Primary Care or separate) 	<ul style="list-style-type: none"> • Providers, law enforcement, EMTs, public health, payers

Table 1. Actions and Actors to Address Key Drivers of the Opioids Crisis



High-level Actions	Specific Actions	Actors
Link detox and ongoing treatment and recovery services	<ul style="list-style-type: none"> • Provide ongoing MAT when appropriate • Provide ongoing group therapy • Implement drug courts 	<ul style="list-style-type: none"> • Providers • Providers, payers, Peer support • Attorney General, law enforcement • Centene
Prevent death from opioid overdose	<ul style="list-style-type: none"> • Administer Naloxone • Increase availability of Naloxone in community • Educate family/friends on signs of overdose and use of Naloxone 	<ul style="list-style-type: none"> • EMTs, clinicians, law enforcement • Legislative • Legislative, Individual, Provider

The CeltiCare Health CarePlus Population



Acute Medical Inpatient Utilization

(% of all admissions)

1. **Substance Use Disorders 23%**
2. Cardiac conditions 7%
3. Abdominal pain 5%
4. Asthma/Emphysema 3%
5. Diabetes 1%

Behavioral Health Outpatient Spend

(Highest cost by code)

1. **H0020 Methadone**
2. H0011 Acute Treatment Services
3. H0010 Clinical Support Services

Prescription Drug Spend

(Highest cost by drug/category)

1. **Suboxone**
2. Insulin
3. HIV drugs

Comprehensive Management



Programs and Initiatives		
Provider Behavior	Member Engagement	Accessible Treatment and Recovery
Foundational Programs		
<ul style="list-style-type: none"> • Provider Rx Limits • Abuse Deterrent Medications • Outlier Management 	<ul style="list-style-type: none"> • PMP (Intervention) • Lock-in Program • Integrated Care Management 	<ul style="list-style-type: none"> • All ASAM Levels (1-4) covered • No PA for Outpatient Care • All FDA Approved Meds covered
Innovative Initiatives		
<ul style="list-style-type: none"> • Opioid Rx Education (Prevention) • Member Rx Contracts (Prevention) • Pain Mgmt. Summit (Prevention) 	<ul style="list-style-type: none"> • Member Connections™ • Advocates Outreach: (Treatment) • Naloxone SafetyNet (Intervention) • Big Data Risk Stratifier (Intervention) 	<ul style="list-style-type: none"> • Provider Hotline (Treatment) • Housing First (PSI/SIF) (Recovery) • Peer Support Specialists (Recovery)

The terms “Prevention, Intervention, Treatment and Recovery” are intended to provide the reader with a crosswalk to the Action Items identified in the *Recommendations of the Governor’s Opioid Working Group, June 11, 2015.*

Provider Behavior



- **Provider Rx Limits:** Quantity limits of 15 days to apply to opioids at Prior Authorization and Point of Sale; Transition to 7 day limits in 2016
- **Abuse Deterrent Medications:** Cover all FDA approved Abuse Deterrent Medications without PA requirements
- **Outlier Management:** Monthly calculations of % of Rxs for controlled substances written by each individual prescriber in the CeltiCare Health Network.
 - Pursue out of ordinary provider practices with Quality of Care evaluation or Fraud, Waste and Abuse assessment for serious patterns of concern

Member Engagement:



- **PMP:** Members identified on review of State PMP as exhibiting unexpected pharmacy utilization are considered for Lock-In.
- **Pharmacy Lock-In Program:** Members are locked in if:
 - On at least 11 controlled substance admissions
 - multiple prescribers
 - multiple different pharmacies accessed to fill their prescriptions.
- **Integrated Care Management:** Members with SUD engaged in Comprehensive Care Management program and supported in taking steps necessary to manage substance use as well as co-morbid medical/behavioral health conditions.

Member Engagement: Innovative Initiatives



- **Member Connections®:** Trained staff in field meet members wherever they can be found to engage and support access to Plan and community resources, to include strengthening member/PCP/BH relationships.
- **Free Cell Phone Service:** Member Connections® Representatives provide cell phones and restricted minutes to members to support communication with Plan, provider and community resource.
- **Big Data Risk Stratifier:** CultiCare Health is working with Centene corporate and Deloitte to provide population assessments to identify opioid users who are at "high risk" for either Diversion or Overdose. Information will be shared with providers offering recommendations for needed management of identified members (e.g., drug testing, additional therapy, care escalation)

Accessible Treatment and Recovery: Foundational Programs



Celticare

- **All ASAM* Levels (1-4) are Covered:** Outpatient Therapy (Level 1), Partial Hospital/Intensive Outpatient Programs (Level 2), Residential Treatment (Level 3) and Acute Inpatient (Level 4) following their standard-of-care criteria
- **No Prior Authorizations** are required for Outpatient Services within the Provider Network
- **Inpatient Prior Authorizations based upon InterQual®** criteria, following EOHHS Medical Necessity standards (include
- **All Medications that are approved by the FDA** to address safe opioid prescribing available, as well as Addiction Treatment based Medication Therapy, are a covered benefit for CeltiCare Health members

***ASAM:** American Society of Addiction Medicine

Pill – Seeker Profiling Project



Accomplishments

- Developed Pill Seeker Model to identify more pill seekers earlier in their tenure with Centene
- Identified highly predictive variables to identify pill-seeking behavior
- Profiled key attributes of high scoring members

Timeline

	Week	1	2	3	4	5	6	7	8	9	10	11
Key Meetings	Starts on	3/9	3/16	3/23	3/30	4/6	4/13	4/20	4/27	5/4	5/11	5/19
Phase 1: Data Acquisition		■										
• 3/24 Data Summit				◆								
Phase 2: Model Development						■						
• 4/15 Model Design							◆					
• 5/5 Model Preview										◆		
Phase 3: Demonstration									■			
• 5/20 Final Delivery												◆

Providers

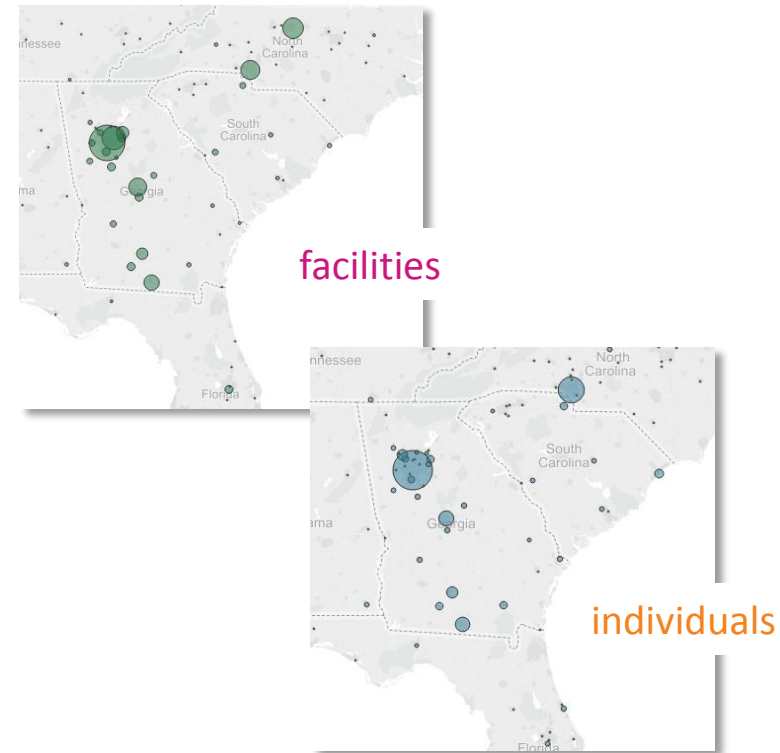


Certain providers (individuals and facilities) are visited by more high-scoring members as compared to the overall population

Sample of Providers Visited by Top 1% Highest Scoring Members

Pharmacy	City	State	Unique Members	Unique High-Scoring Members (% or total)
1942374---	Valdosta	GA	166	38 (22.9%)
1457454---	Macon	GA	104	22 (21.2%)
1588630---	Cary	NC	206	27 (13.1%)
1912006---	Villa Rica	GA	199	25 (12.6%)
1184895---	Carrollton	GA	325	26 (8.0%)
1295767---	Albany	GA	305	21 (6.9%)
1811206---	Forest Hills	NY	388	26 (6.7%)
1629195---	Houston	TX	1128	74 (6.6%)
1487826---	Villa Rica	GA	469	29 (6.2%)
1619978---	Boca Raton	FL	379	21 (5.5%)

Location of Providers Visited by High-scoring Members



Pharmacy

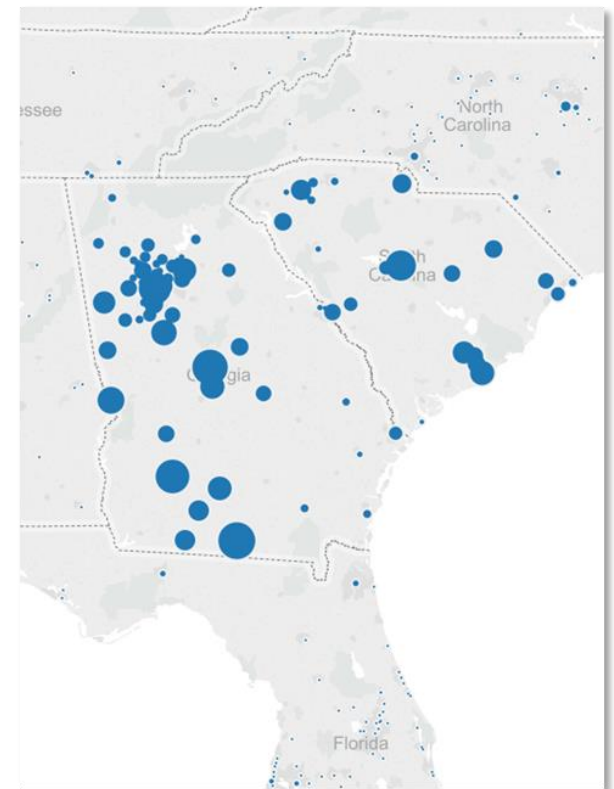


Certain pharmacies are visited by more high-scoring members as compared to the overall population

Sample of Pharmacies Visited by Top 1% Highest Scoring Members

Pharmacy	City	State	Unique Members	Unique High-Scoring Members (% or total)
1942374---	Valdosta	GA	166	38 (22.9%)
1457454---	Macon	GA	104	22 (21.2%)
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Location of Pharmacies Visited by High-scoring Members



Provider Communication



Notice: Potential Additive Effects – Carisoprodol (Soma)

Date

Dr. «Provider_Name»
«Provider_Address»
«City», «ST», «ZIP»
Phone: «Provider_Phone_1»
Fax: «Provider_Fax_»

RE: «Member_Name», DOB: «DOB»

Dr. «Provider_Name»,

Sunflower Health Plan is the care partner «Member_Name» has selected for coordination of healthcare services throughout the State of Kansas. As the member's health plan, we routinely conduct medication reviews to ensure the best care for our members.

A recent review of carisoprodol claims indicate that «Member_Name» is prescribed carisoprodol in addition to opioids and benzodiazepines.

Carisoprodol is indicated for acute musculoskeletal pain management up to 2 or 3 weeks. As you know, carisoprodol was placed into Schedule IV of the Controlled Substances Act (CSA) in 2012 due to its potential for abuse. The combination use of carisoprodol with opioids and benzodiazepines can result in additive effects and greater abuse potential. In addition, there is evidence that combining opioids and benzodiazepines increases the risk of respiratory depression and death. Non-controlled alternative skeletal muscle relaxants are available and include the following: tizanidine, cyclobenzaprine, metaxalone, methocarbamol, baclofen.

At this time, it appears that your patient may benefit from a review of their musculoskeletal pain management. Please consider the benefits vs risks of carisoprodol therapy in combination with opioids and benzodiazepines.

This notification is not meant to regulate practice in a manner which supersedes the clinical judgment of the provider. Please fax Sunflower Health Plan at 1-888-453-4756 if you would like to provide a response below:

Other SUD-Focused Programs



- Re-entry programs (Arizona)
- Smartphone technology.
 - ACHES (Kansas)
 - MyStrengths
- Provider Consult Line
- Chronic Pain ECHO (Texas, Kansas)
- Body Well, Baby well (Ohio)
- NRIADA Focus Group.
- Smoking Cessation Program (LA)

Other SUD Issues



- What about Alcohol and Nicotine?