

A New Approach to the Opioid Crisis: Pandemic-Informed Solutions

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Key Takeaways

- The decades-long opioid crisis accelerated during the pandemic, with climbing rates of overdose deaths from 2020 into 2021.
- Pandemic restrictions made it harder for individuals with opioid use disorder (OUD) to receive treatment and support services. However, they also led to important adaptations such as the expansion of virtual care services for OUD.
- Learnings from the changes made in reaction to the COVID-19 pandemic, such as expansion of peer supports and flexibility in cross-state provider licensing, can inform permanent solutions to treating individuals with OUD.

Overview

More than 932,000 people have died from a drug overdose in the United States since 1999, and the proportion of those deaths attributable to opioids has been increasing each year. In 2020, nearly 75 percent of drug overdose deaths involved an opioid, building on a decades-long crisis of misuse across the nation.¹

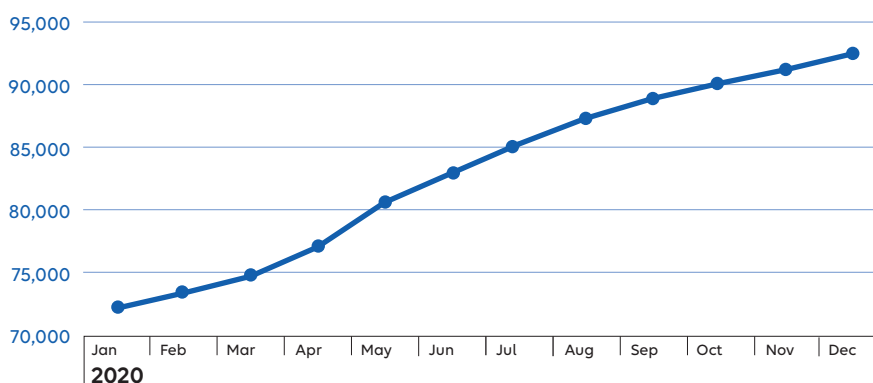
In 2020, nearly three-quarters of all drug overdose deaths involved an opioid.

Opioids are a class of substances that include prescribed medications such as pain relievers as well as synthetic opioids such as fentanyl and heroin. All opioids are chemically related. While opioid pain relievers are generally safe when taken as prescribed by a healthcare provider, there is risk of unhealthy use that can lead to opioid use disorder (OUD), unintentional overdose, and death.² Given the widespread prevalence and enduring impact of opioid misuse, in 2017 the opioid epidemic was declared a public health emergency.

Recent data suggests that this growing crisis comes at a tremendous cost, not just in the number of lives lost, but also in the economic impact to society. With the ever-growing number of people living with OUD and who have died from a fatal overdose, the estimated cost of the opioid epidemic is now more than \$1.3 trillion annually and rising.³

Further, against the backdrop of the COVID-19 pandemic, disruption in access to prevention, treatment, harm reduction, and recovery support services has likely contributed to the most recent acceleration in overdose deaths. According to the Centers for Disease Control and Prevention (CDC), in 2020, overdose deaths increased over 30 percent leading to more than 93,000 deaths, with 68,630 of those deaths attributable to opioids. Provisional CDC data demonstrates overdose deaths continued to climb leading into 2021.^{4,5} (Figure 1)

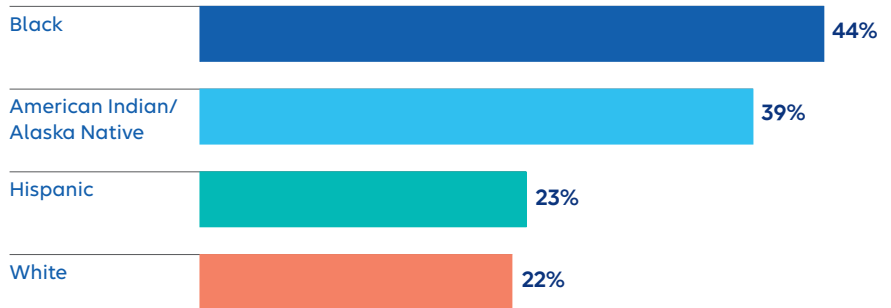
Figure 1
12-Month Cumulative Number of Drug Overdose Deaths in the U.S., 2020



Source. Centers for Disease Control and Prevention, Opioid Data Analysis and Resources.

Overdose deaths during the early months of the pandemic increased among all demographic groups but were especially high among men, young people, and people of color. In 2020, overdose death rates increased 44 percent for Black people and 39 percent for American Indian and Alaska Native people compared with 2019.⁶ (Figure 2) Overdose death rates in other groups, specifically White people, for whom the increase was 22 percent, also reached historic highs. This increase was driven by the use of synthetic opioids (e.g., fentanyl) and stimulants (e.g., methamphetamine and cocaine), or combinations of substances.

Figure 2
Percent Increase in Overdose Deaths by Race/Ethnicity, 2019–2020



Source. Centers for Disease Control and Prevention.

Impact of the COVID-19 Pandemic on Opioid Use

The circumstances of the early COVID-19 shutdowns created new obstacles for individuals in recovery who suddenly lost their in-person support groups, social supports, and sometimes their livelihoods.

Social isolation and loneliness are risk factors for OUD and recovery disruption.

Social isolation and loneliness—widely reported experiences for individuals during the lockdown—are risk factors for physical and mental health conditions, OUD, and recovery disruption.⁷ Individuals who experience recovery disruption are more likely to experience a fatal overdose due to lessened physical tolerance to the drug.⁸

There are indications that the shutdowns also reduced access to lifesaving treatments, contributing to the increase in opioid-related deaths. One analysis of nearly half a billion prescriptions found that initiation of buprenorphine, a drug used for the treatment of OUD, declined during the first wave of the pandemic.⁹

The transition away from in-person visits with healthcare providers also limited the distribution of harm reduction materials. This includes naloxone, fentanyl testing strips, and other safe injection supplies. One study of commercial and Medicare pharmacy claims showed an abrupt 26 percent decrease in the number of individuals receiving naloxone prescription fills from February to March 2020, which persisted through the end of the year. This was compared to an average 14.6 percent drop in individuals receiving prescription fills for any medication.¹⁰

Racial, ethnic and socioeconomic barriers to OUD care were exacerbated by the pandemic.

Although there were public health emergency-related regulatory changes that allowed medications for opioid use disorder (MOUD) to be initiated and maintained through telehealth, many patients lack access to the technology needed or are generally hesitant to use telehealth.¹¹ This reduced access may also have contributed to the increase in fatal and non-fatal overdoses. Long-standing racial, ethnic, and socioeconomic inequities may have exacerbated the death toll of the overdose crisis just as they did for COVID-19.

Populations who have been economically or socially marginalized often experience disproportionate worsening of their health during environmental or social crises. Barriers to accessing health care, especially mental health and substance use disorder services, existed for racial and ethnic minorities prior to, and were exacerbated by, the COVID-19 pandemic.¹²

Elevance Health's Comprehensive Approach to the Opioid Crisis

Elevance Health has implemented a multidimensional approach to the opioid crisis that reflects a focus on prevention, harm reduction, evidence-based treatment, and recovery support.

Due to the widespread nature of the crisis, this means providing support at the individual level to members, leveraging partnerships with communities, and conducting ongoing work with policymakers and states to achieve positive outcomes. Through its holistic and evidence-based strategic approach, Elevance Health has demonstrated leadership in improving outcomes for people at risk and those living with OUD. The following discussion highlights select program successes across the organization, with an emphasis on those initiatives that were key to reaching members during the COVID-19 public health emergency.

Primary Prevention Initiatives

Prevention initiatives are strategies aimed at reducing exposure to opioids and preventing OUD. Outreach to individuals at risk of OUD is a key component of prevention.

Resilience through Information, Support, and Education. During the height of the pandemic, Elevance Health introduced the Resilience through Information, Support, and Education (RISE) program. RISE is a field-based case management intervention that engages members who are at critical risk of developing an alcohol- or opioid-related negative health outcome within 12 months of identification. The RISE intervention includes a single point of contact with a case manager for members to address mental health, physical health, and substance abuse needs, as appropriate. To accommodate the barriers associated

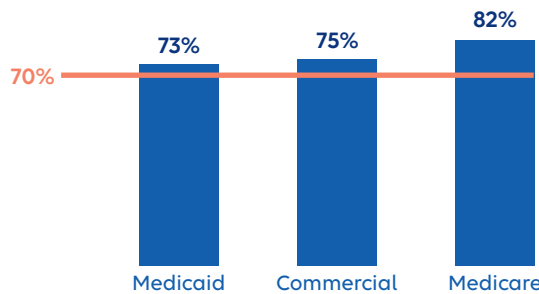
with outreach and care delivery during the pandemic, RISE operated as a telephonic and video-based intervention until July 2022. By using this outreach model for members across its affiliated commercial, Medicaid, and Medicare Advantage plans, Elevance Health has realized a marked increase in member engagement with a case manager to support proactive change before an individual is at risk for increased substance use or return to use.

Since its inception in 2020, the program has exceeded its goal to attain a 70 percent rate of success in reaching members after referral, across all states. RISE has successfully contacted 73 percent of referred members in Medicaid, 82 percent in Medicare Advantage, and 75 percent in commercial plans as of August 2022.¹³ These metrics illustrate the fact that the program was successful at adapting not only to meet, but also to surpass, goals for member contact and engagement despite launching the program in the height of the pandemic. (Figure 3)

Figure 3

Percent of Referrals Resulting in RISE Program Contacts

■ Target
■ Actual



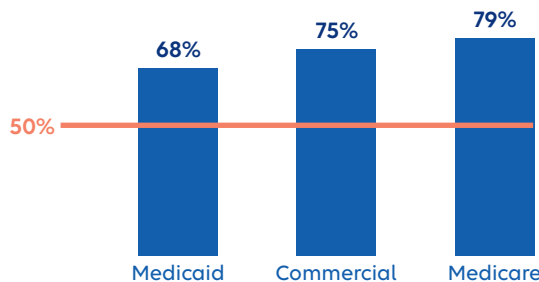
Source: Elevance Health internal data.

Member engagement with a case manager has also exceeded the program’s goal to achieve at least 50 percent engagement following contact. Engagement since 2020 has averaged 75 percent, 68 percent, and 79 percent across Elevance Health’s affiliated commercial, Medicaid, and Medicare Advantage plans, respectively.¹⁴ (Figure 4)

Figure 4

Percent of RISE Program Contacts Resulting in Member Engagement

■ Target
■ Actual



Source: Elevance Health internal data.

90–95% of those who received SBIRT services were involved in SUD treatment or 12-step meetings on follow-up.

Through partnerships with ECHO hubs, Elevance Health offers providers in the plan’s network no-cost addiction training.

Screening, Brief Intervention, and Referral to Treatment. Elevance Health has actively encouraged primary care practices to use substance use disorder-focused screening, brief intervention, and referral to treatment, or SBIRT, codes. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.¹⁵

The primary goal is to reduce and prevent at-risk use of alcohol, opioids, and other substances and the onset of a substance use disorder. SBIRT has been proven effective regardless of age, gender, race, and culture in children, adolescents, and adults.¹⁶

SBIRT has been shown to decrease harmful alcohol use by 39 percent and lower illicit drug use by 68 percent. Research has also shown that among those requiring treatment, brief interventions have increased the percentage of people who show up for their first substance use disorder treatment appointment from 5 percent (among controls) to 55-65 percent (among those receiving SBIRT services). Of those who received SBIRT services, 90-95 percent continued to be involved in some substance use disorder treatment or 12-step meeting on follow-up.¹⁷

Since the onset of the COVID-19 pandemic, SBIRT has proven to be an effective tool in virtual care settings, and the Elevance Health provider education team has supported the increased use of these codes virtually through the creation and deployment of custom provider training modules.

Harm Reduction Initiatives

Harm reduction describes a comprehensive, person-centered approach to reduce the harm that may come from substance use behaviors.

It includes individual and community-based safety practices aimed at improving overall health and wellness. Harm reduction initiatives are based on acceptance and the belief that people using substances should be empowered to seek and receive quality healthcare, regardless of their use status.¹⁸

Project ECHO. The COVID-19 pandemic brought into clearer focus the need for provider education about harm reduction and treatment of substance use disorders. Project Extension for Community Healthcare Outcomes (ECHO) is a program that delivers case-based learning through a virtual platform to help develop confidence and familiarity with the management of complex diseases, such as substance use disorders, among diverse groups of healthcare professionals.

Through its strategic partnerships with community-based ECHO hubs, Elevance Health offers providers in the plan’s network no-cost addiction training, opportunities to receive expert input on de-identified patient cases, access to a virtual learning community for harm reduction and treatment guidelines, tools and patient resources, and free continuing education credits. Project ECHO modules also teach participants how to implement harm reduction principles and strategies into everyday clinical practice.

Elevance Health supports the use of community-based harm reduction strategies, such as mobile methadone clinics.

Peer supports were key to engaging members with OUD during the height of the pandemic.

In addition to being an innovative model for provider collaboration and education, Project ECHO uses its digital platform to empower generalists to provide addiction care and help address the lack of culturally appropriate and accessible specialty care in rural and traditionally underserved areas. The platform has further addressed the provider shortage by enabling more providers to feel comfortable prescribing medication approved for the treatment of OUD.

Harm Reduction Approach. Other harm reduction strategies include removing prior authorization for accessing naloxone and other medications, supporting mobile methadone clinics, and extending grant funding to community organizations. [Learn more](#) about Elevance Health’s harm reduction efforts.

Evidence-Based Treatment Initiatives

Elevance Health supports evidence-based treatment that is backed by science and produces successful outcomes.

The traditional, long-used “detox then recovery” approach puts up to 91 percent of people treated at high risk for another overdose.¹⁹ Using MOUD, a significant practice shift, is associated with much improved outcomes. MOUD, in combination with counseling and behavioral therapies, provide a whole-person approach to OUD treatment.

Changing Pathways. Changing Pathways is an Elevance Health program that was first piloted in Connecticut in 2018 with two providers and has since been expanded to several providers in Connecticut and in New York. The Changing Pathways program model starts MOUD during the withdrawal management episode and seamlessly transitions members to outpatient MOUD treatment. The program begins when members with an OUD are admitted to a withdrawal management or psychiatric inpatient facility. At the facility, members receive educational material on MOUD. If they choose to continue the program, they are started on MOUD and can be transitioned to community providers for ongoing treatment support. A peer specialist engages with members on the inpatient unit and continues to provide support in the community after discharge to help with many aspects of recovery. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.²⁰

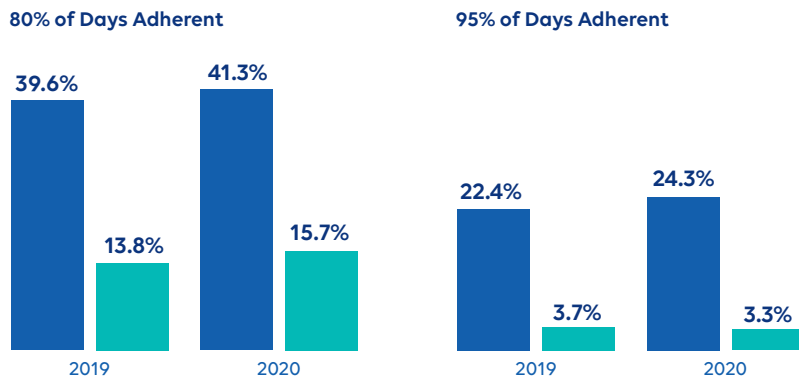
Peer specialists were critical to ensuring seamless engagement among Changing Pathways participants during the height of the pandemic in 2020. Peers who were embedded with Changing Pathways providers provided virtual support via telephone engagement to members receiving facility-based care until staff was allowed to resume in-person work. Peers also continued to follow initiated members via virtual engagement as they integrated back into their communities.

Members engaged in the Changing Pathways program in Connecticut were 2.5 times more likely to adhere to their treatment for 90 days following discharge than were people who went through traditional withdrawal management and later started MOUD. (Figure 5)

Members who continued their MOUD regimen for at least 80 percent of the time had a 75 percent reduction in overdose rate, on average, in the 90 days after discharge compared with those who did not. Changing Pathways underscores the value of a whole person approach to OUD. When physical health treatment is paired with social and behavioral supports, outcomes improve.

Figure 5
Percent of Changing Pathways Pilot Participants and Non-Participants by Adherence Rate,* 2019 and 2020

■ Percent of Pilot Participants
 ■ Percent of Non-Participants



*Adherence means using MOUD at least 80% or 95% of days for the three months following discharge.
 Source: Elevance Health Changing Pathways program analysis.

Reimbursement policies that support increased use of MOUD yield better outcomes for people with OUD.

Telehealth treatment. Telehealth can help individuals with OUD to overcome many of the obstacles they often experience when trying to access care, such as transportation barriers, physical mobility limitations, arranging childcare, and managing time away from work or school. Without these barriers, initiation and retention in treatment may improve.²¹ One way that Elevance Health ensures flexibility and greater convenience to securing care is by providing access to services through telehealth MOUD programs. About 19-25 percent of those receiving MOUD in all of Elevance Health’s affiliated health plans began to receive their counseling via telehealth during the pandemic, compared with roughly 1 percent before the pandemic.

Provider Reimbursement Policies. Reimbursement policies that support increased use of MOUD yield better outcomes for people with OUD. MOUD has proved to be clinically effective and to significantly reduce the need for inpatient withdrawal management services for individuals with OUD. A comprehensive, individually tailored program combining MOUD and behavioral therapy is considered the gold standard of OUD care.

The COVID-19 pandemic stretched already thin provider resources even further and highlighted the critical need to address the MH/OD work-force shortage. Elevance Health is supporting increased access to MOUD by standardizing reimbursement for these services between primary care and behavioral health providers. This policy encourages primary care providers to become certified buprenorphine prescribers through the Substance Abuse and Mental Health Services Administration (SAMHSA) (SAMHSA DATA Waiver), which bolsters access to OUD treatment.

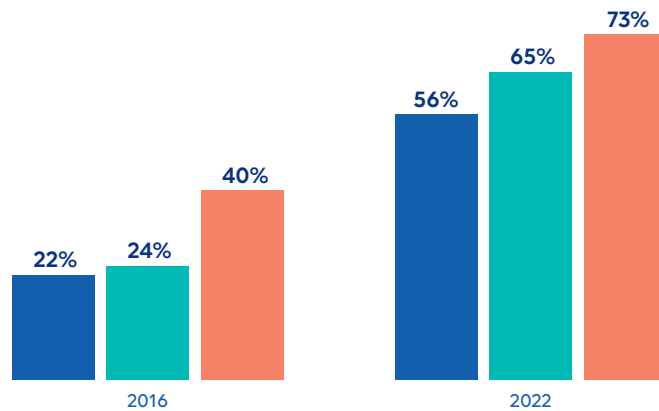
Further, the development of bundled payments for Office Based Opioid Treatment (OBOT) supports clinical practices that offer this holistic approach, involving medication therapy, counseling, and peer recovery support specialists.

These coverage and payment policies have contributed to a significant improvement in members with OUD receiving both medication therapy and counseling treatment. Since 2016, Elevance Health has boosted the combined percentage of members with OUD in employer group, individual, and Medicaid plans receiving both therapies from 22 percent to 56 percent. Medicaid plans alone increased from 24 percent to 65 percent.²²

Elevance Health also uses data analytics to track member access to MOUD. One key metric tracks members with OUD and whether they have pharmacy fills for buprenorphine or naltrexone or evidence of receiving methadone through an opioid treatment provider (OTP). Since 2016, the number of Elevance Health’s affiliated Medicaid plan members with OUD and at least one claim for a medication or OTP associated with MOUD has increased by over 82 percent. Nearly 73 percent of members with OUD had at least one claim for one of the three MOUD in June 2022.²³ (Figure 6)

Figure 6
Percent of Members with OUD
Receiving MOUD and Counseling,
2016 and 2022

- Individual, Employer Group, and Medicaid Members with OUD Receiving Both Drug Therapy and Counseling
- Medicaid Members with OUD Receiving Both Drug Therapy and Counseling
- Medicaid Members with OUD with at Least One MOUD Claim



Source. Elevance Health internal data.

Recovery Support

SAMHSA's definition of recovery is, "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."²⁴ SAMHSA further states that the four major dimensions of recovery include health, home, purpose, and community, underscoring the importance of a holistic, person-centered approach to achieving success.²⁵

Home-based treatment with virtual support was less likely to be impacted by pandemic protocols than residential treatment.

In-Home Care. 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. Extensive research has shown that receiving medical care and monitored support in the home promotes faster recovery, improves outcomes, and increases the patient's overall physical and psychological well-being. Furthermore, a home-based treatment plan with a virtual support component was less likely to be impacted by the COVID-19 public health emergency protocols than a residential treatment approach.

Aware Recovery Care (Aware) provides private, personalized care for people seeking individualized drug or alcohol addiction treatment while living in their own homes. For those currently receiving inpatient care, Aware programs can provide a seamless and supportive discharge to home. Aware's 52-week long program model is supported through research, which shows that treatment that runs for a full year has significantly higher success rates than programs involving shorter treatment stays. An Elevance Health analysis of the Aware in-home program found that individuals who completed the program had significantly lower rates of emergency department visits and opioid prescriptions.²⁶

Currently, Elevance Health's affiliated plans in Connecticut, Indiana, Maine, New Hampshire, Ohio, and Virginia offer their members access to this home-based recovery program model, and there are plans for continued expansion into other states.

Member Coverage Policies. Individuals with OUD who are in recovery have better outcomes if medication therapy continues for at least six to 12 months. In some instances, MOUD may be continued indefinitely. It is therefore important to ensure that those who initiate MOUD can persist in treatment over time. Elevance Health maintains coverage policies to support members in their long-term recovery.

The Evolving Landscape and Informed Solutions

The COVID-19 pandemic has offered valuable insight into the effectiveness of telehealth for the treatment of OUD. Pandemic restrictions intended to prevent the spread of COVID-19 made it harder for individuals with OUD to receive treatment and support services.

However, this new reality also led to the expansion of telehealth and virtual care services for OUD. These innovations have proven essential in protecting access to and continuity of necessary care. Looking forward, they can also inform policy that leads to long-term success in treating and supporting people with OUD.

Increasing Access to MOUD via Telehealth Prescribing. Federal law currently places limitations on telehealth prescribing for people with OUD. Elevance Health supports the elimination of the in-person evaluation requirement before a provider can prescribe MOUD via telehealth.

Enhancing MH/OUD Provider Workforce via Cross-State Licensing. During the pandemic, all 50 states used emergency authority to waive some aspect(s) of state licensure laws providing widespread access to care.²⁷ These licensure flexibilities provided healthcare practitioners the ability to treat patients in other states virtually either to maintain existing patient relationships or when there were urgent needs or specialized expertise was not readily available locally.

Patient care via telehealth across state lines during the pandemic helped to maintain continuity of care during a time when the system was under great strain and the healthcare workforce shortage was at its most acute. Elevance Health encourages efforts that foster cross-state licensure reciprocity for all provider types to support increased access to services. Policies that enable cross-state licensing would allow for greater flexibility in the supply of treatment providers to better meet demand.

Leveraging Peers in the Delivery of Care to People with OUD. As evidenced across several Elevance Health programs during the pandemic, peer recovery support specialists were a critical component to providing seamless support to members with OUD who were moving along their recovery path. Incorporating peer support within integrated care increases connection to members and engagement in treatment, but also helps alleviate workforce shortage issues. Elevance Health supports policies at the federal level that would result in coverage for peer services for MH/OUD.

Pandemic-era adaptations in care drove innovations that should be considered for the long term.

Conclusion

The opioid epidemic is projected to claim 1.22 million U.S. lives this decade without new efforts to stem the crisis. This unfortunate statistic underscores the need for OUD-related services, accessed via multiple entry points, to be embedded as a permanent component in the delivery of whole person health. Policymakers can leverage COVID-19 pandemic era learnings, such as the use of telehealth, the continuation of cross-state licensure, and the employment of peers, to implement measures that support sustained access to evidence-based solutions for the delivery of care to individuals with OUD.

Endnotes

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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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