

# Addressing the Opioid Epidemic through Prevention, Treatment and Recovery, and Deterrence

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## KEY HIGHLIGHTS

- The opioid epidemic has had a lasting negative impact on health and wellbeing in the United States. Opioid misuse and opioid use disorder have contributed to the decline in life expectancy..
- Elevance Health and its affiliated health plans are leaders in addressing the opioid epidemic—engaging with policymakers, consumers, providers, and law enforcement to implement comprehensive strategies focused on prevention, treatment and recovery, and deterrence.
- These efforts to prevent opioid misuse while enhancing access to services such as Medication-Assisted Treatment, peer supports, telehealth visits, and alternative treatment options for chronic pain are having a positive impact on individuals and communities.

# Overview

The United States is confronting an epidemic of opioid misuse,<sup>1</sup> opioid use disorder (OUD), and related overdoses often cited as rivaling the HIV/AIDS epidemic.

Data from the U.S. Centers for Disease Control and Prevention (CDC) indicate that opioids were involved in nearly 68 percent (or 47,600) of all drug overdose deaths in 2017—meaning opioids led to more deaths than the HIV/AIDS epidemic at its peak in 1995 (43,115 deaths).<sup>2,3,4</sup> Additionally, opioids have been connected to the decline in life expectancy observed by the CDC.<sup>5</sup> Increases in deaths from drug overdose (10 percent) and suicide (4 percent) were the main drivers of the decline in life expectancy from 2016 to 2017, with opioids contributing to a large share of total overdose-related deaths.<sup>6</sup> Although initial data for 2018 show the first drop in overdose deaths in two decades,<sup>7</sup> the opioid epidemic has had a profound impact on overall health and wellbeing in the United States.

## Impact of the Opioid Epidemic in the United States

Several factors contributed to the opioid epidemic. Beginning in the 1990s, opioids were prescribed and filled in large quantities with little management or oversight. By the early 2000s, physicians increasingly were encouraged to treat pain as the “fifth vital sign,” in part through quality measures and other metrics, leading to greater use of prescription opioids in order to be responsive to patients’ pain.<sup>8</sup>

Compounding the issue was the lack of prescriber and patient education on evidence-based use of opioids and the risks of addiction to opioid pain relievers. Evidence suggests unnecessary prescribing—driven in part by widespread marketing—and fraudulent prescribing also contributed to the problem, particularly in certain regions of the country.



### What are opioids?

Opioids include:

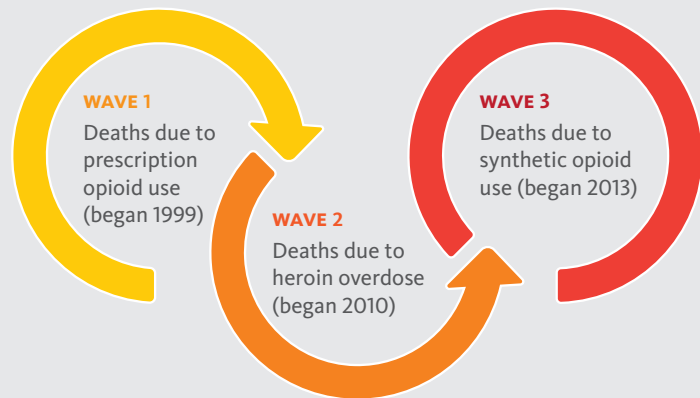
- Prescription pain relievers (e.g., oxycodone, morphine)
- Synthetic opioids (e.g., fentanyl)
- Heroin

Source: National Institute of Drug Abuse. [www.drugabuse.gov/drugs-abuse/opioids](http://www.drugabuse.gov/drugs-abuse/opioids)

Increased prescribing of opioids in the 1990s and early 2000s led to a first wave of overdose deaths due to commonly prescribed opioids.<sup>9,10</sup> (Figure 1) Rising rates of opioid addiction, along with restrictions that made obtaining legal prescription fills of opioids more difficult, likely led more individuals to heroin. The incidence of heroin use is 19 times higher among individuals who report previous use of pain relievers for non-medical, or non-prescribed, purposes.<sup>11</sup>

This dynamic contributed to a second wave of opioid-related overdose deaths involving heroin. The illicit market responded to the demand for opioids by significantly increasing the supply of heroin and dangerous synthetic opioids. The availability of synthetic opioids—particularly those involving illicitly manufactured fentanyl—contributed to a third wave of overdose deaths. In fact, fentanyl overdose deaths doubled from 2015 to 2016.<sup>12</sup>

**Figure 1**  
**The Three Waves of the Opioid Epidemic**

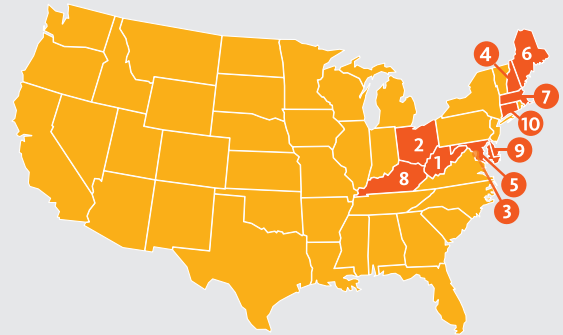


**Source:** Centers for Disease Control and Prevention. (2018, December 19). Understanding the Epidemic Retrieved January 24, 2019 from: [www.cdc.gov/drugoverdose/epidemic/index.html](http://www.cdc.gov/drugoverdose/epidemic/index.html)

Significant geographic disparities exist. In 2013, there were enough opioid prescriptions filled for every American adult to each have one bottle of pills.<sup>13</sup> Some states saw an extreme concentration of prescription opioids in contrast to their population size. For example, two pharmacies in a West Virginia town with a population of less than 3,000 received over 20 million prescription painkillers over the span of a decade.<sup>14</sup> West Virginia had the highest concentration of pills per person (66.5) from 2006 to 2012, followed by Kentucky (63.3), South Carolina (58), Tennessee (57.7), and Nevada (54.7).<sup>15</sup>

**Figure 2**  
**States with the Highest Opioid-Related Death Rates, 2017**  
 (Deaths per 100,000 Population)

1. West Virginia (49.6)	6. Maine (29.9)
2. Ohio (39.2)	7. Massachusetts (28.2)
3. District of Columbia (34.7)	8. Kentucky (27.9)
4. New Hampshire (34.0)	9. Delaware (27.8)
5. Maryland (32.2)	10. Connecticut (27.7)
National Average: 14.9	



**Source:** The Henry J. Kaiser Family Foundation. (2019). Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): 2017. Retrieved April 19, 2019 from: [www.kff.org/other/state-indicator/opioid-overdose-death-rates/](http://www.kff.org/other/state-indicator/opioid-overdose-death-rates/).

Rates of opioid-related deaths are also variable and disproportionate to population size. (Figure 2) While recent data has shown a decline in opioid-related deaths in 10 states, deaths have increased by 20 percent in seven others.<sup>16</sup>

The economic impact is significant. According to one recent estimate, the opioid epidemic cost the U.S. over \$1 trillion from 2001 to 2017.<sup>17</sup> These costs come in the form of lost wages and productivity, lost tax revenue, and spending on health care, social services, education, and criminal justice. For instance, over this period, opioid-related healthcare costs totaled \$215.7 billion due to emergency room (ER) visits, ambulance rides, administration of naloxone, and indirect costs associated with the increased risk of other diseases or complications.<sup>18</sup>



Elevance Health is addressing the epidemic by adopting a comprehensive strategy focused on **prevention, treatment and recovery, and deterrence.**

### Addressing the Opioid Epidemic

The gravity of the opioid epidemic requires a system-wide response. Health insurance companies, healthcare providers, policymakers, and community organizations have taken action by implementing programs and policies and directing resources to reduce opioid misuse and OUD.

Elevance Health and its affiliated health plans have been national leaders in addressing the epidemic—adopting a comprehensive strategy focused on prevention, treatment and recovery, and deterrence to reduce opioid misuse and OUD among their members and in their communities. Elevance Health’s holistic approach has been deliberate and purposeful but also aggressive in leveraging the depth and breadth of its market presence to improve the health and wellbeing of individuals.

This paper outlines the activities of Elevance Health and its affiliated health plans to address the opioid epidemic and mitigate its impact. The paper also highlights the opioid-related challenges still facing the nation.



# Prevention

Prevention is the first line of defense in reducing opioid misuse and OUD. Elevance Health and its affiliated plans have launched numerous initiatives to reduce opioid prescription fills and encourage non-opioid methods of treatment for pain management.

Prevention-focused initiatives that help minimize unnecessary opioid exposure include early intervention, provider outreach and education, and clinical programs.

## Early Intervention

The clinical, pharmacy, and data analytics teams supporting Elevance Health and its affiliated plans work collaboratively to track unusual prescribing practices, utilization trends, and other irregularities among individuals at risk of OUD. These collaborative efforts support early identification and intervention activities that help reduce the negative impact of opioids on individuals and their families.

The Medicare Opioid Overutilization Program, for example, uses retrospective drug utilization review to identify potentially inappropriate utilization among Medicare enrollees and prompt outreach to beneficiaries and prescribers. Pharmacy case managers with Elevance Health's affiliated plans reach out to providers through letters, faxes, and phone calls to address appropriateness, medical necessity, and safety issues regarding high dosages of opioids. This intervention can also result in restrictions of quantity, length of therapy, days' supply, or even coverage of certain opioids.

Since the program started, it has reduced by 50 percent the number of Elevance Health's Medicare members who are flagged as potential over-utilizers on the Centers for Medicare & Medicaid Services' (CMS) drug use monitoring reports. Similarly, in January 2019, Elevance Health's affiliated Medicaid plans launched a Pharmacy Opioid Management and Outlier Prescriber Profile program that flags prescribers for targeted intervention, including outreach calls from clinical pharmacists.

Through another initiative, the Controlled Substance Utilization Management (CSUM) program, Elevance Health's affiliated plans notify prescribers when their patients have opioid use patterns associated with safety issues, including high dosages, adverse drug combinations, and claims from multiple providers or at multiple pharmacies. This intervention eliminated identified safety issues in nearly two-thirds of cases.<sup>19</sup>

More broadly, Elevance Health leverages artificial intelligence and predictive analytics to identify members who may be at increased risk of a substance use disorder, as well as opioid overdose. For example, Start Talking About Recovery (STAR)—a pilot program of Elevance Health's affiliated plan in Wisconsin—identifies individuals admitted to the ER four or more times for alcohol or opioid use reasons and connects them to treatment.



Since its start, the Medicare Opioid Overutilization Program has **reduced the number of Elevance Health's Medicare members flagged as potential over-utilizers by 50 percent.**

Limiting unnecessary access to opioids needs to be accompanied by the availability of other supports and services in order to make sure individuals have access to the treatment they need. For instance, alongside efforts restricting inappropriate opioid use, Elevance Health and its affiliated plans have enhanced access to Medication-Assisted Treatment (MAT) providers.

### **Outreach and Education**

Elevance Health's affiliated plans conduct targeted provider education and outreach to reduce overprescribing and to encourage providers to screen patients for opioid misuse. This includes reimbursing for and encouraging primary care providers to use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach, which is an evidence-based practice.<sup>20</sup> Using SBIRT during routine medical exams, including for pregnant women, can help detect hidden but problematic substance use, including opioid use, before it escalates.

In the first year of provider outreach about SBIRT, Elevance Health observed a greater than 60 percent increase in commercial claims for these screenings.<sup>21</sup> This trend has continued; overall, plans have seen a 220 percent increase in provider claims for SBIRT from 2015 through 2018.<sup>22</sup>

In addition, a letter campaign targets commercial providers with five or more patients prescribed a medication used to treat OUD through MAT without any claims for mental health and/or substance use disorder (MH/SUD) services.<sup>23</sup> MAT is intended to include medication in combination with counseling and behavioral therapies.<sup>24</sup> The goal of this campaign is to ensure that providers have the resources and information they need to refer patients to appropriate MH/SUD support services.

Elevance Health is also providing education about opioids through collaboration with external organizations. For instance, in partnership with Elevance Health and the Elevance Health Foundation, the National Urban League created the "What's Up With Opioids" digital toolkit, which educates communities on the risks of misusing opioids.<sup>25</sup>

### **Clinical Programs**

In 2016, Elevance Health's affiliated plans adopted point of sale (POS) edits aligned with CDC prescribing guidelines<sup>26</sup> to help ensure clinically appropriate "new starts" of opioid prescriptions. These changes included seven days' supply limits on short-acting opioid prescriptions for most individuals and prior authorization for long-acting opioid prescriptions. Exceptions are made for chronic pain and terminal illness. After the POS edits took effect, 97 percent of members who started a short-acting opioid therapy received a seven-day or less supply.<sup>27</sup> The seven days' supply limit is an important step in preventing OUD, since the risk of addiction increases the longer opioids are taken.



Elevance Health and the Elevance Health Foundation, along with the National Urban League **created the "What's Up With Opioids" digital toolkit, which educates communities on the risks of misusing opioids.**

Another POS edit limits fills for certain short-acting opioids to no more than six units per day, as clinically appropriate. A similar policy for long-acting opioids imposes quantity limits based on dosing frequency (e.g., two units per day for a drug that is dosed every 12 hours or 1 unit per day for a drug that is dosed once daily). The focus of Elevance Health and its affiliated plans on these POS edits across commercial, Medicare, and Medicaid programs is crucial in promoting adoption of the CDC's guidelines.

One of Elevance Health's overarching goals has been to reduce by 30 percent the amount of opioids dispensed to its affiliated health plans' members in initial, or first fill, prescriptions. The POS edits implemented by Elevance Health's affiliated plans helped achieve this goal in 2017—two years ahead of schedule. Since 2015, they have achieved a greater than 50 percent reduction in opioids dispensed to individuals enrolled in commercial and Medicaid plans.<sup>28</sup> Elevance Health's affiliated plans are also observing a considerable reduction in opioids dispensed to Medicare enrollees—notable progress since plans were given the flexibility to limit opioid fills for Medicare enrollees beginning January 1, 2019.<sup>29</sup>



Elevance Health's affiliated commercial and Medicaid plans have achieved a greater than 50% reduction in opioids dispensed to enrollees.

Elevance Health's affiliated commercial, Medicare, and Medicaid plans also employ pharmacy home programs for individuals who meet certain criteria indicating potentially inappropriate medication utilization. These individuals must fill all of their prescriptions at a single assigned pharmacy. In some of Elevance Health's markets, those prescriptions must be written by one identified physician. The pharmacy home approach maintains access to opioids for the individual while ensuring that there are not multiple prescribers, a single provider is monitoring for dangerous medication interactions, and individuals are receiving counseling and mental health support if needed. Pharmacy homes have achieved a reduction in ER visits of about 35 percent among enrollees in the program and those warned via letter that their opioid use patterns might qualify them for enrollment.<sup>30</sup> Individuals receiving warning letters decreased prescription fills by 11 percent and urgent care use by 43 percent.<sup>31</sup>

Finally, Elevance Health and its affiliated plans are working with providers and members to enhance options for non-opioid pain management and treatment. Elevance Health encourages and reimburses for non-opioid pain treatments such as physical therapy, chiropractic care, cognitive behavioral therapy, and other pharmacologic and non-pharmacologic alternatives.



# Treatment and Recovery

For members with OUD, Elevance Health's affiliated health plans have taken numerous steps to improve access to and coordination of OUD treatment along with other physical health and MH/SUD services and supports.

## Access to Medication-Assisted Treatment

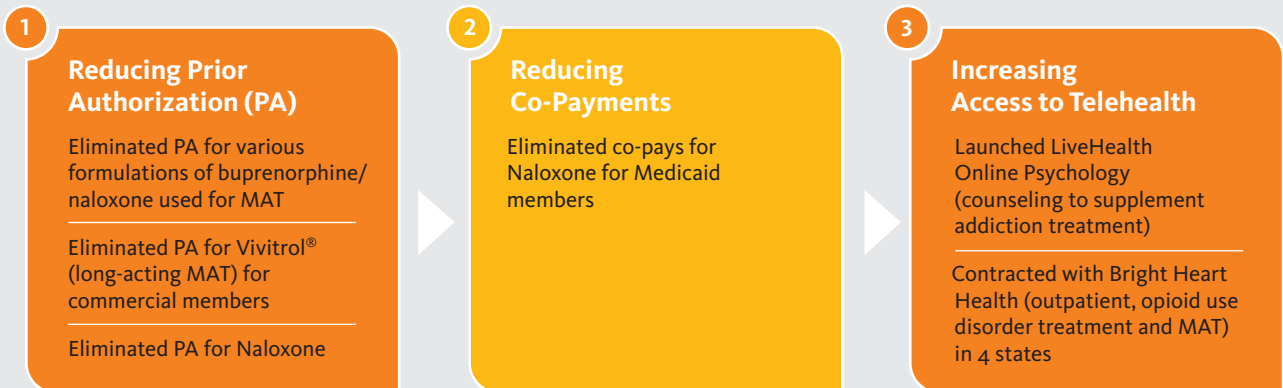
MAT is a comprehensive approach that combines the use of medication (e.g., methadone, buprenorphine) with counseling and behavioral therapies. One of the steps Elevance Health's affiliated plans have taken to improve access to MAT is removing prior authorization for various formulations of buprenorphine/naloxone. (Figure 3) In addition, Elevance Health's affiliated commercial plans recently eliminated prior authorization for Vivitrol® (long-acting medication used for MAT).<sup>32</sup>

As part of its commitment to increase access to comprehensive MAT, Elevance Health and its affiliated plans have supported the expansion of Extension for Community Healthcare Outcomes (ECHO) models in West Virginia, South Carolina, and elsewhere.<sup>33</sup> The ECHO model, developed at the University of New Mexico, is a "hub and spoke" model that uses videoconferencing to conduct virtual clinics, mentoring, and patient case presentations between academic medical centers, specialists, and community providers who are MAT certified or interested in becoming MAT certified. The ongoing support and knowledge sharing facilitated through the ECHO model enables local, primary care physicians to provide complex, specialty care in their communities.<sup>34</sup>

Outside of ECHO, Elevance Health and its affiliated plans are working with specialty MAT providers to increase MAT treatment availability, including more expeditious outpatient service connections when buprenorphine introduction takes place in an ER.

Figure 3

### Taking Critical Steps to Improve Access to Opioid Treatment



## Neonatal Abstinence Syndrome

The opioid epidemic has led to a sharp rise in the number of pregnant women with OUD<sup>35</sup> and the number of newborns suffering from Neonatal Abstinence Syndrome (NAS)<sup>36,37</sup> and, more specifically, Neonatal Opioid Withdrawal Syndrome (NOWS) for infants exposed to opioids in utero. This has increased costs and lengths of hospital stays for mothers and babies.<sup>38</sup>

Traditionally, babies with NAS or NOWS symptoms have been separated from their mothers, placed in the neonatal intensive care unit (NICU), and started on medications—factors that can lead to prolonged hospital stays and frequent placement into the foster care system. Elevance Health’s affiliated plans have partnered with providers to adopt evidence-based care practices for newborns with NAS while encouraging non-pharmacologic treatment, parent involvement, rooming-in, and protocols to decrease the severity of symptoms and improve outcomes. Together, these efforts have been shown to better prepare families to parent at-risk infants, improve health, and reduce the length of hospital stays and the need for medication, as well as lower costs.

This comprehensive NAS program also includes intensive case management services for pregnant women through the first six months of the child’s life. Case management helps women reduce risks, make healthy lifestyle choices before, during, and after their pregnancy, and engage in their recovery. Through case management, Elevance Health’s affiliated plans can address social needs affecting the health and wellbeing of the infant and family or impacting the mother’s OUD treatment stability and successful recovery. In addition, the plans have created patient and provider materials on best practices for the care of at-risk mothers and infants before, during, and after birth.



Elevance Health’s affiliated plans **provide care management and other supports** to help individuals with OUD in treatment sustain long-term recovery.

## Support in Recovery

For individuals with OUD participating in treatment, Elevance Health’s affiliated plans provide care management and other supports to help them sustain long-term recovery. This may include helping individuals obtain ongoing counseling or other support after medication-assisted withdrawal, coordinating with providers to ensure the appropriate level of care is available and accessible to address an individual’s needs and preferences, and connecting members to other activities focused on long-term recovery, stability, and support. In one such program, individuals who have received inpatient, residential treatment, or partial hospital treatment are automatically referred to a case manager who works with the individual and their support network. For individuals under the age of 17, Elevance Health’s plans also include a family support component.



The Blue Triangle program helps stabilize individuals' physical health, mental health, and SUD treatment while connecting them to long-term, more stable housing options.

Peer recovery support services are another important component that aid individuals in their recovery. In some states, Elevance Health's affiliated Medicaid plans contract directly with peer recovery support organizations to provide coaching and other supports. For individuals enrolled in commercial insurance, Elevance Health's affiliated plans provide peer recovery support through programs with local providers;<sup>39</sup> individuals are referred to these resources throughout the continuum of care including upon presenting at the ER and via use of mobile applications.

The Blue Triangle program in Indiana is an example of how peer recovery supports, coupled with transitional housing, can assist individuals who are experiencing homelessness and also have a mental health condition or substance use disorder—including OUD. Elevance Health's Medicaid plan in Indiana collaborates with public and nonprofit entities to improve long-term recovery for these individuals.<sup>40</sup> The program helps stabilize individuals' physical health, mental health, and SUD treatment while connecting them to long-term, more stable housing options. Importantly, Blue Triangle embraces a "housing first" philosophy and does not require individuals to be sober or to abide with other requirements in order to receive services and housing.

Finally, many areas of the country are experiencing challenges in the foster care system. Children left parentless as a result of overdose and addiction are increasing the need for supports and straining the limited resources available. In some cases, grandparents have become the primary caregivers for their grandchildren—straining retirees' fixed incomes and forcing older adults to seek supports as they learn to navigate trauma and other issues children may have.<sup>41</sup> Few models exist to treat parents with SUD, including those with OUD, in a manner that does not require separation from their children. In Kentucky, Elevance Health's affiliated Medicaid plan is partnering with Sobriety Treatment and Recovery Programs (START), which is an intensive child protective services program for families with co-occurring SUDs and child abuse or neglect. START integrates mental health and addiction treatment services with intensive case management for Medicaid beneficiaries.



Elevance Health supports initiatives that aim to **identify SUD providers who are delivering high-quality, evidence-based treatment.**

## Innovative Partnerships and Payment Models

Elevance Health and its affiliated health plans are continually developing new partnerships and payment approaches that ensure individuals receive high-quality, cost-effective services and supports that aid in their treatment and recovery. Having access to high-quality providers and treatment programs is integral to an individual's recovery. Elevance Health supports two initiatives—Shatterproof's National Principles of Care and the Blue Cross Blue Shield Association's (BCBSA) Blue Distinction of Care program—that aim to identify SUD providers who are delivering high-quality, evidence-based treatment.

Elevance Health was the first commercial insurer to offer in-network treatment through Aware Recovery Care—launching the partnership with its affiliated health plan in Connecticut (2015) and then expanding to its affiliated health plans in New Hampshire (2017) and Maine (2019). The Aware program approaches addiction as a chronic illness that can be addressed successfully in an individual's home. Aware uses a uniquely trained, qualified multidisciplinary team that focuses on treating the individual's SUD as well as on addressing the contributing environmental factors.<sup>42</sup> Aware's evidence-based approach helps individuals develop habits and behaviors to support life-long recovery from addiction. Elevance Health plans to expand access to Aware Recovery Care as the program expands to other states.

Further, access to telehealth services has extended the availability of treatment. For example, LiveHealth Online Psychology provides online counseling to supplement addiction treatment and support recovery, and Bright Heart Health provides outpatient treatment and MAT in four states.

Finally, pay-for-performance, bundled payments, and other value-based payment arrangements can improve OUD treatment, enhance access to MH/SUD providers, and shift the focus of providers' efforts to whole person outcomes and not just immediate treatment goals. Through its partnership with the Alliance for Addiction Payment Reform, Elevance Health helped build the Addiction Recovery Medical Home Alternative Payment Model, which uses bundled payments, quality achievement payments, and performance bonuses to emphasize high-quality, evidence-based SUD treatment.<sup>43</sup> Some of Elevance Health's affiliated plans are piloting this model.

# Deterrence

Deterrence is the third strategic component for addressing the opioid epidemic. Elevance Health's Special Investigations Unit (SIU)—a team of professionals trained to combat fraud, waste, and abuse—uses advanced data analytics and other tools to support plans' efforts to deter activities such as inappropriate prescribing, doctor shopping, and other harmful behavior that can contribute to OUD.



Elevance Health's Special Investigations Unit regularly analyzes data to identify potentially abnormal prescribing practices and misuse of opioids.

## Monitoring Prescriber and Provider Behavior

The SIU regularly analyzes data to identify potentially abnormal prescribing practices and misuse of opioids. This review can extend to data on therapeutic class, quantity, patient volume, claims volume, and payments. In turn, this analysis can prompt action with respect to pharmacies that dispense a high volume of controlled substances or providers who have high rates of prescribing potentially harmful drug combinations such as opioids with buprenorphine. SIU's analytics also flag potentially fraudulent prescribing patterns, such as prescriptions with no corresponding medical claim within 18 months of the prescription fill.

Elevance Health's affiliated health plans act on the data and information at their disposal. When suspicious or potentially dangerous prescribing patterns are identified, the health plans often meet face-to-face with providers to address the suspected over-prescribing. Plans also offer provider education and monitor future changes in provider behavior.

Another emerging issue that SIU tracks closely is fraudulent practices associated with treatment in or referrals to substance use disorder rehabilitation providers. In particular, plans have observed instances of patient brokering—when a facility pays a third party to bring a patient to that establishment—among members seeking services in some recovery homes.

Finally, the SIU and Elevance Health's affiliated plans work closely with law enforcement to share concerns about abnormal prescribing patterns, high volume pharmacies, and other insight into possible illegal activity. SIU investigators attend task force meetings with local and federal law enforcement, as well as meetings hosted by the National Healthcare Fraud Prevention Partnership, to coordinate investigative approaches.

## Monitoring Consumer Behavior

Real-time prescription drug data provides the most immediate opportunity to identify and act quickly on signs of potential OUD. Elevance Health's affiliated health plans, with the support of the SIU, review claims data to identify potentially fraudulent or abusive behavior by individuals. A common problem is "doctor shopping," where individuals obtain prescriptions for frequently misused drugs from multiple prescribers and fill them at different pharmacies. SIU shares its findings with the individual's health plan so care coordinators and others at the plan can engage directly with the member, including referring the individual to appropriate treatment and other supports. SIU also works with providers where appropriate to help deter future doctor shopping behavior.

## Looking Ahead

**Health insurers, providers, and federal, state, and local policymakers have taken countless steps to reduce opioid misuse and OUD and halt the devastating consequences of the opioid epidemic. Elevance Health and its affiliated plans, in particular, have taken a comprehensive approach rooted in prevention, treatment and recovery, and deterrence.**



To facilitate greater access, Elevance Health supports waivers of the certification requirement that will **allow more providers to administer MAT.**

While some signs point to improvement, such as reduced opioid prescribing<sup>44</sup> and the first annual decline in the number of overdose deaths in the U.S. in two decades,<sup>45</sup> many challenges must still be addressed, as described below.

### Improving Access to MAT

Despite steps to enhance access to MAT, there remains a shortage of certified providers trained and willing to provide the treatment.<sup>46</sup> MAT delivery is tightly regulated and training requirements may be a barrier, though recently enacted federal legislation loosened some restrictions on practitioners able to prescribe MAT and codified the ability for waived providers to deliver MAT to up to 275 patients.<sup>47</sup>

Expansion of access to MAT via telehealth may help, and recent guidance from the Department of Health and Human Services is a step in the right direction.<sup>48</sup> However, barriers remain. For instance, patients seeing MH/SUD providers not registered with the DEA to prescribe medication may struggle to get buprenorphine if they can't access a prescribing physician. Also, the recent guidance does not expand access to MAT at MH/SUD clinics that do not have a prescribing physician on site. To facilitate greater access, Elevance Health supports waivers of the MAT certification requirement that will allow more providers to administer this treatment.





Elevance Health encourages the **evaluation of evidence-based, non-opioid pain management therapies** by federal agencies and encourages stakeholders to develop provider licensing standards and accreditation.

## Understanding the Quality of and Evidence Base for Treatment Options

As SUD treatment approaches evolve, it can be difficult to determine which programs use evidence-based approaches and what treatment outcomes should be expected. The lack of consistent licensing and level of care regulations across states makes this more difficult for consumers.

Elevance Health supports efforts that help ensure all consumers have access to high value SUD treatment and services. Elevance Health's collaborations with BCBSA and Shatterproof on evidence-based, high-quality care are notable examples of how stakeholders can create solutions for consumers. Additionally, Elevance Health is collaborating with HealthCore to assess the impact of some of our programs and initiatives.<sup>49</sup>

## Non-Opioid Treatment Methodologies for Chronic Pain

Elevance Health supports approaches to chronic pain management that avoid overuse of opioids while ensuring that acknowledging and addressing individuals' pain is a priority. Most approved treatment protocols used by Elevance Health's affiliated health plans employ evidence-based non-pharmacological options backed by peer-reviewed clinical guidelines and documented outcomes. However, non-drug therapies sometimes lack strong evidence to support their coverage or lack research to identify the types of chronic pain most likely to benefit from the treatment approach. Furthermore, some non-opioid therapies fall outside the purview of the traditional healthcare system.

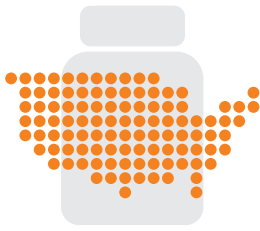
More research is needed on non-drug therapies—including evidence on the best treatment for specific conditions—to validate the effectiveness of these treatment alternatives and develop evidence-based treatment pathways and guidelines. Elevance Health encourages the evaluation of evidence-based, non-opioid pain management therapies by federal agencies and encourages stakeholders to develop provider licensing standards and accreditation.

## Data Sharing and Privacy Rules

Rules for sharing information about SUD treatment, in particular the Substance Abuse and Mental Health Services Administration (SAMHSA) 42 CFR Part 2 regulations, prevent complete and transparent sharing of health information for patients with SUD. Part 2 limits the use and disclosure of SUD records among treating providers and effectively separates an individual's SUD treatment record from the rest of their physical and mental health medical records, creating barriers to integrated care. As a result, clinicians may have incomplete information when making decisions regarding choice of medications or the provision of services or supports. This can pose a safety threat to patients, including risks from multiple drug interactions.

These restrictions are inconsistent with the intent of federal mental health parity requirements by creating an inherent barrier to treating SUD just as one would treat physical health disorders. To eliminate this barrier and improve care, 42 CFR Part 2 regulations should be aligned with the Health Insurance Portability and Accountability Act, with appropriate consumer protections, for the purposes of healthcare treatment, payment, and operations.

In addition, while Prescription Drug Monitoring Programs (PDMPs) have gained traction nationwide,<sup>50,51</sup> nearly all states prohibit health plans from accessing the data collected by PDMPs. PDMP data includes information that can assist plans in identifying at-risk individuals—such as prescription history and cash payments for medications which the plan may not be aware of. Having access to this information enhances plans' delivery of integrated SUD care management. Tennessee is launching a pilot that will permit participating plans to access all data collected by the PDMP; other states should follow its lead in granting access to comprehensive PDMP data.



The U.S. opioid epidemic has far-reaching effects on **individuals, communities, the healthcare system, and the labor force.**

### Addressing the Broader Impact on Communities

The opioid epidemic has had far-reaching effects on individuals, families, communities, and the healthcare system. Data suggests that infectious disease rates are on the rise due to needle sharing as the epidemic shifts from prescription drug use to heroin use.<sup>52,53</sup> Use of other drugs such as methamphetamines and cocaine is also rising, pointing to potential future challenges as efforts to address the opioid epidemic are narrowly tailored and may ignore other substance use disorders. New, highly lethal drugs are entering the illicit drug market, and drugs are increasingly found to be laced with fentanyl and carfentanil.

The opioid epidemic is affecting the health of first responders—causing compassion fatigue, stress, and in some cases post-traumatic stress disorder.<sup>54,55</sup> First responders and providers also face risks to their own health and safety when responding to opioid emergencies. Even small amounts of the more potent opioids such as fentanyl or carfentanil can be toxic or lethal upon contact (e.g., inhalation, contact with eyes or mouth, needle stick).<sup>56</sup>

The opioid epidemic has also had a marked impact on the labor force, with one study estimating that opioids may be responsible for roughly 20 percent of the decline in men's labor force participation and about 25 percent of the decline in women's labor force participation.<sup>57</sup> A separate study suggests this impact is even greater—accounting for 40 percent and 60 percent of the decline in the male and female labor force, respectively.<sup>58</sup>

# Conclusion

While recent data suggest opioid overdose rates are slowing in some states, in other states the data indicate the crisis will be long-lasting.<sup>59</sup> The opioid epidemic requires a comprehensive approach, leveraging stakeholders from across the community and healthcare system.

Elevance Health and its affiliated health plans have been at the forefront in addressing the opioid epidemic and are committed to leading the way forward with innovative and comprehensive approaches that prevent and treat opioid misuse and OUD and reduce the far-reaching consequences of the opioid epidemic.

As demonstrated in this paper, Elevance Health and its affiliated plans are engaged partners with federal and state governments, law enforcement, consumers, care providers, and other stakeholders in the healthcare system—focused on improving the health and wellbeing of individuals and their families who are living with the effects of opioids. Looking ahead, Elevance Health and its affiliated health plans will continue to lead by emphasizing alternative treatments for pain management, expanding person-centered models of OUD treatment, and building and strengthening partnerships in communities.

# Endnotes

- 1 According to the National Institute on Drug Abuse, “misuse of prescription drugs means taking a medication in a manner or dose other than prescribed; taking someone else’s prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high).” Source: National Institute on Drug Abuse. (2018, December). Misuse of Prescription Drugs. Retrieved July 3, 2019 from: <https://www.drugabuse.gov/publications/misuse-prescription-drugs/overview>.
- 2 Lopez, G., Frostenson, S. (2017, March 29). How the Opioid Epidemic Became America's Worst Drug Crisis Ever, in 15 Maps and Charts. Vox. Retrieved February 5, 2019 from: <https://www.vox.com/science-and-health/2017/3/23/14987892/opioid-heroin-epidemic-charts>.
- 3 Ingraham, C. (2017, December 21). CDC releases grim new opioid overdose figures: ‘We’re talking about more than an exponential increase’. The Chicago Tribune. Retrieved January 22, 2019 from: <http://www.chicagotribune.com/lifestyles/health/ct-opioid-overdose-increase-20171221-story.html>.
- 4 Centers for Disease Control and Prevention. (2018, December 19). Drug Overdose Deaths. Retrieved February 4, 2018 from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.
- 5 Kochanek, K., et al. (2017, December). Mortality in the United States, 2016. Centers for Disease Control and Prevention. NCHS Data Brief, no. 293. Retrieved February 10, 2019 from: <https://www.cdc.gov/nchs/data/data-briefs/db293.pdf>.
- 6 Fox, M. (2018, November 29). Drug Overdose Deaths Top 70,000, Drive Down U.S. Life Expectancy. NBC News. Retrieved May 8, 2019 from: <https://www.nbcnews.com/storyline/americas-heroin-epidemic/drug-overdose-deaths-top-70-000-drive-down-u-s-n941476>.
- 7 Laviertes, M. (2019, July 17). U.S. Overdose Deaths Post Annual Drop for First Time in Two Decades. Reuters. Retrieved July 18, 2019 from: <https://www.reuters.com/article/us-usa-drugs-overdoses/u-s-overdose-deaths-post-annual-drop-for-first-time-in-two-decades-idUSKCN1UC2HZ>.
- 8 This stemmed from the 2001 release of Pain Management Standards by the Joint Commission and the inclusion by the Centers for Medicare & Medicaid Services (CMS) of questions about pain in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
- 9 Centers for Disease Control and Prevention. (2018, March 30). Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016. Morbidity and Mortality Weekly Report 67, no. 12: 349–358. Retrieved January 15, 2019 from: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6712a1.htm>.
- 10 Centers for Disease Control and Prevention. (2018, December 19). Understanding the Epidemic. Retrieved January 24, 2019 from: <https://www.cdc.gov/drugoverdose/epidemic/index.html>.
- 11 National Institute on Drug Abuse. (2018, January). Prescription Opioid Use is a Risk Factor for Heroin Use. Retrieved February 15, 2019 from: <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>.
- 12 Dowell, D., Noonan, R., Houry, D. (2017, December 19). Underlying Factors in Drug Overdose Deaths. JAMA 318, no. 23: 2295–2296. Retrieved February 13, 2019 from: <https://jamanetwork.com/journals/jama/article-abstract/2657548>.
- 13 Centers for Disease Control and Prevention. (no date). CDC Guideline for Prescribing Opioids for Chronic Pain. Retrieved February 14, 2019 from: [https://www.cdc.gov/drugoverdose/pdf/guidelines\\_at-a-glance-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf).
- 14 Eyre, E. (2018, January 29). Drug Firms Shipped 20.8M Pain Pills to WV Town with 2,900 People. Charleston Gazette-Mail. Retrieved July 3, 2019 from: [https://www.wvgazette.com/news/health/drug-firms-shipped-m-pain-pills-to-wv-town-with/article\\_ef04190c-1763-5a0c-a77a-7da0ff06455b.html](https://www.wvgazette.com/news/health/drug-firms-shipped-m-pain-pills-to-wv-town-with/article_ef04190c-1763-5a0c-a77a-7da0ff06455b.html).
- 15 The Washington Post. (2019). Five Takeaways from the DEA’s Pain Pill Database. Retrieved July 17, 2019 from: [https://www.washingtonpost.com/investigations/six-takeaways-from-the-deas-pain-pill-database/2019/07/16/1d82643c-a7e6-11e9-a3a6-ab670962db05\\_story.html?utm\\_term=.8fe77cce0633](https://www.washingtonpost.com/investigations/six-takeaways-from-the-deas-pain-pill-database/2019/07/16/1d82643c-a7e6-11e9-a3a6-ab670962db05_story.html?utm_term=.8fe77cce0633).
- 16 The Henry J. Kaiser Family Foundation. (2019). Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): 2017. Retrieved April 19, 2019 from: <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- 17 Altarum. (2018, February 13). Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion Since 2001. Retrieved March 27, 2019 from: [https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=&stream=top-stories](https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001?utm_source=newsletter&utm_medium=email&utm_campaign=&stream=top-stories).
- 18 Ibid.
- 19 Data from Elevance Health, Inc. subject matter experts.

- 20 The Centers for Medicare & Medicaid Services defines SBIRT as "...an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs." See: Centers for Medicare & Medicaid Services. (2019, February). Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services. Retrieved July 11, 2019 from: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT\\_Factsheet\\_ICN904084.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf).
- 21 Data from Elevance Health, Inc. subject matter experts.
- 22 Ibid.
- 23 SUD represents a broader set of conditions that also includes OUD.
- 24 Substance Abuse and Mental Health Services Administration. (2019, April 26). Medication-Assisted Treatment (MAT). Retrieved July 25, 2019 from: <https://www.samhsa.gov/medication-assisted-treatment>.
- 25 What's Up With Opioids? (2017, December 4). National Urban League, Elevance Health, and the Elevance Health Foundation Team Up to Help Prevent Opioid Misuse and Addiction. Retrieved April 19, 2019 from: <https://www.whatsupwithopioids.org/about>.
- 26 Centers for Disease Control and Prevention. (2016, March 18). CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Morbidity and Mortality Weekly Report 65, no 1: 1-49. Retrieved March 27, 2019 from: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.
- 27 Data from Elevance Health, Inc. subject matter experts.
- 28 Ibid. To balance the reduction of unnecessary opioid use with the treatment value opioids have for other individuals, the POS edits propelling these reductions target initial, or first fill, prescriptions—not long-term treatment regimens.
- 29 Effective January 1, 2019, Medicare Part D plans were granted flexibility to implement a hard safety edit to limit initial dispensing of opioids to a supply of 7 days or less. (A hard safety edit stops the pharmacy from processing a prescription until an override is entered or authorized by the beneficiary's plan.) Plans' ability to set this limit was authorized by the Calendar Year 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. The Comprehensive Addiction and Recovery Act (CARA) of 2016 also contained several provisions to allow Part D plans to address overutilization, including a patient-specific POS claims edit. For more information on new opioid-related policies for Part D plans, see: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se18016.pdf>.
- 30 Data from Elevance Health, Inc. subject matter experts.
- 31 Ibid.
- 32 Each of Elevance Health's affiliated Medicaid plans will determine whether to also adopt this change, ensuring compliance with state rules and alignment with the specific needs of each state.
- 33 Elevance Health's affiliated plans provided financial support to develop and expand ECHO models for MAT in West Virginia and South Carolina. The goal of this support is to expand the model in other regions, in particular, rural areas experiencing provider shortages for MH/SUD services. Additionally, where ECHO already exists, Elevance Health's affiliated plans have encouraged their provider networks to participate in these state-run hubs.
- 34 The University of New Mexico School of Medicine. (2019). Project ECHO: A Revolution in Medical Education and Care Delivery. Retrieved March 28, 2019 from: <https://echo.unm.edu/>.
- 35 Centers for Disease Control and Prevention. (2018, August 10). Opioid use Disorder Documented at Delivery Hospitalization – United States, 1999-2014. Morbidity and Mortality Weekly Report 67, no. 31: 845-849. Retrieved March 27, 2019 from: [https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s\\_cid=mm6731a1\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w).
- 36 National Institute on Drug Abuse. (2019, January). Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. Retrieved February 14, 2019 from: <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>.
- 37 Honein, M., Boyle, C. Redfield, R. (2019, March). Public Health Surveillance of Prenatal Opioid Exposure in Mothers and Infants. Pediatrics 143, no. 3: e20183801. Retrieved February 14, 2019 from: <http://pediatrics.aappublications.org/content/pediatrics/early/2019/01/15/peds.2018-3801.full.pdf>.
- 38 Corr, T., Hollenbeak, C. (2017, September). The Economic Burden of Neonatal Abstinence Syndrome in the United States. Addiction 112, no. 9: 1590-1599. Retrieved February 14, 2019 from: <https://www.ncbi.nlm.nih.gov/pubmed/28612362>.
- 39 Elevance Health's affiliated commercial health plans use bundled payment structures that allow the provider entity to utilize peer recovery supports as a component of their total set of services that are billed through the monthly bundled payment rate.
- 40 The Blue Triangle program is a collaboration among public, private, and nonprofit entities. The partners include Elevance Health's affiliated health plan in Indiana, the city of Indianapolis, Partners in Housing, and Adult & Child Health.

- 41 Farmer, B. (2018, June 3). When Opioids Impact the Whole Family. 60 Minutes Overtime. Retrieved March 28, 2019 from: <https://www.cbsnews.com/news/the-depth-of-opioids-impact-on-families-60-minutes/>.
- 42 Aware Recovery Care. (2019). Aware Recovery Care Approach in Connecticut, New Hampshire, and Maine Producing Outcomes 6x Better than the National Average. Retrieved March 28, 2019 from: <https://www.aware-recoverycare.com/approach/>.
- 43 Polak, AM, et al. (2018, December 12). The Addiction Recovery Medical Home As An Alternative Payment Model. Health Affairs Blog. Retrieved April 22, 2019 from: <https://www.healthaffairs.org/doi/10.1377/hblog20181211.111071/full/>.
- 44 Brantley, K., Sloan, C. (2018, June 19). Opioid Supply Levels Decline in Most States. Avalere Health. Retrieved February 14, 2019 from: [https://avalere.com/press-releases/opioid-supply-levels-decline-in-most-states?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=newsletter\\_axiosvitals&stream=top](https://avalere.com/press-releases/opioid-supply-levels-decline-in-most-states?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top).
- 45 Lavietes, M. (2019, July 17).
- 46 Hostetter, M., Klein, S. (2017, September 17). In Focus: Expanding Access to Addiction Treatment Through Primary Care. The Commonwealth Fund. Retrieved February 15, 2019 from: <https://www.commonwealthfund.org/publications/newsletter-article/2017/sep/focus-expanding-access-addiction-treatment-through-primary>.
- 47 Public Law No. 115-271. Enacted on October 24, 2018. Retrieved March 27, 2019 from: <https://www.congress.gov/bill/115th-congress/house-bill/6/text>.
- 48 Giroir, Adm. B. (2018, September 18). Using Telemedicine to Combat the Opioid Epidemic. U.S. Department of Health and Human Services. Retrieved February 6, 2019 from: <https://www.healthit.gov/buzz-blog/health-it/using-telemedicine-to-combat-the-opioid-epidemic>. There was an announcement from HHS on September 18, 2018 in concert with the DEA, to clarify requirements related to use of telemedicine to prescribe buprenorphine for MAT. Specifically, the agencies wanted to emphasize that if a patient is seen by a provider who does not have a waiver to prescribe buprenorphine, the patient may receive a buprenorphine prescription from a waived provider at a remote location through telemedicine, as long as both providers are licensed in the state in which the patient is receiving care and registered as general prescribers with the DEA.
- 49 HealthCore is a wholly owned and independently operated subsidiary that focuses on health outcomes research.
- 50 Vestal, C. (2017, December 29). In Opioid Epidemic, States Intensify Prescription Drug Monitoring. Pew. Retrieved February 6, 2019 from: <https://www.pewtrusts.org/en/research-and-analysis/blogs/state-line/2017/12/29/in-opioid-epidemic-states-intensify-prescription-drug-monitoring>.
- 51 The President's Commission on Combatting Drug Addiction and the Opioid Crisis. (2017, November 1). Interim Report and Recommendations. Retrieved March 28, 2019 from: [https://trumpwhitehouse.archives.gov/sites/whitehouse.gov/files/images/Final\\_Report\\_Draft\\_11-15-2017.pdf](https://trumpwhitehouse.archives.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf).
- 52 Dawson, L., Kates, J. (2018, March 27). HIV and the Opioid Epidemic: 5 Key Points. Henry J. Kaiser Family Foundation. Retrieved March 28, 2019 from: <https://www.kff.org/hiv/aids/issue-brief/hiv-and-the-opioid-epidemic-5-key-points/>.
- 53 Centers for Disease Control and Prevention. (2017, December 21). Increase in hepatitis C infections linked to worsening opioid crisis. Press Release. Retrieved March 28, 2019 from: <https://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection-press-release.html>.
- 54 DeMio, T. (2017, June 1). More Victims of ODs: First Responders Suffer Compassion Fatigue. The Cincinnati Inquirer. Retrieved April 1, 2019 from: <https://www.cincinnati.com/story/news/2017/05/31/more-victims-ods-first-responders-suffer-compassion-fatigue/100277322/>.
- 55 Cherry, M. (2019, March 19). Fight Against Opioid Crisis Takes Toll on First Responders. WMUR9. Retrieved April 1, 2019 from: <https://www.wmur.com/article/fight-against-opioid-crisis-takes-toll-on-first-responders/26874111>.
- 56 National Institute for Occupational Safety and Health. (2017, August 24). Workplace Safety & Health: Fentanyl, Protecting Workers at Risk. Retrieved April 19, 2019 from: <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>.
- 57 Krueger, A. (2017, September 7). Where Have All the Workers Gone? An Inquiry Into the Decline of the U.S. Labor Force Participation Rate. The Brookings Institute. Retrieved March 28, 2019 from: <https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/>.
- 58 Gitis, B. (2018, September 12). State-By-State: The Labor Force and Economic Effects of the Opioid Crisis. American Action Forum. Retrieved April 19, 2019 from: <https://www.americanactionforum.org/project/opioid-state-summary/>.
- 59 Centers for Disease Control and Prevention. (2018, December 19). Opioid Overdose Map: Statistically Significant Changes in Drug Overdose Death Rates Involving Prescription Opioids by Select States, United States, 2016-2017. Retrieved March 27, 2019 from: <https://www.cdc.gov/drugoverdose/data/prescribing.html>.



## ABOUT US

### Elevance Health Public Policy Institute

The Public Policy Institute (PPI) was established to share data and insights that inform public policy and shape the healthcare programs of the future. PPI strives to be an objective and credible contributor to healthcare transformation through the publication of policy-relevant data analysis, timely research, and insights from Elevance Health’s innovative programs.

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