

Ending the Opioid Epidemic: Leading-Edge Responses and Next Steps

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Spotlight Analysis: Pennsylvania, Colorado,
North Carolina, Mississippi

NC Response to the Opioid Epidemic

Pennsylvania's Response to the Opioid Crisis

Questions & Answers



Spotlight Analysis Pennsylvania, Colorado, North Carolina, Mississippi

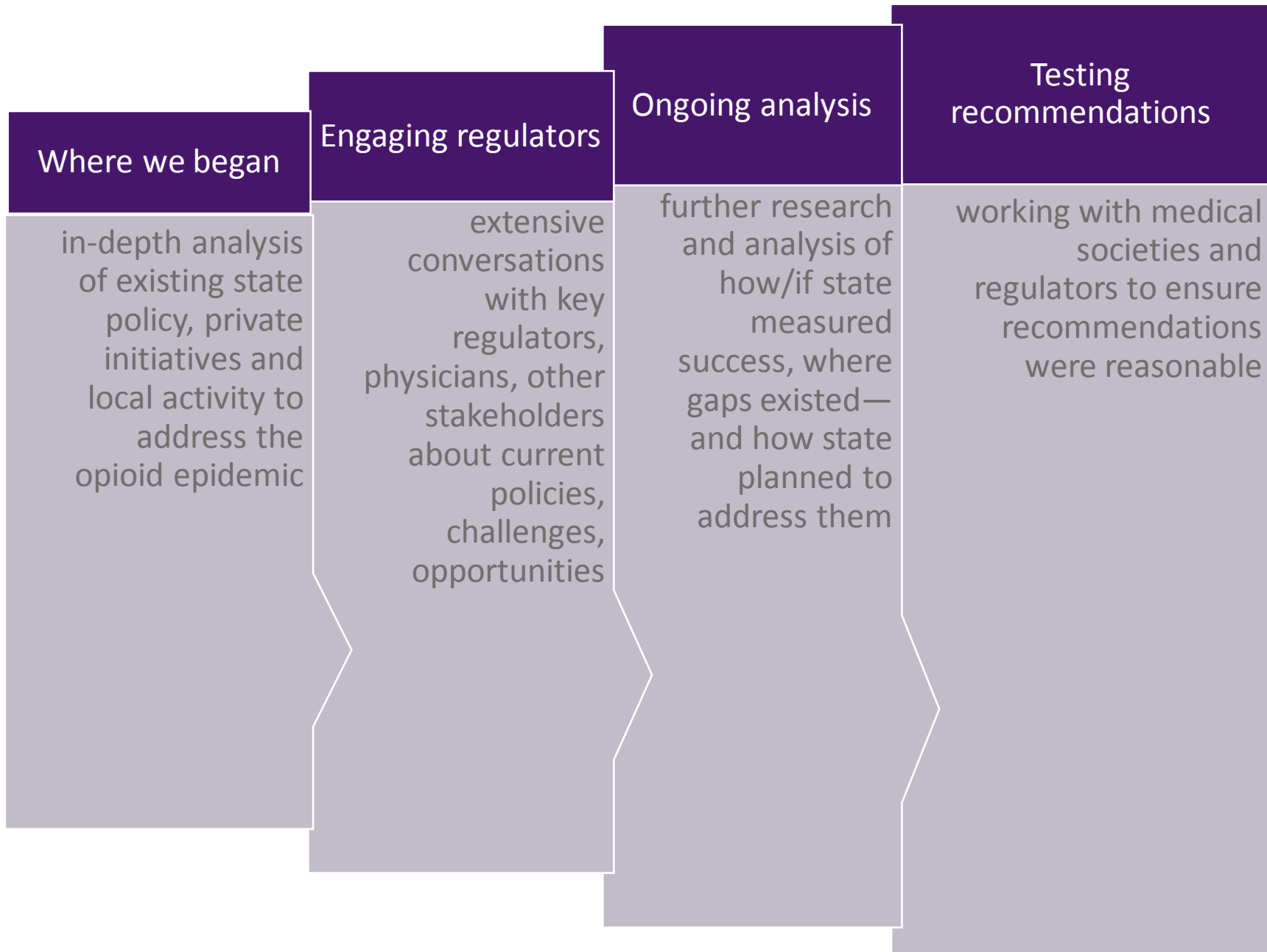
Leading-edge practices and next steps in
ending the opioid epidemic

The nation's opioid epidemic

The nation's rising opioid-related mortality toll has shifted from one fueled by prescription opioids to one driven by illicitly manufactured fentanyl and fentanyl analogues.

Despite a 22 percent reduction in opioid prescriptions since 2013, the loss of life and emotional toll of the epidemic continue to climb.

The challenges faced by these states make for an ideal case study how strong leadership can make a difference—even if the fight is not yet over.



State spotlights
focused on
moving the
needle in **three**
main areas

1. Increasing access to high-quality, evidence-based care for substance use disorders
2. Providing comprehensive care to patients with pain
3. Enhancing access to naloxone

Findings: state spotlights can serve as national roadmap

- **Remove prior authorization for MAT—and ensure MAT is affordable:** If the seven largest commercial payers in Pennsylvania can do it, what are others waiting for? Medicaid already playing leading role.
- **Increase oversight and enforcement of mental health and substance use disorder parity laws:** Statewide exams (and re-exams when necessary) necessary for all leading insurers. Increased scrutiny particularly warranted in light of *Wit v. United Behavioral Health*.
- **Ensuring network adequacy for those needing treatment for an opioid use disorder:** Evaluate networks using quantitative standards based on DEA-x waiver (30/100/275) as well as whether providers are accepting new patients; coverage without care is not helping anyone.
- **Enhancing access to comprehensive, multidisciplinary, multimodal pain care:** As prescription opioid use continues to decrease, patients must be provided expanded access to non-opioid pain management strategies, including coverage of non-opioid prescription medications, behavioral, cognitive, restorative and interventional therapies; opportunities for all stakeholders to re-evaluate current policies' effects on patients.
- **Identifying, learning from and continuing best practices and pilot projects:** In every state, there are strong examples of efforts that are increasing access to treatment, saving lives through greater naloxone access, and beginning efforts to use state-level data to better target resources to areas of greatest need.

What's next?

This spotlight analysis provides a roadmap for policymakers and key stakeholders to see what works and where further efforts are needed to end the nation's opioid epidemic.

Regulators have the unique ability to take specific actions within current authority to have a significant impact on ending the epidemic.

The AMA will use this analysis as part of our state, national and federal efforts to increase access to evidence-based care and reducing barriers to high-quality treatment.

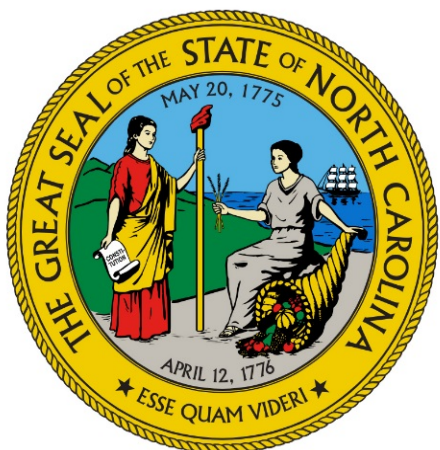
The AMA and Manatt will release the full national spotlight analysis in the Spring of 2019.

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NC Department of Health and Human Services

NC Response to the Opioid Epidemic

Susan Kansagra, MD, MBA
Section Chief, Chronic Disease and Injury
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March 27, 2019

Strategies of the NC Opioid Action Plan

- Reduce oversupply of prescription drugs
- Reduce diversion and flow of illicit drugs
- Increase community awareness and prevention
- Increase naloxone availability
- Expand treatment access and recovery supports
- Measure impact

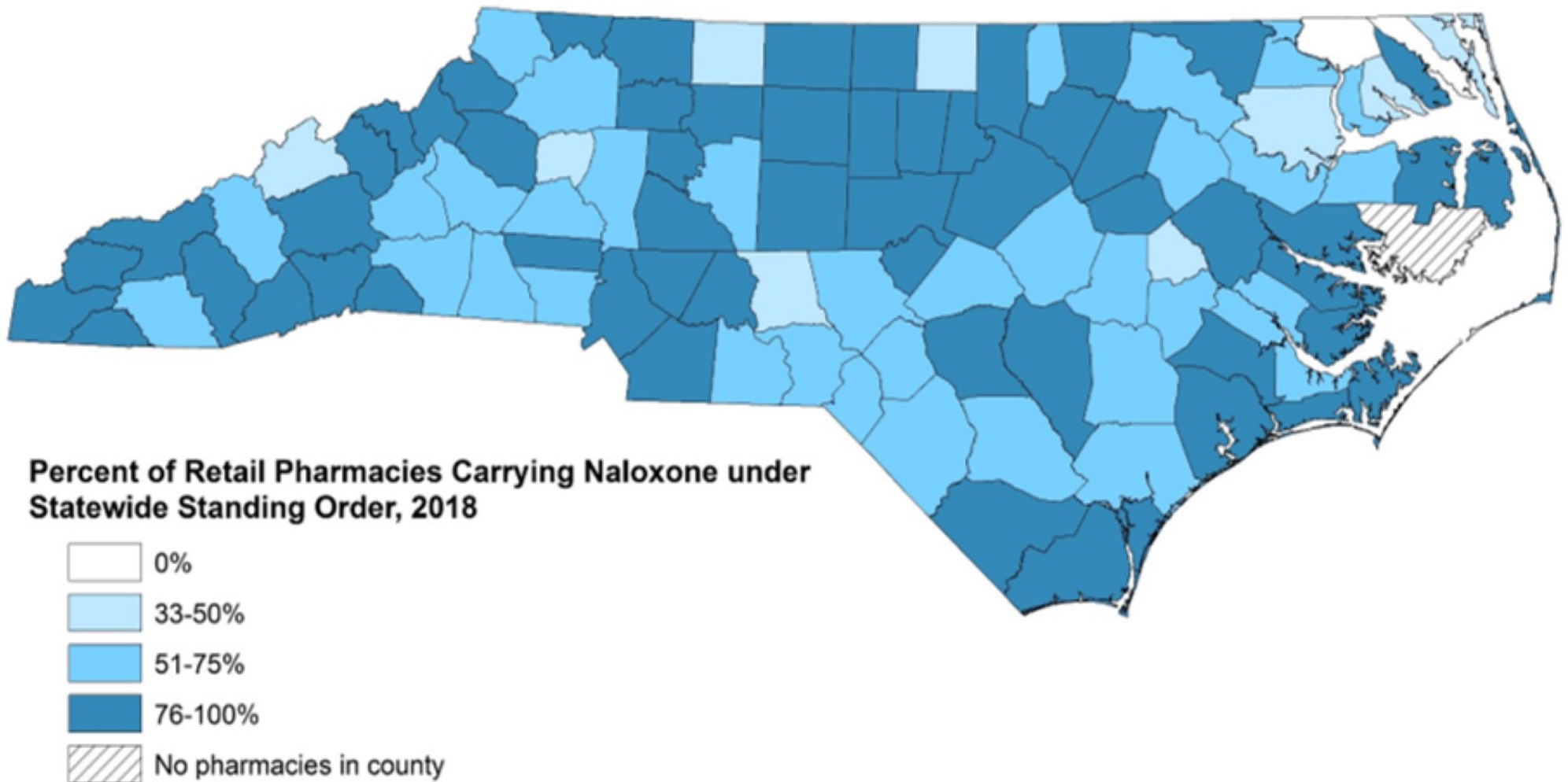
Addressing Opioid Epidemic Through Medicaid

- **Proactive changes to NC Medicaid to promote safe opioid prescribing, non-opioid pain management, and access to medication-assisted treatment and naloxone**
 - **Removed prior authorization for suboxone**
 - **Working with General Assembly to consider non-opioid pain management**
 - **Formulary benefit changes consistent with CDC guidelines and STOP Act**
- **DHHS Convened a Payers Council**
 - **Recommendations included providing coverage for a range of evidence –supported non-narcotic pharmacologic and non-pharmacologic pain treatment options**
 - **Align pharmacy benefits with CDC safe prescribing guidelines**

Chronic Pain Self-Management Programs

- **DHHS Division of Aging and Adult Services funds implementation of chronic pain self management programs**
- **Chronic pain self-management programs focus on skill-building, exercise, communication with family and health professionals**
- **Programs have been shown to reduce pain, improve mental health, increase energy, and increase quality of life**
- **Delivered over 6 weeks in community-based settings**
- **11 master trainers and over 500 participants**

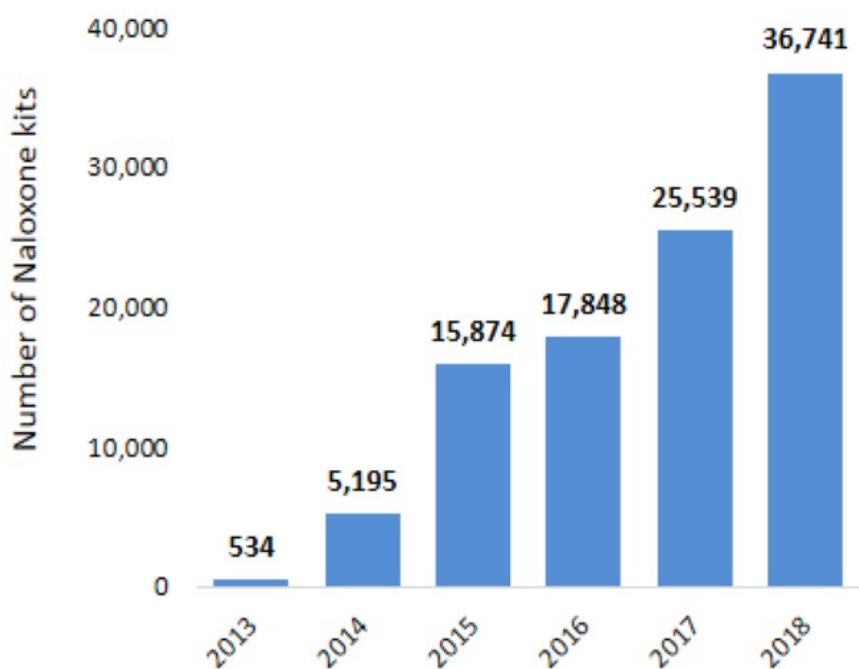
Increase community prevention: Over 85% of retail pharmacies dispense Naloxone under Standing Order



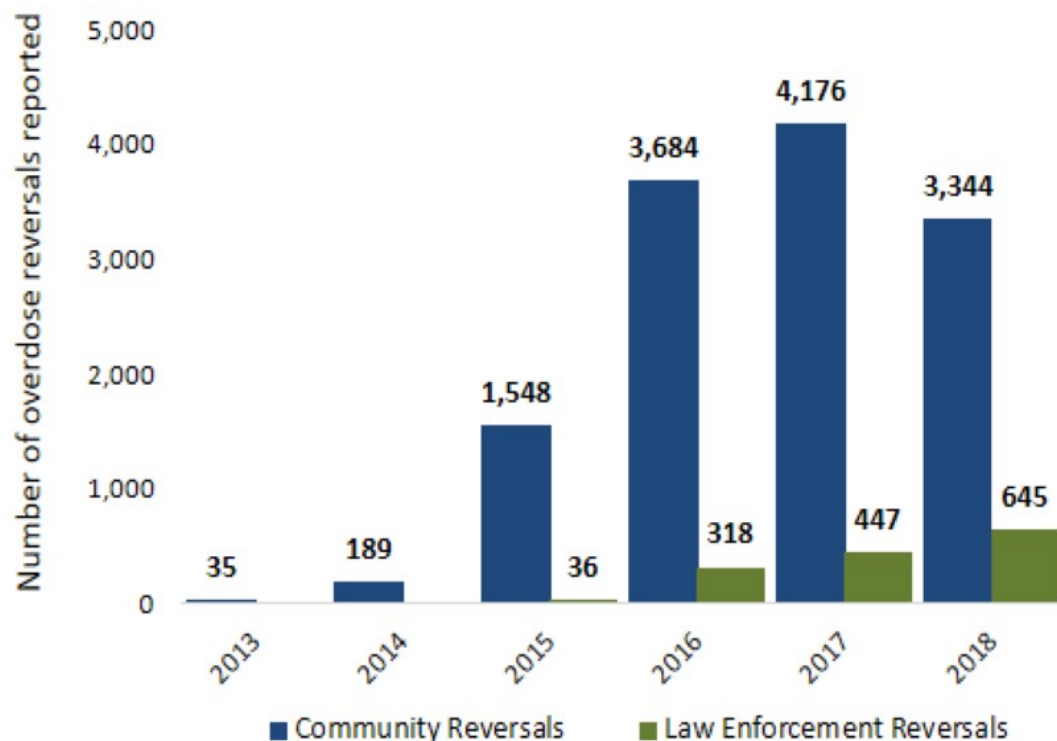
Source: Injury and Violence Prevention Branch, December 2018
Analysis by Injury Epidemiology and Surveillance Unit

Over 101,000 naloxone kits distributed and over 14,000 reversals reported

Naloxone Kits Distributed by NCHRC



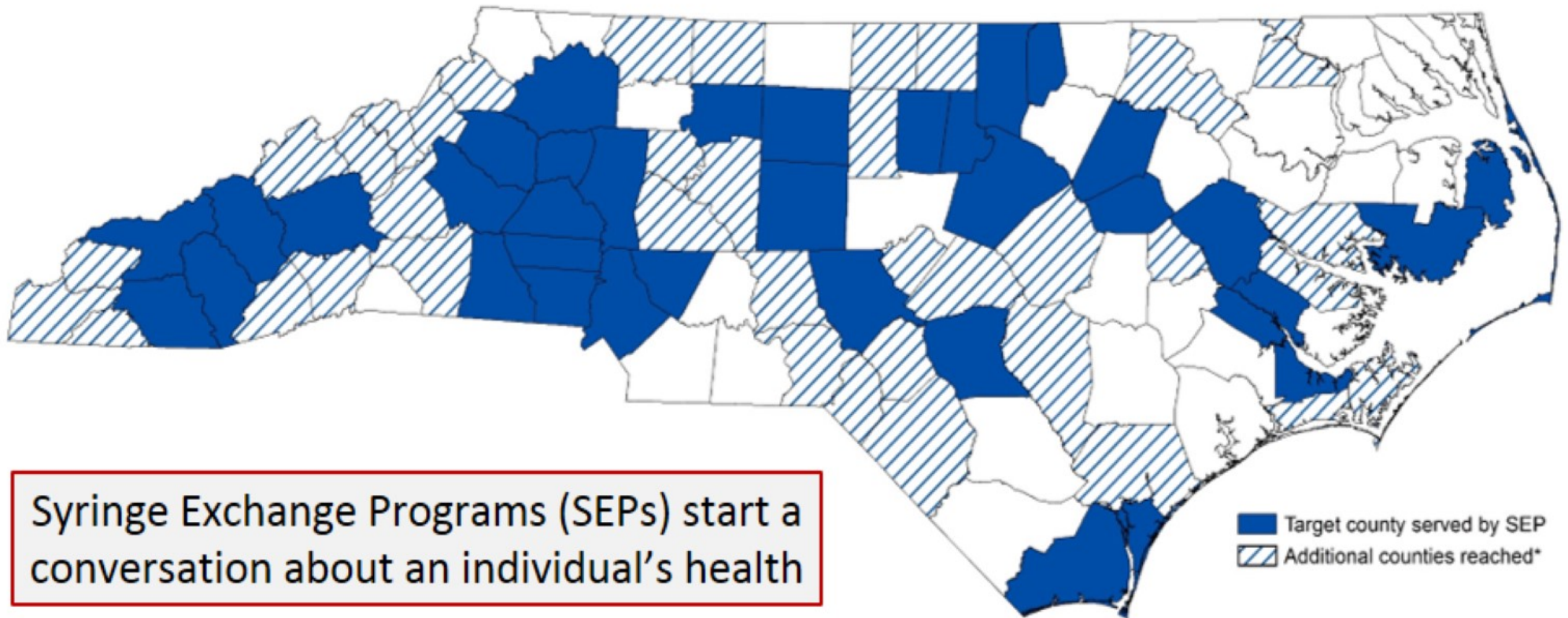
Opioid Overdose Reversals Reported to NCHRC



Technical Notes: Kit distribution and reversal reporting began in August 2013;
 Reversal data do not represent all reversals, just those reported to NCHRC
Source: North Carolina Harm Reduction Coalition (NCHRC)
 Analysis by Injury Epidemiology and Surveillance Unit



Expand treatment and recovery: 29 registered syringe exchange programs



*Residents from an additional 35 counties without SEP coverage (and out of state) traveled to receive services in a SEP target county in N.C.

Technical Notes: There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the N.C. Division of Public Health

Source: N.C. Division of Public Health, Year 2 SEP Annual Reporting, June 2018

Analysis by Injury Epidemiology and Surveillance Unit

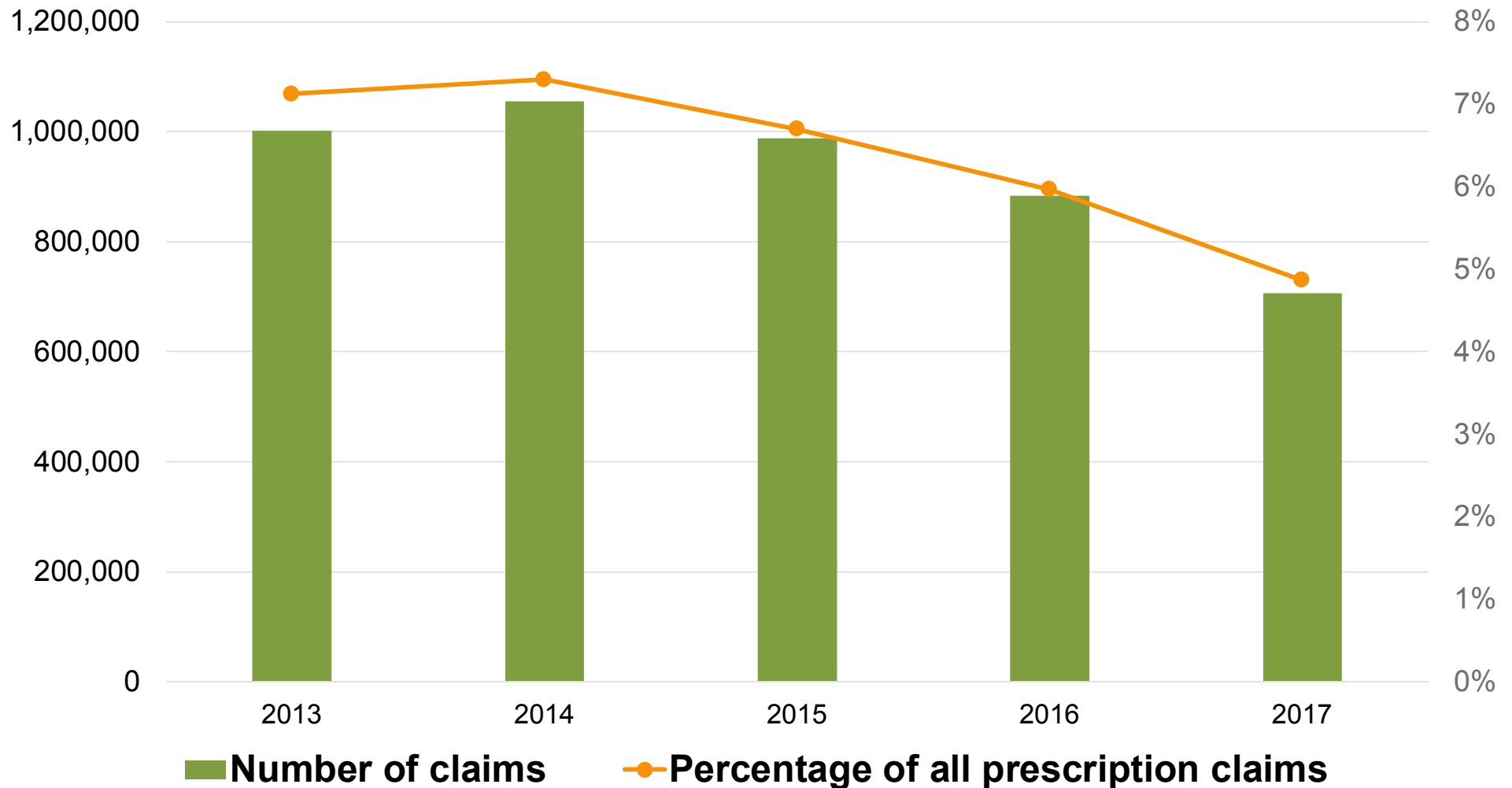
More than 5,700 Treated Thru First Year of Federal Opioid Funding

- 5,717 individuals were provided treatment and/or recovery supports
- Outpatient treatment reached 4,175 people
- 2,000+ received MAT services
- 2,000+ received crisis services

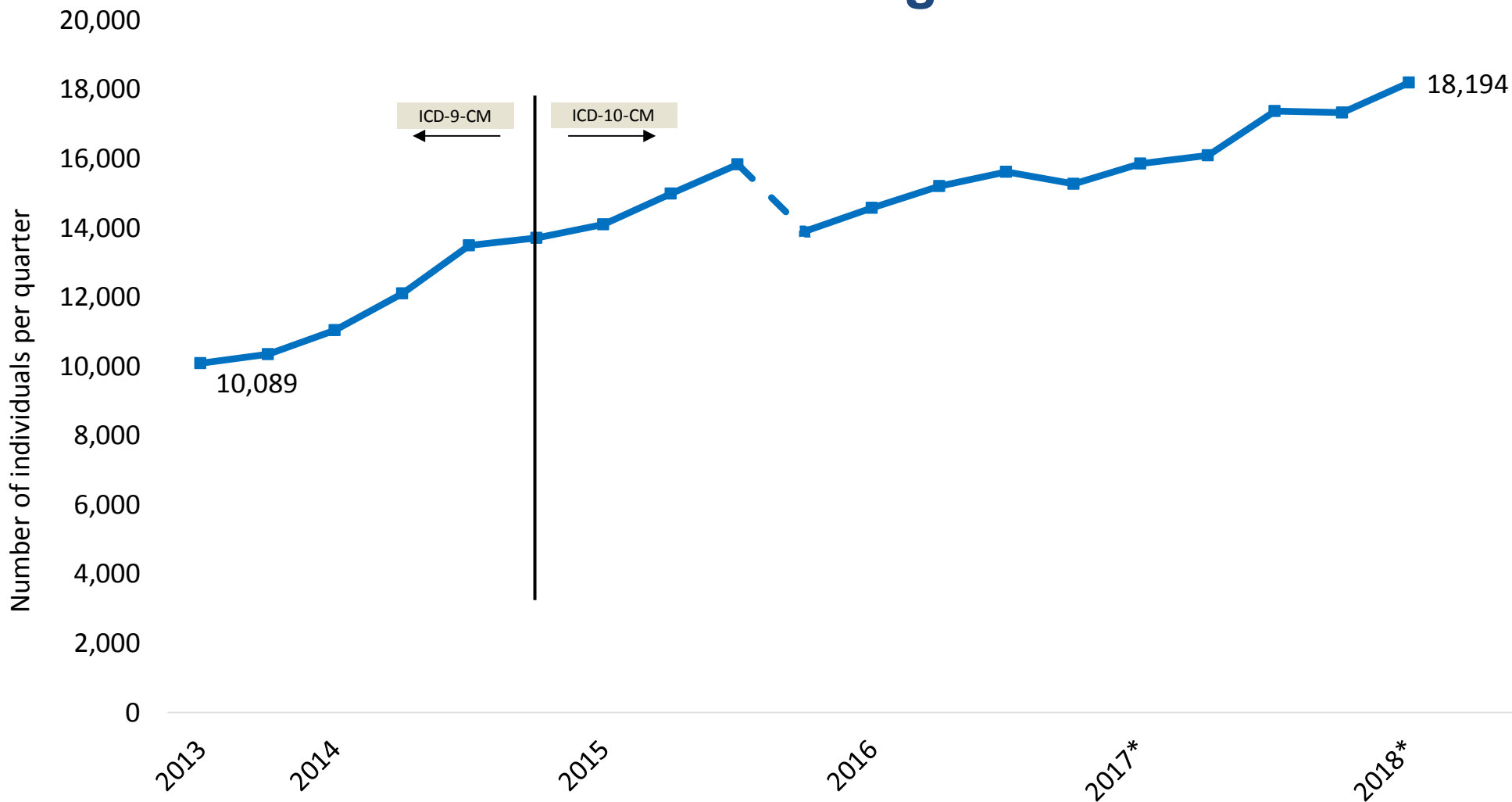
Other NC DHHS Funded Initiatives

- Emergency Department Peer Support Program
- Medical Residency Training Initiative
 - Waiver training before graduation
- Local Post-Overdose Response Teams
- Syringe Exchange Programs
- Connecting Justice-involved Populations to Treatment

Number of opioid prescription claims and percentage of all NC Medicaid prescription claims that are opioids



Number Of Uninsured Individuals and Medicaid Beneficiaries with Opioid Use Disorder Served by Treatment Programs

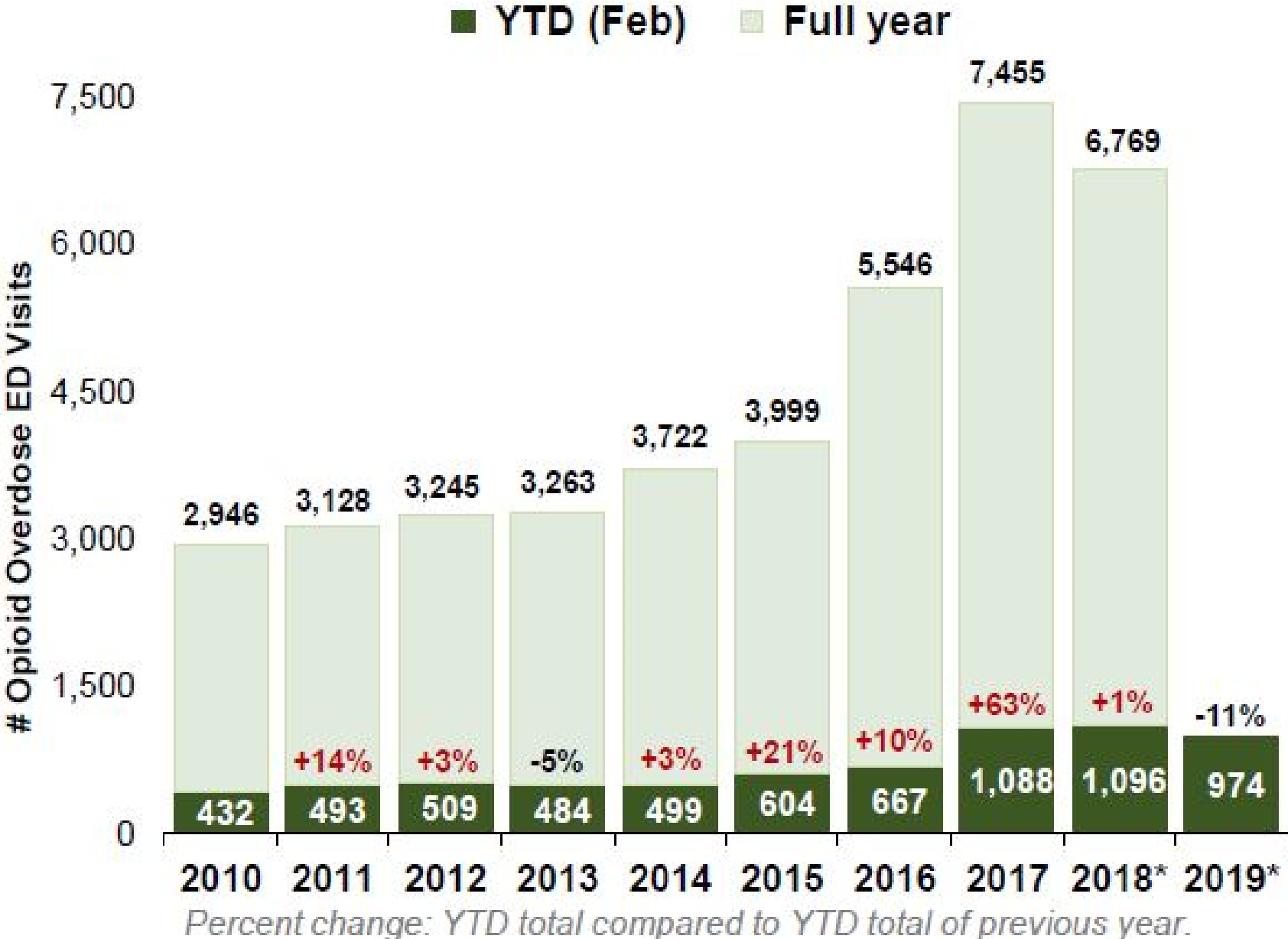


*Data are preliminary and subject to change

Source: NC Division of Mental Health, Claims Data, 2013 Q3- 2018 Q1

Detailed technical notes on all metrics available from NC DHHS; Updated July 2018

Opioid Overdose ED Visits by Year 2010-2019 YTD



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*Pennsylvania Insurance Department's (PID)
Comprehensive Strategy*



Jessica Altman, Insurance Commissioner

March 2019



Today we will share PID's approach to tackling the opioid epidemic through ensuring access to comprehensive coverage

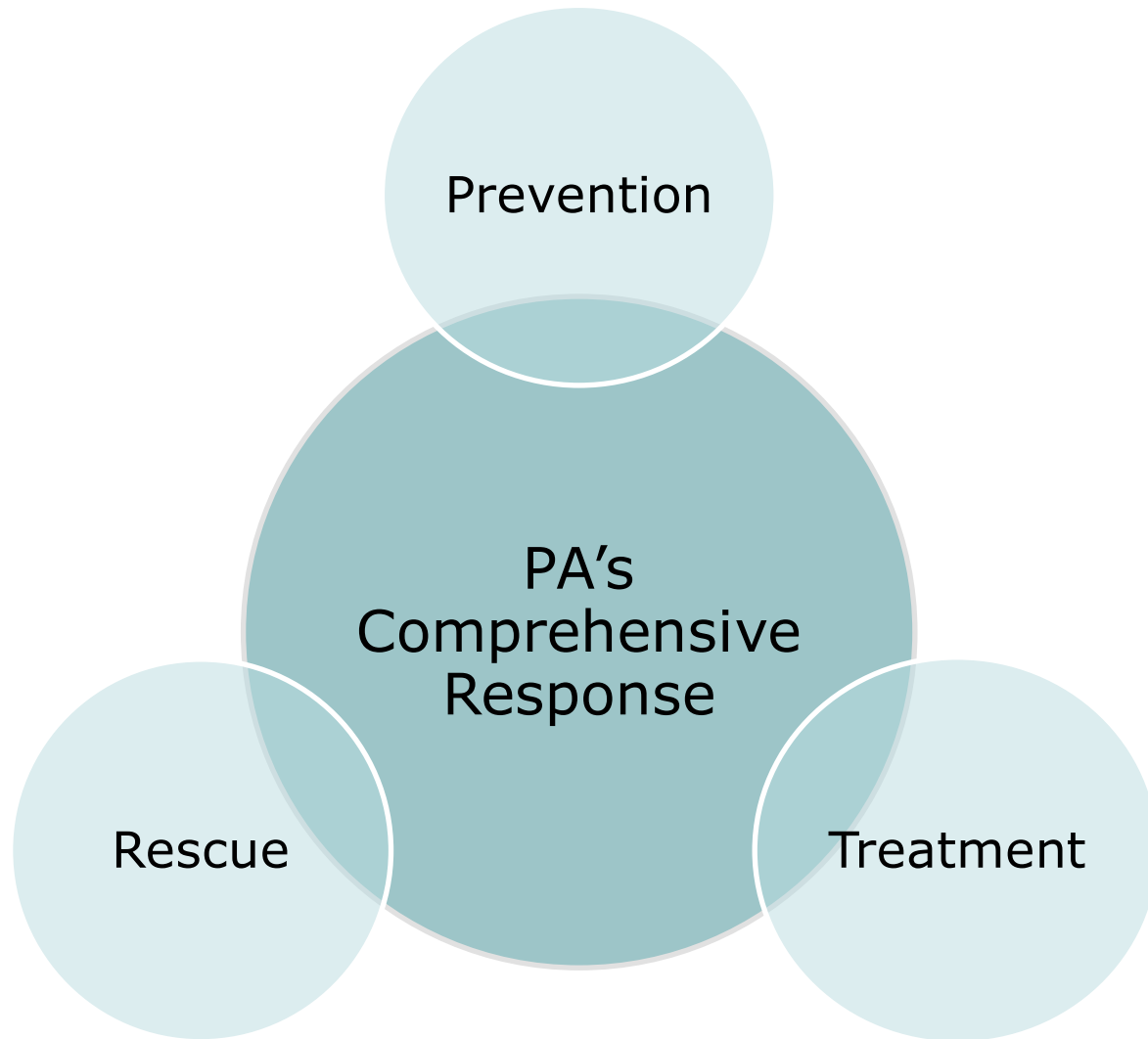
Agenda



1. Share Pennsylvania's overall efforts to combatting the opioid epidemic
2. Discuss PID-specific efforts
 - Creating consistency in coverage
 - Strengthening enforcement of behavioral health parity
 - Outreach to health care professionals and consumers regarding coverage and knowledge of parity laws

Pennsylvania has worked across agencies to develop a three-pronged approach to combat the opioid epidemic

The Commonwealth's Comprehensive Response



Prevention, rescue, and treatment efforts provide crucial elements of a comprehensive approach

The Commonwealth's Comprehensive Response



Prevention

- Opioid stewardship
 - Work with medical schools on education of students
 - Provider education through continuing education credits, including PDMP (prescription drug monitoring program) training
 - PDMP
- Drug take-back boxes



Rescue

- Expand naloxone access
- Pennsylvania's Overdose Information Network (ODIN)
- Free trainings on opioid-associated overdose emergency

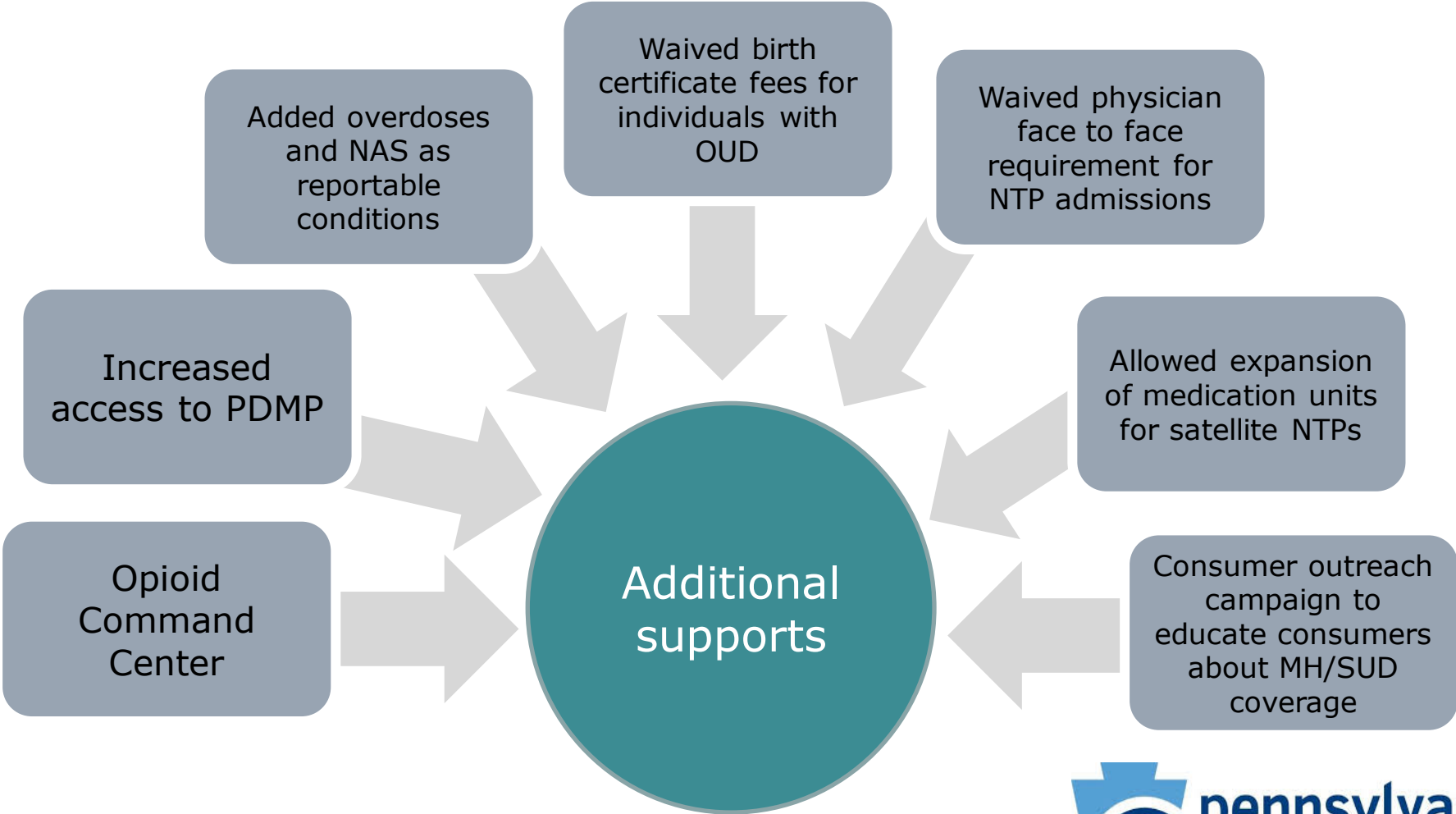


Treatment

- PA Get Help Now 1-800-662-HELP
- Warm handoff
- Ensuring clinical integrity
 - Implementation of ASAM criteria placement tool
 - Implementation of new Treatment Data System (WITS)
- Centers of Excellence and Pa Coordinated Medicated Assisted Treatment (Pac/MAT)

Since the first 90 day declaration, Pennsylvania has continued to add additional tools to fight the epidemic

Additional Support Responses



PID has worked to ensure consumers gain access to the treatment they need to get well

PID's Efforts



Creating consistency in coverage



Strengthening enforcement of behavioral health parity



Conducting wide-ranging educational outreach

PID worked with commercial insurers to align prior-authorization requirements for MAT and opioid prescriptions

1. Removal of Prior-authorization for MAT

- ✓ Coverage of at least one Buprenorphine/naloxone combination product
- ✓ Coverage of Methadone as MAT
- ✓ Coverage of injectable and oral Naltrexone
- ✓ Coverage of at least one form of nasal naloxone without quantity limits

The guidelines also provide that MAT will be covered at the lowest patient cost tier on the plan's pharmacy benefit

PID worked with commercial insurers to align prior-authorization requirements for MAT and opioid prescriptions

2. Aligning Prior-Authorization Requirements for Prescription Opioids



Guidelines implement thresholds for prior authorization for long and short acting opioids, morphine milligram equivalents (MMEs) while establishing exceptions for active cancer, sickle cell crisis, and palliative care and hospice patients.

PID is strengthening enforcement of behavioral health treatment parity through market conduct exams

Market Conduct Exams

Who is being evaluated? Individual, small group, and large group commercial payers.

What is the exam? The comprehensive exam evaluates the company's adherence to all provisions of the Affordable Care Act and associated state law, including business practices, policies and procedures.

Why is the exam being administered? The goal of the exam is to ensure companies have complied with consumer protections guaranteed under state and federal law.

How is the exam being conducted? The Commissioner is authorized under state law to conduct market conduct exams to ensure compliance with state law.

What timeframe (**when**) is the exam covering? The experience period spans from January 1, 2015 through March 31, 2016.

PID is strengthening enforcement of behavioral health treatment parity through market conduct exams

Parity Laws



Pennsylvania is a leader among regulators in our rigorous approach to evaluating mental health and substance use disorder treatment parity through comprehensive market conduct exams.

PID has focused on outreach through developing educational videos for both consumers and health care providers

Mental Health and Substance Use Disorder Parity Videos

Topics include:

1. Know your rights: Health insurance coverage for mental health and substance use disorder
2. Know your coverage: Individual health insurance
3. Know your coverage: Employer health insurance
4. Know your coverage: Self-insured employer coverage
5. Know your coverage: Small employer
6. Know your coverage: Large employer



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