Prevention. Treatment. Recovery.

Responding to the Opioid Overdose Epidemic

Policy Brief 2022



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Summary

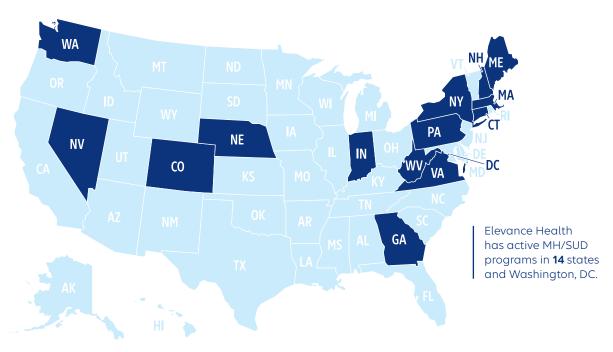
In the United States, drug overdose deaths are at an all-time high. According to the Centers for Disease Control (CDC), about 75% of those deaths in 2020 involved opioids. Clearly, mental health and substance use disorder treatment (MH/SUD) are more important now than at any time in recent history.¹

As a lifetime, trusted health partner, Elevance Health serves individuals across their entire health journey – including those with MH/SUD treatment needs. This policy brief addresses opioid use disorder (OUD) in particular and describes Elevance Health's ongoing innovations in both treatment and administrative approaches to fighting what has become a relentless epidemic.

This brief outlines:

- How Elevance Health manages the behavioral health needs of its members, including those with OUD treatment needs.
- Our approach to improving access to care through innovative and sustainable programs, which can be replicated around the country.
- Results i.e., Elevance Health's achievements in successfully addressing the opioid epidemic.
- Our efforts to promote workforce expansion and diversity in the MH/SUD space.

While Elevance Health has made an impact for its members and the larger communities we serve, we know that the battle to end the opioid epidemic will continue. We remain committed to seeking out innovative approaches and greater collaboration among stakeholders, particularly policymakers, to bring an end to this destructive epidemic and help people live healthier lives.



Mental health and substance use disorder treatment are more important than ever

The United States is currently experiencing a dramatic increase in mental health and substance use disorder (MH/SUD) needs, in large part due to the COVID-19 pandemic. In 2020, our State of the Nation's Mental Health Report² analyzed 27 million healthcare claims and included a nationwide clinician survey. The survey found nearly unanimous agreement (99%) among providers that COVID-19 has introduced new MH/SUD concerns for patients.

of surveyed professionals reported an increase in the volume of individuals needing MH/SUD services.

of professionals believe that negative mental health effects will 75% linger for up to three years or longer after the pandem resulting in a compounded need for MH/SUD services. linger for up to three years or longer after the pandemic subsides,

SUD diagnoses were up 1.5% for adolescents and 2.5% for middle-aged adults

In a grim milestone that underscores an urgent need for services, the number of drug overdose deaths hit an all-time high in 2020.³ On May 11, 2022, the CDC estimated that more than 107,600 Americans died from drug overdoses from December 2020 to December 2021, setting another tragic record in the nation's SUD crisis. Additionally, about 75% of overdose deaths in 2020 were from opioids, according to an analysis by The Commonwealth Fund.⁴ Overdose deaths increased among all demographic groups, but were especially high among men, young people, and people of color. Elevance Health is deeply concerned about health disparities in the areas of MH/SUD and is committed to addressing them in the healthcare system.

Elevance Health uses a whole-health approach to address MH/SUD. We focus on strengthening and improving care and outcomes to address today's challenges and improve lives in the communities we serve.

² Elevance Health's State of the Nation's Mental Health, May 2021, thinkanthem.com/wp-content/uploads/2021/04/State-of-the-Nations-Mental-Health-Insights-and-Overview_FINAL_04282021,pdf. 3 CDC National Center for Health Statistics, Provisional Drug Overdose Death Counts, cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

^{4 &}quot;The Drug Overdose Toll in 2020 and Near-Term Actions for Addressing It." The Commonwealth Fund, August 16, 2021, commonwealthfund.org/blog/2021/drug-overdose-toll-2020-and-near-term actions-addressing-it.

Addressing the opioid epidemic: our continuing commitment

Elevance Health and its affiliated health plans and subsidiaries 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.

Our holistic approach to prevent opioid misuse while enhancing access to services, such as medications for opioid use disorder (MOUD), telehealth, digital support tools, peer recovery specialist support, and alternative treatment options for chronic pain such as cognitive behavioral therapy (CBT), chiropractic care, and acupuncture where feasible are making a difference in members' lives.

Our strategic initiatives in the OUD space seek to mitigate further misuse, prevent overdoses, and provide more equitable access to treatment that supports long-term recovery and well-being. To that end, we support and drive policy change at both the federal and state levels.

Stamping out stigma

We are dedicated to reducing the stigma and shame associated with MH/SUD, which can result in hesitancy to seek help. Although attitudes are slowly changing, stigma continues to create a significant barrier to treatment. While the reasons for this may vary, some factors may include lack of provider understanding of cultural differences, stigma, socioeconomic disparities, and provider bias / inequality of care.⁵

Our Stamp Out Stigma campaign eliminates barriers to care, educates people about the benefit of seeking behavioral help, and promotes recovery and resilience. Importantly, the campaign provides an opportunity to reeducate ourselves and our stakeholders about the truths of MH/ SUD and allows us to get honest about ways to reduce stigma.

Other initiatives to reduce stigma include the use of social influencers such as former NBA player Chris Herren, who has dedicated his life to sharing his personal struggles with addiction and mental health issues. By sharing his journey from the NBA to losing it all, Chris Herren's powerful voice has an impact on those seeking recovery.

5 nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American

Ensuring members' MH/SUD needs are supported

- Proactive identification of risks
- Social drivers of health
- Case management engagement
- Behavioral / physical health integration
- Care coordination
- Peer supports
- · Provider quality improvement coordination

Creating greater access to covered treatment

Fighting the opioid epidemic requires greater access to covered treatment. Elevance Health continues to work with our providers to increase naloxone prescribing to members at high risk of opioid overdose. For example, one multi-state health system has committed to adding prescribing prompts for naloxone in its electronic health record for at-risk patients in all its hospital and outpatient facilities across four states. Other efforts to expand access to covered treatment include:

- Adding more DATA-2000 waivered telehealth providers to our network who provide MOUD.
- Adding innovative in-home treatment providers in Maine, Nebraska, New Hampshire, Connecticut, Virginia, and Indiana with a plan to expand into additional markets.
- Eliminating prior authorizations for various formulations of MOUD.
- Zero copays for naloxone for Medicaid members in most markets.
- Naloxone available on the lowest tier for commercial members in most markets.

Legislative advocacy

We supported the recently passed legislation, Mainstreaming Addiction Treatment Act, S. 445/H.R. 1384, which removed the federal rules established by the DATA 2000 Act that required healthcare practitioners to obtain a waiver (X-waiver) from the Drug Enforcement Administration (DEA) before prescribing buprenorphine to treat OUD. The legislation removed a major hurdle to prescribing MOUD, positively affected existing nationwide shortages of treatment providers, and expanded access to OUD treatment. We support future actions that eliminate the in-person evaluation requirement before a provider can use MOUD via telehealth.

6 In July 2022, the Restoring Hope for Mental Health and Well-Being Act of 2022 was passed by the House of Representatives 402-20. The legislation includes the MAT Act, which is a positive development.

Expanded use of peers

Elevance Health supports the passage of the Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act of 2021, (S. 2144, H.R. 2767), which recognizes the unique role of peer support specialists. It is well established that individuals with lived experience have been shown to positively impact MH/SUD interventions. The COVID-19 crisis exacerbated a pre-existing overall healthcare workforce shortage that is particularly acute in rural areas and in communities of color. Adding peer support specialists to integrated care in Medicare could alleviate some of that shortage, increase connection to consumers and engagement in treatment, and help ensure that care teams better reflect the experience of those they are serving. Programs that demonstrate the positive impact that peers have for consumers include:

Colorado Health Partnership

We piloted a program for specialized transitions of care to reach out to all members who have a claim based on levels identified by the American Society of Addiction Medicine (ASAM). Peer support specialists are also trained as recovery coaches and meet with members who are waiting for an opening at a higher level of care and are motivated to recover. In addition, peer support specialists work with members while they are waiting for admission, reducing rapid readmissions and supporting engagement at lower levels of care.

Connecticut Behavioral Health Partnership

We collaborate with many peer-run advocacy organizations, including CT Hearing Voices Network and CT Community for Addiction Recovery.

Massachusetts Behavioral Health Partnership (MBHP)

MBHP supports the Massachusetts Leadership Academy, designed for peers taking on key roles in the community, as well as recovery forums throughout the state. Most recently, MBHP distributed a total of \$250,000 in individual grants over two years (\$125,000 each year) to organizations seeking to increase access to MH/SUD care and advance health equity for diverse populations in Massachusetts. The grant program seeks to:

- Improve MH/SUD provider workforce diversity, development, and training to advance access and reduce health disparities.
- Promote technology to improve access to MH/SUD care for diverse populations.
- Build or expand upon collaborations between MH/SUD providers and community-based organizations.

Peers around the country

Nevada peers work with care managers to promote shared decision making and personal responsibility.



Georgia peers assist individuals in developing a consumer-oriented vision of health and wellness, encompassing community support. Alongside the intensive care manager, peers have been shown to have a positive impact on follow-up appointments. We work with the Georgia Mental Health Consumer Network that operates peer-supported wellness and respite centers.



Washington, DC peer support specialists meet bi-weekly to discuss more complicated individual circumstances with a team composed of a nurse case manager, medical case managers, the individual, and their support system to address barriers to appropriate care.



New York's Consumer Education Specialist for Health and Recovery Plans (HARPs) work with peer-run and other organizations to support our integrated program. At the outbreak of the COVID-19 pandemic, Beacon launched a virtual peer support program to assist members in minimizing the effects of loneliness brought about on COVID-19 protocol measures. We also introduced virtual trainings including the series "Uncomfortable Conversations about Stigma, Race, and Bias."



Pennsylvania's family peer staff of prevention, education, and outreach specialists conducts three annual consumer and/or family forums that include presentations at a recovery awards ceremony. The Transition Age Advisory Group (T.A.A.G.) conducts social activities and educational meetings for transition-age youth.

Innovative and sustainable programs

Elevance Health supports expanding access to MOUD for best practice treatment. Beyond legislative advocacy efforts, Elevance Health supports innovations in OUD treatment including naloxone vending machines, mobile methadone vans, exploration of contingency management, and implementation of harm reduction strategies.

We've implemented several innovative programs designed to battle the opioid epidemic and improve access to care for people who are vulnerable to OUD. For example, members who are engaged in our AWARE program have made significant progress toward recovery, which is indicated by a decrease in all intensive levels of care both during and post (12-month) program. Additionally, emergency department (ED) visits have decreased as we have the ability for ambulatory detox within the program without the need for inpatient (IP) acute detox admissions.



RISE (Resilience Through Information, Support, and Education)

RISE is a field-based case management intervention that engages members at critical risk of developing an alcohol or opioid negative health outcome within 12 months of identification. Elevance Health has successfully implemented its RISE program in several states. By using an outreach model, we have seen a marked increase in member engagement. Additionally, we have observed a number of positive outcomes including:

- Coast-to-coast impact.
- Improved quality of life.
- Improved integration between physical and MH/SUD care teams.
- Improved engagement in MH/SUD and physical health condition care management.

ECHO

Elevance Health's partnership with and support for the Project ECHO model has reduced barriers to and gaps in care by increasing provider knowledge and capacity for specialty services. The platform helps providers implement evidenced-based practices for OUD treatment through regular care consultation and collaboration. ECHO hubs provide real-time conversations and education sessions with providers who prescribe buprenorphine and treat members with OUD. The hubs feature a multidisciplinary team comprised of staff from addictionology, counseling, peer supports, pharmacy, pain management, and more.

Project ECHO increases access to MOUD by connecting support resources, providing financial support for expanding ECHO capabilities, and steering contracted providers to the hubs. Financial support is primarily through Medicaid Investment funding. The funding typically supports ECHO infrastructure needs and assists with funding for portions of ull-time employee (FTE) as well as other ECHO-related activity aimed at increasing provider participation.

Connects more members to MOUD



- Reduces gaps in care through increased provider knowledge
- Expands capacity for specialty services

Changing Pathways (Connecticut)

Changing Pathways is a comprehensive program that was launched in 2018 by Beacon in conjunction with the Connecticut Behavioral Health Partnership and is at the forefront of the state's response to the opioid epidemic. It promotes MOUD, the most effective treatment for OUD.

Although there are three Food and Drug Administration (FDA)approved MOUD (methadone, buprenorphrine, and naltrexone), they are not used as much as they could be. This is especially problematic in acute care settings with many IP units still relying on traditional withdrawal management protocols, which are associated with high risk for relapse, as well as accidental overdose and/or death due to decreased physical tolerance.

Changing Pathways promotes increased utilization, effectiveness, and adherence to treatment for OUD at critical access points. The program provides member education, peer support, provider consultation, and databased quality management support to promote early induction and warm transfer to continuing care.

The Changing Pathways model

The goal of Beacon's Changing Pathways model is to start MOUD during the withdrawal management episode and seamlessly transition members to outpatient MOUD treatment. Changing Pathways is designed to increase and maintain participants' engagement in MOUD by:

- Educating them on the MOUD options available (with the support of a peer support specialist).
- Initiating them on MOUD during a withdrawal management episode.
- Creating a plan for them to continue MOUD with a community provider.

In light of its success in Connecticut, New York has adopted Changing Pathways to meet the needs of its population. Our work with providers indicates that expanding the program to accommodate the rehabilitation level of care (3.5) benefits participants. Expanding the Changing Pathways model in this way gives individuals who did not begin MOUD at the withdrawal management level an opportunity to reconsider the option after obtaining a moment of sobriety.

Additional information on Changing Pathways is available in our <u>annual report</u>.

*Adherence means using MOUD at least 80% of days for the three months following discharge.

32%

members discharged from withdrawal management who successfully connected to a MOUD provider in the community

2.5 x higher adherence rate^{*} for members initiated on MOUD

For individuals who engaged in Changing Pathways and remained MOUDadherent for 90 days following discharge:

54% reduction in the average number of BH ED visits per member

40% reduction in the average number of IP days per member

56% reduction in the average number of detoxes per member

74% reduction in overdose rates

BH CSBD CT emergency room SUD overdose outreach program

In Connecticut, Elevance Health's Anthem Blue Cross and Blue Shield collaborated with participating hospitals to identify and outreach to members who present to the emergency room with symptoms of an overdose or SUD. The program seeks to provide them with appropriate treatment services needed to address their needs.

Emerging programs

Enterprise leverages advanced analytics and clinical decision support to consider potential opioid overdose risk. This innovative approach enables proactive outreach to members that may be at a critical, high, moderate, or low risk of potentially experiencing an opioid overdose within 12 months. Doing so can help mitigate the risk of a fatal event by engaging the member and informing them about available OUD treatment services. In addition to saving lives, it shows great potential to affect the downstream total cost of care.

Maternal Opioid Treatment, Health Education, and Recovery Project (M.O.T.H.E.R.)

provides MOUD for pregnant women experiencing OUD while simultaneously engaging them with BH services. The program takes a collaborative approach to care including DATA 2000-waivered specialists, psychiatry, care management, and peer recovery support throughout pregnancy and continuing post-partum.

West Virginia neonatal abstinence syndrome program (WV NAS) helps people with OUD before, during, and after pregnancy and their babies experiencing withdrawal due to opioid exposure in utero. Initiated in 2018, the program includes a wellness and recovery specialist, an OB-SUD case manager, and an OB practice consultant.

The NAS program achieved an outreach and engagement success rate of **64%** and **53%**, respectively.

The Women's Wellness & Recovery Program utilizes specialists to support members of reproductive age (15-44) who are at risk or who experience SUD by providing non-clinical peer support. Members are identified for the program through their answer to the following key question, "Would you like to become pregnant in the next year?" If the answer is yes, the recovery specialist provides information and counseling related to contraception, shares provider identification, facilitates engagement in recovery, and empowers them to make healthy lifestyle choices before, during, and after pregnancy. Recovery specialists also facilitate internal referrals to BH CM, OB-SUD CM, and CHESS, which is an addiction management platform that refers members for additional support during recovery. OB-SUD case managers provide intensive, wraparound services for pregnant women with or at risk for SUD through 6 months post-delivery. The case manager also works with our newborn intensive care unit (NICU) population post-delivery and refers babies to our Children with Special Health Care Needs program if development issues (or potential) are noted during assessments. OB-SUD case managers prepare expecting people to potentially deliver a baby born with NAS and encourage motherbaby bonding, newborn development, and continued involvement in recovery and treatment.

OB practice consultants identify and connect with local PCP/pediatric groups and MOUD treatment programs. They provide information and education on the NAS Program and connect women who may be interested in long-acting reversible contraception (LARC) or women who are currently pregnant and would benefit from OB-SUD case management services.

Efforts to support systemic change in the healthcare system

- Launched a pilot in Connecticut to tie reimbursements to value for residential care as part of the Addiction Recovery Medical Home model, created by the Alliance for Addiction Payment Reform
- Supported Blue Cross Blue Shield Association's Substance Use Disorder Blue Distinction of Care, which aims to improve patient outcomes and value by recognizing providers that demonstrate expertise in delivering quality specialty care along a full continuum safely, effectively, and cost-efficiently
- Created the "What's up with Opioids" digital toolkit, which educates communities on the risks of misuse, in partnership with the National Urban League, Elevance Health, and the Elevance Health Foundation
- Advocated for 42 CFR Alignment with the Health Insurance Portability and Accountability Act (HIPAA) to allow the exchange of information and better delivery of whole-person care
- Advocated for health plan access to state prescription drug monitoring programs to ensure a more accurate view of opioid Rx use and to alert providers and conduct interventions when appropriate
- Successfully demonstrated that access to pharmacy information allowed providers to proactively intervene
- Supported improving the MOUD skills of PCPs by providing access to substance abuse experts via Project ECHO in local hubs in the markets we serve

Significant results

Our efforts have shown significant results, including a notable increase in provider claims for screening, brief intervention, and referral to treatment since Elevance Health targeted provider education and outreach to reduce overprescribing and to encourage providers to screen patients for opioid misuse. We will continue our work in the following areas, while exploring the best methods to impact the opioid crisis.

Employer-sponsored, Medicaid, and Medicare non-fatal overdose

Prior to the COVID-19 pandemic, Elevance Health interventions played a role in a 25% decrease in claims for nonfatal opioid overdoses for employer-sponsored, Medicaid, and Medicare members combined from fourth quarter 2017 to second quarter 2019. Unfortunately, nonfatal overdose rates rose from the first quarter of 2020 through the first quarter of 2021 before they started to go down again. By that time, virtual treatment options for OUD had become more prolific, particularly with respect to an increased access to MOUD.

MH/SUD workforce expansion efforts

To continue to successfully address both the opioid epidemic and reduce barriers to and close gaps in mental health services experienced nationwide, Elevance Health advocates for solutions that address ongoing workforce shortages. A dearth of providers across the country has been especially detrimental to people living in rural areas and communities of color. More diverse providers are needed to help ensure people who need MH/SUD treatment have access to care and services by providers who practice with cultural humility.

60%

reduction in opioid prescriptions filled for employer-sponsored and Medicaid members since 2015. This process continues to be managed by Elevance Health's pharmacy benefit manager, IngenioRx.⁷

50%

reduction in the number of members at risk of potential misuse of opioids through the Medicare Opioid Overutilization Program – which focuses outreach to beneficiaries and prescribers

31 opioid overdoses prevented through the utilization of Narcan vending machines in a 90+ day timeframe in Washington State

72% Medicaid members with an OUD diagnosis that have evidence of

MOUD - a dramatic improvementfrom 36% at the end of 2015

47% reduction in opioid misuse identified by Centers for Me

identified by Centers for Medicare & Medicaid Services (CMS) for Medicare from 2020 to 2021

74% Reduction in members potentially at risk for unsafe opioid utilization as a result of the Drug Management Program.⁸

Flevance Health began implementing strategies recommended by the CDC in 2015 to reduce opioid prescriptions for employer-sponsored and Medicaid members. Our policies to mitigate over-prescribing and over-use of opioids is intended to prevent inadvertent addiction, overdose, and potential fatalities. These policies apply to individuals newly initiating therapy to avoid affecting existing apolicid prescriber to share information over-use of apolicids to intended to prevent inadvertent addiction, overdose, and potential fatalities. These policies apply to individuals newly initiating therapy to avoid affecting existing apolicid prescriber to share information regarding at-risk opioid use, history of overdose, and controlled substance polypharmacy. Outcomes include coordinated pain management for the member and potentially safer prescribing practices for the provider.

Increasing a diverse workforce

Elevance Health is invested in the health and well-being of the diverse communities in which we live and work. We are committed to reducing health disparities through partnering with people with lived experience and stakeholders, conducting evidencebased research, leveraging robust analytics and program design, creating innovative strategies, and implementing caring solutions.

We have also created programs that help medical practices address the unique needs of diverse individuals. For example, Elevance Health has brought together strategic partners to build comprehensive interactive websites with embedded health screening tools designed to increase the rate of screening for anxiety and depression and other health conditions that disproportionately affect Black and Hispanic/Latino communities – **takeactionforhealth.org** for Black communities and **takingactionforourhealth.org** for Hispanic/Latino communities. In addition to online screening, the websites link to culturally competent healthcare providers and health education modules that are culturally tailored. Elevance Health also supports the following approaches to improving historically marginalized communities' access to MH/SUD care:

- Creating access to treatment and services in schools, Federally Qualified Health Centers (FQHCs), primary care practices, and through telehealth where appropriate – eliminating barriers and supporting individuals who are leery of asking for help due to stigma
- Increasing broadband access as a key component of expanded home-based care delivery and education and enrollment in health-related programs (e.g., mental health apps such as Talkspace)
- Increasing access to education and offering incentives for people of color, people from rural communities, and people with disabilities to pursue career goals in healthcare and health equity
- Supporting community organizations to increase access to services in community-based organizations (CBOs) and faith-based organizations (FBOs), as well as supporting health-related social needs (HRSN), such as transportation and employment supports

Conclusion

Responding to the opioid overdose epidemic is an incredibly complex endeavor and will require continued diligence to ensure Elevance Health does whatever it can to prevent unnecessary deaths. We have made great progress, but recognize there's still a long way to go to effectively reduce the prevalence and impact of OUD. Elevance Health's ongoing efforts will require innovative approaches that encourage greater collaboration and support a holistic approach to healthcare including medical and behavioral health interventions as well as an expanding digital footprint and overall network expansion.

