VirginiaPremier™

# Implementation of Expanded Addiction Treatment for Medicaid Recipients in Virginia

Virginia Premier's Industry-Leading Approach to Caring for our Members with Opioid use Disorder

June 29, 2018

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John A. Johnson, MD, MBA, FACP

Chief Medical Officer

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# Today's Objectives

- National Opioid crisis
- Virginia's Opioid Crisis
- Addiction and Recovery Treatment Services (ARTS) – Virginia Medicaid's Transformative Solution
- Virginia Premier's approach to improving access to life-saving medications
- Network Transformation: Cash Clinics to Preferred Providers
- Pharmacy Makeover Dramatic Reduction in Opioids Alongside Dramatic Increase in Life-Saving Medication
- Going Beyond Expectations – Virginia Premier's Neighborhood Health Center in the Roanoke Region
- Prevention Matters Access to treatment is critical, but how about prevention?
- Call to Action – What are your next steps?

# National Opioid Crisis

## THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

**116**
People died every day from opioid-related drug overdoses

**11.5 m**
People misused prescription opioids[1]

**42,249**
People died from overdosing on opioids[2]

**2.1 million**
People misused prescription opioids for the first time[1]

**2.1 million**
People had an opioid use disorder[1]

**17,087**
Deaths attributed to overdosing on commonly prescribed opioids[2]

**948,000**
People used heroin[1]

**19,413**
Deaths attributed to overdosing on synthetic opioids other than methadone[2]

**170,000**
People used heroin for the first time[1]

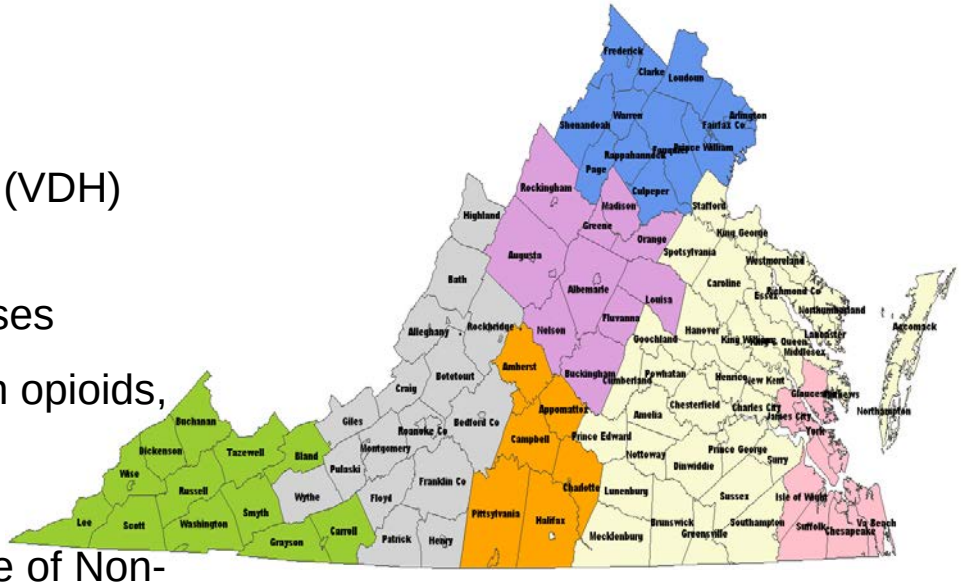
**15,469**
Deaths attributed to overdosing on heroin[2]

**504 billion**
In economic costs[3]

**Sources:** [1] 2016 National Survey on Drug Use and Health, [2] Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, [3] CEA Report: The underestimated cost of the opioid crisis, 2017

Updated January 2018. For more information, visit: http://www.hhs.gov/opioids/

# Virginia's Opioid Crisis




In 2017, the Virginia Department of Health (VDH) estimates:

- *1,500+* individuals died of drug overdoses
- *80%* of overdoses involved prescription opioids, heroin, fentanyl
- Medicaid Members...
  - prescribed opioids TWICE the rate of Non-Medicaid members.
  - *3-6x* more likely of prescription opioid overdose
- 2016 Appropriations Act
  - Medicaid ARTS benefit funded with bipartisan support

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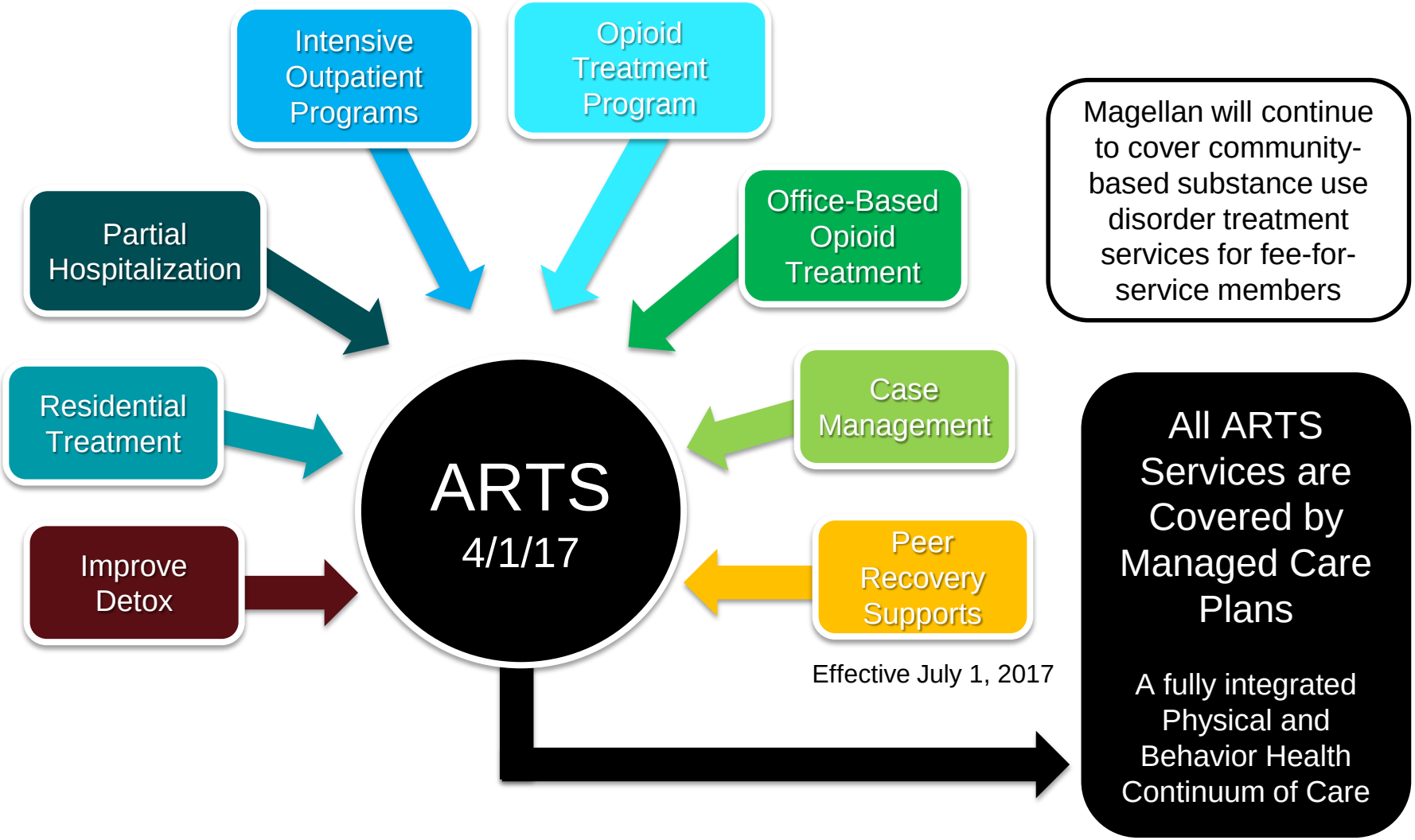
# Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to the State's Substance Use Disorder (SUD) Services
for Medicaid and FAMIS Members approved in Spring 2016

1. Expand short-term SUD inpatient detox to all Medicaid/FAMIS members
2. Expand short-term SUD residential treatment to all Medicaid members
3. Increase reimbursement for existing Medicaid/FAMIS SUD treatment services
4. Add Peer Support services for individuals with SUD and/or mental health conditions
5. Require SUD Care Coordinators at DMAS contracted Managed Care Plans
6. Organize Provider Education, Training, and Recruitment Activities

# ARTS Program

Transforming the Delivery System of Medicaid SUD Services




Magellan will continue to cover community-based substance use disorder treatment services for fee-for-service members

# Preliminary Outcomes

The Virginia Commonwealth University School of Medicine's Department of Health Behavior and Policy evaluated the results of the program's first nine months from April through December 2017.

Source: VCUHS Department of Health Behavior and Policy

## Highlights include

| | |
|---|---|
| 16,600 | Medicaid members received treatment for Substance Use Disorder. 2/3 increase from 2016. |
| 10,500 + | Members treated for opioid addiction. 51% increase from 2016. |
| 1/3 | Decrease in opioid prescriptions for Medicaid members during evaluation period. |
| 3,100 | Medicaid members with Hospital Emergency Department visits due to opioid use. 1/3 decrease in visits during evaluation period. |

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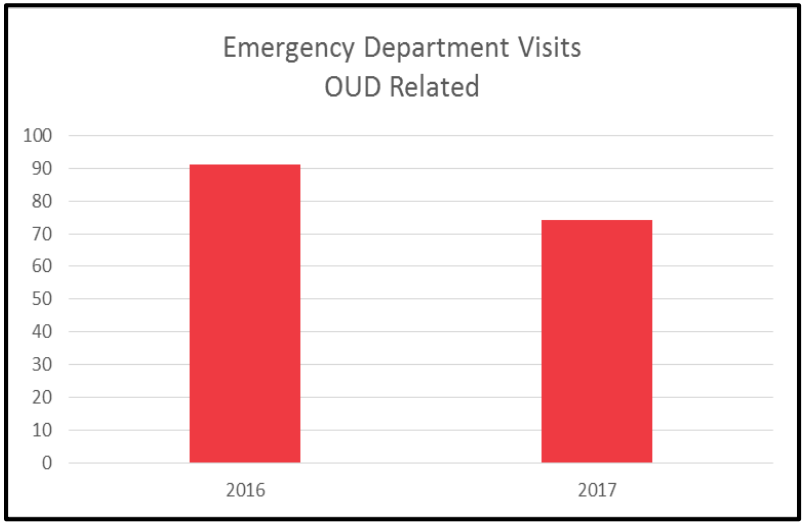
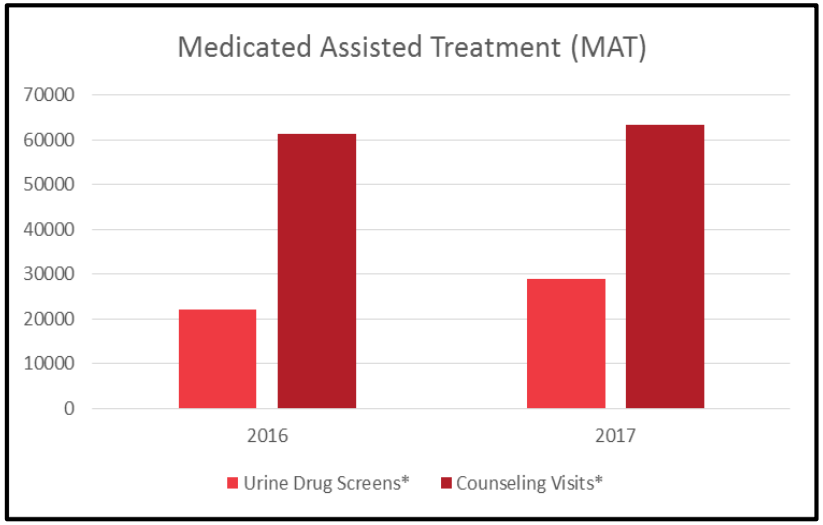
# Virginia Premier's Model

# Emergency Department Visits

| Emergency Department - Claims | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2016 | 2017 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Total | 126,249 | 120,332 | 13,876 | 13,874 | 12,488 | 12,732 | 12,930 | 13,642 | 13,881 | 13,284 | 13,625 |
| OUD | 91 | 74 | 10 | 12 | 12 | 5 | 7 | 6 | 4 | 11 | 6 |
| **Opioids - Scripts** | | | | | | | | | | | |
| Total Scripts | 111,082 | 83,893 | 10,168 | 10,719 | 10,329 | 9,825 | 9,939 | 9,050 | 8,799 | 7,417 | 7,647 |
| **Medication Assisted Treatment - Claims** | | | | | | | | | | | |
| Urine Drug Screens* | 22,024 | 28,951 | 2,655 | 3,032 | 2,946 | 2,818 | 3,295 | 3,302 | 3,776 | 3,620 | 3,507 |
| Counseling Visits* | 61,378 | 63,334 | 7,206 | 8,006 | 7,395 | 6,483 | 7,721 | 6,640 | 7,378 | 6,943 | 5,562 |
| Buprenorphine Scripts | 16,788 | 17,738 | 1,890 | 2,101 | 2,087 | 1,952 | 2,115 | 1,927 | 1,972 | 1,888 | 1,806 |




- Hospital Emergency Department visits related to Opioid Use Disorder decreased by 18.7%.
- Medication Assisted Treatment (MAT) utilization was increased by 31.5% in urine drug screens and 3.2% in counseling visits

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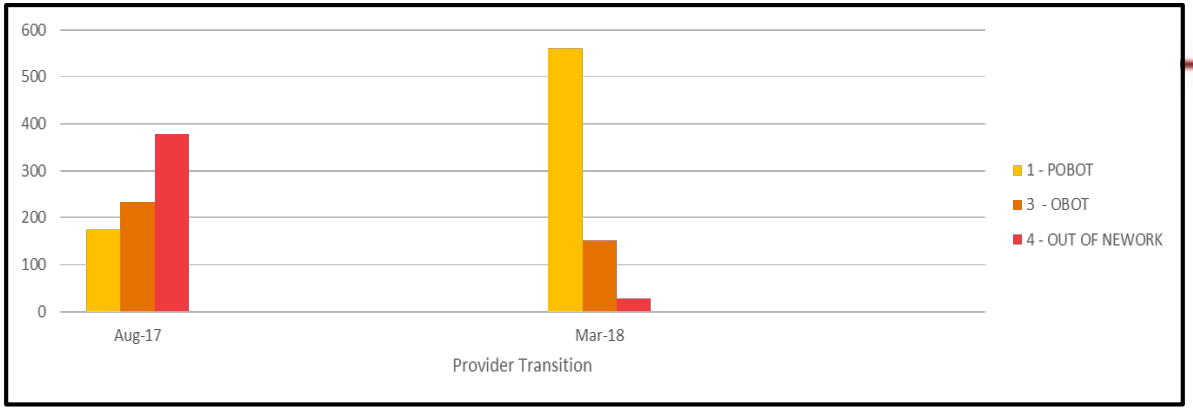
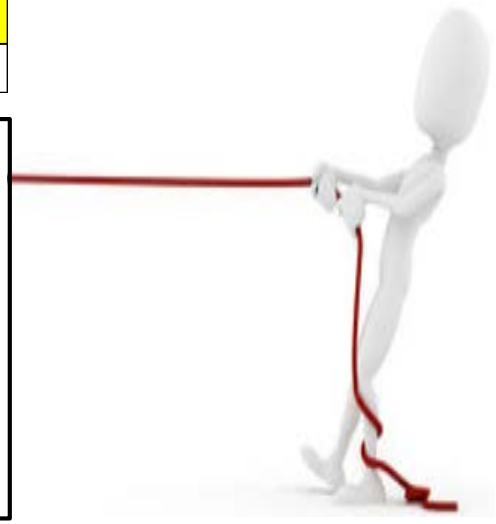
# Medication Assistance Treatment (MAT) Strategy

With an emphasis on MAT using Buprenorphine and coordinating integrated outpatient care in the treatment of members with opioid dependence, Office-Based Opioid Treatment (OBOT) programs have proven to be effective, confidential, accessible and safe. Provider quality is key to success.

POBOT=PREFERRED Office-Based Opioid Treatment (high quality).

| 2017 | Aug-17 | | Mar-18 | |
|---|---|---|---|---|
| **PROVIDER STATUS** | **MBR COUNT** | **%** | | **%** |
| DMAS (State Medicaid) POBOT | 175 | **22%** | 560 | **76%** |
| Virginia Premier-OBOT | 233 | **30%** | 152 | **21%** |
| **OUT OF NEWORK** | **377** | **48%** | **27** | **4%** |
| **TOTALS** | 785 | 100% | 739 | **100%** |
| **OUT OF NETWORK %** | **48%** | | **4%** | |

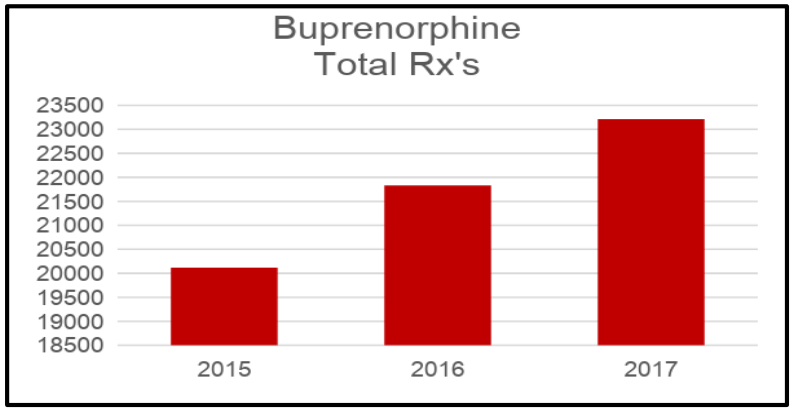


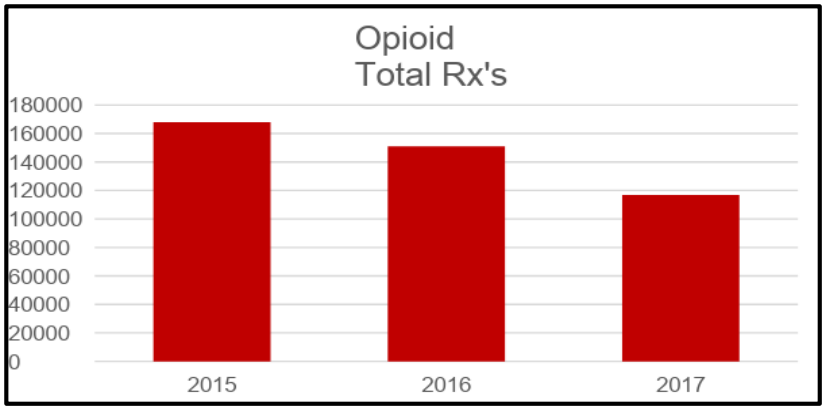



# Pharmacy Makeover

## Opioids Decreasing & Life-Saving Medication Increasing

| Therapeutic Class | Total Rxs | | | Total Quantity | | | Total Day Supply | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| Buprenorphine | 20,115 | 21,831 | 23,211 | 496,870 | 540,028 | 553,928 | 268,112 | 292,838 | 300,060 |
| Opioids | 167,943 | 150,902 | 116,893 | 11,148,177 | 9,988,934 | 7,651,351 | 2,853,648 | 2,612,052 | 2,028,783 |




- We continue to see success in reducing opioid prescription utilization and connecting members with substance use disorder (SUD) to MAT using Buprenorphine.
- 2015 through 2017 we achieved success in reducing opioid prescription utilization and connecting members to MAT.
- Opioid prescription utilization was reduced by 30.4%, 31.4% in quantities/Rx, and 28.9% in days supply.
- Buprenorphine prescription utilization increased by 15.4%.

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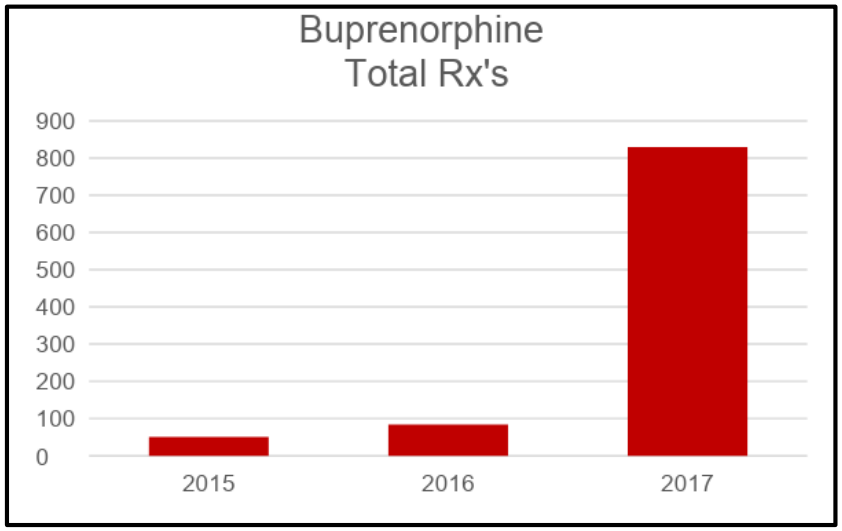
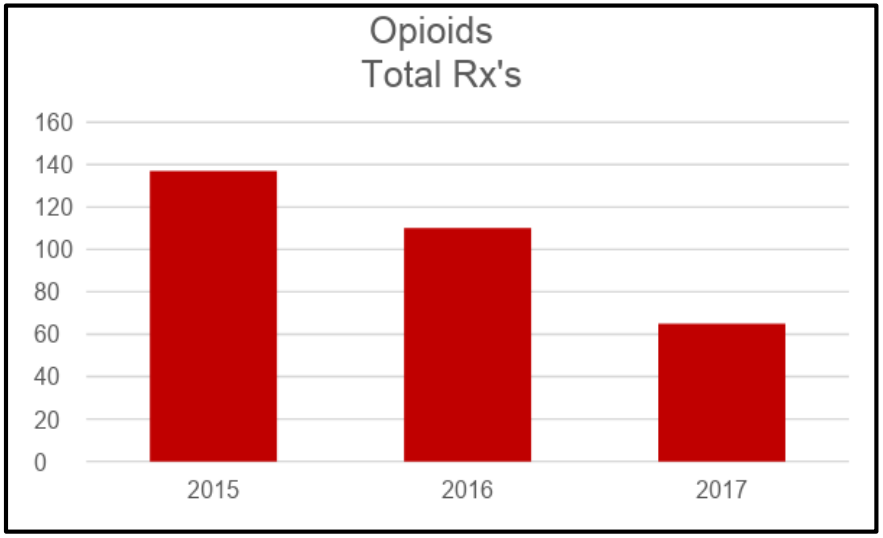
# More than just a health plan…

## Introducing Neighborhood Health Center

| Therapeutic Class | Total Rx's | | | Total Quantity | | | Total Day Supply | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| Buprenorphine | 51 | 84 | 829 | 1,085 | 1,270 | 14,337 | 588 | 705 | 7,481 |
| Opioids | 137 | 110 | 65 | 5,860 | 4,435 | 2,785 | 1,998 | 1,576 | 789 |




- Opioid prescription utilization was reduced by 52.6%
- Buprenorphine prescriptions utilization increased by 1525%

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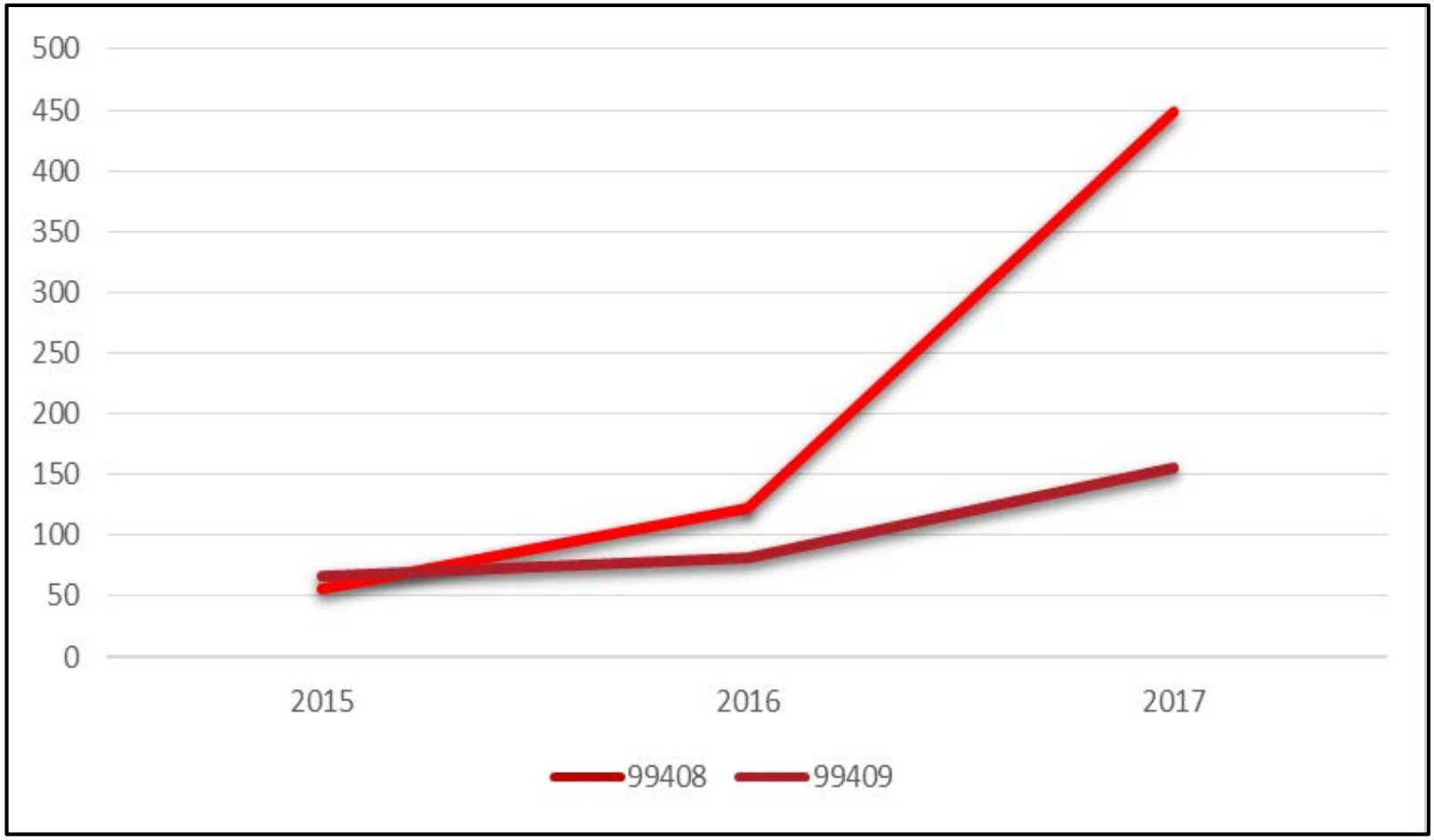
# Improving access to evidence-based screening – SBIRT

Claims data pre and post ARTS

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# Virginia's Future Addiction Treatment Priorities

- Increase ARTS provider networks before expansion
- Project ECHO for Preferred OBOTs and Buprenorphine Waiver training (with VDH)
- Implement CMS requirement that all ASAM levels of care ensure access to MAT, especially residential facilities
- Integrated behavior health and primary care
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Buprenorphine initiation in EDs
- Transitions from jails and prisons
- Coverage of non-pharmacologic, evidence-based treatments for
- chronic pain (e.g. acupuncture, chiropractic)
- Opioid dashboard and data sharing with sister agencies

# Call to Action

- ✓ What is the current state of access to high quality, evidence-based care for your members with Opioid Use Disorder?
- ✓ What barriers and opportunities have you identified?
- ✓ What are some of the solutions and innovations that could be deployed in your organization?
- ✓ What is ONE action that you can take within the next 7 days to move your organization one step further in addressing opioid use disorder among your members?

# Questions