



UPMC for You

Responding to the Opioid Crisis

John Lovelace
ACAP CEO Summit
June 29, 2017

UPMC is addressing many of the issues raised in the ACAP report

- **Formulary Management**
 - Removed Oxycontin – 13% of members did not switch to another prescription opioid
 - Require clinical rationale for physician prescribing opioid for someone who was taking buprenorphine in the last 6 months
- **Facilitating access to MAT**
 - Financial and clinical support for community-based primary care practices
 - Specialized credentialing program to improve quality
 - Specialty program for pregnant women with addictions
- **Making Naloxone more widely available**
 - Promotes education
 - Financial assistance to first responders to distribute naloxone kits

In addition...

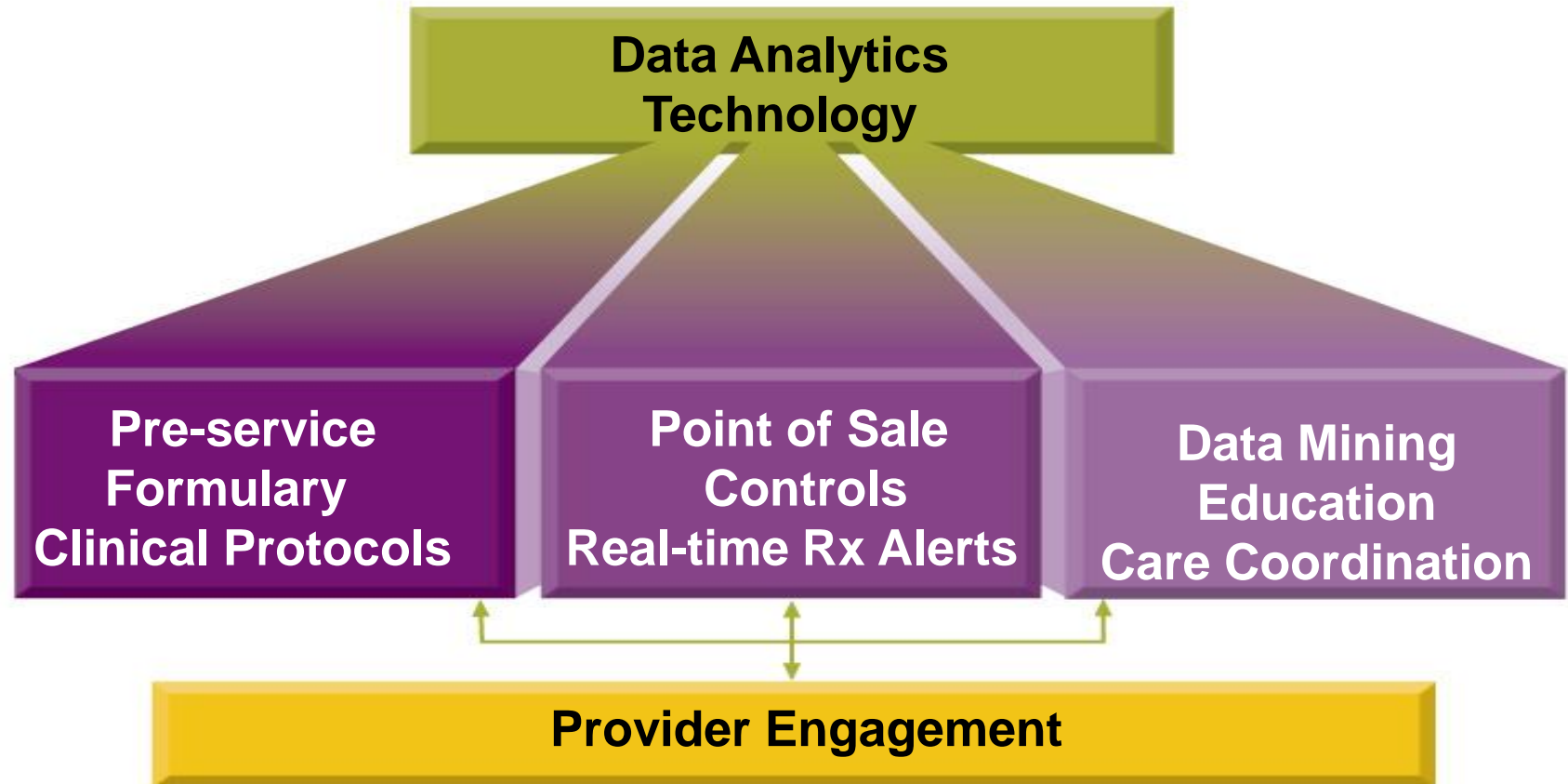
- Lock-in program
- Polypharmacy Drug Utilization Report to identify at risk members
- Evaluation of ED use, including ED-administered CT scans
- Multi-stakeholder workgroup
 - Creating compendium of pain management interventions
 - Seeks input for training needs
- Value-based payment in development

Focus on 3 Initiatives

- SBIRT Collaborative
- Triple Threat Pilot
- HEDDS Up program

UPMC Health Plan Opioid Strategy

A multi-pronged and comprehensive approach



- Participating in CHCS collaborative
 - 3 year effort funded by Conrad N. Hilton
 - Focus is training providers on screening adolescents
 - Selected providers have behavioral health services embedded on site – ensures “warm hand-off”
 - Sites will receive ongoing support through monthly calls and technical assistance
 - Measure SBIRT utilization post training
- Also built screening tools into EMR systems

Triple Threat Pilot

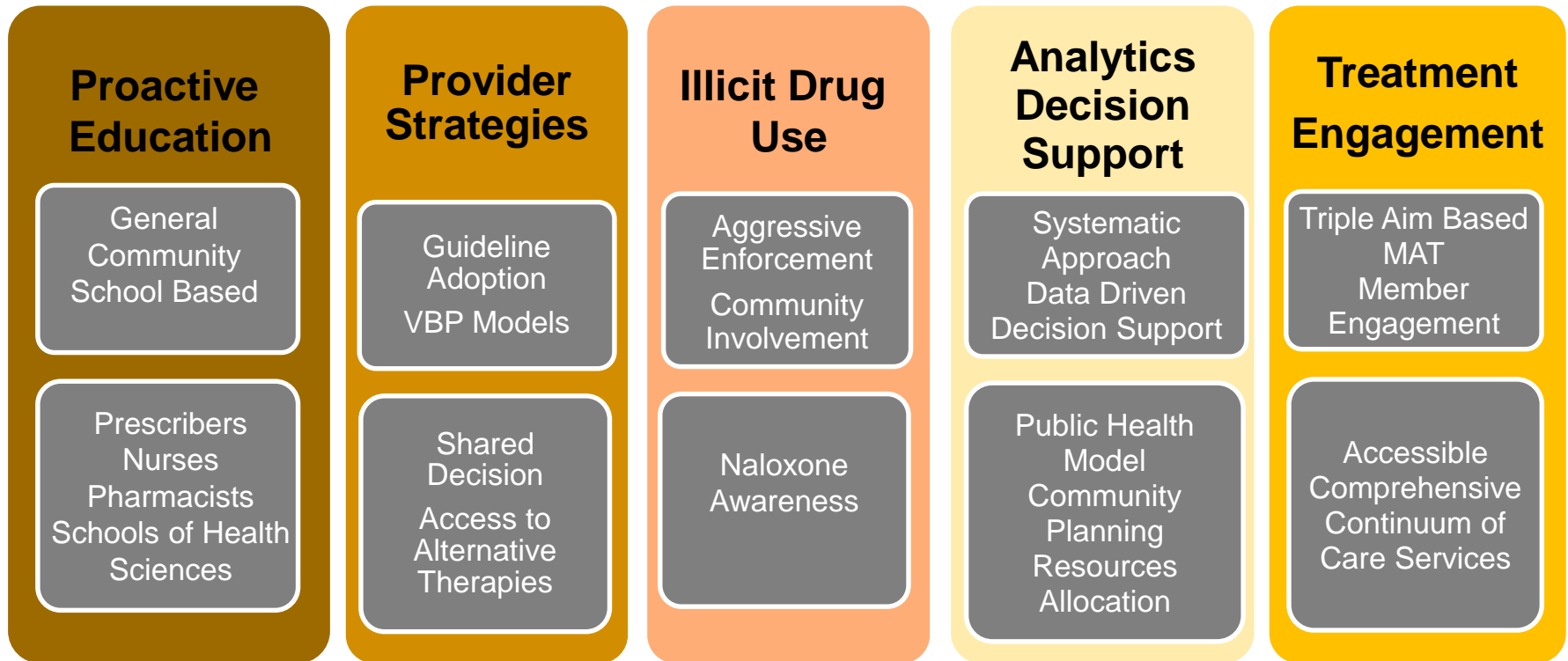
- Algorithm aimed at identifying members with warning signs of opioid misuse or inappropriate pain management
- Triple threat – concurrent prescriptions for 30 days
 - Narcotic
 - Benzodiazepine
 - Muscle Relaxer
- Work with provider to initiate care plan and re-evaluation of prescriptions

HEDDS UP (High ED Drug-Seeking Utilization Protocol) Program

- Looks for opioid prescription coupled with heavy ED use (5 or more times in the previous 6 months)
- Includes:
 - Provider notification
 - Member outreach and engagement by nurse case managers – may include referral to intensive care manager program
 - Screening for additional needs (for example, pain management referral, MAT, behavioral health) using standardized assessment tool
 - Plan also uses local community-based EMTs to conduct outreach calls
 - Follow-up for appropriate services
 - Use of specialized patient navigators
 - Ongoing support and coaching for members in early recovery
 - Focus on family including educational programs

Insurance Division Substance Abuse Framework

Key elements – Supporting community wide efforts with all stakeholders



Questions?

A black marker is shown drawing a curved line under the word "Questions?". The marker is positioned at the bottom right of the word, with its tip touching the paper. The word "Questions?" is written in a cursive, handwritten style on lined paper. The marker has the brand name "Carr's" visible on its side.