AMCP Addiction Treatment Advisory Group Findings to Improve Patient Access and Management of Substance Use Disorders

November 2, 2016

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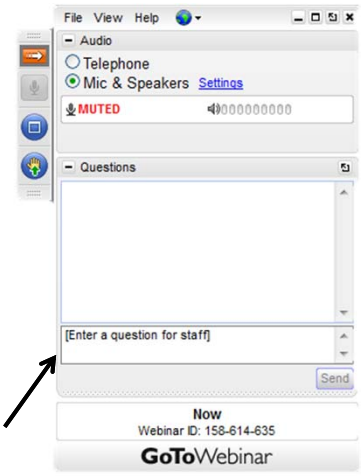
How to Ask A Question



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Program Speakers

- Mary-Jean Darby, RN
  Vice President, Business Development
  Cordant Health Solutions
- Kimberly Lenz, PharmD
  Clinical Pharmacy Manager, MassHealth
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Program Objectives

- Review the *AMCP ATAG Findings and Considerations to Improve Access to Medication-Assisted Treatment*, naloxone, and appropriate monitoring
- Discuss ways to minimize barriers and ensure timely access for evidence-based treatments and behavioral therapies for patients with substance use disorders
- Share examples of how to enhance continuity of care for patients with substance use disorder
- Reinforce the importance of improving provider awareness of and patient access to medication-assisted treatment

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Scope of Opioid Addiction

- An estimated 100 million adults suffer from chronic pain
- Healthcare providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills
- In 2014, 21.5% of Americans 12 or older had a substance abuse disorder
  - ✓ 1.9 million involved prescription pain relievers
  - ✓ 586,000 people were addicted to heroin
- Opioid overdose deaths increased by 200% since 2001
  - ✓ 46,000 Americans die each year from drug-related deaths, over half of these are opiate related

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Scope of Opioid Addiction

- Payments for opioid dependency/abuse increased 1,375%
  - ✓ From roughly $32 million in 2011 to nearly $446 million in 2015
- Insurers paid an average of $19,333 for patients with an opioid abuse or dependence diagnosis
  - ✓ 563% more than the $3,435 average paid for all patients
- From 2007 to 2014, insurers saw 3,200% increase in claims containing an opioid dependence diagnosis
  - ✓ Almost 70% came from adults age 19-35
  - ✓ Pregnancy drug dependence diagnoses increased by 511 percent during the same time period

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AMCP ADDICTION TREATMENT ADVISORY GROUP (ATAG) – 2016 STRATEGIES

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AMCP ATAG

- Established in 2015 to advise on critical issues around addiction treatment
- Comprised of both AMCP members and non-members with specific expertise in addiction treatment
  - ✓Behavioral health organizations, outpatient treatment centers, nonprofit advocacy groups, health plans, pharmacy benefit management, pharmaceutical manufacturers, pharmacies, laboratories

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ATAG Objectives

- Conduct a review of current practices and systems to identify areas that represent substantial gains to improve patient outcomes
- Prioritize which processes, systems, and methodologies need to be addressed by the group in Phase I
- Prioritize which areas should be addressed that are low-cost, non-labor intensive policy changes, and longer term solutions that potentially "change the game" in addiction treatment
- Build on the strength of the multi-stakeholder group; develop key recommendations to remove barriers, improve processes, and modify systems to improve addiction treatment outcomes, share best practices
- Serve as advocates in adopting these changes

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Overcoming Known Barriers

- Provide robust access to FDA-approved medications for opioid addiction through all private and public insurance
  - ✓ Methadone, buprenorphine/naloxone, and injectable naltrexone
- Ensure that formulary management tools used to manage addiction benefits are not more restrictive than those applied to other medical benefits
  - ✓ Utilization review, prior authorization, medical necessity, step therapy, quantity limits, or fail first
- Foster evidence-based decision-making around coverage for medications to treat addiction
  - ✓ Pharmacy benefit, medical benefit, or both, ensuring formulary inclusion and co-payment equity

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Overcoming Known Barriers

- Work to minimize out-of-pocket costs to patients for medical benefits by advocating for reasonable tiers and cost-sharing requirements
- Streamline, simplify and standardize requirements for submission of documentation for prior authorization of MAT
- Engage Prescription Drug Monitoring Programs (PDMPs) between states and leverage this information to identify and refer patients to treatment
- Determine opportunities to educate managed care professionals on ways to minimize perceived stigma to seeking treatment for addiction

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ATAG Strategies

Strategy 1: Provide guidance on timely access to FDA-approved medications for opioid addiction through all private and public insurance

- ✓ Develop and disseminate formal recommendations from AMCP for ways to improve timely access to medications used in the treatment of substance use disorders

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ATAG Strategies

Strategy 2: Support the development of educational programs and resources that promote access to MAT and encourage use of screening tools for substance abuse in all medical settings, particularly primary care

- ✓ Contributed to the development of a live CPE program at AMCP Managed Care & Specialty Pharmacy Annual Meeting in April 2016
- ✓ Developed a 3-part AMCP webinar series focusing on medications used in the treatment of substance use disorder from a managed care perspective
- ✓ Supported AMCP in the development of resources that can be used by pharmacists and primary care physicians, including the *AMCP Professional Practice Pain Subcommittee Best Practice Toolkit*

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ATAG Strategies

Strategy 3: Engage in awareness and advocacy initiatives to ensure that opioid overdose antidotes are readily accessible to and accepted by patients and caregivers

- ✓ Developed a Viewpoint article for *JMCP* on antidote barriers and access
- ✓ Submitted a response to a call for presentations for the 2017 National Rx Drug Abuse and Heroin Summit
- ✓ Submitted an application to present at the AMCP 2017 meeting, showcasing the issues and solutions developed by the AMCP ATAG to ensure that opioid overdose antidotes are readily accessible to and accepted by patients and caregivers

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ATAG Strategies

Strategy 4: Support processes and initiatives within AMCP to respond to public policy opportunities and inquiries dealing with addiction treatment issues

- ✓ Submitted comments to CDC opioid prescribing guidelines
- ✓ Submitted input into the revision of HHS 42 CFR Part 2
- ✓ Submitted recommendations to the AMCP Public Policy Committee on the updates to The Management of Opioids – Where We Stand
- ✓ Submitted input to ONDC Director Botticelli and HHS Assistant Secretary for Planning and Evaluation regarding improving access to medication-assisted treatment (MAT)
- ✓ Submitted comments on AHRQ's Medication-Assisted Treatment (MAT) Models of Care for Opioid Use Disorder in Primary Care Settings

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ATAG FINDINGS AND CONSIDERATIONS FOR THE EVIDENCE-BASED USE OF MEDICATIONS USED IN THE TREATMENT OF SUBSTANCE USE DISORDERS

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ATAG Considerations

- ATAG came to consensus on the three considerations for the evidence-based use of medications used in the treatment of substance use disorder
- AMCP will provide further education, tools and resources that managed care organizations may use to improve patient access to treatment for substance use disorders
- Recommendations are intended to provide support to organizations working to improve their benefit design and engage in best practices

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ATAG Considerations

- Evaluate and update managed care policies, processes, and benefit designs related to substance use disorders
  - ✓ Based upon current evidence and evolving understanding of substance use disorders as chronic health conditions
  - ✓ Individual patients are unique, and therapy often needs to be flexible and customized
  - ✓ Ensuring evidence-based access to medications used in the treatment of substance use disorders is recommended
  - ✓ MCOs can improve treatment outcomes by reviewing/updating benefit coverage requirements and policies as needed

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ATAG Considerations

- MCOs can improve treatment outcomes by reviewing/updating benefit coverage requirements and policies as needed
  - ✓ Reviewing evidence-based prior authorization criteria for MAT
  - ✓ Evaluating the impact of step therapy criteria on treatment success
  - ✓ Evaluating the impact of narrow pharmacy networks on timely access to medications used to treat substance use disorders
  - ✓ Encouraging generic substitution when appropriate - particularly when cost-sharing is part of the benefit design

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ATAG Considerations

- Provide reimbursement for components of comprehensive evidence-based treatment and recovery
  - ✓ Medication, office visits, behavioral interventions and wrap-around services
- Use payment strategies to increase access to evidence-based medication treatment and behavioral interventions
- Promote integration of behavioral health and primary care
  - ✓ Pay for performance, quality metrics
  - ✓ Separating behavioral health from payment bundles

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ATAG Considerations

- Develop processes that allows for timely initiation of evidence-based treatments and consider new opportunities for their initiation
  - ✓ Narrow window for patient acceptance of treatment
- Evaluate benefit design for substantial financial burden on patient access or unintended barriers for the appropriate utilization of these medications by patients
- Partner with pharmaceutical manufacturers to increase access to care, improve outcomes, and help reduce costs associated with care for patients

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ATAG Considerations

- Enhance continuity of care for patients with substance use disorders by actively managing transitions of care between medical, pharmacy and mental health needs
  - ✓ When patients are admitted for inpatient/residential treatment
  - ✓ When they are transitioning to an outpatient or follow-on care setting
  - ✓ A high percentage of patients with substance use disorders do not successfully transition to follow-up care

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ATAG Considerations

- MCOs can collaborate to implement best practices that focus on closing the gaps in the care transition process and supporting enhanced discharge planning
  - ✓ Ensure that utilization management techniques seamlessly cross care settings
  - ✓ Confirm that health care professionals are pre-identified, can provide medications used in the treatment of substance use disorder, and deliver appropriate follow-up care
  - ✓ Validate that patient engagement occurs both pre-and post-discharge

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ATAG Considerations

- Improve health care professional and patient awareness of, and access to, medications used in the treatment of substance use disorders
  - ✓ Substance use disorder is a chronic health condition, and managed care organizations and health care professionals should reinforce collaborative practices that prevent overdose, ensure referral, and prevent relapse and readmission

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ATAG Considerations

- MCOs can provide appropriate provider education and quality incentives to health care professionals
  - ✓ Ensure compliance with evidence-based guidelines
  - ✓ Facilitate the use of medications used in the treatment of substance use disorders
- Engage in a collaborative process to raise awareness and educate physicians, pharmacists, behavioral health professionals, and employers about the value and appropriate use of these medications
  - ✓ Results in improved patient outcomes and decreased total cost of care

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Implementing Best Practices & Demonstrating Leadership

Medication-Assisted Treatment

- FEHBP calling on health plans to review and improve access to medication-assisted treatment.
- CMS reinforced that Part D formulary and plan benefit designs that hinder access to MAT for opioid use disorder will not be approved
- CMS guidance to states identifying “Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction” included effective Medicaid pharmacy benefit management strategies and options for expanding Medicaid coverage of and access to opioid use disorder treatment
- The National Governor’s Association recommended effective Medicaid pharmacy benefit management strategies, steps to increase the use of naloxone, and options for expanding Medicaid coverage of and access to opioid use disorder treatment
- Cigna - recently ended Prior Authorization Requirement For Opioid Addiction Medications

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THE ROLE OF MANAGED CARE PHARMACY IN IMPROVING ACCESS TO NALOXONE: FINDINGS FROM THE AMCP ADDICTION TREATMENT ADVISORY GROUP

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Improving Access to Naloxone

- Viewpoint article to be published in *JMCP* reviews:
  - ✓Opioid overdose and treatment
  - ✓Economic impact of prescription opioid abuse
  - ✓Barriers to receiving timely access to naloxone
  - ✓Implementing best practices
  - ✓Demonstrating leadership in MCOs
  - ✓Resources on opioid overdose

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Managed Care Opportunities

- Assess current benefit design to support the utilization of alternative pain management methods
- Examine current coverage criteria for naloxone and make provisions for inclusion of a bystander who is not at-risk of an overdose
- Develop quality improvement strategies that mitigate the risk of overdose when factors that could increase the risk of overdose are present (e.g., history of substance use disorder, opioid dosages over 50 MME/day and/or current benzodiazepine use)
- Partner with contracted hospitals to distribute naloxone through emergency departments
- Evaluate the opportunity for addiction treatment anytime a patient experiences an opioid overdose and has to be rescued
- Ensure naloxone is available on the formulary and consider value-based tier placement to ensure appropriate access
- Work with local partnerships or coalitions to increase naloxone dispensing in community settings

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Implementing Best Practices & Demonstrating Leadership

Naloxone

- CVS Health – actively working to expand the availability of naloxone
- Santa Clara Family Health Plan – safe prescribing guidelines and the need to co-prescribe naloxone
- Boston Medical Center – MOON Study
- Massachusetts Overdose Education and Naloxone Distribution (OEND) Programs
- Harvard Pilgrim – Naloxone Available Without Member Cost Sharing

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Resources on Opioid Overdose

- The National Conference of State Legislators provides an overview of state level drug abuse prevention legislation at http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx
- www.stopoverdose.org provides opioid overdose prevention education and provides useful information for individuals, health care professionals and law enforcement personnel
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed an Opioid Overdose Prevention Toolkit, which is available at http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742
- The American Pharmacists Association has developed a resources center focused on Opioid Use, Abuse and Misuse. The site provides links to tools and resources, clinical and patient resources, state and federal resources, facts and figures and trends. This site can be accessed at www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center

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Resources on Opioid Overdose

- The Overdose Prevention Alliance publishes and promotes information and debates on drug overdose worldwide, with the overarching goal of curbing overdose incidence and mortality. Information on the Alliance can be found at http://www.overdosepreventionalliance.org/p/about-us.html
- The Chicago Recovery Alliance started the first overdose project in the U.S. and has excellent patient safety resources, guidelines and protocols, and video training materials at http://www.anypositivechange.org/res.html
- Get Naloxone Now is an online resource to train people to respond effectively to an opioid-associated overdose emergency. The site advocates for widespread access to overdose education and training in how to administer naloxone and can be accessed at http://getnaloxonenow.org/
- CDC Pharmacist Brochure: http://www.cdc.gov/drugoverdose/pdf/pharmacists_brochure-a.pdf

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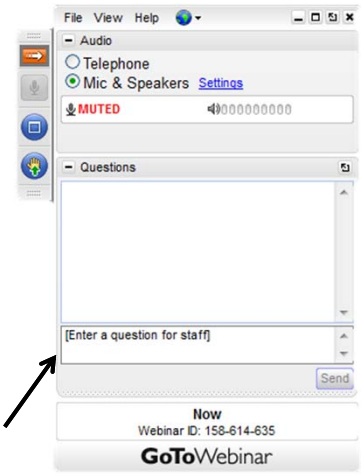

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