Substance Use Treatment and Prescription Benefits: The Impact of the Opioid Epidemic
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- State of the opioid epidemic
- Cost impact
- Medication coverage and managing benefits
- Impact of parity
- Interventions for treating opioid addiction
State of the Opioid Epidemic

- **Increase in opioid prescriptions & overdoses**
  - Prescription opioids → heroin (cheaper/more potent)
  - Heroin mixed with fentanyl, carfentanil → overdose
  - Drug diversion (including buprenorphine)

- **High rates of co-morbidity**
  - Unusable veins, edema, abscesses, cellulitis
  - Endocarditis, HIV, hepatitis
  - Psychiatric, medical, family, social problems

- **Need to increase treatment capacity**
  - Medications (Methadone; buprenorphine)
  - Behavioral counseling/treatment programs
High Levels of Opioid Prescriptions
Facilitated Diversion and Contributed to Overdose Deaths

Near Tripling of Opioid Prescriptions from U.S. Retail Pharmacies, 1991-2013

IMS Health, National Prescription Audit, 2012-2013
High Levels of Opioid Prescriptions
Facilitated Diversion and Contributed to Overdose Deaths

Total Rx Opioid Tablets Dispensed in Retail Pharmacies in the U.S.:

- 2013  15,972,304,698
- 2014  15,606,882,755

Marked Increases in Prescription Opioid and Heroin Overdose Deaths in the U.S. 2000 – 2014

OD risk: using benzos; 90/90 level

U.S. 2014 Overdose Deaths:
- 47,055 Any drug
- 27,119 Any opioid
- 18,893 Rx opioid
- 10,574 Heroin

(Source: CDC, NVSS 2000-2014)
Overdose (OD) Rates in Pa. 2015 (DEA)

✓ A 23.4% increase from 2014
✓ Pennsylvania is in top 10 states with ODs
✓ 81% of all fatal ODs noted in the DEA report included an opioid drug; 55% are heroin
✓ ED visits up 300+% from 2004 – 2011 for users of opioids & benzos (Jones et al., 2015)
✓ Age 50+ highest ED for OD on pain meds (PHC4, 2015)
✓ OD’s create significant burden for families and children
Children of SUD Parents at Higher Risk for:

- Substance use & disorders
- Depression, anxiety
- Oppositional behaviors
- Medical problems
- Academic problems
- Impulsivity, inattention, irritability
- Impairments of executive functions of brain (organize, plan, reason, p/s)

(Source: Cooke et al; Moss et al; Tartar et al; Wilens & Biederman)

Recent increase in babies born to opioid addicted mothers!
Treatment of Opioid Use Disorders (OUDs)

- Medication-assisted treatment
- Therapy/counseling/program
- Narcotics Anonymous
Addiction Hijacks the Brain: Affects Judgement, Behavior, Memory

![Brain diagram showing areas affected by addiction](image-url)
Medication-Assisted Treatment

Methadone

Buprenorphine

Naltrexone

You can access this guide and other materials on opioids and treatment at www.samhsa.gov.
Direct to Consumer Advertising
Medications for OUDs

Medications are used for:

• Detoxification from opioid addiction
• To replace opioid drug
• To block the euphoric effects of opioids
• Reduce drug cravings

FDA-approved medications include:

• Methadone (Methadose, Dolophine)
• Buprenorphine (Subutex, Suboxone)
• Naltrexone (ReVia, Vivitrol)
The Continuum of Care

- Detoxification: hospital, residential, ambulatory
- Rehabilitation: short-, long-term programs
- Intensive outpatient, partial hospital, outpatient
- Continuing care, aftercare
- Ancillary: case management, social services
- Time in treatment important for OUD!
- Mutual support programs
- Challenges faced in recovery
Benefits of Treatment and Recovery

- Reduced opioid, other drug and alcohol use
- Lower mortality rates
- Lower criminal behaviors
- Lower relapse rates

- Reduction in high-risk behaviors (acquire or transmit HIV, Hepatitis)
- Lower healthcare costs
- Lower ED, hospital use
Cost Impact of Treatment

• Methadone (MM) patients had lower use of healthcare resources vs. no MM treatment.

• Long-term MM + on-site medical care led to fewer ED visits or hospitalizations.

• Reductions in HIV transmission or acquisition led to cost savings per HIV infection averted $3,705 - $7,000 per case.

(Source: Murphy & Polksy (2016): review of 49 papers of Medication Treatment)
Cost Offset of Treatment

A SAMHSA report summarized several studies on cost savings in CA, NY, WA

- Each $1 spent, saved:
  - $4.87 on healthcare costs
  - $7.00 on criminal costs

- WA study: $230 savings per member/month

- CA study found 26% decrease in medical $
  - 39% decrease in ED visits
  - 35% decrease in inpatient days
Methadone and buprenorphine are more cost-effective, in terms of healthcare dollars saved, than other D&A services for OUDs, due to:

- Better retention in treatment
- Lower relapse rates

Multiple references available
Healthcare Costs: Oregon Private Ins.

(Source: McCarty et al, 2010)

- Methadone: $7,163
- Other D&A services: $14,157
- No treatment: $18,695

(Annual Healthcare Costs)

(Sources: McCarty et al, 2010)
Overall Healthcare Costs: Private Ins.

(Subsidiary image)

(Source: Lynch et al, 2014)
Impact of Parity on Opioid Use Disorders

• Benefits must include evidence-based treatments.
• Benefits must not have processes that are more limiting for behavioral health than physical health.
• All BH services have to be placed in one of the 6 categories:
  • Inpatient in-network
  • Inpatient out-of-network
  • Outpatient in-network
  • Outpatient out-of-network
  • Emergency
  • Prescription drug
• The non-quantitative limits for BH can not be more restrictive than the usual restrictions for most PH services in the same category.
Key Implications for Covered Levels of Care

• “Intermediate services,” such as non-hospital rehabilitation and partial hospitalization, must be placed in either inpatient or outpatient categories.

• The QTLs and NQTLs imposed on these services can be no greater than most other services in that category, even if some other services (but only a minority) in that category have more restrictive limitations.
Key Implications for Covered Levels of Care

• “Evidence-based services” that have sometimes been excluded include treatments for substance abuse, especially medication-assisted treatment.

• Multiple-hour day programs (intensive outpatient or partial hospital) cannot be managed more intensively than the norm for all outpatient services (even if some are managed more intensively).
  – These programs have often had more intensive prior authorization processes than usual outpatient approaches.
Prior Authorization Implications

- Benefits cannot be limited to the traditional inpatient and outpatient services.

- If a specific service is not offered in your network or not available at a moment in time, another comparable or more intensive service must be offered if you would do so for similar (most outpatient or inpatient services) on the medical side.

- Reviews must be based on recognized medical necessity criteria.
UPMC Health Plan Resources for SUDs
UPMC Health Plan SPA Line

- UPMC HP Special Program Assistance (SPA)
  1-855-772-876

- Provides Behavioral Health Case Management and Telephonic Coaching for members with substance abuse problems.
Screening and Engagement

- Care management teams at Health Plan screen high-risk patients for substance use problems and link to specialty addiction care when indicated.

- HP supports Patient Navigators at five UPMC Hospitals to screen, assess, refer or provide brief interventions for patients with substance use problems.
Expansion of Medication-Assisted Treatment for OUDs

- Providing technical assistance for medication assisted treatment options at multiple provider settings

- Initiation of multiple credentialing and quality programs to enhance community based services
Support of other community stakeholders

Increase clinical interventions in:
- ED depts., hospitals, PCP, other locations
- Link with other behavioral health and mutual support programs
- Increase family support programs

Increase education and training
- Engagement with professional schools
- All disciplines

Collaborations with other community stakeholders