North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Opioid Management Strategy

Board of Trustees Meeting

December 2, 2016

Overview

- Burden of Opioid Misuse/Overuse in U.S. and North Carolina
- Factors Contributing to Opioid Epidemic
- Consequences of Opioid Misuse/Overuse
- Estimating Magnitude of Problem in Plan Population
- Current Plan Resources to Address the Issue
- Plan Strategies for 2017

Opioid Overuse/Misuse

- **Opioid overuse/misuse has become a national epidemic in the United States, showing problematic patterns leading to clinically significant impairment or distress.**
- Prevalence of prescription/illicit opioid overuse and misuse is estimated to be 4.1% in the United States by the National Survey of Drug Use and Health (NSDUH)
  - This translates to over 10,709,000 citizens over the age of 12 years
  - The same survey estimates the prevalence in North Carolina to be 4.3% (349,000)
- In 2014, 61% (18,893) of overdose related deaths resulted from *prescription/illicit* opioids
  - Between 2013 and 2014, opioid related deaths increased by 9% in the U.S., from 16,235 to 18,893
  - Between 2004-2011, opioid related emergency department visits in U.S. increased from 144,600 to 305,900
- Opioid prescription use and misuse linked to an increased risk for heroin use, by 40-45%

Substance Abuse and Mental Health Service Administration (2016). National Survey on Drug Use and Health. Retrieved from http://www.samhsa.gov/
Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000–2014. http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.
SAMHSA, Emergency Department Visits involving Narcotic Pain Relievers, November 05, 2015.http://www.samhsa.gov/data/sites/default/files/report_2083/ShortReport-2083.html

Burden of Opioid Overuse/Misuse

- **Opioid use disorders are not linked to socioeconomic status, ethnic, or educational background.**
- **National statistics indicate:**
  - Prevalence is higher among males at 54% compared to 46% among females.
  - The highest prevalence was seen among the 18-25 year olds at 8.9%, compared to older age groups (26± at 3.3%).
  - Prevalence ranged between 3.6%-4.3% across the states and between 3.8-4.0% in urban and rural areas.
- **North Carolina statistics indicate:**
  - Almost 18% of North Carolina's high school students have misused prescription opioids;13.8% of children ≤ 15 years old demonstrated the same behavior.

Martin, L., Laderman, M., Hyatt, J. Krueger, J. (2016). Addressing the Opioid Crisis in the United States. *IHI Innovation Report*. Retrieved from ihi.org
Centers for Disease Control and Prevention (2016). Youth Risk Behavior Surveillance System. Retrieved from http://www.cdc.gov/healthyyouth/data/yrbs/index.htm
Substance Abuse and Mental Health Service Administration (2016). National Survey on Drug Use and Health. Retrieved from http://www.samhsa.gov/

Factors Contributing to the Opioid Epidemic

- **Why is Opioid Overuse/Misuse a problem?**
  - Assessing and treating pain has been a priority in recent decades
  - Initial education from the pharmaceutical industry to health care providers suggested opioids were safe and not addictive
  - Generalized belief among users is that opioids are safe since they are prescribed by a doctor, even if they are not prescribed to them personally
- **Why is there not a resolution?**
  - Lack of patient awareness related to the danger of using prescription opioids
  - Lack of coordinated efforts between Primary Care Providers (PCPs), payers and community resource agencies to address the problem
  - Failure to engage with local communities
  - Lack of effective implementation of treatment strategies
  - Low-resource areas that lack adequate treatment facilities or providers

Martin, L., Laderman, M., Hyatt, J. Krueger, J. (2016). Addressing the Opioid Crisis in the United States. *IHI Innovation Report*. Retrieved from ihi.org

Consequences of Opioid Overuse/Misuse

- **Prescription fills and costs**: Rising costs to insurers and increase in therapeutic use of opioids
  - Total opioid prescriptions in the U.S. rose over 200% between 1992 and 2002, and have continued to rise with hydrocodone and oxycodone posting nearly 400% increases.
  - It has been estimated that the *nonmedical* use of opioid pain relievers costs insurance companies up to $72.5 billion annually in health-care costs

- **Direct Costs**: law enforcement, court system, emergency service providers, fraud, theft, illegal actions by individuals, responses to injury and rescue calls.

- **Indirect Costs**: Individuals who overuse opioids are often unable to work, depending on state and federal assistance.

Martin, L., Laderman, M., Hyatt, J. Krueger, J. (2016). Addressing the Opioid Crisis in the United States. *IHI Innovation Report*., 2016
Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.
America's addiction to Opioids: Heroin and prescription drug abusehttps://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

State Health Plan Data Analysis: Methodology

- The State Health Plan wants to better understand opioid overuse/misuse among our members, which led to an analysis of claims data.

Utilizing claims data:

- Opioid overuse/misuse was defined as those who had ≥ 12 opioid prescriptions during the calendar year.
- Data was merged with medical claims data review of diagnosis codes and utilization measures.
- Members with a cancer diagnosis code or cancer procedural code were excluded.

Using claims has its inherent limitations:

- When a claim has been processed with a legitimate prescription.
- Claims data does not capture individuals who pay cash for prescriptions or those who are acquiring these through illegal means.

Burden of Opioid Use Disorders – State Health Plan

- **0.5% (3,284) of members (Active/COBRA/Pre-Medicare Retirees) were identified as opioid misusers in 2014.**
  - Unlike the State of North Carolina estimates, the Plan's opioid "over users" were older (mean=51.8 years), reflective of the Plan's average age.
  - On average, members filled 17.3 prescriptions over the course of the year.
  - The median prescription was a 30-day fill.
  - Approximately one-third (1,056) of *identified members* had a chronic pain diagnosis in 2014.
  - Approximately one-tenth (344) also had a comorbidity of serious or persistent mental illness diagnosis in 2014.
  - Approximately one-eighth (407) were *dually prescribed opioids while taking benzodiazepines* in 2014; between 2002 and 2014, there has been an increase of 41% of patients nationally who are on both these medications, with dangerous consequences.

Opioid Overuse/Misuse – State Health Plan

- **In preliminary analysis, the burden does not look high or similar to patterns seen in North Carolina. This is likely due to limitations of the claims data (0.5% vs 4.3%).**
  - According to the CDC (2011) only 17.3% of people who misuse opioids are obtaining their prescriptions from a prescribing physician.
  - 82.7% obtained their prescriptions from an alternate source such as a friend, relative, or even stolen from others.
  - In the absence of an Opioid Use Disorder case management program or tracking system, the Plan cannot estimate the number of members who may need case management or care coordination services.
- **If state data is extrapolated to the Plan membership, the burden of opioid misuse *should* impact approximately 24,336 Plan members, with majority of the 15,489 members over the age of 26+ (2,098 between 12-17 years and 6,016 between 18-25 years).**

Centers for Disease Prevention and Control. Policy Impact: Prescription Painkiller Overdoes, November 2011.

Express Scripts (ESI) Fraud Waste Abuse (FWA) Referrals

- **Since March 2016, the Plan received 43 referrals for Potential Fraud Waste and Abuse (FWA) from the Plan's current Pharmacy Benefits Manager, Express Scripts.**
  - 65% (28) are probable opioid misuse
  - Of those probable misuse cases, 92% (26) were locked in to a single pharmacy and 18% (5) were locked in to a single prescriber.

- **5 cases were referred to the *Population Health Management Vendor* for disease management:**
  - migraines, fibromyalgia, chronic back pain, plantar fasciitis

- **Of the 43 FWA referrals, 65% (28) *could have* benefited from case management and care coordination services.**

Current State Health Plan Resources

Population Health Management (PHM)

- Case management of potential underlying chronic conditions, such as chronic back pain

Express Scripts, Inc. (2016)

- Detecting and preventing inappropriate use through ongoing identification of potential FWA, timely intervention and follow up, prescriber outreach, and offering additional support for complex cases

CVS Caremark (2017)

- Detecting and preventing inappropriate use through ongoing identification of potential Fraud Waste and Abuse (FWA), timely intervention and follow up, prescriber outreach, and offering additional support for complex cases
- Enhanced safety monitoring to include letters to prescribers and members, pharmacy follow up, prescriber toolkit and consultations, medication therapy counseling, and comprehensive investigations
- Developing utilization management program based on morphine equivalent dosing

Limitations of Current Interventions

Limitations of Provider Lock-In

- Majority of provider lock-ins are with a family medicine practitioner or internist who lacks the knowledge and skills to manage opioid misuse.
- Unable to obtain provider's agreement to be sole controlled substance provider.
- Some providers dismiss potential FWA patients from their service to decrease their liability of overdose/fatality, leaving the member without a provider.
- Limited referral agencies.

Limitations of Pharmacy Lock-In

- Members can pay cash to avoid limits of a lock-in.
- Pharmacists have the professional ability to "over-ride" warnings.
- Both provider and pharmacy lock-ins deter use but do not address and treat the underlying diagnoses that drive opioid overuse/misuse.
- Lock-in programs have been shown to have unintended consequences.
  - *A North Carolina Medicaid lock-in program found that a lock-in program had the consequence of a four-fold increase in out-of-pocket controlled substance prescription fills*

Roberts, A.W, Farley, J.F, Holmes, G.M, Controlled Substances Lock-in Programs: Examining an unintended Consequence of A Prescription Drug Abuse Policy. Health Affairs October 2016 vol35 no.101884-1892

Options Available to Health Plans

1. Limit supply of opioids

- Formulary management; review and revise opioid related pharmacy benefits (dose, duration and limits/ceiling, prior authorization as appropriate)
- Covering and promoting alternate pain management therapies

2. Promote effective prescription of opioids

- Promote CDC guidelines for effective and efficient prescription
- Encourage use of Controlled Substance Reporting System (CSRS)

3. Raise awareness and educate risks of opioids

- Mass campaign among Plan membership on risks associated with opioids
- Messaging at first fill on alternate options for pain management
- Reduce stigma and treat it as a chronic illness

4. Identify and manage opioid-dependent members

- Data surveillance
- Provide case management and care coordination for members identified with potential dependency
- Encourage Medication Assisted Treatment (MAT)

5. Coordinate efforts with community agencies and nonprofits

2017 Proposed State Health Plan Actions

- Review formulary with CVS Caremark and place additional restrictions if warranted.
- Develop predictive modelling and implement data surveillance to identify potential misuse of opioids.
- Communication Campaign among members:
    - Risks and appropriate use of opioids
    - Secondary messaging at opioid prescription fills
- Promote CDC guidelines for effective prescription, including alternate pain management therapies and Controlled Substance Reporting System among providers.
- Develop a case management/care coordination program with the Plan's population health management vendor.