The Opioid Epidemic and PerformRx’s Approach to Address It: A Collaborative Model with PBM, Payor and Behavioral Health

Andrea Gelzer, M.D., M.S., FACP
Senior Vice President and Corporate Chief Medical Officer
The Prescription Opioid Problem

• The amount of prescription opioids sold quadrupled from 1999 to 2010, yet there had not been an overall change in the amount of pain that Americans reported.

• Providers wrote nearly a quarter of a billion opioid prescriptions in 2013.

• This is enough for every American adult to have their own bottle of pills.

• One in four patients receiving long-term opioid therapy struggles with opioid addiction.
Risk Factors for Prescription Opioid Pain Reliever Abuse and Overdose

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription opioid pain relievers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.
Medicaid Covers the Neediest Populations

- Infants and children
- Pregnant women, parents, and other nonelderly adults
- Individuals of all ages with disabilities
- Low-income seniors
- Other vulnerable populations

In 2017, 1 in 4 Americans is covered by Medicaid. Of the Medicaid expansion population, 30 percent has a behavioral health illness.
A Multifactorial Issue Requires a Multifaceted Approach

- Pain management
- Integrated care management and support
- Specialized programs
Integrated Care Management and Support

- **Motivational Interviewing**
- **Special assessments and screenings**
- **Access to behavioral health support**
Neonatal Abstinence Syndrome on the Rise

Deliveries per 1,000

2014  2015  2016

PA 1  PA 2  PA 3  DC  MI  SC  LA  FL  ENTERPRISE
0  10  20  30  40  50  60  70
0  10  20  30  40  50  60  70

PA 1  PA 2  PA 3  DC  MI  SC  LA  FL  ENTERPRISE

AmeriHealth Caritas
Specialized Programs - Maternity

• Making prenatal care a priority.

• Tailoring drug treatment to meet pregnant women’s unique needs.

• No judgement.

• Working hand-in-hand with providers.

• Showing up to help at-risk babies and moms.
Challenges

• Availability of treatment options.

• 42 CFR Part 2 regulations.

• Behavior change.

• Prescription Drug Monitoring Programs.
More than
30 YEARS
of making
care the heart
of our work.
Pharmacy Strategy

Drew Maiorini
Vice President, Clinical Programs
Pharmacy - Point Of Sale

• Edits at the pharmacy provide checks on high risk prescriptions*
  • Over 90 Morphine Milligram Equivalents Daily
  • Greater than 5 days supply

• Limits prescription approval to short-term dosing without therapy management/review

• Provides ability to identify providers and members for outreach

*Based on CDC guidelines
## Sample Initiative Schedule

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date the change starts</th>
<th>Dosing Limit</th>
<th>Day Supply Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>August 9, 2017 (members new to therapy only)</td>
<td>No more than 90 MME combined*</td>
<td>No more than a 5 day supply</td>
</tr>
<tr>
<td>2</td>
<td>October 1, 2017</td>
<td>No more than 170 MME combined*</td>
<td>No more than a 14 day supply</td>
</tr>
<tr>
<td>3</td>
<td>November 1, 2017</td>
<td>No more than 150 MME combined*</td>
<td>No more than a 10 day supply</td>
</tr>
<tr>
<td>4</td>
<td>January 1, 2018</td>
<td>No more than 120 MME combined*</td>
<td>No more than a 7 day supply</td>
</tr>
<tr>
<td>5</td>
<td>February 1, 2018</td>
<td>No more than 90 MME combined*</td>
<td>No more than a 5 day supply</td>
</tr>
</tbody>
</table>

*The MME calculation will accumulate across products if members are receiving more than one opioid concurrently.*
Identification

Stratify members and prescribers based on risk level

• Members
  • Multiple pharmacies
  • Multiple providers
  • Harmful drug combinations
  • High dose and duration

• Prescribers
  • Total volume of prescriptions
  • Harmful combinations
  • High dose and duration
DTM Interaction

• Send provider-targeted member-detailed letters to prescribers

• Outreach to prescribers to coach on titration schedules

• Identify eligible candidates for supportive and/or alternative therapies
  • Link with Case Management
    • Identify members for medication assisted treatment
    • Connect with COEs for addiction treatment
  • Physical therapy
  • Behavioral Health support
Behavioral Health Strategies

Michael Golinkoff, Ph.D., MBA
President, PerformCare
SVP, AmeriHealth Caritas
PerformCare Initiatives

Working Collaboratively with State and Local Entities

- PA’s Department of Human Services Centers of Excellence Program
- PA Attorney General’s Opioid Task Force
- Lancaster County’s Partnership for Public Health initiative focusing on Opioids

PerformCare Specific Initiatives

- Aggressive provider and family education
- Expanded use of Recovery (Peer) Specialists
- Development of a Substance Use Disorder application of our Enhanced Care Management Program
- Promote the use of Medication Assisted Treatment
PA DHS Centers of Excellence

• Commonwealth has set up COEs for Opioid Treatment

• When a patient presents for treatment a professional from the COE evaluates the patient with their family

• The COE clinical team includes:
  • behavioral & physical health care providers
  • community-based care navigators
  • community-based resources (food, housing, jobs, etc.)

• COE team provides coordinated, comprehensive care

• PerformCare works collaboratively with the COEs
  • Make sure that eligible members that show up at the COEs are enrolled in Medicaid
  • Augment the COEs efforts by enrolling participants in our ECM program
  • Sit on the Executive Steering Committee of the COE
Lancaster County Partnership for Public Health

- The Partnership is a collaboration among the Lancaster County Drug and Alcohol Commission, the University of PA Health System, SouthEast Health Services and PerformCare

- Try to address the Opioid Crisis through:
  - Public awareness and education for all residents
  - Coordinate among agencies to optimize utilization of resources
  - Research and advocacy to impact practice and policy

- PerformCare is performing a community system analysis to assess quality of services and identify gaps in services
Mission Statement

• **Reduce recidivism and readmission to Inpatient care.**
  • Connect high needs, high risk Members to needed, appropriate and correct services
  • Provide high-touch care management for inpatient discharge planning
  • Help to bridge Care Gaps

• **Promote Recovery**
  • Help high needs, high risk Members with community stabilization by educating and supporting the members in getting well, staying well and being healthy
The Team

• **Enhanced Care Management Department:**
  • Acute Enhanced Care Management (Acute ECM) Team
  • Long Term Enhanced Care Management (LT ECM) Team

• **The ECM team is comprised of:**
  • Pennsylvania Licensed Clinical Care Managers.
  • Certified Addictions Counselors
  • Prior experience in behavioral health service delivery
  • Knowledge of PerformCare County-specific resources
  • Knowledge of Health-Choices funded level of care Medical Necessity Criteria
ECM Outcomes

- Quality of Life improvement for Members
  - Decreased *Acute* and *Need* scores with increased *Significant* and *Moderate* scores on the Adult Needs and Strengths Assessment (ANSA) comparing the start of ECM involvement and discharge from the Program.

- Decrease in volume of Inpatient Behavioral Health readmissions
- Increase length of time in the community between inpatient admissions
- Remain engaged in the SUD continuum of care
- Increased utilization of recovery focused programs
- Increase in successful Inpatient Diversions via use of Recovery Management Plans
- Decrease in the number of members classified as “Chronic”
Medication Assisted Treatment

PerformCare promotes the use of Medication Assisted Treatment (MAT) for Opioid Addiction

- Actively refers members to MAT programs
- Working to expand the number of providers and facilities that offer MAT
- Assure that MAT is offered along with Cognitive Behavior Therapy or Motivational Interviewing as an augmentative psychotherapy
References


7. Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2014.
