



UPMC for You
Responding to the Opioid Crisis

John Lovelace
ACAP CEO Summit
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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...

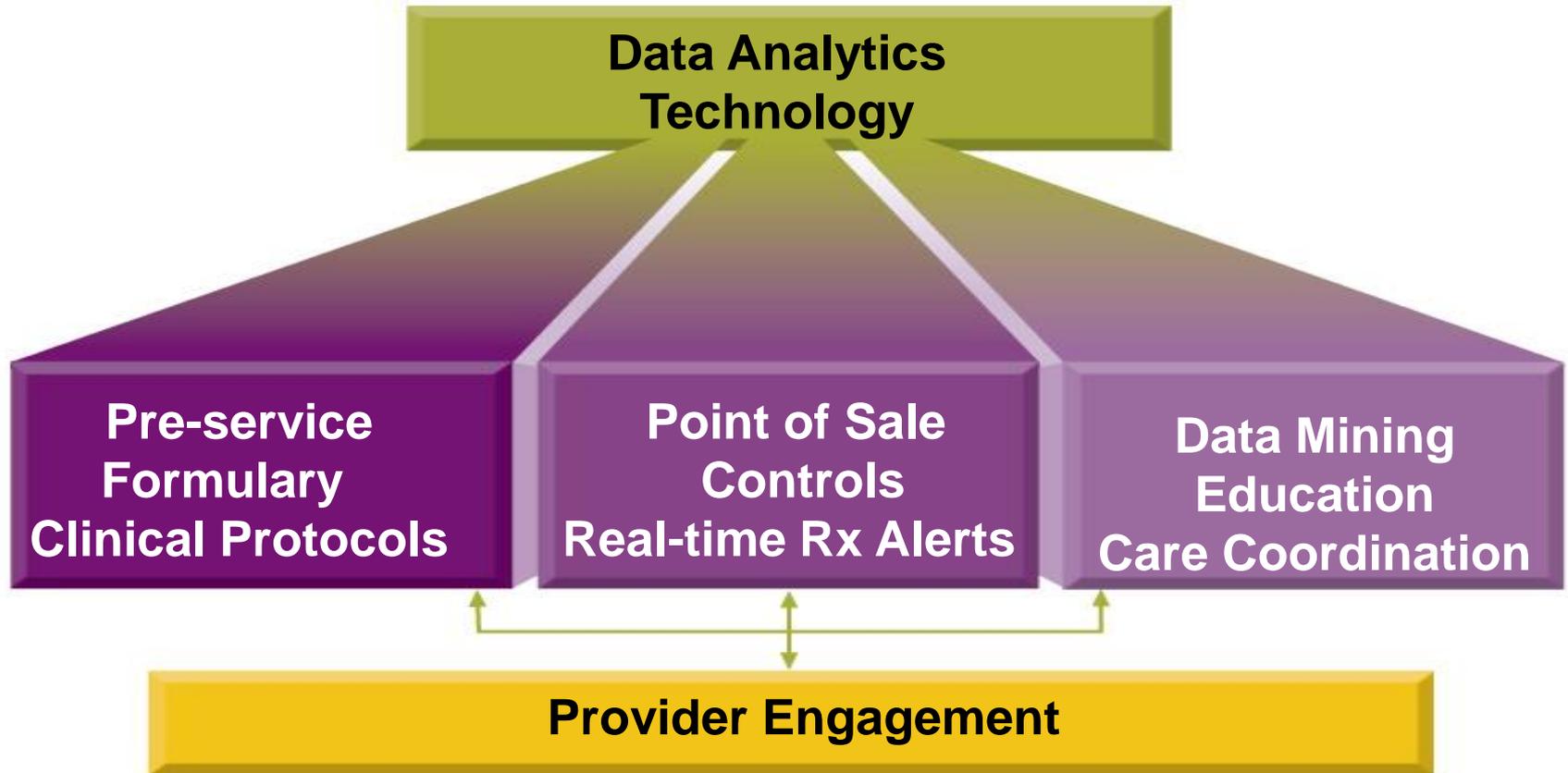
- Lock-in program
- Polypharmacy Drug Utilization Report to identify at risk members
- Evaluation of ED use, including ED-administered CT scans
- Multi-stakeholder workgroup
 - Creating compendium of pain management interventions
 - Seeks input for training needs
- Value-based payment in development

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

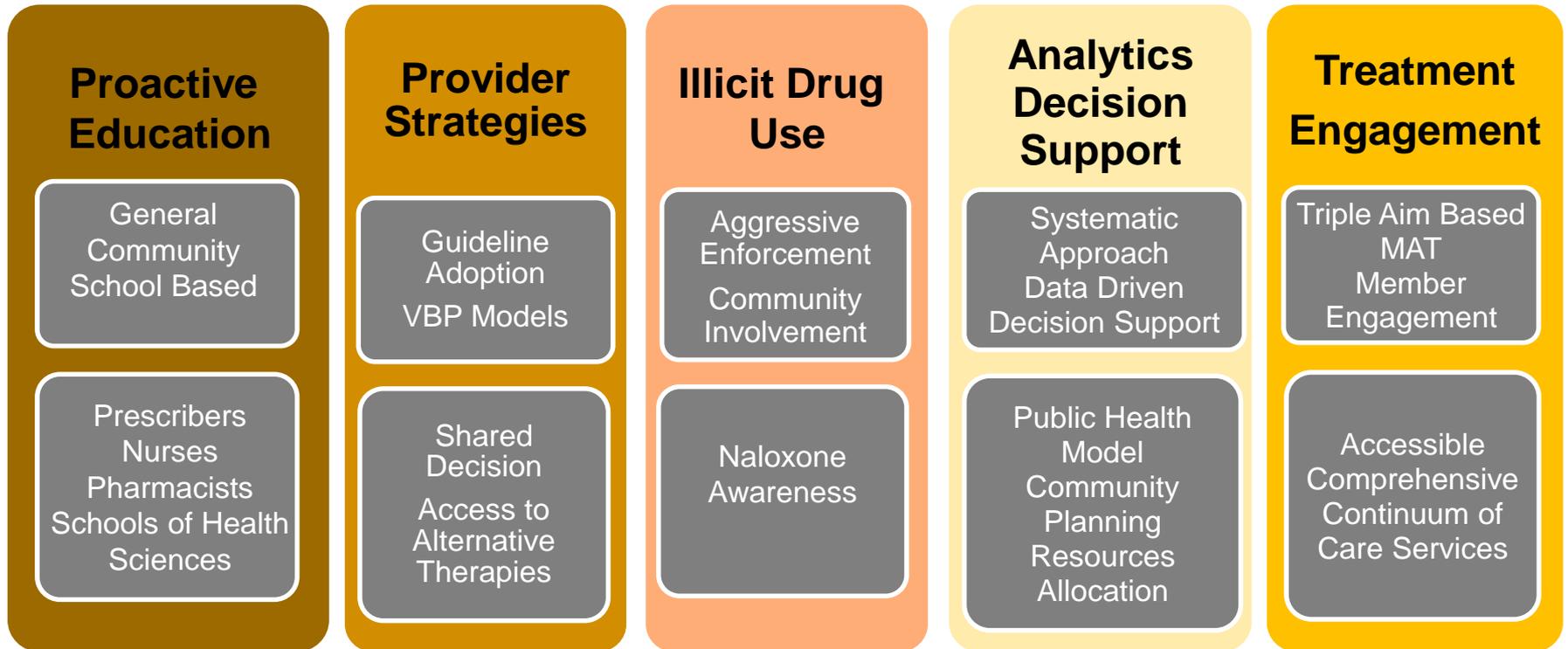
- Algorithm aimed at identifying members with warning signs of opioid misuse or inappropriate pain management
- Triple threat – concurrent prescriptions for 30 days
 - Narcotic
 - Benzodiazepine
 - Muscle Relaxer
- Work with provider to initiate care plan and re-evaluation of prescriptions

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 underline under the word "Questions?". The marker is positioned at the bottom right of the word, with its tip pointing towards the end of the underline. The word "Questions?" is written in a cursive, handwritten style on lined paper. The underline is a single, smooth, curved line that spans the width of the word.